



TERMS OF REFERENCE

Mid-term Evaluation of the *UNFPA Supplies* Programme (2013 – 2020)

EVALUATION OFFICE
October 2016

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List of acronyms

CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CO	Country Offices
CSB	Commodity Security Branch
DFID	Department for International Development
EQA	Evaluation Quality Assessment
EO	UNFPA Evaluation Office
ERG	Evaluation Reference Group
FP	Family Planning
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
GPS	Global Positioning System
HIMS	Health Information Management System
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HRB	Humanitarian Response Branch
ICPD	International Conference on Population and Development
LMIS	Logistics Management Information Systems
MCB	Media Communication Branch
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MISP	Minimum Initial Service Package
NGO	Non-governmental Organization
OECD DAC	Organization for Economic Cooperation and Development-Development Assistance Committee
PSB	Procurement Services Branch
RH	Reproductive Health
RHC	Reproductive Health Commodity
RHCS	Reproductive Health Commodity Security
RFID	Radio Frequency Identification
RO	Regional Office
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
ToR	Terms of Reference
UK	United Kingdom
UN	United Nations
VAN	Visibility and Analytics Network
TD	Technical Division
RHCS TTF	Reproductive Health Commodity Security Thematic Trust Fund
UNAIDS	Joint United nations Programme on HIV/AIDS
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees

1. Introduction

Evaluation at the 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 Evaluation Office (EO) will conduct an independent mid-term evaluation of the UNFPA Supplies programme (formerly referred to as the Global Programme to Enhance Reproductive Health Commodity Security - Phase II) to inform decision-making and policy formulation as per the quadrennial budgeted evaluation plan 2016-2019² approved by the UNFPA Executive Board in 2015.

This evaluation will commence in November 2016 and its results will be presented to UNFPA in 2018. It will be managed by the UNFPA Evaluation Office and conducted by a team of external specialists.

The preparation of this terms of reference was based on a document review and initial consultations with key stakeholders and the Evaluation Reference Group (ERG). The evaluation team will conduct the evaluation in conformity with the terms of reference, under the management of the UNFPA Evaluation Office and guidance of the ERG.

2. Rationale

The mid-term evaluation of the UNFPA Supplies programme is expected to provide an independent assessment of the progress made in this implementation period with a view of identifying key lessons learned from the first year of implementation and improving upon the interventions in progress. Learnings from the evaluation will also contribute to the implementation of the on-going UNFPA family planning strategy namely, *Choices Not Chance* 2012-2020.

3. Users of the Evaluation

The evaluation will serve programming and management purposes. The main users of the evaluation include:

- UNFPA Commodity Supplies Branch (CSB)
- Technical Division and other UNFPA units;
- Regional and Country Offices;
- UNFPA Supplies Steering Committee, including donors that have funded the programme;
- counterparts in programme countries, including national health entities and other agencies that form part of national health systems;
- civil society organizations and diverse stakeholders (including NGOs) in the UNFPA target countries.³

¹ See UNFPA evaluation policy (revised, 2013) - DP/FPA/2013/5

² DP/FPA/2015/12

³ See list in Annex 5.b

4. Context

Reproductive Health Commodity Security (RHCS) provides an important platform for global stakeholders to align efforts with national priorities to accelerate the reduction of unmet need for family planning, to improve maternal health, and to enable women and girls to exercise their right to reproductive health. Moreover, RHCS plays a pivotal and strategic role in achieving internationally agreed goals set forth in the 1994 International Conference on Population and Development (ICPD) Programme of Action and contributes directly to the UN Secretary-General's Global Strategy for Women's and Children's Health.

In 2000, UNFPA and partner agencies developed the Global Strategy for Reproductive Health Commodity Security to ensure universal access to reproductive health commodities, contributing to the ICPD goal of universal access to reproductive health care.⁴ The strategy served as the initial framework for integrating reproductive health commodity security into all UNFPA country programmes with a focus on resource mobilization and sustainable financing, coordination for efficiency, and national capacity development.

In 2004, UNFPA created the RHCS Thematic Trust Fund (TTF) in order to pool resources from different donors, thereby minimizing transaction costs, facilitating coordination, and maximizing cost efficiency, particularly in commodity procurement. The TTF guidelines allocated roughly 90 per cent of resources to avoid stock-out situations.

In 2007, the second phase of the RHCS-TTF developed into the first phase of the Global Programme to Enhance Reproductive Health Commodity Security 2007-2012 (GPRHCS). The programme was designed to push for a more systematic and sustainable country-driven approach for securing essential reproductive health supplies as well as ensuring their effective use.

From its launch in mid-2007 through 2013, donors have included: Australia, Canada, Denmark, European Commission, Finland, France, Ireland, Liechtenstein, Luxembourg, Netherlands, Norway, Spain, Spain (Catalonia), United Kingdom, and private/individual contributors.

4.1 Overview of GPRHCS Phase I (2007-2012)

The first phase of GPRHCS aimed to provide strategic and catalytic support to promote RHCS in priority countries. It also supported the Millennium Development Goals, with particular focus on goals 5 (universal access to reproductive health by 2015) and goal 6 (universal access to comprehensive HIV prevention by 2010).

The programme was designed to increase availability, access, and utilization of reproductive health commodities for voluntary family planning, HIV/STI prevention, and maternal health services in priority countries. Interventions were both at the global and country levels focusing on: (i) supporting national governments in the development, coordination and implementation of their strategic plans; (ii) enhancing the political and financial commitment for RHCS; (iii) strengthening the capacity and systems for RHCS; and (iv) mainstreaming RHCS into UNFPA core business.

⁴ UNFPA, Reproductive Health Commodity Security: Partnerships for Change, A Global Call to Action, UNFPA, New York, 2001

The GPRHCS focus countries were grouped into three ‘streams’ according to the nature of the support provided.⁵

- **Stream 1:** Multi-year funding was provided to twelve countries that received support of up to US \$5 million per year for commodity supply and for interventions in the programme output areas.
- **Stream 2:** Countries received some support for commodities and a lesser amount for capacity building to strengthen targeted elements of RHCS based on country context, e.g. family planning service delivery.
- **Stream 3:** This emergency funding delivered commodities in countries facing humanitarian situations, including natural or man-made disasters, often in cooperation with the Humanitarian Response Branch (HRB) at UNFPA and the United Nations High Commissioner for Refugees (UNHCR). The number of Stream 3 countries varied from year to year.

To promote the prioritisation and mainstreaming of RHCS, the first phase of GPRHCS focused its efforts around: (i) providing reproductive health commodities (procurement, product and technologies for family planning, condom programming); (ii) strengthening health information management system (HIMS) for forecasting and logistics; and (iii) building governments’ capacities in 46 countries as well as in countries facing commodity stock-outs and humanitarian needs.

Funding for the first phase initially started with US \$15 million in 2007 and increased to US \$181 million in 2012 for a total of US \$565M; with 68 per cent going to commodities and 32 per cent to capacity building.

In 2011, a mid-term review⁶ of the programme was conducted. The review reported positive results, particularly in the 12 priority countries (Stream 1) which received the most comprehensive support. The review also found that the GPRHCS had successfully set up country level building blocks for reproductive health commodity security.

4.2 Overview of UNFPA Supplies (2013-2020)

Responding to the lessons learned from the mid-term review, the second phase of the programme was designed to build on the achievements in the programme’s first phase as well as other complementary results achieved by the Maternal Health Thematic Fund and a number of other related UNFPA supported initiatives. The second phase was designed to complement the existing country programmes, serving as the main vehicle for UNFPA support to RHCS in full alignment with and support of the objectives of the UNFPA Family Planning Strategy, as well as broader international commitments. These commitments include: the ICPD Programme of Action, the Millennium Development Goals 5a and 5b on improving maternal health and universal access to reproductive health (which includes contraceptive prevalence), the post-2015 sustainable development agenda, the UN Secretary General’s Global Strategy on Women’s and Children’s Health, the London Summit

⁵ Annex 5.a contains a complete list of countries for Phase I.

⁶ Source: Synthesis Report, UNFPA Global Programme to Enhance Reproductive Health Commodity Security Mid-Term Review, January 2012, www.hlsp.org

on Family Planning (FP2020), the UN Commission on Life-Saving Commodities for Women and Children and in Africa, the Maputo Plan of Action and the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

Established in 2015, GPRHCS II, was renamed “UNFPA Supplies”. UNFPA Supplies focuses its efforts on 46 target countries⁷ that receive integrated, multi-year support for an initial five-year period (2013-2017). The focused effort reflects an expansion of the support provided to the 12 “Stream 1” countries during Phase I. Two additional special focus countries (Afghanistan and Somalia) received humanitarian support with a view to transitioning these countries into target countries. There are also 16 strategic support countries that continue to receive some capacity building to advance on progress already made in Phase I, and to further catalyse national commitment to RHCS.⁸

UNFPA Supplies continued efforts in the original focus areas of GPRHCS and expanded its activities in the following: (i) improving the enabling environment for RHCS; (ii) increasing demand for RHCS; (iii) improving efficiency for procurement and supply of RHC; (iv) improving access to quality RH commodities/family planning services; (v) strengthening capacity and systems for supply chain management; and (vi) improving results-based planning, monitoring and reporting.

With the addition of US \$64.5 million in 2013, UNFPA Supplies has mobilized US \$630 million between its launch in mid-2007 and the conclusion of its sixth year of operation in 2013. In 2014, expenses and payments totaled US \$185 million, which has been the highest amount since the programme began in 2007 and represents a 13 per cent increase compared to 2013.⁹ The following figures illustrate an overview of the total expenditures broken down by region (table 1) and by usage of funds (table 2). Annual budget and expenditure for each UNFPA Supplies target country for the years 2013 through 2015 are provided in Annex 9.

Table 1: Total expenditures by region and year¹⁰

Region	2013 Total (USD)	% of Total	2014 Total (USD)	% of Total
Arab States	4,197,067	3%	4,884,232	3%
Asia Pacific	5,867,677	4%	12,224,554	7%
E. Europe/Central Asia	2,973,458	2%	1,753,551	1%
East and South Africa	63,480,015	39%	67,902,102	37%
Latin America	12,409,176	8%	6,564,831	4%
West and Central Africa	53,573,688	33%	74,194,368	40%
HQ	13,908,949	8%	10,678,165	6%
NGO ¹¹	7,695,432	5%	6,977,277	4%
Grand Total	164,105,462	100%	185,179,079	100%

⁷ Annex 5.b

⁸ Ibid

⁹ UNFPA Supplies Annual Report 2013, 2014

¹⁰ Source: The Global Programme to Enhance Reproductive Health Commodity Security Annual Reports for 2013 and 2014; 2015 financials is not available yet.

¹¹ NGO refers to funds provided to NGOs

Table 2: Total expenditures by usage of funds (commodities vs. capacity building)¹²

Type of expense*	2013 Total (USD)	% of Total	2014 Total (USD)	% of Total	2015 Total (USD)	% of Total
Commodities	108,252,803	66%	111,449,393	60%	98,967,172*	67.0%
Capacity Building	55,852,962 **	34%	62,500,265	34%	37,648,916*	25.5%
Human Resources	--	---	11,229,421	6%	11,032,056*	7.5%
Grand Total	164,105,765	100%	185,179,079	100%	147,648,143	100.0%

*Includes 7% IC

**HR (human resources) expenditures make up US \$7.3 million of capacity building activities. Approximately 90 per cent of HR costs are estimated to be programmatic in nature (Programme/Technical/Supply) and 10 per cent are for Administrative/Finance positions.

In 2014, an evaluability assessment was completed which explored key issues surrounding the programme as well as potential mechanisms to facilitate the evaluation of the programme. The exercise conducted in-depth case studies in 8 countries, varying in context and characteristics. The evaluability assessment identified key issues for further investigation, including: (1) linkages between Family Planning Strategy and UNFPA Supplies; (2) the viability multi-year work plan to support scale up efforts; (3) support to national health human resources and partnership with private sector to support demand creation; (4) level of coordination and partnership among public, private and non-state sector service providers; (5) extent of country office leadership and ownership; (6) clarity of the role of regional offices; (7) extent of integration of thematic funds in-house; (8) division of labour between the Commodity Security Branch (CSB) and the Procurement Services Branch (PSB) in coordination of procurement and forecasting; and (9) sufficient funding.

5. Evaluation Purpose, Objectives and Scope

5.1 Purpose

The purpose of the mid-term evaluation is to assess the progress in the implementation of UNFPA Supplies since 2013. The evaluation is expected to support **learning** among key stakeholders to inform the implementation of the remainder of the programme as well as other strategies such as, the current UNFPA Family Planning Strategy *Choices not Chance* (2012-2020). The mid-term evaluation will also support **accountability** of UNFPA through taking stock of the progress accomplished and results achieved under UNFPA Supplies.

5.2 Objectives

The primary objectives of the mid-term evaluation are to assess the progress made thus far in the implementation of UNFPA Supplies. In particular, the evaluation will aim to:

- Assess the relevance of the objectives and the approach of UNFPA Supplies;
- Assess the effectiveness and efficiency of the implementation of UNFPA Supplies at global, regional, national and sub-national levels;

¹² Source: The Global Programme to Enhance Reproductive Health Commodity Security Annual Reports for 2013, 2014 and 2015.

- Assess the results achieved in UNFPA Supplies at global, regional, national and sub-national levels and the extent to which sustainability considerations have been built-in;
- Assess the extent to which issues of gender equality, social inclusion and equity have been taken into consideration;
- Assess the extent of coordination with national partners and other prominent actors in the area of commodity security with a view to creating synergies and partnerships;
- Assess the extent to which the UNFPA Supplies programme has played a catalytic role at all levels (global, regional, national);
- Identify lessons and good practice from the implementation of UNFPA Supplies, and opportunities to improve current planning, programme formulation, appraisal and implementation, as well as to feed into the planning of UNFPA strategic documents.

5.3 Scope

As a UNFPA flagship programme for family planning, UNFPA Supplies has a wide range of activities that overlap into the Fund's other areas of work, and thus may have been covered in other recent, or ongoing evaluations. With a view to avoiding duplication, the evaluation will follow a focused scoping and will further build upon issues already identified in previous evaluations and reviews.¹³

The evaluation will cover UNFPA Supplies programmatic interventions during the period 2013-2016. The evaluation will be forward-looking and will provide lessons and actionable recommendations to improve on the future performance of the programme.

The geographical scope includes all countries in the UNFPA six regions of operation where the programme interventions are being undertaken: Western and Central Africa; Eastern and Southern Africa, Asia and the Pacific, Arab States, Eastern Europe and Central Asia, Latin America and the Caribbean.¹⁴

6. Evaluation Criteria and Indicative Areas of Investigation

6.1 Evaluation Criteria

The evaluation will be informed by the OECD DAC criteria of relevance, effectiveness, efficiency, and sustainability as well as other criteria relevant to the UNFPA Supplies programme.

