



United Nations Population Fund (UNFPA)
Afghanistan Country Office, UNOCA
Compound, Kabul Jalalabad Road,
Paktia Kott. Kabul, Afghanistan
Tel: + 93729261300
Website: www.unfpa.org
Date: May 21, 2023

Request for Proposal (RFP) No. UNFPA/AFG/eRFP/2023/01

Dear Sir/Madam,

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

End of Project Evaluation Family Health Houses for Afghanistan 2018-2023

If you are interested in submitting a bid for these items/services, kindly fill in the attached submission form and submit it in a sealed envelope to the address indicated below or send to the secure email address indicated below/ not later than **June,1, 2023 at 11:00 am Kabul time**.

Please ensure to mark yours envelop/email with the RFP reference number **(UNFPA/AFG/eRFP/2023/01)** and the words “**Sealed bid. Do not open before {June 1, 2023, 11:00 am Kabul time}**”.

Address for submission of hardcopy:

To: Procurement Unit
UNFPA- Afghanistan Country Office.
UNOCA Compound, Kabul Jalalabad Road, Paktia Kott,
Kabul, Afghanistan

For submission through email:

Email address: bidsafg@unfpa.org

Please note the following guidelines for electronic submissions:

- The following reference must be included by the Bidder in the email subject line:
 - UNFPA/AFG/eRFP/23/01 – [Company name], Technical Bid
 - UNFPA/AFG/eRFP/23/01 - [Company name], Financial Bid
 - Submissions without this text in the email subject line may be rejected or overlooked and therefore not considered.
- It is the Bidder’s responsibility to assure compliance with the submission process. If the envelopes or emails are not marked / submitted per the instructions, UNFPA will neither assume

responsibility for the bid's misplacement or premature opening nor guarantee the confidentiality of the Bid process. Incorrect submissions might result in your Bid being declared invalid.

- The total email size may not exceed **20 MB (including email body, encoded attachments and headers)**. Where the technical details are in large electronic files, it is recommended that these be sent separately before the deadline.
- Any quotation submitted will be regarded as an offer by the bidder and does not constitute or imply the acceptance of any quotation by UNFPA. UNFPA is under no obligation to award a contract to any bidder as a result of this RFQ.

Note: Please send your bid only to above bids address and do not copy other email address!

Please remember, the bid shall consist of two parts: the technical and the financial bid. The technical bid containing the technical specifications for services/products/works and the financial bid containing price information shall be submitted separately in two different sealed envelopes.

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 sealed envelope

Partial bids are **not allowed** under this RFP.

I. Questions

Questions or requests for further clarifications should be submitted in writing to the contact person below:

Name of contact person at UNFPA:	<i>Hamed Rabbani</i>
Tel N°:	<i>0093729261314</i>
Email address of contact person:	<i>rabbani@unfpa.org</i>

The deadline for submission of questions is **May 25, 2023 at 02:00 Pm- Kabul time**. Questions will be answered in writing and shared with parties as soon as possible after this deadline.

Evaluation of Proposals:

A two-stage procedure will be utilized in evaluating the proposals, with 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 reaches 45.5 points,**

meeting the requirements for the RFP. The total number of points which a bidder may obtain for technical and financial bids is **70 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**.

Criteria	[A] Maximum Points	[B] Points obtained by Bidder
Technical approach, methodology and level of understanding of the objectives of the project	20	
Work plan/time scales given in the proposal and its adequacy to meet the project objectives	15	
Professional experience of the staff that will be employed to the project proving demonstrated expertise in evaluation and related processes (CVs, etc.)	15	
Specific experience and expertise in conducting complex evaluations relevant to the assignment	10	
Profile of the company and relevance to the Project.	10	
<i>Grand Total All Criteria</i>	70	

Financial Evaluation

The financial bid will only be evaluated if the technical bid achieves a minimum of **45.5(65% of the total 70 points)** 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 weighted 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**
- **Technical Bid**
- **Price Schedule Form**
- **Terms of Reference**

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 **XX** 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/2023/01

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. Expertise of Staff

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

3. Client Reference List

Please provide references of main client details.