The above mentioned criteria are translated into indicative areas for investigation, which in turn, will be further refined through the formulation of evaluation questions in the inception report. Each question may address one or more of the criteria in its intent. The evaluation questions are intended to give a more precise form to the evaluation criteria and articulate the key areas of interest to stakeholders, thereby optimising the focus and utility of the evaluation. The Evaluation Office, in consultation with CSB and other relevant units at UNFPA, developed the following indicative areas of investigation.

¹³ E.g. Evaluations of the UNFPA Support to Family Planning (2008-2013) and UNFPA support to Adolescents and Youth. See: <http://www.unfpa.org/evaluation>

¹⁴ See section 7.3 (and related Annex 5) on the selection of countries for field and desk-based case studies for the evaluation.

6.2 Areas of Investigation

The areas of investigation cover the programme's five outputs, the management output, as well as a cross-cutting theme: the catalytic role of UNFPA Supplies.

Output 1: An enabling environment for RHCS, including FP, at national, regional and global levels

The extent to which UNFPA Supplies has been supporting the creation of an enabling environment at national, regional and global levels in which: (i) RHCS and family planning are prioritized in national policies and strategies (incl. guidelines, protocols and tools); (ii) global and regional partners demonstrate commitment in support of country needs; (iii) coordination mechanisms at all levels are strengthened; (iv) country processes are functional to ensure availability of RH commodities; (v) resources for RHCS and family planning have increased and are used as planned.

Evaluation criteria	Relevance, effectiveness, coordination
Special attention to	<ul style="list-style-type: none"> • Global level: how UNFPA advocacy/partnering at global level contributes to enabling environment at the national level • Regional level (regional entities; regional training institutions) and interaction with UNFPA ROs • Alignment with national strategies and timelines • Capacity of UNFPA Supplies to trigger and sustain governments' commitment • UNFPA efforts to act as a broker to promote RHC as core to FP (all levels: global, regional and national levels)

Output 2: Increased demand for RH commodities by poor and marginalized women and girls

The extent to which UNFPA Supplies has been reaching poor and marginalized women and girls by promoting policy dialogue and advocacy in RHCS using a total market approach as well as community mobilization and awareness-raising resulting in increased knowledge of family planning and modern contraceptives, and of the reproductive and maternal health services offered.

Evaluation Criteria	Relevance, effectiveness, sustainability
Special attention to	<ul style="list-style-type: none"> • Cost-effective demand-generation strategies to reach the poor and marginalized • Capacity of UNFPA supplies to broker partnership to maximize reach and increase coordination among partners • ICT opportunities to generate demand • Sustainability considerations built into <i>UNFPA Supplies</i> interventions

Output 3: Improved efficiency for procurement and supply of RH commodities (global-level focus)

The extent to which UNFPA Supplies has improved the procurement and supply of reproductive health commodities to ensure appropriate quantity, appropriate quality and the appropriate method mix at the appropriate time to countries based on their needs.

Evaluation Criteria	Relevance, effectiveness
Special attention to	<ul style="list-style-type: none"> • Cost-effectiveness: negotiation of commodity prices, use of long-term agreements, use of generic medicines • UNFPA innovative strategy to enhance cost-effectiveness in procuring and delivering commodities (e.g. Access RH; Channel) • Coordination with partners on scaling-up interventions and on prequalification of RH commodities • Coordination with partners to shape reproductive supply markets for the long term benefit of national purchasers and consumers

- Visibility to countries into the status of orders throughout the procurement and delivery process
- The roles of the Procurement Services Branch and the Commodity Security Branch

Output 4: Improved access to quality RH/FP services for poor and marginalized women and girls

The extent to which UNFPA Supplies has been addressing marginalized women and girls' unmet need – including in humanitarian settings – through improved access to RH commodities and family planning services that integrate gender, HIV and maternal health, as well as childhood immunization.

Evaluation Criteria	Relevance, effectiveness, efficiency, sustainability
Special attention to	<ul style="list-style-type: none"> • Integration of services with family planning, maternal health, HIV, gender, childhood immunization • Capacity of health and community service providers (including task shifting) • UNFPA Supplies to support to FP and commodity security in conflict and humanitarian settings • Sustainability considerations built into <i>UNFPA Supplies</i> interventions

Output 5: Strengthened capacity and systems for supply chain management

The extent to which UNFPA Supplies has been strengthening in-country supply chain management systems to improve demand forecasting and procurement, as well distribution and stock monitoring.

Evaluation Criteria	Effectiveness, efficiency, sustainability
Special attention to	<ul style="list-style-type: none"> • Existing national logistics management information systems (LMIS) plans and how UNFPA Supplies contributes to supply chain system strengthening • National government leadership of and commitment to the planning, managing, and monitoring of public health supply chains; Capacity of national staff • UNFPA Supplies training practices, capacity building in procurement and supply chain management • Use of technology (e.g. electronic Logistics Management Information System (eLMIS), Visibility and Analytics Network (VAN), GS1-based Radio Frequency Identification (RFID) or Global Positioning System (GPS) systems for electronic track- and trace)¹⁵ • Functionality of the supply chain system (forecasting, supply planning, procurement, inventory management, warehousing, distribution, and recording) • Visibility of supply and demand data throughout the supply chain • Private sector engagement • Innovative practices for system design • Sustainability considerations built into <i>UNFPA Supplies</i> interventions

Management Output: Improved programme coordination and management

The extent to which the UNFPA Supplies management mechanisms and internal coordination processes at all levels (global, regional, countries) have contributed to the overall performance of the programme.

¹⁵ GS1 designs and manages global standards for use in the supply chain. GS1 standards provide a framework that allows products, services, and information about them to move efficiently and securely. The following technologies (eLMIS, VAN, RFID and GPS electronic track and trace) are often utilised in supply chain management to improve supply chain performance.

Evaluation Criteria	Effectiveness, efficiency, coordination
Special attention to	<ul style="list-style-type: none"> • Resource mobilization, allocation, utilization as well as accountability • Oversight of the UNFPA Supplies programme; role of UNFPA management (HQ, ROs), role of UNFPA Supplies Steering Committee • Human resources capacity/skill mix to support programme implementation • Country programming (work plans) review and approval • Risks management • Exit strategy • In-country coordination mechanisms • Integration of the UNFPA Supplies programme within country programmes; • Results-oriented monitoring • Dissemination of results and learning • Communication (MCB post)

Cross-cutting theme: The catalytic role of UNFPA Supplies

The extent to which the UNFPA Supplies programme has played a catalytic role at all levels (global, regional, and national).

Evaluation Criteria	Effectiveness, efficiency, coordination
Special attention to	<ul style="list-style-type: none"> • Role of UNFPA Supplies as a broker at global, regional and country levels, acting in coordination and partnership with the public, private and non-state sector service providers • Fluidity and flexibility of UNFPA Supplies to respond to evolving country needs and context • Innovations to scale up good practices • Environmental risk mitigation (from policy formulation to service delivery -- e.g. green procurement policies; waste disposal strategy)

The wording of evaluation questions (including rationale, assumptions to be assessed, and corresponding qualitative and/or quantitative indicators) will be performed during the inception phase when the evaluation team will have acquired a clear understanding of the logic/rationale of the programme, as well as of the extent of implementation of UNFPA Supplies during the period under review. 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 ERG with a view to determining the final set of questions.

7. Evaluation Methodology and Approach

The evaluation will be **transparent, inclusive, and participatory, as well as gender and human rights responsive**. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary methods and collection of different sources of data will be deployed to ensure that the evaluation:

- responds to the needs of users and their intended use of the evaluation results;
- integrates gender and human rights principles¹⁶ throughout the evaluation process including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible; and

¹⁶ UNEG Handbook on Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. See: <http://www.uneval.org/document/detail/980>

- triangulates the data collected to provide reliable information on the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups.

Data will be disaggregated by relevant criteria (age, sex, etc.) wherever possible. The evaluation will also be sensitive to fair power relations amongst stakeholders.

The evaluation will follow UNEG Norms and Standards for Evaluation and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.¹⁷

7.1 Logical Reconstruction of UNFPA Supplies Intervention Logic and Theory of Change

The evaluation will utilize a **theory based approach**, which means that the evaluation methodology will be based on the careful analysis of the intended outcomes, outputs, activities, and the contextual factors (that may have had an effect on implementation of UNFPA Supplies) and their potential to achieve the desired outcomes. The analysis of the programme's theory of change,¹⁸ and the reconstruction of its intervention logic, as necessary, will therefore play a central role in the design of the evaluation, in the analysis of the data collected throughout its course, in the reporting of findings, and in the development of conclusions and of relevant and practical recommendations.

Evaluators will base their assessment on the analysis and interpretation of the logical consistency of the chain of effects: linking programme activities and outputs with changes in higher level outcome areas, based on observations and data collected along the chain. This analysis should serve as the basis of a judgment by the evaluators on how well the programme under way is contributing to the achievement of the intended results foreseen in the UNFPA Supplies programming documents. The mid-term evaluation should report on outputs and first results achieved at the outcome level.

The evaluation team will develop the evaluation methodology in line with the evaluation approach, and design corresponding tools to collect data and information as a foundation for valid, evidence-based answers to the evaluation questions and an overall assessment of the UNFPA Supplies programme. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; specifically designed tools; an evaluation matrix; and a detailed work plan.

7.2 Finalization of the Evaluation Questions and Assumptions

The finalization of the evaluation questions that will guide the evaluation should clearly reflect the evaluation criteria and indicative areas of investigation listed in the present terms of reference. They should also draw on the findings from the reconstruction of the intervention logic of the UNFPA Supplies programme. The evaluation questions will be included in the inception report.

The evaluation questions must be complemented by sets of assumptions that capture key aspects of the intervention logic associated with the scope of the question; this will enable evaluators to gauge if the preconditions – that allow for the contribution of UNFPA Supplies to the increased availability and utilization of RH commodities in support of reproductive and sexual health services and other improved health outcomes of the programme – are fulfilled. The data collection for each of the assumptions will be guided by clearly formulated quantitative and qualitative indicators.

¹⁷ See Annex 3

¹⁸ Annex 6: UNFPA Supplies: Theory of Change

7.3 Well-designed Country Case Studies

The evaluation will include both in-country (field) and desk-based case studies. The case studies will contribute to the overall evaluation with in-depth data and information, opinions, and analysis. Four case studies will undergo an in-country field-based review, while another five will be subject to a desk review.

Case studies will aim to maximize the breadth and depth of insights into the evaluation questions and provide a comprehensive and nuanced picture of the actions of the UNFPA Supplies and their effects. Case studies will, therefore, be illustrative (rather than statistically representative), exemplifying the range of contexts addressed and interventions undertaken by UNFPA Supplies. Data and information collected from the field-based country case studies will be analyzed and documented in a detailed evaluation matrix accompanied by a brief narrative (“Country Case Study Brief”) for each country. Data and information collected through the desk-based country case studies will be consolidated into one single evaluation matrix accompanied by a brief narrative (“Desk Country Case Review”).

The allotment of countries to either a field- or desk-based case study results from a consultative process and an assessment performed in close consultation with key stakeholders of the *UNFPA Supplies* programme. Country profile documents were developed to provide a snapshot of key contextual factors shaping the programme of work of the UNFPA Supplies as well as key data; these include indicators (such as contraceptive prevalence rate, maternal mortality, adolescent birth rate, unmet need, stock outs), social and demographic information, data on government effectiveness. The country profiles can be found in Annex 7.

The table below presents the results of the case study selection process.

Table 2: Selection of field-based and desk-based country case studies

Field-Based Country Case Studies	Desk-Based Country Case Studies
Nigeria	Haiti
Nepal	Madagascar
Sierra Leone	Malawi
Sudan	Myanmar
	Togo

A well designed case-study approach is expected to be at the center of the mid-term evaluation of the UNFPA Supplies programme. The case studies are meant to investigate the design and implementation of the programme’s interventions, and the results achieved within the specific context of programme countries, both at national and local (subnational) level. Each case study shall rely on multiple sources and types of evidence (both quantitative and qualitative), to increase the validity of their findings and the resulting conclusions of the mid-term evaluation of the UNFPA Supplies programme. Attention will be given to issues of gender equality, equity and social inclusion throughout.

Field- based Country Case Studies

Evaluators are expected to begin data collection for the field-based case studies as part of their desk study, but will, in addition, have the opportunity to collect more primary and secondary data and

information during the visits to the respective countries. It is expected that at least one member of the core evaluation team will spend 10 working days (over a period of two weeks) in each of the four field-based case study countries. This international team will be supported by a national evaluator from the visited country.

The schedule for each country visit will be determined on the basis of the data requirements of the field-based case studies and on the basis of other data needs that have to be met to answer the overall evaluation questions.

Data collected from the field-based country case studies will be analyzed and documented in a Country Case Study Brief.¹⁹

Desk-based country case studies

The desk-based country case studies will serve two primary purposes:

- 1) They will allow evaluators to cover a wider range of country contexts in their data collection and analysis, thus widening the basis for internally and externally valid findings, conclusions and recommendations resulting from the evaluation;
- 2) They will help evaluators to prepare for the field-based case studies, particularly by allowing evaluators to compile and analyze available secondary information, and to start formulating more complete theoretical propositions (hypotheses) that will inform the specific design of the field case studies, supporting, therefore, the data collection during the field phase.

These desk-based country case studies will examine a sub-set of the case study questions and theoretical propositions that are being examined by the field-based case studies. Both the desk- and field-based case studies should examine the same units of analysis to facilitate cross-case comparison and analysis of results. The design of the desk case studies should include the same components as that of the field-based case studies.

Findings of desk-based country case studies need to be analyzed and documented in a Desk Country Case Review (see section 7.5).

7.4 A Wide Range of Data Collection Tools (Quantitative and Qualitative)

Data collection for the evaluation will utilize a range of different data collection tools, including but not limited to:

- **Comprehensive document review and data analysis.** The evaluation team will collect secondary data related to the UNFPA Supplies programme, including third party documents as well as socio-economic and health-related data (such as those from Demographic and Health Surveys) for programme countries. The evaluation team will also collect primary data by means of tools such as interviews, focus groups questionnaires/survey (see below), as well as through direct observations and field visits – e.g. logistics and supply systems, health facilities, training institutes,

¹⁹ Structure for the Country Case Studies Brief and the Desk Country Case Review is presented in Annex 2b.

etc. The data collection work plan is to be finalized in the methodological design (inception report).

- **Group interviews and focus groups** will be conducted by the evaluation team with members of the UNFPA Supplies country teams, programme participants/beneficiaries, service providers, and decision/policy makers as well as other actors in RHCS, such as participating NGOs and CSOs. The initial protocols for focus group discussions will be developed during the inception phase, and will be finalized when preparing the field visits. When organizing focus group discussions and interviews, attention will be given to ensure: gender balance, geographic distribution, and cultural sensitivity, representation of population groups and representation of the stakeholders/duty bearers at all levels (policy/service providers/target groups/communities). In particular, the evaluation team will reflect on the categories of stakeholders targeted by the evaluation as an important component while choosing the type of focus groups (e.g., socially homogeneous groups vs. group of diverging point of views). Where applicable the evaluation team must detail the characteristics of each sample: how it is selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results.
- **Interviews with key informants** will be conducted by the evaluation team. Key staff from relevant country offices and headquarters/regional advisors/experts will be interviewed during the inception phase. During the field phase, interviews will be conducted with experts and staff involved in managing UNFPA Supplies interventions. Additional interviews will be conducted with policy makers and actors in relevant countries as well as with beneficiaries. Where appropriate, the evaluation team must detail the characteristics of each sample: how it is selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results.
- **An online survey on UNFPA Supplies interventions and results at country level with both open-ended and close-ended questions:** The sampling frame for this survey will need to be developed in close cooperation with members of the Commodity Security Branch (Technical Division), and with relevant staff in the UNFPA offices in programmes countries recipient of the UNFPA Supplies programme. Where appropriate, the evaluation team must detail the characteristics of each sample: how it is selected, the rationale for the selection, and the limitations of the sample for interpreting evaluation results. Once the on-line survey results are collected and analyzed, the evaluators will fine-tune findings through a series of interviews with key informants in a number of surveyed countries.

7.5 A well-structured evaluation matrix to ensure the validity of evaluation findings

To ensure that the collection and recording of data and information is done systematically, evaluators are required to set up and maintain an **evaluation matrix**.²⁰ This matrix, will help evaluators to consolidate in a structured manner all collected information corresponding to each evaluation question and to identify data gaps and collect outstanding information before the end of the field phase.

The evaluation matrix will play important but slightly varying roles throughout all stages of the evaluation process and therefore will require particular attention from the evaluators (see Annex 8).

²⁰ Annex 8: Evaluation Matrix Template

Owing to the changing role and function of the evaluation matrix over the course of the evaluation, the matrix will need to serve as a series of working tools throughout the evaluation process. It is essential that the final (published) version of the evaluation matrices (in the synthesis report, as well as in the Country Case Study Briefs and the Desk Country Case Review) are structured and drafted in a manner that facilitates the easy access of evaluation users to the evidence that support the answer of each evaluation question.

8. Evaluation Process

The evaluation will consist of six phases, subdivided in subsequent methodological stages and/or related deliverables. All evaluation deliverables will be drafted in English to the exception of the *evaluation brief* which will be produced in English, French and Spanish versions.²¹

Table 1: Overview of evaluation phases, methodological stages, and associated deliverables

Evaluation Phases	Methodological Stages	Deliverables
1. Preparatory	<ul style="list-style-type: none"> ➤ Drafting of terms of reference ➤ Setting-up of reference group 	<ul style="list-style-type: none"> ➤ Final terms of reference (UNFPA Evaluation Office)
2. Inception	<ul style="list-style-type: none"> ➤ Structuring of the evaluation 	<ul style="list-style-type: none"> ➤ Inception report
3. Data collection	<p><u>Desk Study</u></p> <ul style="list-style-type: none"> ➤ Document analysis; analysis of other secondary data; formulation of hypotheses (preliminary answers to evaluation questions) <p><u>Field Study</u></p> <ul style="list-style-type: none"> ➤ Collection of secondary and primary data and information in-country; collection of other data (surveys, etc.); verification of hypotheses/preliminary answer to evaluation question 	<ul style="list-style-type: none"> ➤ Presentation of the results of data collection ➤ Four Country Case Study Briefs ➤ Desk Country Case Review
4. Reporting	<ul style="list-style-type: none"> ➤ Data analysis ➤ Formulation of evaluation findings (answers to evaluation questions, cross cutting conclusions) ➤ Development of recommendations 	<ul style="list-style-type: none"> ➤ Final report (draft, final)
5. Management response	<ul style="list-style-type: none"> ➤ Response to recommendations 	<ul style="list-style-type: none"> ➤ Management response (UNFPA Technical Division)
6. Dissemination	<ul style="list-style-type: none"> ➤ Dissemination seminars/workshops 	<ul style="list-style-type: none"> ➤ Evaluation briefs (English, French and Spanish)²² ➤ PowerPoint presentations of the evaluation results

8.1 Preparatory phase

The evaluation manager at UNFPA Evaluation Office leads the preparatory work. This phase includes:

²¹ See Annex 2 for templates for the deliverables (e.g. Inception Report, Final Report)

²² See section 8.6

- The compilation and initial review of the available documentation on the UNFPA Supplies, and its implementation in programme countries and at regional and global levels.
- Selection of 11 of the 46 programme countries for inclusion as country case studies.
- The constitution of an evaluation reference group. The evaluation reference group will consist of key staff members from the programme and technical divisions working on UNFPA Supplies as well as other relevant stakeholders.
- The drafting, review and approval of the Terms of Reference by the evaluation manager.
- Procurement of consultancy services of an external evaluation team.

8.2 Inception phase

The evaluation team will conduct the design of the evaluation in consultation with the EO evaluation manager. This phase includes:

- The compilation and review of all relevant documents relevant to the UNFPA Supplies Programme;
- A stakeholder mapping, prepared by the evaluation team (complementing a preliminary mapping prepared by UNFPA EO). The stakeholder mapping will be used to facilitate and illustrate the different (groups of) stakeholders relevant to the evaluation, and their relationships to each other;
- The reconstruction of the intervention logic of the UNFPA Supplies, i.e. the theory of change meant to lead from planned activities to the intended results of the support;
- The development of a list of evaluation questions addressing the main topics/issues identified above), and the identification of the assumptions to be assessed, as well as the respective indicators, sources of information and methods and tools for the data collection;
- The development of a data collection and analysis strategy as well as a detailed work plan for the field and reporting phases;
- The design of the field-based and desk case studies, including case-study questions, theoretical propositions to be tested, and units of analysis and data / data collection strategies;
- The evaluation team will produce an inception report, displaying the results of the above-listed steps and tasks. The evaluation team will submit the inception report and present it to the reference group. The inception report will be considered final upon approval by the evaluation manager.
- Other tasks and responsibilities included but not limited to section 8.2 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031.

The inception report will follow the structure as set out in Annex 2a.

8.3 Data collection phase

8.3.1 Desk Study

The desk study will analyze all existing and available documentation, data and information that have been compiled during the inception phase of the evaluation. With support from the members of the ERG, the evaluators will identify informants and solicit information, documentation and data from programme countries.

To the extent possible, the desk study should produce information on all evaluation questions and associated indicators identified during the inception phase. Based on the available information, evaluators should form preliminary assessments of the assumptions they set out to test for each of the evaluation questions; the assessments should become the basis for preliminary answers of the evaluation questions.

Evaluators are also expected to use the desk study to carry out the data collection and analysis for the five desk country case studies; and the preliminary, preparatory desk-based portion of the data collection and analysis for the in-depth, four field-based country case studies, in accordance with the case study design developed during the inception phase of the evaluation. This is meant to ensure that the time the evaluators spend in-country can be used as effectively and efficiently as possible to deepen the inquiry for these case studies. For this purpose, evaluators should also use the end of the desk study as an opportunity to refine the scope of the subsequent field-based inquiry in the four field-study countries.

Findings of the desk study will be compiled and documented in an evaluation matrix (see annex 8). For each evaluation question, the associated “assumptions for verification” and the respective indicators, the evaluators are expected to present the evidence analyzed during the desk study. Where possible, evaluators are expected to formulate preliminary findings at the level of the “assumptions for verification.” Findings are anticipated at each level (global, regional, national and subnational).

The country case studies will examine a sub-set of the case study questions and theoretical propositions. The case studies will examine the same units of analysis to facilitate cross-case comparison and analysis of results. Results from the desk case studies will be consolidated into a Desk Country Case Review.

8.3.2 Field Study

The field study will serve as the opportunity to carry out the in-depth country case studies and to collect other information in the four selected countries.

Each country visit will last 10 working days (over a period of two weeks). The evaluation team consisting of two experienced evaluators (one member of the core international team and one national) will conduct an in-depth documentary review, interviews and/or focus group discussions, and other methods to collect data in the field. At the end of each mission, the evaluation team will provide the UNFPA Country Office as well as partner donors, and key governmental and non-governmental stakeholders with a debriefing presentation on the preliminary results of the field-based case study, with a view to validating the preliminary findings and testing tentative conclusions to feed in the synthesis report. The list of participants in the debriefing meeting will be established by the UNFPA Country Office in close consultation with the evaluation team.

For each field-based country case study, the evaluation team will prepare a Country Case Study Brief which will be published as annexes to the final report.

For more information on the case study approach for this evaluation, please see Section 7.3.

8.3.3 Online Survey

A questionnaire based survey of key stakeholders among the 46 countries will be used to collect data from a wider sample of stakeholders beyond the country-specific case studies.

Intended respondents for the survey include: staff members of the country offices; health-sector government counterparts and other relevant line ministries; partners in supply chain management and procurement; health managers, service providers, health statisticians and logisticians; and other relevant stakeholders from civil society, faith-based organizations, and the private sector.

8.4 Reporting Phase

The reporting phase will open with a two-day analysis workshop bringing together the evaluation team and the evaluation manager to discuss the results of the data collection phase including the case study findings. The purpose of this analysis workshop is to generate a substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the report.

This first draft final report will be submitted to the evaluation manager for comments. Prior to submission, the evaluation team must ensure that it was internally quality controlled against the evaluation quality assessment grid provided in Annex 4 of the present terms of reference. The evaluation manager will assess the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the report will be circulated to the ERG. In the event that the quality is unsatisfactory, the evaluation team will be required to produce a new version of the draft report.

Approximately two weeks after the draft of the final report has been circulated, the report will be presented to the ERG by the evaluation team.

On the basis of the comments expressed, the evaluation team should make appropriate amendments and submit the final report. For all comments, the evaluation team will indicate in writing how they have responded ("trail of comments"). The final report should clearly account for the strength of the evidence on which findings are made so as to support the reliability and validity of the evaluation. The report should reflect a rigorous, methodical and thoughtful approach. Conclusions and recommendations need to be built upon the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions they have been derived from; recommendations need to reference the conclusions they are responding to.

The report is considered final once it is formally approved by the Director of UNFPA Evaluation Office based upon the recommendation of the evaluation manager after consultation of the ERG.

The final report will follow the structure as set out in Annex 2.

8.5 Management response

During this phase, the CSB of the Technical Division will coordinate the preparation of the management response to the evaluation report for presentation to the Executive Board. The management response will be published on the UNFPA evaluation webpage.

8.6 Dissemination

The evaluation report and the evaluation brief (in English, French and Spanish) will be published on the UNFPA evaluation webpage.

The evaluation team is required to draft the “Evaluation Brief” which consists in a short paper documenting the process of the evaluation and presenting the main results. It is based upon the Final Report and is different and separate from the briefs produced for the case-studies.²³ The Evaluation Brief must be provided in three languages: English, French and Spanish. The professional translation in French and Spanish as well as copy-editing of the French and Spanish versions of the brief is the responsibility of the evaluation team.

The evaluation team will be required to assist the evaluation manager during the dissemination phase. The results, the conclusions and recommendations of the evaluation will be presented to: (i) the UNFPA Executive Committee; (ii) the UNFPA Executive Board (informal session); and/or (iii) one workshop for stakeholders workshop (potentially the UNFPA Supplies Steering Committee) to be held at UNFPA headquarters in New York City.

9. Management and Governance of the Evaluation

The Evaluation Office will lead the management of the evaluation. Its main responsibilities are to support and oversee the evaluation processes and ensure the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines – see Annex 3). The main responsibilities of the office are:

- prepare the terms of reference
- lead the hiring of the team of external evaluation team, reviewing proposals and approving the selection of the evaluation team
- chair the reference group and convene review meetings with the evaluation team
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases including in field missions.
- review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, and selection of countries for in-depth case studies
- review and provide substantive feedback on the country notes, as well as draft and final evaluation reports, for quality assurance purposes
- approve the final evaluation report in coordination with the reference group
- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA

²³ See example of evaluation brief at: <http://www.unfpa.org/admin-resource/evaluation-unfpa-support-population-and-housing-census-data-inform-decision-making>

- Other tasks and responsibilities included but not limited to section 9 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031 .

The progress of the evaluation will also be followed closely by the **evaluation reference group** consisting of UNFPA staff as well as other key stakeholders such as donors and implementing partners who are directly interested in the results of this thematic evaluation. The reference group will support the evaluation at key moments of the evaluation process. They will provide substantive technical inputs, will facilitate access to documents and informants, and will ensure the high technical quality of the evaluation products. The main responsibilities of the reference group are to:

- contribute to the conceptualization, preparation, and design of the evaluation, participating in the selection of the evaluation team as required, and providing feedback and comments on the inception report and on the technical quality of the work of the evaluation team;
- provide comments and substantive feedback to ensure the quality – from a technical point of view - of the draft and final evaluation reports, including the evaluation matrices;
- act as a source of knowledge for the evaluation and facilitate access to information and documentation;
- assist in identifying external stakeholders to be consulted during the evaluation process;
- participate in review meetings with the evaluation team as required;
- contribute to learning, knowledge sharing, the dissemination of the evaluation findings and follow-up on the management response;
- design a dissemination plan of the evaluation results.
- Other tasks and responsibilities included but not limited to section 9 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031.

10. The Evaluation Team

This evaluation is to be carried out by a multi-disciplinary team that will externally recruited, and the team members (or the company they that work for) will not have been involved in the design, implementation or monitoring of UNFPA Supplies interventions during the period under review, nor will they have other conflict of interest or bias on the subject.

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes (see Annex 3).

The **core team** is expected to be composed of three to four internationally recruited members, including the team leader. The core team should draw upon specialized technical expertise, research and editorial assistance as necessary. It will be complemented by national expertise for the country case studies and should include women and men of mixed cultural backgrounds. The team members must be able to communicate clearly in English and must have excellent analytical and drafting skills. In addition, at least one member of the evaluation team should have an excellent knowledge of French.

The **team leader** must have at least 10 years of extensive experience in leading evaluations of a similar size, complexity and character as well as technical expertise in the areas related to sexual and reproductive health and rights and experience in assessing health systems of developing countries and/or humanitarian settings. The team leader should also have experience in gender and human rights, in particular, assessing programmes that employ the human rights-based approaches or that target poor and marginalized women. His/her primary responsibilities will be:

- guiding and managing the team throughout the evaluation phases
- setting out the methodological approach
- leading the first (pilot) field mission
- reviewing and consolidating the team members' inputs to ensure quality and timeliness of the evaluation deliverables
- liaising with the UNFPA Evaluation Office and representing the evaluation team in meetings with stakeholders
- delivering the inception reports, and evaluation report (including the country case study narratives) in line with the requested outlines and quality standards (see Annexes 2 and 4)

Fulfilling tasks and assuming responsibilities included but not limited to section 10 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031. The **team members** will bring together a complementary and balance combination of the necessary technical expertise in the thematic areas directly relevant to the evaluation, including an expert in family planning, sexual and reproductive health and rights, health systems of developing countries and/or humanitarian settings, and an expert in health logistics management, procurement, health commodities. The team members should also have expertise in gender and human rights. The team members should have at least 10 years of individual experience in their respective areas of technical expertise. They must also have experience in applying evaluation methods in their respective areas of expertise. Team members will:

- contribute to the design of the evaluation methodology
- undertake in-depth documentary review
- conduct field work to generate additional evidence from field visits and consultations of a wide range of stakeholders
- participate in team meetings, including with stakeholders
- prepare inputs and make contributions to the evaluation deliverables
- Fulfilling tasks and assuming responsibilities included but not limited to section 10 of this TOR in order to insure full compliance with the Term of Reference and Deliverables of RFP UNFPA/USA/RFP/16/031.