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

4. 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

3. Technical Bid

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.

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.
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.
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.
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.
5. Proposed Project Team Members: Please attach the curriculum vitae of the senior professional member of the team and members of the proposed team.
6. If the requested service is a creative one, the bidder can submit drawings, schemes, pictures or samples.

4. 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 XX 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

5. Terms of Reference (TOR)

UNFPA AFGHANISTAN COUNTRY OFFICE

FAMILY HEALTH HOUSES FOR AFGHANISTAN 2018-2023

TERMS OF REFERENCE

END OF PROJECT EVALUATION

May 2023

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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.

At the United Nations Population Fund (UNFPA) project Evaluation 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.

UNFPA Afghanistan Country Office is planning to conduct an independent evaluation of the Family Health Houses for Afghanistan project (2018-2023). 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:

- Ministry of Public Health,
- United Nations Population Fund (Afghanistan Country Office, Regional Office and HQ),
- Donors particularly Canada and others supporting the similar initiatives,
- Afghan Midwifery Association (AMA),
- NGO partners (AADA, AFGA, MOVE, BARAN, SCA, OHPM), and
- Beneficiaries of UNFPA supported interventions.

The preparation of these terms of reference was based on a document review, initial consultations with key stakeholders and the [UNFPA Evaluation Policy 2019](#) and the [UNFPA Evaluation handbook on How to Design and Conduct Evaluations at UNFPA 2019](#). 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.

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

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 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 5.3 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 the current estimated Maternal Mortality Rate (MMR) is at 620/100,000 live births, it remains amongst the highest in the world, even so it has significantly decreased from 1,346 per 100,000 live births to 620 per 100,000 live births between 2000–2020, representing a 52.9 percent decline.¹¹ 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 62 per cent in 2020.¹² Fifty-six percent of deliveries now take place in public hospitals or clinics and private health

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.

³ Afghanistan Central Statistics Organization, 2014.

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

⁵ Afghanistan Ministry of Public Health, *Afghanistan Demographic and Health Survey 2015*,

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 the UN Population Division. Range of MMR uncertainty between 406 -1050 lower/upper p62

¹² Afghanistan National Statistics and Information Authority, *Income and Labour Force Survey 2020*, April 2021.

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 as users and providers of health services, 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.

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* stopped 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 support of the country. Currently, the Country Programme is operating in its fourth cycle of implementation with focus on sexual and reproductive health and psychosocial support services.

Within the framework of the UNFPA Country Programme, The Family Health Houses Project aims to address the persistent gaps in meeting the needs and rights of Afghan women by increasing the availability of and access to reproductive health information and services in underserved provinces of Daikundi, Badghis, Kandahar, Paktika, Nuristan, and Samangan.

The Family Health House Model, as a community led-intervention, is designed to provide effective essential Reproductive maternal, newborn, child and adolescent health (RMNCAH) services in hard-to-reach areas of Afghanistan. These women's health facilities, led by trained local female Community Midwives (CMWs) provide reproductive health information and services to women and girls as well as provide essential health services to children under five. The provision of these essential health services is what creates the entry point for communities' cultural acceptance of women and girls having access to reproductive health services.

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).

2.2.1. Expected Project Results

The Project is expected to contribute and/or deliver the following results that are aligned to the Project¹⁶ components below:

Ultimate Outcome: Increased utilization of the reproductive and essential health services by women and girls living in the underserved areas in the selected provinces of Afghanistan.	
Intermediate Outcomes	Immediate Outcomes
1100 Expanded delivery of quality gender-sensitive reproductive and essential health services to women and adolescent girls in the catchment areas of 173 FHHs	1110 Increased access of women and girls to reproductive and essential health services through at least 173 FHHs
	1120 Increased communities' involvement (f/m) in the provision of reproductive and essential health services in the catchment areas of at least 115 new FHHs.
1200 Increased access to reproductive and essential health services as well as information on health, by women and girls in the catchment areas of the 115 or more new FHHs	1210 Increased access to reproductive health care, information to prevent and treat diseases and malnutrition, and to prevent unwanted pregnancies.
	1220 Increased access to information pertaining to women's and girls' sexual and reproductive health and support mechanisms.
1300 Increased integration of the FHHs into the Public health system in Afghanistan.	1310 Improved understanding and capacity of key managers at the MoPH and the provincial Public Health Directorates to be able to deliver and monitor FHH.