The evaluation team must ensure that the local team members (support to the core team members in preparation of, during, and following the country field work) present all necessary qualification and experience to plan and organize the field work as well as to actively participate in the data collection.

11. Quality Assurance

The first level of quality assurance of all evaluation deliverables will be conducted by the **evaluation team** prior to submitting the deliverables to the review of the EO evaluation manager.

The Evaluation Office recommends that the evaluation quality assessment checklist (see below) is used as an element of the proposed quality assurance system for the draft and final versions of the thematic evaluation report. The main purpose of this checklist is to ensure that the thematic evaluation report complies with evaluation professional standards.

Evaluation quality assessment checklist:

<p>1. Structure and Clarity of the Report</p> <p>To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.</p>
<p>2. Executive Summary</p> <p>To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.</p>
<p>3. Design and Methodology</p> <p>To provide a clear explanation of the methods and tools used including the rationale for the methodological choice justified. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)</p>
<p>4. Reliability of Data</p> <p>To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.</p>
<p>5. Findings and Analysis</p> <p>To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.</p>
<p>6. Validity of conclusions</p> <p>To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritised and clustered and include: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion.</p>
<p>7. Usefulness and clarity of recommendations</p> <p>To ensure recommendations flow logically from conclusions; are targeted, realistic and operationally-feasible; and are presented in priority order. Recommendations include: Summary; Priority level (very high/high/medium); Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications.</p>
<p>8. SWAP - Gender</p> <p>To ensure the evaluation approach is aligned with SWAP.</p>

The second level of quality assurance of the evaluation deliverables will be conducted by the **EO evaluation manager**.

The third level of quality assurance will be conducted by an **external evaluation advisory panel**. This panel will provide methodological advice on the draft inception report and draft thematic evaluation report.

The **Director of the Evaluation Office** maintains an oversight and quality assurance of the final thematic evaluation report.

Finally, the evaluation report will be subject to assessment by an independent evaluation quality assessment provider. The evaluation quality assessment will be published along with the evaluation deliverables on the Evaluation Office website (see annex 4).

The evaluation team will be expected to conduct quality control of all outputs prior to the submission to the UNFPA Evaluation Office. They will be expected to dedicate specific resources to quality assurance efforts, and must consider all time, resources, and costs related to this in their technical and financial bid. The bidder must present the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer.

UNFPA Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation. A key element is the evaluation quality assessment grid (EQA),²⁴ which sets out processes with in-built steps for quality assurance and outlines for the evaluation report and the review thereof. The EQA will be systematically applied to this evaluation.

The first level quality assurance of evaluation reports will be conducted by the UNFPA Evaluation Office evaluation manager. The second level quality assurance will be conducted by the UNFPA Evaluation Office internal reviewer. To further enhance the quality and credibility of this evaluation, the ERG will also comment on the evaluation matrices²⁵ as well as the draft and final evaluation reports, notably to verify accuracy of facts presented and validity of interpretations of evidence.

The Director of the UNFPA Evaluation Office maintains an oversight and quality assurance role in terms of the final evaluation report.

12. Indicative Time Schedule and Deliverables

Evaluation Phases and Stages	Outputs or Deliverables	Dates	Meetings
PREPARATORY PHASE			
Consultations and documentary research with a view to drafting the Terms of Reference	Terms of Reference	May-June 2016	CSB Meeting on areas of investigation and countries selection ERG Meeting
Tendering Process	Terms of Reference for evaluation team	July 2016 – April 2017	
Review of technical proposal		March 2017	
Review of financial proposal (PSB)		March 2017	
Contracts Review Committee		April 2017	
Contract award		April 2017	
INCEPTION PHASE			
Structuring stage /Desk study	Draft Inception report	May 2016	ERG meeting with evaluation team
Reporting stage	Final Inception report	June 2017	
	Presentation of the Inception report to ERG (PowerPoint)	June 2017	ERG meeting with evaluation team

²⁴ Annex 4 presents the Evaluation Quality Assessment Grid.

²⁵ The evaluation report will include: (i) a Synthesis Report; (ii) four Country Case Study Briefs; (iii) a Desk Country Case Review.

DATA COLLECTION PHASE			
Field missions to selected countries	Debriefing presentations to country offices (PowerPoint)	July-November 2017	Exit meetings in country offices with evaluation team
	Country Case Study Briefs (draft)	2 weeks after the end of the country visit	
	Desk Country Case Review	July-November 2017	
	Analysis workshop	December 2017	Evaluation team
	Presentation of the results of the data collection and preliminary findings to ERG (PowerPoint)	January 2018	ERG meeting with evaluation team
	Finalize (i) four Country Case Study Briefs and (ii) the Desk Country Case Review	January 2018	
REPORTING PHASE			
Synthesis and drafting stage	Draft final report	March 2018	
	Presentation of the Draft final report to ERG (PowerPoint)	April 2018	ERG meeting with evaluation team
	Final report	May 2018	
MANAGEMENT RESPONSE			
	Management response (TD and PD)	June 2018	
DISSEMINATION			
	Evaluation briefs (English, French, Spanish)	July 2018	
	Presentation of the evaluation results in a number of fora which may include: (i) UNFPA Executive Committee; (ii) <i>UNFPA Supplies</i> Steering Committee; (iii) stakeholders workshop; (iv) UNFPA Executive Board (informal session)	June-September 2018	Presentation by team leader and evaluation manager
	Presentation of evaluation results to Executive Board	TBD	Presentation to the Executive Board by the director of the Evaluation Office

13. Specification of Tender, Cost of the Evaluation and Payment Modalities

13.1 Specification of Tender

The bidder should submit a proposal consisting of two separate components: technical and financial. The technical proposal will be assessed by the UNFPA Evaluation Office while the financial proposal will be assessed by UNFPA procurement services. For detailed instructions on submissions requirements please refer to the RFP document.

The Technical Bid should be concisely presented and structured in the following order to include, but not necessarily be limited to, the following information:

1. Brief description of the firm and the firm's qualifications (1 page maximum).

- 1.1. This section should 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. This section should also address why you would be qualified for this project, highlighting strengths, values and similar prior experience with specific reference to deliverables.
2. Understanding of the Terms of Reference and requirements for services (2 pages maximum).
 - 2.1. This section should include any assumptions as well as comments on the scope of services as indicated in the TOR or as you may otherwise believe to be necessary.
3. Proposed Approach and Methodology of the mid-term evaluation, including a detailed description of the manner in which your firm would respond to the ToR (6 pages maximum).
 - 3.1. This section should address:
 - (a) An understanding of the objective and scope of the evaluation (1 page maximum)
 - (b) A presentation of the types of models and approaches that will be used to facilitate the reconstruction of the intervention logic / theory of change of the UNFPA Supplies programme, in view of its implementation at different levels (local, country, regional, global) (1 page maximum)
 - (c) A discussion on which established best practices and lessons learned could be used to inform the logical reconstruction of the intervention logic; and to help define clear, concrete and evidence-based assumptions in relation to the theory of change of the UNFPA Supplies programme to be tested by the evaluation (1 page maximum)
 - (d) A presentation of how the country case study approach will be combined with desk studies, questionnaires and other methods (1 page maximum)
 - (e) Comments on any challenges or difficulties, which might arise in structuring and conducting the evaluation, suggesting solutions when applicable (1 page maximum)
 - (f) A discussion on quality assurance mechanisms, which will be applied throughout the evaluation process, including reference to EQA in Annex 4 (1 page maximum)
4. Proposed Composition of the Evaluation Team (4 page maximum).
 - 4.1. This section should include:
 - (a) The composition of the team proposed to conduct the evaluation, including the profiles and the work tasks (including supervisory) assigned to each member of the team
 - (b) An organogram/organization chart illustrating the reporting lines, together with a description of such organization of the team structure
5. Detailed work plan and time line (2 pages maximum).
 - 5.1. This section should include:
 - (a) The implementation plan and level of efforts of the different team members
 - (b) The roles, functions, responsibilities of the Evaluation Team (including national consultants)
6. Annexes should include, but are not limited to, the following:
 - (a) Information on environmental and social policies and any related documentation.
 - (b) All standard forms as explained under clause Section I: Instructions to Bidders, clause **Error! eference source not found.** of the RFP

- (c) The curriculum vitae of all the team members including national consultants proposed for the field country case studies.
- (d) Bidder's previous experience and past clients.

Bidder(s) should not include any information or indications related to their Financial Bid in their Technical Bid. Such action will definitely lead to disqualification of entire Bid.

13.2 Evaluation Budget

Maximum budget- **US \$390,000.**

The costs of the evaluation include:

- The professional fees charged for the evaluation as defined in the Terms of Reference
- Other expenses as defined in the Terms of Reference associated with professional copy editing and translation of the Evaluation Brief
- Travel related costs and 'Other' charges for participation in the reference group meetings; all field missions; analysis workshops; and dissemination meetings.

13.3 Travel Expenses

The Vendor will be responsible for the full cost of all travel, including in-country travel for case study country missions, accommodation to/from during the full mission period (s) of the consultants, including for national consultants, and security related costs.

All travel should be costed for economy class based on the most economical and direct route. Standard daily subsistence allowances should not exceed the UN DSA rates/diem. National consultant residing in the destination city will not be entitled to the payment of travel costs and daily subsistence allowance fees. Should travel be required outside of the destination city DSA as quoted in annex F price schedule form will apply.

Travel related expenses will be reimbursed based on the actual values up to, but not exceeding the amount offered by the firm in their financial bid. For contracting purposes, UNFPA reserves the right to analyse the financial proposal of the bidder against and in accordance with the UN travel rules and regulations. UNFPA reserves the right to request less than the maximum number of visits and/or visits shorter than the indicated number of days, should the project needs change as work progresses. Should this occur, UNFPA will pay only for the actual number of visits and actual duration of visits requested.

Should additional travel be required, UNFPA may ask the vendor to quote for the additionally requested expenses. For contracting purposes, UNFPA reserves the right to analyse the financial quote against the previously submitted financial proposal and in accordance with the UN travel rules and regulations. UNFPA may alternatively chose to arrange the vendor's travel.

The Vendor shall be fully responsible for the safety and security of its personnel and for the safekeeping of all assets, equipment and supplies in the custody of the Vendor or its personnel. The Vendor shall:

- a) Put in place and maintain its own security plan, taking into account the security situation in the country where the Services are being provided;
- b) Assume all risks and liabilities related to the Vendor's security, assets entrusted to it by UNFPA and the full implementation of its own security plan.

13.4 Payment Modalities

The payment modalities will be as follow:

Professional Fees:

- 40% of total Professional Fees upon cceptance of the Draft Inception Report
- 12% of total Professional Fees upon acceptance of the Final Inception Report
- 12% of total Professional Fees upon acceptance of the Draft Evaluation Report
- 12% of total Professional Fees upon acceptance of the Final Evaluation Report
- 12% of total Professional Fees upon acceptance of the translated and copy edited Evaluation Briefs (English/French/Spanish)
- 12% of total Professional Fees upon presentation of Evaluation Results (PowerPoint presentation and participation in meetings)

Travel Related and 'Other' Out-of-Pocket expenses will be paid in a total of three instalments to be agreed upon contract signature.

It is the responsibility of the firm that all deliverables (including briefs and presentations) meet the UN editorial rules and high professional standards. The UNFPA Evaluation Office will reject any deliverables that do not meet these standards.

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

* *

*

ANNEXES

Annex 1. Selected Bibliography

UNFPA strategic documents

Programme of Action of the 1994 International Conference on Population and Development (ICPD), 1994

<https://www.unfpa.org/public/home/publications/pid/1973>

ICPD Review Report, 2014

http://issuu.com/shiralevine/docs/icpd_review_global_report_a_69_62_e

UNFPA Strategic plan 2008-2011 (DP/FPA/2007/17)

http://www.unfpa.org/exbrd/2007/secondsession/dpfpa_2007_17_eng.pdf

UNFPA Strategic Plan - Midterm review of the UNFPA strategic plan, 2008-2013 (DP/FPA/2011/11)

<https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2011&sessionType=SRS>

UNFPA strategic plan 2014-2017 (DP/FPA/2013/12)

<http://www.unfpa.org/public/home/about/strategic-direction>

UNFPA Annual reports 2008 through 2013

https://www.unfpa.org/public/cache/offonce/home/publications/annual_reports

Relevant documents on family planning and SRHR

UNFPA - Making reproductive rights and sexual and reproductive health a reality for all. Reproductive rights and sexual reproductive health framework (2008-2011)

http://www.unfpa.org/webdav/site/global/shared/documents/UNFPA_SRH_Framework_Final_Version.pdf

UNFPA - Choices not Chance: UNFPA Family Planning Strategy 2012-2020

https://www.unfpa.org/webdav/site/global/shared/documents/publications/2014/UNFPA%20CHOICES%20NOT%20CHANCE_final.pdf

UNFPA, Guttmacher Institute, Adding it up: Costs and benefits of contraceptive services, June 2012

<https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/AIU%20Paper%20-%20Estimates%20for%202012%20final.pdf>

Family Planning High Impact Practices. High-impact practices (HIPs), when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy, 2012

Relevant Documents on UNFPA Supplies

UNFPA Office of Audit and Investigation Services (2016). Audit of the Governance and Strategic Management of UNFPA Supplies.

<http://www.unfpa.org/internal-audit-reports-listing-page>

GPRHCS Annual Reports 2009 through 2012

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/gprhcs_2009_annualreport.pdf

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Global_Report_2010_RH_2.pdf

https://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/GPRHCS_Annual%20Report%202011_Print.pdf

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNFPA%20GPRHCS%20Annual%20Report%202012_web%20final.pdf

Key Results of the GPRHCS 2007 – 2012

<http://www.healthrights.mk/pdf/Vesti/English/2013/2/2007-2012%20GPRHCS%20brochure.pdf>

Mid-term Review of GPRHCS 2007-2012

<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/Synthesis%20Report%2011th%20January%202011-1.pdf>

UNFPA - Increasing Access to Reproductive Health Key Results of the Global Programme to Enhance Reproductive Health Commodity Security 2007-2012

<http://www.unfpa.org/public/home/publications/pid/14325>

UNFPA Maternal Health Thematic Fund – Business Plan 2008-2011, UNFPA Contribution to the Joint United Nations Accelerated Support to countries in Maternal and Newborn Health

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/mhtf_business_plan.pdf

UNFPA, How universal is access to reproductive health? A review of the evidence, 2010

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/universal_rh.pdf

UNFPA Global Programme to enhance reproductive health commodity security. The Bill & Melinda Gates Foundation project "Strengthening Transition Planning and advocacy at UNFPA" with the GPRHCS, June 2012

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/Global%20Consultation%20on%20FP_Gates_GPRHCS_web.pdf

Family planning 2020 – Partnership in action

http://advancefamilyplanning.org/sites/default/files/resources/FP2020_PartnershipInAction_2012-2013_lores.pdf

UN Commission on life saving commodities for women and children – Commissioners report, September 2012

http://everywomaneverychild.org/images/UN_Commission_Report_September_2012_Final.pdf

UNFPA - Preventing HIV and Unintended Pregnancies: Strategic Framework 2011 – 2015

<http://www.unfpa.org/public/cache/offonce/home/publications/pid/10575>

UNICEF – Towards and AIDS-free generation - Children and AIDS: Sixth stocktaking report, 2013

<http://www.childrenandaids.org/>

UNFPA and Harvard School of Public Health -- *A Human Rights-Based Approach to Programming: Practical Information and Training Materials*, 2010

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/hrba/hrba_manual_in%20full.pdf

UNFPA - *Engaging Men and Boys: A Brief Summary of UNFPA Experience and Lessons Learned*, 2013

https://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/UNFPA%20Engaging%20men%20and%20boys_web-2.pdf

WHO - *Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations*, 2014

http://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/

Evaluation Reports

UNFPA – Evaluation Office, Thematic evaluation of UNFPA support to maternal health (2000-2011)

http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Thematic%20Evaluations%20-%20Sept%202013/MHTE%20-%20Sept%202013/MHTE_12_12R.pdf

UNFPA – Evaluation Office, Mid-term evaluation of the Maternal Health Thematic Fund contribution to maternal health, 2012

http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Maternal_health_report/MHTF%20evaluation%20report%2001.02.2013.pdf

[UNFPA – Evaluation Office, Evaluation of the UNFPA Support to Family Planning 2008-2013, 2016](#)

[UNFPA – Evaluation Office, Evaluation of Adolescent and Youth](#)

UNFPA – Evaluation Office, Independent Country Programme Evaluations

<http://www.unfpa.org/public/home/about/Evaluation/EBIER/CPE>

The following country programme (with a “GPRHCS” component) evaluation reports were assessed as of “good quality:”

- UNFPA – UNFPA Nigeria 6th Country Programme Evaluation, 2012
<http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=121>
- UNFPA – Evaluation Finale 5^{ème} Programme Togo-UNFPA 2008-2013

<http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=116>

- UNFPA – Evaluation Indépendante du Programme de Pays Burkina Faso 2011-2015
<http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=167>
- UNFPA – Independent evaluation of the UNFPA sixth country programme in Madagascar (2008-2013)
<http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=110>
- UNFPA – Report on The Evaluation of the UNFPA 6th Country Programme of Assistance to the Government of the United Republic of Tanzania
<http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=58>
- UNFPA - Evaluations of UNFPA country programmes managed by UNFPA country offices are also available at: <http://web2.unfpa.org/public/about/oversight/evaluations/>

Second independent evaluation of UNAIDS, 2011

http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/12/20111122_PCB%2029%20SIE.pdf

Annex 2. Structure for: Inception Report; Country Case Study Brief and Desk Country Case Review; Evaluation Report

a. Inception Report

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

1 Introduction

Should include: objectives of the evaluation; scope of the evaluation; geographical scope; overview of the evaluation process; purpose of the inception report.

2 The Global Context of Reproductive Health Commodity Security

Should include: progress in reproductive health commodity security across the world; the global response; contribution to universal access to SRH; London Family Planning Summit 2020.

3 UNFPA Supplies Strategy and Intervention Logic

Should include: an analysis of the *UNFPA Supplies* programme theory of change to identify the causal pathways (from activities to results) for each area of investigation. This should also include an overview of other relevant UNFPA strategic frameworks -- including UNFPA Strategic Plan 2014-2017; HIV/Unintended pregnancies framework (2011-2015); the Family Planning Strategy.

4 Methodology

Should include: methodology for data and information collection from UNFPA headquarters and decentralized units, international bodies, experts and other actors working in the field of family planning. This proposal will include: (i) a sample of countries to be surveyed; (ii) case studies identified as relevant with a view to respond to the evaluation questions (including criteria and rationale for each country case study); (iii) suitable methods of data collection within the case studies -- incl. data collection plan; preparation of interview and issues guides for interviews and focus groups; harmonization of approaches across country case studies; limitations; preparation process and logistics; recruitment of field teams.

5 Proposed Evaluation Questions

Should include: a set of evaluation questions with the explanatory comments associated with each question; overall approach for answering the evaluation questions; detailed proposed evaluation questions (including: rationale; method/chain of reasoning; assumptions to be assessed and corresponding qualitative and/or quantitative indicators; feasibility); coverage of theme/issues stated in the ToR by each evaluation questions. The aim is to adequately focus the evaluation taking into consideration the usefulness of the questions, available information, limitations and constraints.

6 Next Steps

Should include: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for countries selected for field visits, including the list of interventions for in-depth analysis in

the field (explanation of the value added for the visits); team composition and distribution of tasks; the contractor's approach to ensure quality assurance of all evaluation deliverables.

7 Annexes

Should include: portfolio of *UNFPA Supplies* interventions; evaluation matrix; stakeholder map; template for survey; bibliography; list of persons met; terms of reference

(*) *Tables, graphs and diagrams should be numbered and have a title.*

b. Country Case Study Brief and Desk Country Case Review

Table of Contents

List of Acronyms

1 Context (2-3 pages)

Should include: country background; country health sector; health indicators; *UNFPA Supplies* response in the country

2 Main Findings (3-5 pages)

Should include: Brief answers to the case study questions (Note: the purpose is to answer the more specific case-study questions; not to answer the broader evaluation questions).

3 Conclusions (2-3 pages)

4 Evaluation Matrix (see Annex 8)

c. Final Report

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

Executive Summary

1 Introduction

Should include: purpose of the evaluation; mandate and strategy of UNFPA in reproductive health commodity security

2 Methodology

Should include: overview of the evaluation process; methods and tools used in evaluation design; analysis of *UNFPA Supplies* programmatic framework and related UNFPA strategic frameworks; evaluation questions and assumptions to be assessed; the typology of *UNFPA Supplies*-funded activities; staged sampling to define the geographical scope of the evaluation; methods and tools

used for data collection; desk review; survey; country case studies; limitations to data collection; methods and tools used for data analysis; methods of judgment; the approach to triangulation

3 Main findings and analysis

Should include for each response to evaluation question: assumptions to be assessed; evaluation criteria covered; summary of the response; detailed response

4 Conclusions

Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); evaluation criteria covered; related recommendations(s); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (administrative unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized and targeted at specific business units; accompanied by timing for implementation; useful and operational; if possible, presented as options associated with benefits and risks.

The final version of the evaluation report will be presented in a way that enables publication without need for any further editing (see section e below).

Annexes will be confined to a separate volume

Should include: Evaluation matrix duly completed; Country Case Study Briefs; Desk Country Case Review; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

() Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

See examples of evaluation reports at: <http://unfpa.org/public/home/about/Evaluation>

d. Reports Cover

UNFPA logo (there should be no other logo/ name of company)

Title of the evaluation:

Mid-term Evaluation of the *UNFPA Supplies* programme 2013-2020

Title of the report (example: Inception Report)

Evaluation Office

New York

Date

The following information should appear on page 2:

- Title of the evaluation
- Title of the report
- Name of the evaluation manager
- Names of the members of the reference group
- Names of the evaluation team

Any enquiries about this Report should be addressed to:
Evaluation Office, United Nations Population Fund
E-mail: evaluation.office@unfpa.org

See examples of evaluation reports at: <http://unfpa.org/public/home/about/Evaluation>

e. Editing Guidelines

Evaluation reports and notes are formal documents. Therefore they will be drafted in a language and style which is appropriate and consistent and which follows UN editing rules, in particular:

Spelling: The Concise Oxford English Dictionary, twelfth edition, is the current authority for spelling in the United Nations.

Acronyms: In each section of the report, words will be spelt out followed by the corresponding acronym between parentheses. The authors must refrain from using too many acronyms; acronyms or abbreviations should be used only when mentioned repeatedly throughout the text. In tables and figures, acronyms should be spelt out in a note below the table/figure.

Capitalization: Capitalize high ranking officials' titles even when not followed by a name of a specific individual. Capitalize national, political, social, civil etc. groups – e.g. Conference for Gender Equity, Committee on HIV/AIDS, Commission on Regional Development, Government of South Africa.

- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV/AIDS). However, do not capitalize when used as common nouns – e.g. 'there were several regional conferences.'
- Some titles/names corresponding to acronyms are *not capitalized* – e.g. human development index (HDI), country office (CO).
- Use lower case for: UNFPA headquarters; country office; country programme; country programme evaluation; regional office, country programme document; results framework; results-based monitoring framework; monitoring and evaluation system.

Numbers: Spell out single-digit whole numbers. Use numerals for numbers greater than nine. Always spell out simple fractions and use hyphens with them (e.g. one-half of..., a two-thirds majority).

Hyphenate all compound numbers from *twenty-one* through *ninety-nine*. Write out a number if it begins a sentence. Do not use any symbols such as # and & in the text. Use % symbol in tables and “per cent” in the narrative portion of the text

Terminology: Do not give possession to acronyms, abbreviations or inanimate objects. For example, do not write UNFPA’s, UNDP’s, UNICEF’s, the Government’s, the country’s, etc. Such usage does not comply with United Nations editorial guidelines. Instead, write: the UNFPA programme, the government programme, the UNICEF programme, etc. Do not use the word ‘agencies,’ except in the expression, ‘funds, programmes and specialized agencies of the United Nations system’. Instead, use the correct term, ‘United Nations organizations.’ Do not use ‘sister agencies.’ Instead, use ‘partner organizations.’

Bibliography

Author (last name first), *Title of the book*, City: Publisher, Date of publication.

Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.

URL (Uniform Resource Locator or WWW address). Author (or item's name, if mentioned), date.

List of people consulted

- should include the full name and title of people interviewed as well as the organization to which they belong
- should be organized in alphabetical order (English version) with last name first
- should be structured by type of organization

Before submitting draft country notes and evaluation reports, please check them for grammar, spelling, punctuation, and perform a thorough editing.

See United Nations Editorial Manual Online at: <http://dd.dgacm.org/editorialmanual/>

Annex 3. Code of Conduct and Norms for Evaluation in the UN System

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes. Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

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

A declaration of absence of conflict of interest must be signed by each member of the team and will be annexed to the offer. No team member should have participated in the preparation, programming or implementation of UNFPA Supplies during the period under evaluation.

See **Code of conduct for evaluation in the United Nations System** at:
<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

See **Norms for evaluation in the United Nations System** at:

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

Annex 4. Quality Assurance of the Evaluation Report

The following is a template of the evaluation quality assurance criteria for evaluation reports that this mid-term evaluation will be subject to.

Assessment Levels

Very good	strong, above average, best practice	Good	satisfactory, respectable	Fair	with some weaknesses, still acceptable	Unsatisfactory	weak, does not meet minimal quality standards
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Quality Assessment Criteria	<i>Insert assessment level followed by main <u>comments</u>. (use 'shading' function to give cells corresponding colour)</i>	
1. Structure and Clarity of Reporting <i>To ensure the report is comprehensive and user-friendly</i> <ul style="list-style-type: none"> • Is the report easy to read and understand (i.e. written in an accessible non-technical language appropriate for the intended audience)? • Is the report focused and to the point (e.g. not too lengthy)? • Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)? • Do the annexes contain – at a minimum – the ToRs; a bibliography, a list of interviewees, the evaluation matrix and methodological tools used (e.g. interview guides; focus group notes, outline of surveys)? <i>Executive summary</i> <ul style="list-style-type: none"> • Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation? • Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)? • Is the executive summary reasonably concise (e.g. with a maximum length of 5-10 pages)? 	Assessment Level:	
	Comment:	

<p>2. Design and Methodology</p> <p><i>To ensure that the evaluation is put within its context</i></p> <ul style="list-style-type: none"> • Does the evaluation describe whether the evaluation is for accountability and/or learning purposes? • Does the evaluation describe the target audience for the evaluation? • Is the development and institutional context of the evaluation clearly described? • Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change? • Does the evaluation explain any constraints and/or general limitations? <p><i>To ensure a rigorous design and methodology</i></p> <ul style="list-style-type: none"> • Is the evaluation approach and framework clearly described? Does it establish the evaluation questions, assumptions, indicators, data sources and methods for data collection? • Were the methods chosen appropriate for addressing the evaluation questions? Are the tools for data collection described and justified? • Is the methods for analysis clearly described? • Are methodological limitations acknowledged and their impact on the evaluation described? (Does it discuss how any bias has been overcome?) • Is the sampling strategy described? Does the design include validation techniques? • Is there evidence of involvement of stakeholders in the evaluation design? (Is there a comprehensive/credible stakeholder map?) • Does the methodology enable the collection and analysis of disaggregated data? • Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)? 	<p>Assessment Level:</p>	
<p>3. Reliability of Data</p> <p><i>To ensure quality of data and robust data collection processes</i></p> <ul style="list-style-type: none"> • Did the evaluation triangulate all data collected? • Did the evaluation clearly identify and make use of qualitative and quantitative data sources? • Did the evaluation make explicit any possible issues (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues? I.e. did the evaluation make explicit possible limitations of the data collected? • Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations? • Is there adequate gender disaggregation of data? And if this has not been possible, is it explained? 	<p>Assessment Level:</p>	
		<p>Comment:</p>

<ul style="list-style-type: none">• Does the evaluation make explicit the level of involvement of different stakeholders in the different phases of the evaluation process?	
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<p>5. Conclusions <i>To assess the validity of conclusions</i></p> <ul style="list-style-type: none"> • Are conclusions credible and clearly related to the findings? • Are the conclusions demonstrating an appropriate level of analytical abstraction? • Are conclusions conveying the evaluators' unbiased judgement of the intervention? 	<p>Assessment Level:</p>
<p>6. Recommendations <i>To ensure the usefulness and clarity of recommendations</i></p> <ul style="list-style-type: none"> • Do recommendations flow logically from conclusions? • Are the recommendations sufficiently clear, targeted at the intended users and operationally-feasible? • Do recommendations reflect stakeholders' consultations whilst remaining balanced and impartial? • Is the number of recommendations manageable? • Are the recommendations prioritised and clearly presented to facilitate appropriate management response and follow up on each specific recommendation? 	<p>Assessment Level:</p> <p>Comment:</p>
<p>7. Gender <i>To assess the integration of Gender Equality and Empowerment of Women (GEEW)²⁶</i></p>	<p>Assessment Level:</p>

²⁶ This assessment criteria is fully based on the UN-SWAP Scoring Tool, see Annex 7. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totaling the scores 11-12 = very good, 8-10 = good, 4-7 = Fair, 0-3=unsatisfactory). One question is if this criteria should be included in the overall evaluation quality assessment grid, or form a separate column and be assessed on its own.