For each of the immediate outcomes above, there are a number of outputs and their corresponding indicators with baselines and targets as well as activities outlined in a detailed Logic Model and Performance Measurement Framework developed at the Project design phase.

● 3. objectives and scope of the End of Project Evaluation

The overall purpose of the evaluation is to (i) account to stakeholders (Technical branches of the de facto government, UNFPA, Donors, Implementing partners, beneficiaries) the Project results and (ii) provide evidence base for the design of the related and/or successor programmes/projects. In terms of specific objectives, the evaluation will:

- 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.
- Draw key lessons and provide a set of clear and forward-looking, strategic and actionable recommendations for the new programming/Project design.

¹⁶ Family Health Houses for Afghanistan project (2018-2023) and 2013-2023 for the Daikundi project

The evaluation will examine the project interventions carried out during the period 2018 – 2023 cognizant of the fact that the project was implemented during two consecutive phases:

- The first phase (2013-2017): Global Affairs Canada (GAC) supported a first project that was implemented in Daikundi province covering eight districts (Asharly, Khedeer, Kijran, Miramoor, Nili, Nawmish, Sangtakht, and Shahrstan), where 58 FHHs were established during this period of time; this then became the first phase of back-to-back GAC supports to Afghanistan.
- The second phase (2018 - 2023) involved the continuation of the Daikundi project which was scaled up with five new provinces: Badghis, Kandahar, Paktika, Nuristan, and Samangan provinces. Under the second phase, the Project was to establish 115 FHHs to complement the coverage of essential RMNCH services and complete the expansion of Basic Package of Health Services (BPHS) to ultimately contribute to the reduction of maternal, newborn, and child morbidity and mortality in the country.

The end-of-project evaluation will focus on the second phase and will recognize recent developments related to the project as well as significant geopolitical developments. The scope of the evaluation will cover all the project sites where project interventions are being undertaken. The evaluation will cover the period from the start of the project up to March 2023.

4. Evaluation approach and methodology

○ 4.1 Evaluation approach

The evaluation will follow the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation¹⁷ and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes¹⁸. The evaluation will use the following approaches:

Theory-based approach: The evaluation will adopt a theory-based approach that relies on an explicit theory of change/logic model, which depicts how the interventions supported by the Project are expected to contribute to a series of outputs and outcomes. A theory-based approach is fundamental for generating insights about what works, what does not and why, as it focuses on the analysis of causal links between changes at different levels of the results chain and explores how these assumptions and contextual factors affected the achievement of intended results. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the project was during the period under consideration.

Participatory approach: The project evaluation will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The CO has developed a stakeholders map¹⁹ 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,

¹⁷ <http://www.unevaluation.org/document/detail/102>

¹⁸ See Annex

¹⁹ See Annex

implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, beneficiaries (women and adolescents and youth). 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 to changes in each thematic area of programming of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities.

The Evaluation Manager in the UNFPA Afghanistan CO will establish an Evaluation Reference Group (ERG) composed of key stakeholders of the project including technical representatives of the de facto governmental and non-governmental counterparts at national level, and the UNFPA Asia Pacific Regional M&E Adviser and CO M & E Specialist. The ERG will provide inputs at different stages in the evaluation process. The proposed composition of the ERG is provided in section 8.2.

Mixed-method approach: The evaluation will primarily use qualitative methods for data collection, including document review, in-depth interviews with some 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 compiled through desk review of documents, especially the Health Management Information System (HMIS) figures, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human 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 children under the age of 5) of UNFPA support through triangulation of collected data.

○ 4.2 Evaluation criteria

The evaluation will be informed by the Organisation for Economic Co-Operation and Development (OECD) Development Assistance Committee (DAC)²⁰ 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.