<p>4. Analysis and Findings <i>To ensure sound analysis</i></p> <ul style="list-style-type: none"> • Is information analysed and interpreted systematically and logically? • Are the interpretations based on carefully described assumptions? • Is the analysis presented against the evaluation questions? • Is the analysis transparent about the sources and quality of data? • Are possible cause and effect links between an intervention and its end results explained? • Where possible, is the analysis disaggregated to show different outcomes between different target groups? • Are unintended results identified? • Is the analysis presented against contextual factors? • Does the analysis include reflection of the views of different stakeholders (reflecting diverse interests)? E.g. how were possible divergent opinions treated in the analysis? • Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights? <p><i>To ensure credible findings</i></p> <ul style="list-style-type: none"> • Can evidence be traced through the analysis into findings? E.g. are the findings substantiated by evidence? • Do findings follow logically from the analysis? • Is the analysis of cross-cutting issues integrated in the findings? 	<p>Assessment Level:</p>
<ul style="list-style-type: none"> • Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? • Do evaluation criteria and evaluation questions specifically address how GEEW has been integrated into design, planning, implementation of the intervention and the results achieved? • Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected? • Do the evaluation findings, conclusions and recommendations reflect a gender analysis? 	<p>Comment:</p>

Annex 5. List of UNFPA Supplies Countries

a. GPRHCS I : 70 Countries

Stream 1 Countries (Focus Countries)

Asia & the Pacific

Lao People's Democratic
Republic
Nepal
Papua New Guinea
Timor-Leste

Arab States

Djibouti
Sudan
Yemen

Latin America & Caribbean

Bolivia
Ecuador
Haiti
Honduras

East & Southern Africa

Burundi
Democratic Republic of the
Congo
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mozambique
Rwanda
South Sudan
Swaziland
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

West & Central Africa

Benin
Burkina Faso
Central African Republic
Chad
Congo (Brazzaville)
Côte d'Ivoire
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sao Tome and Principe
Senegal
Sierra Leone
Togo

Stream 2 Countries (Target Countries)

Asia & the Pacific

Afghanistan
Bangladesh
Mongolia
Pakistan
Philippines
Cluster of Central Asia
Countries
Cluster of Pacific Island
Countries

East & Southern Africa

Angola
Botswana
Namibia

Arab States

Somalia

West & Central Africa

Cameroon

Latin America & Caribbean

Nicaragua
Cluster of Caribbean Countries

Stream 3 Countries (Humanitarian Setting)

Asia & the Pacific

Iran
Sri Lanka

Eastern Europe & Central

Asia
Moldova

East & Southern Africa

Comoros

Arab States

Iraq
Occupied Palestinian Territories

West & Central Africa

Cape Verde

Latin America & Caribbean

Peru

b. UNFPA Supplies: 46 Countries²⁷

Target Countries

Asia Pacific

Lao People's Democratic
Republic
Myanmar
Nepal
Papua New Guinea
Timor-Leste

Middle East

Djibouti
Sudan
Yemen

Latin America & Caribbean

Bolivia
Haiti
Honduras

East & Southern Africa

Burundi
Democratic Republic of the
Congo
Eritrea
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mozambique
Rwanda
South Sudan
Uganda
United Republic of
Tanzania
Zambia
Zimbabwe

West & Central Africa

Benin
Burkina Faso
Cameroon
Central African Republic
Chad
Congo (Brazzaville)
Côte d'Ivoire
Gambia
Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Sao Tome and Principe
Senegal
Sierra Leone
Togo

Special Focus Countries (to prepare for eventual inclusion among target countries): Afghanistan, Somalia

Strategic Support Countries (for strategic, limited support to advance and/or maintain on-going progress towards RHCS)

Asia Pacific

Bangladesh
Central Asian Republics
Mongolia
Pacific Island Countries
Pakistan
Philippines

Latin America & Caribbean

Ecuador
Nicaragua
Selection of Caribbean Countries
West and Central Africa
Cameroon
Gabon

East & Southern Africa

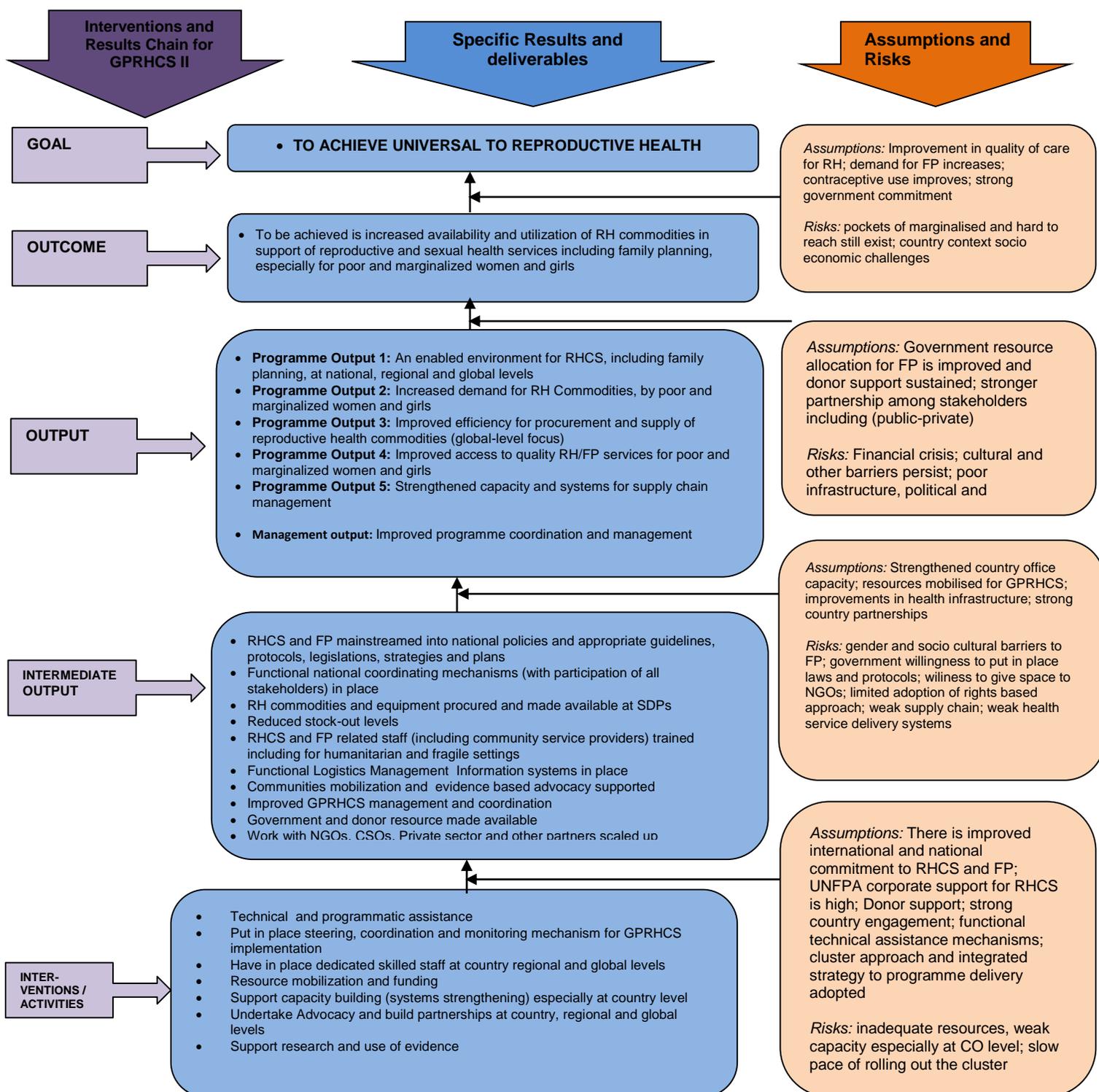
Angola
Botswana
Comoros
Namibia
Swaziland

²⁷ The 46 countries have been selected on the following basis: i) chosen from the 69 world's poorest countries (GNI per capita of \$2,500 or less); ii) need for support based on contraceptive prevalence rate, unmet need for family planning and maternal mortality ratio; iii) nearly all previously part of GPRHCS I (Streams 1 and 2); and iv) stability and good enabling environment (government commitment, strong partnership with stakeholders and capacity of UNFPA country offices).

Annex 6. UNFPA Supplies: Theory of Change

The following is a schematic representation that illustrates the theory of change for UNFPA Supplies presented in its original programme document. The theory of change is based on the premise that UNFPA will:

- intensify interventions in the focused countries through technical and programmatic assistance;
- expand human resources to support programme scale-up;
- put in place strengthened programme management, advisory and coordination mechanisms and mobilize adequate resources; adopt efficient procurement and delivery of RHCs and equipment;
- continue to advocate and develop partnerships at global, regional and country levels;
- support research and use of evidence (e.g. country situation analysis for FP);
- support country health systems strengthening; and
- promote inter-country (south-south cooperation) to scale up good practices.



Annex 7. Country Profiles of UNFPA Supplies Programme Countries

The country profiles below, including key contextual information, capture criteria – including reproductive health and family planning related data, social and demographic information, data on government effectiveness, and UNFPA Supplies expenditure – that sharpen the impact/contribution of the *UNFPA Supplies* programme.

Nigeria Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	177,475,986	World Bank
Population growth (annual %)	2.7	World Bank
Life expectancy at birth, total (years)	53	World Bank
Human Development Index (HDI)	0.514	Human Development Report
Economic growth rate (GDP growth %)	6.3	World Bank
World Bank Classification	Low-middle income	World Bank
Government effectiveness	12	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	71.1 (2015 data)	World Bank
Health expenditure per capita, public and private (current US\$)	118	World Bank
Health expenditure, public (% of total health expenditure)	25.1	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	71.7	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	-	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	-	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	112	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	23 (2013 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	3.2	World Bank
Maternal mortality rate (per 100,000 live births)	814 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	109 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	21.8	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	15.4	UN DESA

Contraceptive use, modern methods (% of married or in-union women ages 15-49)	10.2	UN DESA
Births attended by skilled health staff (% of total)	38 (2013 data)	World Bank

Contextual Factors

- Largest country in the West and Central Africa region and one of the most populous countries in the world.
- Seventy-five per cent of the population is younger than 34 while 22 per cent are women of childbearing age. The spiralling population tasks the intervention efforts of government and partners in improving the health status of the population and highlights the core issues of sustainable development.
- Nigeria is only 2% of the world's population yet it accounts for over 10% of maternal deaths and contributes significantly to the global burden of obstetric fistula.
- While availability and effective use of family planning (FP) methods are not only essential in efforts to reduce fertility to replacement levels, FP can also contribute significantly to a reduction in Nigeria's maternal deaths which currently ranks as one of the highest in the world.
- Nigeria faces significant challenges in achieving reduced population growth and improved health status: a young population, early age at childbearing, a high total fertility rate (TFR), high unmet need for contraceptives, significant gaps between knowledge and use of contraception, and a significant burden of both communicable and non-communicable diseases complicate prevention and implementation efforts.
- About 16% of Women of Reproductive Age who would like to use contraceptives are not using them (unmet needs) NDHS 2013. This has been adduced to the low social status of women and attendant inequalities that erode their capacity to demand and utilize FP and SBA information and services. Equitable use of SRH services is necessary to reduce maternal mortality.

UNFPA Supplies Budget and Expenditures: Nigeria

Year	Budget	Expenditure	% of Total Expenditures
2013	\$3,421,411	\$3,222,760	2.08%
2014	\$6,242,550	\$5,714,107	4.36%

Togo Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	7,115,163	World Bank
Population growth (annual %)	2.7	World Bank
Life expectancy at birth, total (years)	60	World Bank
Human Development Index (HDI)	0.484	Human Development Report
Economic growth rate (GDP growth %)	5.7	World Bank

World Bank Classification	Low income	World Bank
Government effectiveness	10	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	65.5 (2015 data)	World Bank
Health expenditure per capita, public and private (current US\$)	34	World Bank
Health expenditure, public (% of total health expenditure)	38.4	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	46.2	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.588	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	-	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	92	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	17	World Bank
Prevalence of HIV, both sexes (% age 15-49)	2.4	World Bank
Maternal mortality rate (per 100,000 live births)	368 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	78 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	33.6	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	20.7	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	18	UN DESA
Births attended by skilled health staff (% of total)	45	World Bank

Contextual Factors

- The country has been in a demographic transition with a decline in fertility (index 5.17 in 1998 (EDS), 4.8 in 2013) providing an opportunity to benefit from the demographic dividend.
- Maternal and child mortality rates remain high and the prevalence of HIV infection (2.5%) is among the highest in the sub region.
- The health care system is poorly financed and cannot provide optimal health care and services. The availability of obstetric and neonatal emergency care "EmONC" is low, and the availability of contraceptives and products for maternal and child health are inadequate.
- The demand for contraception remains high with 37.2% of unmet needs; there is a low coverage by modern methods (17% in 2013); and the fertility of teenage girls remains high (88 in 1000)

UNFPA Supplies Budget and Expenditures: Togo

Year	Budget	Expenditure	% of Total Expenditures
2013	\$1,158,664	\$1,023,069	0.66%
2014	\$2,539,954	\$2,334,895	3.66%

Sierra Leone Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	6,315,627	World Bank
Population growth (annual %)	2.2	World Bank
Life expectancy at birth, total (years)	51	World Bank
Human Development Index (HDI)	0.413	Human Development Report
Economic growth rate (GDP growth %)	4.6	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	11	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	63.3 (2015 data)	World Bank
Health expenditure per capita, public and private (current US\$)	86	World Bank
Health expenditure, public (% of total health expenditure)	17	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	61	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.65	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	0.96 (2013 data)	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	120	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	28 (2013 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	1.4	World Bank
Maternal mortality rate (per 100,000 live births)	1,360 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	120 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	26.2	UN DESA

Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	15.9	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	14.1	UN DESA
Births attended by skilled health staff (% of total)	60 (2013 data)	World Bank

Contextual Factors

- Since the end of its civil war in 2020, the country has made significant progress in peace consolidation, democratic governance, economic recovery and the fight against poverty; yet, the country has continued to be ranked at the bottom of the Human Development Index (183 out of 186 in 2013).
- Despite improvements in strengthening the health system, maternal mortality is ranked the highest in the world and is further worsened by the long term health complications among women, such as obstetric fistula, uterine prolapse, or infertility.
- There is no in country provided trained in Obstetric Fistula surgical repair and international experts are the main means of alleviating the patients' suffering.
- The provision of emergency obstetric and newborn care is further hinder by limited availability of essential and life-saving commodities, other medical supplies, and equipment.
- Trends in modern family planning practices have been positive and encouraging, as evident by an improvement in contraceptive prevalence rate (CPR) from 3 per cent in 2002 to 16 per cent in 2013. This largely explains the decline in the Total Fertility Rate (TFR) from 6.3 children per woman in 1985 to 4.9 in 2013.
- The country is one of the lowest in the sub-region, with a considerably high unmet need for family planning at 28 per cent.
- Knowledge of family planning is relatively low, with 69 per cent of all women and 82 per cent of men who have heard of any modern method of contraception.
- The Ebola outbreak had effects on the public health services, particularly in maternal and newborn care.
- Most health facilities have inadequate supplies of RH commodities and lack appropriate equipment, human resources and basic requirements for diagnostic imaging facilities, laboratory services including safe blood transfusion services, electricity and water supply to provide obstetric care. Only 35 per cent of facilities had basic equipment required for service delivery.
- The ability of health information systems to inform decision making is limited by the timeliness, completeness and quality of data
- Stock-outs of essential medicines are far too common, with recent data suggesting an average of 28 per cent of 14 essential medicines being available at facilities when they are needed.
- The number of trained midwives and skilled medical personnel to provide obstetric and neonatal care, especially at lower level health facilities, are still in adequate with a serious skewed distribution towards urban settings with 40 per cent of midwives currently serving 15 per cent of the country's population in the capital city.
- There is a strong need to continue massive outreach and sensitization programmes to raise awareness among rural and urban commitments (targeting women, youths, and adolescents) on obstetric fistula and other Ebola related women's reproductive health issues.