²⁰ <http://www.oecd.org/dac/evaluation/revised-evaluation-criteria>

- **Coverage:** The extent to which major population groups facing life-threatening suffering were reached by humanitarian action by the project/program .
- **Connectedness:** The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

The evaluation will also assess gender equality and human rights 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.

○ **4.3 Preliminary evaluation questions.**

Evaluation Criteria	Evaluation Question
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 and girls residing in the remote communities and persons with disability; and (ii) line with the priorities set by relevant policy frameworks of UNFPA and GAC as well as National Health Policy and Strategy and National RMNCAH strategy? • To what extent has the project been able to respond to changes in national needs and priorities, or to shifts caused by humanitarian crises?
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? • To what extent did the intervention mechanisms (financing instruments, staffing, timing and procedures) foster or hinder the achievement of the project outputs, including those specifically related to advancing gender equality and human rights?
Effectiveness	<ul style="list-style-type: none"> • To what extent have the project interventions strengthened and put in place institutionalized mechanisms for quality training of community midwives in the country in accordance with the international standards including the International Confederation of Midwives; and increased the availability of the trained tutors and midwives in the country? • 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 and family planning including for vulnerable and marginalized populations? • To what extent a community led approach facilitated the access to RMNCAH services ?
Sustainability	<ul style="list-style-type: none"> • To what extent has the Project been able to support the DfA MoPH, implementing partners and the community, 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) a sustainably [improved access to and use of quality services in the field of reproductive health and family planning], 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 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 (including rationale, assumptions to be assessed, and corresponding qualitative and/or quantitative indicators) will be finalized during the design phase when the evaluation team will have acquired a clear understanding of the logic/rationale of the project. 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 with a view to determining the final set of questions.

The Consultant’s Evaluation Team must develop evaluation questions through iterative exchanges with the evaluation’s main users. Evaluation Questions should clearly reflect the indicative areas of investigation listed in the table above. They should also draw on the findings from the participatory validation/update of project’s theory of change.

4.4 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 reconstructed theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed work plan.

The evaluation matrix

The evaluation matrix is the centerpiece to the methodological design of the evaluation. It contains 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.

In the design phase, the matrix helps evaluators to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and direct observation at sites visited. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected for all evaluation questions and that data is documented in a structured and

organized way. At the end of the field phase, the matrix is useful to verify whether sufficient evidence has been collected to answer all evaluation questions and identify data gaps that require additional data collection. In the reporting phase, the evaluation matrix facilitates the drafting of findings per evaluation question and the identification and articulation of conclusions and recommendations that cut across different evaluation questions.

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

Finalization of the evaluation questions and 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 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 logistical requirements and security risks and concerns. 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 and girls from the project sites who benefitted from the FHH services during the project period.

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

The evaluation will consider primary and secondary sources of information. Primary data will be collected through semi-structured interviews with key informants 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), as well as group discussions with service providers and beneficiaries (women and adolescents and parents of under 5 children) and direct observation during visits to programme sites.

Secondary data will be collected through desk review, primarily focusing on project reviews and progress reports and monitoring data, human interest stories, case studies 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.

The evaluation team is expected to dedicate a total of 3 weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, a checklist for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. Once all data will have been entered into the evaluation matrix for each evaluation question, the evaluators should identify common themes, patterns and relationships in the data, as well as areas that should be further explored to answer the evaluation questions.

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data including

- Systematic triangulation of data sources and data collection methods
- 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).