- The need for quality socio-economic and demographic statistics in Sierra Leone is characterized by gaps in the availability of disaggregated data for all development sectors, including reproductive health.

UNFPA Supplies Budget and Expenditures: Sierra Leone

Year	Budget	Expenditure	% of Total Expenditures
2013	\$3,214,380	\$3,134,770	2.02%
2014	\$2,599,274	\$2,517,563	3.85%

Madagascar Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	23,571,713	World Bank
Population growth (annual %)	2.8	World Bank
Life expectancy at birth, total (years)	65	World Bank
Human Development Index (HDI)	0.51	Human Development Report
Economic growth rate (GDP growth %)	3.3	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	9	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	58.9 (2015 data)	World Bank
Health expenditure per capita, public and private (current US\$)	14	World Bank
Health expenditure, public (% of total health expenditure)	48.4	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	41.4	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	-	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	0.99	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	117	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	35 (2013 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	0.3	World Bank

Maternal mortality rate (per 100,000 live births)	353 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	50 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	19	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	44.9	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	35.6	UN DESA
Births attended by skilled health staff (% of total)	44 (2013 data)	World Bank

Contextual Factors

There are 4 main UNFPA interventions in Madagascar, including:

- Increase access to voluntary, rights-based FP programmes through finalization of integrated RHCS/FP strategic plan (towards FP2020);
- Support the institutionalization of FP/RHCS by strengthening pre-service activities in medical and Nurses/Midwives training institutions;
- Improve availability of integrated quality FP services with the upgrading of primary health centres as integrated FP centres of excellence and FP training
- Centres with focus on youth/adolescents; Improve demand forecasting, procurement planning and logistics management through training for relevant health and logistics practitioners;
- Support in-service training for FP providers including for long-term FP methods;
- Improve availability of integrated FP information and services in remote areas targeting underserved and marginalized populations.

UNFPA Supplies Budget and Expenditures: Madagascar

Year	Budget	Expenditure	% of Total Expenditures
2013	\$1,523,802	\$1,717,937	1.11%
2014	\$1,499,859	\$1,399,555	2.26%

Malawi Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	16,695,253	World Bank
Population growth (annual %)	3.1	World Bank
Life expectancy at birth, total (years)	63	World Bank
Human Development Index (HDI)	0.445	Human Development Report
Economic growth rate (GDP growth %)	5.7	World Bank
World Bank Classification	Low income	World Bank

Government effectiveness	25	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	75.6 (2015 data)	World Bank
Health expenditure per capita, public and private (current US\$)	24	World Bank
Health expenditure, public (% of total health expenditure)	62.7	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	12.7	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.611	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	1.00	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	137	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	36	World Bank
Prevalence of HIV, both sexes (% age 15-49)	10	World Bank
Maternal mortality rate (per 100,000 live births)	634 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	64 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	19.5	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	56.8	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	54.6	UN DESA
Births attended by skilled health staff (% of total)	87	World Bank

Key Contextual Factors

- The government of Malawi is currently undergoing significant transformation in national policies, stewardship, and commitments for family planning and gender equality. Targeted advocacy has helped increase funding for family planning and led to the addition of a family planning line item in the national budget (HPP, 2013).
- The National Sexual and Reproductive Health and Rights Policy 2009 provides a framework for implementing sexual and reproductive health programmes across the country. It offers a comprehensive approach to sexual and reproductive health opportunities to improve not only the health of childbearing women but also the needs of youth. The Policy also covers men. A number of reproductive health services target adult women of reproductive age (15–49 years) family planning, maternal and neonatal health, prevention of mother-to-child transmission, obstetric fistula, sexually transmitted infections, HIV/AIDS and reproductive cancers.

- Despite efforts to make services accessible to all, total fertility of 5.7 is still high. While family planning knowledge is universal (98%), the unmet need for family planning for married women aged 15–49 years is 26%. [1] Cervical cancer constitutes 78.6% of all documented female cancers while breast cancers are also on the increase.
- Passive surveillance for sexual and reproductive health is through the routine health management information system, which has been operational countrywide since 2002 and through the cancer registry maintained in central hospitals. Surveys such as the demographic and health surveys are also conducted at regular intervals to provide data on the various aspects of sexual and reproductive health.
- Demographically, the adolescent group (aged 15–24 years) constitutes about 20% of the total population of the country. These adolescents face many challenges due to harmful and cultural practices, premarital sex and lack of access to family planning education and services resulting in, among other things, unwanted pregnancies, unsafe abortions and early childbearing.
- The Malawi demographic and health survey 2010 [1] also indicates that people marry early, as the mean age at marriage is 17.8 years for females and 22.5 years for males. Sexual activity among adolescents in Malawian society starts early: 26% of young women aged 15–19 years had started childbearing, 20% were mothers and 6% were pregnant with their first child. This early exposure to sexual activity exposes adolescents to pregnancy and sexually transmitted infections, including HIV/AIDS.

UNFPA Supplies Budget and Expenditures: Malawi

Year	Budget	Expenditure	% of Total Expenditures
2013	\$286,074	\$239,524	0.15%
2014	\$426,737	\$371,908	1.11%

Sudan Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	39,350,274	World Bank
Population growth (annual %)	2.1	World Bank
Life expectancy at birth, total (years)	63	World Bank
Human Development Index (HDI)	0.479	Human Development Report
Economic growth rate (GDP growth %)	3.1	World Bank
World Bank Classification	Low-middle income	World Bank
Government effectiveness	4	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	51.1 (2015 data)	World Bank
Health expenditure per capita, public and private (current US\$)	130	World Bank
Health expenditure, public (% of total health expenditure)	21.4	World Bank

Out-of-pocket health expenditure (% of total expenditure on health)	75.5	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.591	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	0.90 (2012 data)	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	80	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	-	World Bank
Prevalence of HIV, both sexes (% age 15-49)	0.2	World Bank
Maternal mortality rate (per 100,000 live births)	311 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	70 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	28.5	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	14.9	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	2.2	UN DESA
Births attended by skilled health staff (% of total)	-	World Bank

Key Contextual Factors

- Although 78 per cent of deliveries are conducted by trained health personnel, only 28 per cent of deliveries are inadequate resulting in more than 70 per cent avoidable deaths.
- One quarter of the population has no access to health facilities, while only 19 per cent of primary health-care facilities provide the minim healthcare package.
- Two thirds of rural hospitals offer basic emergency obstetric and neonatal and less than half provide comprehensive emergency obstetric and neonatal care.
- Obstetric fistula remains a key maternal disability, complicated by lack of timely emergency obstetric care for obstructed deliveries and by early child bearing (87 per 1,000 women aged 15-19).
- Poor supply chain management resulted in stock-out commodities in 22 per cent of health facilities.
- Socio-cultural barriers also contribute to low demand and utilization of reproductive health commodities.

UNFPA Supplies Budget and Expenditures: Sudan

Year	Budget	Expenditure	% of Total Expenditures
2013	\$464,530	\$424,732	0.27%
2014	\$628,297	\$552,882	3.12%

Myanmar Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	53,437,159	World Bank
Population growth (annual %)	0.9	World Bank
Life expectancy at birth, total (years)	66	World Bank
Human Development Index (HDI)	0.536	Human Development Report
Economic growth rate (GDP growth %)	8.5	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	9	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	55.6 (2015 data)	World Bank
Health expenditure per capita, public and private (current US\$)	20	World Bank
Health expenditure, public (% of total health expenditure)	45.9	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	50.7	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.413	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	0.99 (2015 data)	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	17 (2015 data)	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	-	World Bank
Prevalence of HIV, both sexes (% age 15-49)	0.7	World Bank
Maternal mortality rate (per 100,000 live births)	178 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	50 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	16.8	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	50.9	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	47.8	UN DESA
Births attended by skilled health staff (% of total)	-	World Bank

Contextual Factors

- RHCS is a priority in Myanmar – the government of Myanmar increased health budget including RH commodity since 2010.
- Stock imbalance in health facilities and unmet need for family planning with modern contraceptives is still present.
- The availability of modern contraceptives and RH commodities is still limited.
- Previously, Myanmar has had no national LMIS for RH commodity and forecasting and quantification of RH commodities was done based on the availability of services and health personnel. Since 2013 (when Myanmar was a targeted country for UNFPA Supplies), an RH-LMIS system was developed.

UNFPA Supplies Budget and Expenditures: Myanmar

Year	Budget	Expenditure	% of Total Expenditures
2013	--	--	--
2014	\$265,609	\$222,886	0.64%

Nepal Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	28,174,724	World Bank
Population growth (annual %)	1.2	World Bank
Life expectancy at birth, total (years)	70	World Bank
Human Development Index (HDI)	0.548	Human Development Report
Economic growth rate (GDP growth %)	5.4	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	20	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	72.2 (2015 data)	World Bank
Health expenditure per capita, public and private (current US\$)	40	World Bank
Health expenditure, public (% of total health expenditure)	40.3	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	47.7	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.489	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	1.07	World Bank
Reproductive Rights and Reproductive Health		

Adolescent fertility rate (births per 1,000 women ages 15-19)	73	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	17 (2011 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	0.2	World Bank
Maternal mortality rate (per 100,000 live births)	258 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	36 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	24.8	UN DESA
Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	51.3	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	46.9	UN DESA
Births attended by skilled health staff (% of total)	56 (2014 data)	World Bank

Key Contextual Factors

- While the country has made progress in reducing maternal mortality, MMR still remains high, given that there are still many women who deliver at home, often in difficult conditions and without skilled assistance; and a significant proportion of women who continue to suffer from debilitating obstetric morbidities associated with poor quality of maternal services.
- For the past thirteen years, Nepal has made remarkable progress in increasing utilization of modern methods among currently married women from 35% (NDHS, 2001) to 47.1 (MICS, 2014).
- Demand satisfied by modern methods has also increased up to 63% (MICS, 2014) and unmet need for FP declined from 31% in 1996 (NFHS) to 25.2 in 2014 (MICS).
- There has been decrease in unmet need of FP from 27 in 2011 (NDHS) to 25.2 in 2014 (NMICS) however unmet need is high still among adolescents, postpartum women, migrants and Muslim women.
- There have been improvements in the method mix but female sterilization is still the most popular FP method and use of LARCs still remain low (IUCD - 1.3%, Implant - 1.2%).
- Stock-out of commodities remains a problem in Nepal. In a 2014 Facility Based Assessment of Reproductive Health Commodity and Services survey, it was found that 17% stock out was observed during the last six months preceding the survey for FP commodities from the government facilities. At the Primary Health Care (PHC) level, stock out was observed to be 66% but remains above 50% for all levels.
- The current National Health Sector Strategy (2015-2020) has prioritized maternal health and has included screening and services of selected RH morbidities in the essential basic health care package which means they are provided free of cost at different various public health facilities. Considering the low government budgetary allocation for RH morbidity services especially obstetric Fistula, the MHTF will remain instrumental to support national efforts.

UNFPA Supplies Budget and Expenditures: Nepal

Year	Budget	Expenditure	% of Total Expenditures
2013	\$264,101	\$28,509	0.02%
2014	\$823,275	\$747,568	2.32%

Haiti Country Profile		
Indicator	2014	Data Source
Population and Development		
Population, total	10,572,029	World Bank
Population growth (annual %)	1.3	World Bank
Life expectancy at birth, total (years)	63	World Bank
Human Development Index (HDI)	0.483	Human Development Report
Economic growth rate (GDP growth %)	2.7	World Bank
World Bank Classification	Low income	World Bank
Government effectiveness	1	World Bank
World Bank level of statistical capacity (as proxy for quality of Health Information Systems) (scale 0 – 100)	47.8	World Bank
Health expenditure per capita, public and private (current US\$)	108	World Bank
Health expenditure, public (% of total health expenditure)	9.6	World Bank
Out-of-pocket health expenditure (% of total expenditure on health)	45.2	World Bank
Gender Equality and Empowerment		
Gender Inequality Index	0.603	Human Development Report
Ratio of girls to boys in primary and secondary education (%)	-	World Bank
Reproductive Rights and Reproductive Health		
Adolescent fertility rate (births per 1,000 women ages 15-19)	40	World Bank
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	14 (2012 data)	World Bank
Prevalence of HIV, both sexes (% age 15-49)	1.9	World Bank
Maternal mortality rate (per 100,000 live births)	359 (2015 data)	World Bank
Under 5 mortality rate (per 1,000 live births)	69 (2015 data)	World Bank
Reproductive Health Commodity Security		
Unmet need for family planning (% of married or in-union women ages 15-49)	33.6	UN DESA

Contraceptive prevalence rate, all methods (% of married or in-union women ages 15-49)	36.8	UN DESA
Contraceptive use, modern methods (% of married or in-union women ages 15-49)	32.7	UN DESA
Births attended by skilled health staff (% of total)	37 (2012 data)	World Bank

Contextual Factors

- Generally speaking the provision of reproductive health services do not meet the demand, the main causes being linked to other organizational deficit at the system level, a lack of infrastructure and skilled human resources deficiency and adapted to the needs of the country.
- Haiti faces significant challenges in securing reproductive health inputs. Stock-outs are increased and, according to the last GPRHCS survey, some 83.6% of the services lacked of at least one product during the last six months. There is an urgent imperative to address both supply of commodities, management, and commodity security in Haiti.
- There are two reproductive health supply models in place in Haiti today: one under the responsibility of the Ministry of Health, and the other under the responsibility of the SCMS (USAID). The SMCA model minimizes losses and stock-outs; but because it is completely self-contained and outside government involvement or control, it has the disadvantage of not strengthening the Ministry of Health's capacity and of duplicating procurement and efforts. The risk is when the USAID project concludes, the country's capacity to secure inputs will not be strengthened.
- UNFPA has worked closely with UN and national partners to develop an Adolescent Health strategy that incorporates HIV/AIDs prevention.