○ **4.5 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 ● Hiring of evaluators through competitive process ● Constitute the evaluation reference group composed of key stakeholders. ● Provide/assemble background Information and stakeholder map. ● Develop a communications plan to disseminate the evaluation findings. 	UNFPA
Design Phase	<ul style="list-style-type: none"> ● Desk review of initial background information and documents ● Analysis of the projects' theory of change, and the participatory validation/update of its intervention logic ● Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR. ● Development of a comprehensive stakeholders' map and sampling strategy to select sites to be visited and stakeholders to be consulted in through interviews and group discussions. ● Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases ● Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures. ● Development of the evaluation matrix (evaluation criteria, evaluation questions, assumptions, indicators, data collection methods and sources of information). ● At the end of the design phase, the evaluation team will develop a design report that includes the results of the above-listed steps and tasks. The design report will be developed in consultation with the Evaluation Manager and the ERG. 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 Team
Field Phase	<ul style="list-style-type: none"> ● Data collection ● Debriefing on preliminary findings, testing tentative conclusions and recommendations 	Evaluation Team
Reporting	<ul style="list-style-type: none"> ● Compile draft report ● Quality Assessment of the Draft Report ● Sharing draft report with key stakeholders for comments by UNFPA ● Compilation and submission of the final evaluation report ● Management response by UNFPA 	UNFPA and the Evaluation Team

Phase	Details	Responsibility
Dissemination and facilitation of use	<ul style="list-style-type: none"> ● Dissemination of evaluation report ● Implementation of the recommendations and management response actions 	UNFPA

○ **4.6 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 Regional M&E advisor will also conduct quality assurance of the evaluation using the Evaluation Quality Assessment Grid

5. Expected outputs of the evaluation

The evaluation team will produce the following deliverables:

- a design report including 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, 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 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);
- a PowerPoint presentation of the results of the evaluation for the validation/dissemination meeting
- a final report, based on comments expressed during the dissemination meeting

6. Work plan/ Indicative timeframe

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

Evaluation Phases and Activities	Deliverables	Dates	Handbook/CPE Management Kit
Preparatory Phase			
Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	<i>Draft ToR</i>	1-5 May 2023	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template
Review and approval of the ToR	<i>Final ToR</i>	5-10 May 2023	
Development and Publication of the call for evaluation consultancy		10-30 May 2023	CPE Management Kit: Call for Evaluation Consultancy Template
Establishment of the Evaluation Reference Group (ERG)		10-15 May 2023	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of background information and documentation on the country context, the CP and the project for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i>	10-30 May 2023	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 (in consultation with the regional M&E adviser and with input from CO staff)	<i>Draft ToR annexes</i>	10-20 May 2023	Template 4: The Stakeholders Map, p. 255 Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165 Template 15: Work Plan, p. 278
Recruitment of the evaluation team by the CO		25 May to 10 June 2023	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation team and the Programme Team		10-15 June 2023	
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		15-20 June 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	20-25 June 2023	<p>Template 8: The Design Report for CPE, pp. 259-261</p> <p>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</p> <p>Tool 1: The Evaluation Matrix, pp. 138-160</p> <p>Template 5: The Evaluation Matrix, pp. 256</p> <p>Template 15: Work Plan, p. 278</p> <p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p> <p>Template 6: The CPE Agenda, p. 257</p> <p>Tool 6: The CPE Agenda, pp. 170-176</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
Review of the draft design report by the evaluation manager and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	25-30 June 2023	
Presentation of the draft design report to the ERG for comments and feedback	PowerPoint presentation of the draft design report	25-30 June 2023	
Revision of the draft design report and circulation of the final version to the evaluation manager	Final design report	1-5 July 2023	
Field Phase			
Inception meeting for data collection with CO staff	<i>Meeting between evaluation team/CO staff</i>	5-10 July 2023	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, desk review, etc.)	Entering data/information into the evaluation matrix	10-31 July 2023	<p>Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202</p> <p>Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205</p> <p>Template 9: Note of the Results of the Focus Group, p. 262</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	1-5 Aug 2023	
Reporting Phase			
Drafting of the evaluation report and circulation to the evaluation manager	Draft evaluation report	5-15 August 2023	<p>Template 10: The Structure of the Final Report, pp. 253-264</p> <p>Template 11: Abstract of the</p>

			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 regional M&E adviser Joint development of the EQA of the draft evaluation report by the evaluation manager and the regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)</i>	15-25 August 2023	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		25-30 August 2023	
Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	Final evaluation report (incl. annexes)	1-10 September 2023	
Circulation of the final evaluation report to the UNFPA Evaluation Office		10-15 September 2023	
Dissemination and Facilitation of Use Phase			
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the communication officer in the CO	<i>Final communication plan</i>	5-10 September 2023	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	<i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i>	10-20 September 2023	CPE Management Kit: Guidance on Strategic Communication for a CPE
Preparation of the management response by the CO and submission to the Policy and Strategy Division	<i>Management response</i>	15-30 September 2023	Template 12: Management Response, pp. 266-267

Once the evaluation team leader has been recruited, she/he will develop a detailed work plan in close consultation with the Evaluation Manager.