UNFPA Supplies Budget and Expenditures: Haiti

Year	Budget	Expenditure	% of Total Expenditures
2013	\$1,578,255	\$1,507,048	0.97%
2014	\$1,449,381	\$1,387,652	2.39%

Annex 8. Structure of the Evaluation matrix

The table below represents the structure for the evaluation matrix in which each evaluation question must be included.

The evaluation matrix will serve as a working tool throughout the evaluation process and will specifically be useful during:

- the **design of the evaluation (i.e., the inception phase, see Section 8.2 below)**, the evaluation matrix will be used to capture core aspects of the evaluation design: (a) what will be evaluated (i.e. evaluation criteria, evaluation questions and related issues to be examined); (b) how to evaluate (sources of information and methods and tools for data collection). In this way, the matrix will also help evaluators and the evaluation manager to check the feasibility of evaluation questions and the associated data collection strategies.
- the **data collection phase of the evaluation (see Section 8.3 below)**, the evaluation matrix will help evaluators to: (a) approach the collection of information in a systematic, structured way; (b) identify possible gaps in the evidence base of the evaluation; and (c) compile and organize the data to prepare and facilitate the systematic analysis of all collected information.
- the **analysis and reporting phase (see Section 8.4)**, the evaluation matrix will help evaluators to conduct the analysis in a systematic and transparent way, by showing clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence.
- the **dissemination phase (see Section 8.6)**, and the actual use of the evaluation, the evaluation matrix plays a key role for making sure that users of the report can understand how evaluators interpreted the available evidence to arrive at their findings on the performance of Supplies, so that the findings are considered credible and valid.

Table 1: Outline for evaluation matrix for inception phase.

Evaluation Question 1		
<i>[Text of Evaluation Question]</i>		
Evaluation Criteria	<i>[DAC or UNFPA evaluation criteria covered by EQ, e.g. 'Relevance', 'Effectiveness']</i>	
Rationale	<i>[Short justification of why the question is important and how it is related to the UNFPA Supplies as the evaluated interventions]</i>	
Chain of Reasoning	<i>[Summary of how the 'Assumptions for verification' will be used to construct the answer to the evaluation question]</i>	
Assumptions for verification	Indicators	Data collection method / sources

<p>Assumption 1.1</p> <p><i>[Assumption for verification narrow the evaluation question by further specifying what aspects of the intervention logic or theory of change the evaluators will investigate]</i></p>	<p>Indicator 1.1.1</p> <p>Indicator 1.1.2</p> <p>Etc.</p>	<p><u>Document review</u></p> <ul style="list-style-type: none"> • Programme documents • Monitoring reports • Country background documents • Etc. <p><u>Internet survey</u></p> <p><u>Country case studies</u></p> <p>Etc.</p> <p>[Listing of data collection methods / sources to be used to build evidence base]</p>
<p>Assumption 1.2</p>	<p>Indicator 1.2.1</p> <p>Indicator 1.2.2</p> <p>Etc.</p>	
<p>Etc.</p>		

This matrix (see above) will become the starting point for subsequent versions of the evaluation matrix that evaluators will use to compile and organize data and information throughout the evaluation process.

Annex 9. Budget and Expenditures by Country

The following country office budget and expenditure data was derived from Atlas, a financial and programme management tool, which is self-reported and often faces reliability and validity issues (particularly prior to the introduction of the Global Programming System in 2014). For example, project title, activity, and description fields do not necessarily reflect the actual work being done (though they may point to indicative trends). In this, the figures below may not directly compare to figures from other sources. For example, the figures presented in the terms of reference that were taken from the UNFPA Supplies Annual Report 2013-2014 and sourced from country office data. Though this is the case, estimates can still be made and trends can be identified.

UNFPA Supplies Budget and Expenditures by Country 2013

Country	Sum of Budget	Sum of Expenditure	% of Total Expenditures
Afghanistan - Kabul	\$209,610	\$164,430	0.11%
Angola - Luanda	\$110,411	\$109,041	0.07%
Arab States Reg. Office/Cairo	\$31,147	\$27,711	0.02%
Benin - Cotonou	\$632,489	\$617,238	0.40%
Bolivia - La Paz	\$550,494	\$517,980	0.33%
Botswana - Gaborone	\$361,394	\$222,364	0.14%
Burkina Faso - Ouagadougou	\$3,671,169	\$3,531,768	2.28%
Burundi - Bujumbura	\$1,212,739	\$1,091,549	0.70%
Central African Rep - Bangui	\$169,900	\$226,139	0.15%
Chad - N'Djamena	\$1,690,810	\$1,632,874	1.05%
Commodity Security Branch	\$123,967,033	\$105,165,108	67.90%
Comoros - Moroni	\$18,872	\$17,273	0.01%
Congo - Brazzaville	\$629,761	\$555,737	0.36%
Cote D'Ivoire - Abidjan	\$1,863,765	\$1,516,086	0.98%
Dem Rep Congo - Kinshasa	\$1,377,720	\$1,137,948	0.73%
Djibouti - Djibouti	\$315,035	\$239,046	0.15%
Ecuador - Quito	\$702,550	\$684,631	0.44%
EECA Reg. Office/Istanbul	\$535,217	\$527,835	0.34%
El Salvador - San Salvador	\$5,281	\$4,986	0.00%
Eng Speak Caribb Countrys B	\$1	-\$9,071	-0.01%
Ethiopia - Addis Ababa	\$2,965,217	\$916,709	0.59%
Gabon - Libreville	\$601,231	\$594,982	0.38%
Gambia - Banjul	\$1,011,241	\$847,288	0.55%
Gender, HR & Culture Branch	\$50,000	\$48,694	0.03%
Georgia - Tbilisi	\$53,500	\$53,467	0.03%
Ghana - Accra	\$649,145	\$297,569	0.19%

Guinea - Conakry	\$1,423,105	\$1,027,301	0.66%
Guinea-Bissau	\$206,318	\$185,891	0.12%
Haiti - Port-au-Prince	\$1,578,255	\$1,507,048	0.97%
HIV/AIDS Branch	\$36,779	\$36,779	0.02%
Honduras - Tegucigalpa	\$465,971	\$326,869	0.21%
Human. & Fragile Cont. Branch	\$150,000	\$2,153	0.00%
Kenya - Nairobi	\$338,200	\$282,005	0.18%
Kyrgyzstan - Bishkek	\$93,090	\$92,683	0.06%
Lao - Vientiane	\$468,125	\$427,855	0.28%
Lesotho - Maseru	\$937,271	\$627,323	0.41%
Liberia - Monrovia	\$417,732	\$398,610	0.26%
Madagascar - Antananarivo	\$1,523,802	\$1,717,937	1.11%
Malawi - Lilongwe	\$286,074	\$239,524	0.15%
Mali - Bamako	\$342,634	\$312,713	0.20%
Mauritania - Nouakchott	\$360,730	\$200,058	0.13%
Mongolia -Ulaan Baatar	\$437,488	\$407,764	0.26%
Mozambique - Maputo	\$1,114,086	\$986,487	0.64%
Namibia - Windhoek	\$165,849	\$181,459	0.12%
Nepal - Kathmandu	\$264,101	\$28,509	0.02%
Nicaragua - Managua	\$640,930	\$485,928	0.31%
Niger - Niamey	\$3,853,776	\$3,459,977	2.23%
Nigeria - Lagos	\$3,421,411	\$3,222,760	2.08%
Panama - Panama City	\$30,110	\$23,548	0.02%
Papua New Guinea- Port Moresby	\$406,600	\$190,896	0.12%
Peru - Lima	\$24,000	\$25,461	0.02%
Procurement Services Branch	\$4,234,236	\$4,054,101	2.62%
Regional Office/E&SA Region	\$1,262,904	\$1,184,499	0.76%
Regional Office/Panama City	\$1,345,607	\$1,267,286	0.82%
Regional Office/W&CA Region	\$958,080	\$397,624	0.26%
Rwanda - Kigali	\$316,073	\$205,124	0.13%
Sao Tome & Principe - Sao Tome	\$37,450	\$36,314	0.02%
Senegal - Dakar	\$1,576,862	\$1,358,408	0.88%
Sierra Leone - Freetown	\$3,214,380	\$3,134,770	2.02%
Somalia - Mogadiscio	\$530,050	\$457,659	0.30%
South Africa - Pretoria	\$29,451	\$27,585	0.02%
South Sudan - Juba	\$512,218	\$459,013	0.30%
Sub-Regional Office/Jo'Burg	\$1	-\$2,232	0.00%
Sub-Regional Office/Kingston	\$693,806	\$586,681	0.38%
Sub-Regional Office/Suva	\$292,246	\$258,928	0.17%

Sudan - Khartoum	\$464,530	\$424,732	0.27%
Swaziland - Mbabane	\$823,744	\$820,026	0.53%
Tajikistan - Dushanbe	\$68,921	\$68,762	0.04%
Tanzania - Dar-es-Salaam	\$324,933	\$148,672	0.10%
Timor Leste	\$204,275	\$109,643	0.07%
Togo - Lome	\$1,158,664	\$1,023,069	0.66%
Turkmenistan - Ashkhabad	\$26,429	\$25,505	0.02%
Uganda - Kampala	\$308,549	\$278,835	0.18%
Ukraine - Kiev	\$160,500	\$158,575	0.10%
Uruguay - Montevideo	\$34,640	\$34,653	0.02%
Uzbekistan - Tashkent	\$43,326	\$41,624	0.03%
Zambia - Lusaka	\$427,967	\$333,623	0.22%
Zimbabwe - Harare	\$995,074	\$844,514	0.55%
Grand Total	\$182,417,084	\$154,874,914	100.00%

UNFPA Supplies Budget and Expenditures by Country 2014

Country	Sum of Project Budget	Sum of Disbursement	% of Total Expenditures
Afghanistan - Kabul	\$240,406	\$211,761	0.73%
Arab States Reg. Office/Cairo	\$276,103	\$151,369	0.35%
Benin - Cotonou	\$1,651,866	\$1,562,777	0.92%
Bolivia - La Paz	\$523,963	\$504,512	3.75%
Botswana - Gaborone	\$105,343	\$61,862	1.34%
Burkina Faso - Ouagadougou	\$4,828,121	\$4,795,834	3.31%
Burundi - Bujumbura	\$1,753,230	\$1,563,061	1.65%
Cameroon - Yaounde	\$2,173,875	\$2,064,371	1.88%
Central African Rep - Bangui	\$331,661	\$296,160	1.02%
Chad - N'Djamena	\$1,686,070	\$1,420,934	1.40%
Commodity Security Branch	\$148,696,338	\$111,587,420	3.21%
Congo - Brazzaville	\$1,369,193	\$1,099,176	1.78%
Cote D'Ivoire - Abidjan	\$2,709,919	\$2,352,718	1.78%
Dem Rep Congo - Kinshasa	\$2,752,156	\$2,563,009	3.47%
Djibouti - Djibouti	\$260,902	\$263,224	0.38%
Dominican Rep - Santo Domingo	\$48,001	\$33,876	0.16%
Ecuador - Quito	\$183,152	\$156,818	0.51%
EECA Reg. Office/Istanbul	\$737,197	\$684,033	0.67%
Equatorial Guinea - Malabo		\$0	0.03%
Eritrea - Asmara	\$168,000	\$130,842	0.13%
Ethiopia - Addis Ababa	\$3,564,624	\$3,309,718	1.78%
Gabon - Libreville		\$5	0.13%

Gambia - Banjul	\$1,002,500	\$876,753	1.40%
Gender, HR & Culture Branch		\$0	0.03%
Ghana - Accra	\$840,428	\$713,980	3.47%
Guinea - Conakry	\$2,260,955	\$2,164,133	1.75%
Guinea-Bissau	\$492,580	\$426,861	0.54%
Haiti - Port-au-Prince	\$1,449,381	\$1,387,652	2.39%
Honduras - Tegucigalpa	\$630,791	\$613,849	1.05%
Human. & Fragile Cont. Branch	\$1,414,686	\$452,695	0.35%
Kenya - Nairobi	\$262,150	\$240,654	0.57%
Kyrgyzstan - Bishkek		\$0	0.16%
Lao - Vientiane	\$311,758	\$281,316	0.83%
Lesotho - Maseru	\$671,751	\$463,897	2.67%
Liberia - Monrovia	\$1,911,162	\$1,775,179	1.88%
Madagascar - Antananarivo	\$1,499,859	\$1,399,555	2.26%
Malawi - Lilongwe	\$426,737	\$371,908	1.11%
Mali - Bamako	\$702,979	\$503,484	2.10%
Mauritania - Nouakchott	\$627,201	\$629,930	1.24%
Media & Communications Branch	\$177,570	\$175,267	0.19%
Mongolia -Ulaan Baatar	\$125,041	\$111,028	0.89%
Mozambique - Maputo	\$1,266,394	\$1,103,633	2.45%
Myanmar - Yangon	\$265,609	\$222,886	0.64%
Namibia - Windhoek	\$100,000	\$52,769	0.67%
Nepal - Kathmandu	\$823,275	\$747,568	2.32%
Nicaragua - Managua	\$406,398	\$387,097	0.60%
Niger - Niamey	\$3,493,630	\$3,285,873	2.42%
Nigeria	\$6,242,550	\$5,714,107	4.36%
Papua New Guinea- Port Moresby	\$344,250	\$264,210	0.29%
Paraguay - Asuncion	\$48,000	\$47,974	0.06%
Procurement Services Branch	\$1,718,957	\$1,125,350	1.24%
Regional Office/Bangkok	\$289,012	\$163,720	0.25%
Regional Office/E&SA Region	\$1,377,044	\$1,117,271	0.92%
Regional Office/Panama City	\$1,043,254	\$1,033,465	1.24%
Regional Office/W&CA Region	\$1,120,904	\$746,669	0.70%
Rwanda - Kigali	\$1,046,032	\$975,774	1.05%
Sao Tome & Principe - Sao Tome	\$120,000	\$69,112	0.25%
Senegal - Dakar	\$1,565,620	\$1,185,937	2.70%
Sierra Leone - Freetown	\$2,599,274	\$2,517,563	3.85%
Somalia - Mogadiscio		\$1,571	0.16%
South Africa - Pretoria	\$52,107	\$39,599	0.13%

South Sudan - Juba	\$823,900	\$767,530	0.99%
Sub-Regional Office/Kingston	\$387,101	\$310,137	1.72%
Sub-Regional Office/Suva	\$642,237	\$593,122	1.56%
Sudan - Khartoum	\$628,297	\$552,882	3.12%
Swaziland - Mbabane	\$73,600	\$71,092	0.41%
Tanzania - Dar-es-Salaam	\$1,601,209	\$1,235,790	1.37%
Timor Leste	\$184,982	\$155,981	0.45%
Togo - Lome	\$2,539,954	\$2,334,895	3.66%
Uganda - Kampala	\$1,744,195	\$1,262,811	1.59%
Uruguay - Montevideo	\$20,000	\$19,992	0.25%
Zambia - Lusaka	\$807,141	\$632,441	1.15%
Zimbabwe - Harare	\$1,140,410	\$1,010,323	2.19%
Grand Total	\$223,382,985	\$177,150,764	100.00%