7. Composition of the evaluation team

○ 7.1 Evaluation team

The evaluation team will be constituted of three members that will include the Team leader, and 2 Team Members who will work under the leadership of the Team Leader.

Team Leader (Lead Evaluator)

The team leader will have in-depth knowledge of UNFPA programmatic areas, issues and challenges in the country. The team leader is expected to have the overall responsibility during all phases of the

evaluation to ensure the timely completion and high quality of the evaluation processes, methodologies, and outputs. In close collaboration with team members, she/he will lead the design of the evaluation, guide the methodology and application of the data collection instruments, and lead the consultations with stakeholders.

At the reporting phase, she/he is responsible for putting together the draft evaluation report, based on inputs from other evaluation team members, and in finalizing the report based on inputs from the ERG and stakeholders. To complement the assessment of the program components, she/he will also assess the operational (e.g., financial, administration, procurement) and monitoring and evaluation systems of the CO in both regular development and humanitarian settings.

She/he will lead the data collection phase and guide a team of evaluators during data collection and analysis work, and shall be responsible for submission of the design and final evaluation report. S/he will have evidenced track records of equivalent deliverables.

Team Member 1 (RH/ Midwifery Specialist)

The Team Member 1 (RH/ Midwifery Specialist) will have a good knowledge of Reproductive Health/Midwifery as well as expertise in evaluation and will take part in the design of the data collection tools, data collection and analysis work during the design and field phases. S/he will be responsible for drafting key parts of the design report and of the final evaluation report. S/he will be engaged in conducting field visits and supporting the Team Leader and the Team member in collecting data and doing the data analysis.

Team Member 2 (Statistical Specialist)

A Team Member 2 (Statistical Specialist) will have good research, data collection and analysis skills and will be extensively involved in the document review process and providing inputs to the design and final evaluation reports. S/he will have a high level of expertise in statistical data analysis for both quantitative and qualitative research methodologies as well as in-depth knowledge of UNFPA programmatic areas and issues and challenges in the country and will be engaged in the quantitative and qualitative analysis using various research techniques. S/he will be extensively engaged in conducting field visits and supporting the Team Leader and the Team member in collecting data and doing the data analysis.

The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

7.2 Qualifications of the evaluation team

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), 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: Statistical Expert

- An advanced degree in demography, social sciences, political science, economics, statistics or related fields;
- 3-5 years of experience in conducting researches, assessments, evaluations and reviews or M&E work in the field of international development

- Knowledge of health, especially maternal/ reproductive health issues will be an asset.
- 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

Both evaluation consultants will be working closely with the team leader 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.

○ **7.3 Remuneration and duration of contract**

- Workdays among the team of experts will be the following:
 - 45 person days spread over three months for both the team leader and other member distributed as follow: 10 days for design phase, 20 days field work, 14 days report writing and 1 for dissemination.
 - Workdays will be distributed between the date of contract signature and end date of evaluation.
- Payment of fees will be based on the delivery of outputs, as follows:
 - 30% upon submission and approval of a satisfactory design report:
 - 50% upon submission and approval of the draft final evaluation report:
 - 20% upon submission and approval of the final evaluation report
- Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

8. Management and conduct of the evaluation

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

8.1 Evaluation manager

The manager of the evaluation will be the UNFPA 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. He/she will closely work with the Programme team in the following tasks:

- Compile a preliminary list of background information and stakeholder map

- Prepares the terms of reference of the evaluation
- Presents the terms of reference of the evaluation to the approval of relevant authorities
- 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.

8.2 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 will be composed of the following:

Organization	Title	Responsibility
UNFPA	(Chair)	Overall overview of the quality of the end of project evaluation process
UNFPA	SRH Specialist	Quality review related to provision of RMNCAH services and CME program
UNFPA	APRO M & E Advisor	Overall quality assurance of the design and evaluation reports
UNFPA	M & E Specialist	Overall quality assurance of the design and evaluation reports
UNFPA		Linkages/Coherence with National Policies and Strategies; national impact (from UNFPA's

	Assistant Representative	perspective)
UNFPA	Accountability to Affected Population Specialist	Strengthen qualitative analysis from a field perspective particularly related to communities feedback
Afghan Midwifery Association	Director	Review relevance and quality of Midwifery education / CME programs and how it unfolded
DfA MoPH - RMNCAH Directorate (technical)	Director	Linkages/Coherence with National Policies and Strategies; national impact (from RMNCAH's perspective)
DfA MopH CBHC Dpmt	To be nominated	Review relevance of FHHs implementation in White Areas

The ERG has the following roles and responsibilities:

- Provide input to the drafting of the ToR,
- Provide feedback and comments on the design report.
- 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.








9. Bibliography and Resources

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

Category	List of documents and links
General Project Documents	The proposal to the GAC
	The Project Implementation Plan (PIP) of the project
	Assessment Report of the Project
Standard Project Reports/Work Plans	WPs of all years
	Quarterly Reports by IPs

Category	List of documents and links
	Annual Reports to Donors
Technical Reports/ Strategies/ Plans	HMIS Reports
Policies/ Guidelines/ Curriculum/ Manuals	BPHS, EPHS, and IPEHS
	National Health Policy and National Health Strategy
	RMNCAH Strategy , State of Midwifery Report, 2022. UNFPA Strategic plan 2022-2025
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	MTR Reports
	AFDHS Survey 2015, AHS Survey 2018, NRVs,
	SEDS Survey
IP Reports and documents	Quarterly Progress Reports
Minutes, ToRs and Reports from Meetings	Minutes of the National Program Steering Committee (NPSC) meeting
Field Visits and partnerships	Monitoring Missions reports and recommendations
	Review Meetings' minutes
Equipment, materials and supplies	Equipment and Supplies list that are attached with the concept of the FHH
National and UNFPA Planning documents	Country Programme Document (CPD) and Action Plans
	CPD Extensions

10. 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	 Template 13-Evaluation Quality
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 Evlaution Report
7	Annex 7: UNFPA Evaluation Editorial Guidelines	 UNFPA Evaluation Office Editorial Guide
8	Annex 8: Stakeholders' Map	Please see below

Annex 8: Stakeholders map

Donor	Implementing partners					Other Partners				
	Gov	Local NGO	Int NGO	Other UN	Other	Gov	Local NGO	Int NGO	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									
	FHH Project Outcome 1: Expanded delivery of quality gender-sensitive reproductive and essential health services to women and adolescent girls in the catchment areas of FHH									
GAC	CBHC	AADA	SCA	UNDP		Governor s			UNICE F	Communities
IADC	RMNCA H	MOVE				Provincial Education Departments			WHO	AMNC
GF-UNDP	HMIS	OHPM, BARAN, and AFGA				PPHDS, GIHS				AMA
	FHH Project Outcome 2: Increased access to reproductive and essential health services as well as information on health, by women and girls in the catchment areas of the 115 or more new FHHs									
GAC	CBHC	AADA	SCA	UNDP		Governor s			UNICE F	Communities
IADC	RMNCA H	MOVE				Provincial Education Departments			WHO	AMNC
GF-UNDP	HMIS	OHPM, BARAN, and AFGA				PPHDS,				AMA
	FHH Project Outcome 3: Increased integration of the FHHs into Public health system in Afghanistan									
GAC	GDPMD C					CBHC				Communities
IADC	GDPP					HMIS				AMNC
GF-UNDP	PHC, GCMU					Midwifer y				AMA