

## TERMS OF REFERENCE

<b>Individual consultant: Sexual and Reproductive Health and Rights/Adolescent and Youth Expert (SRHR ) – (team member)</b>	
Hiring Office:	United Nations Population Fund, Sri Lanka
Background and Purpose of consultancy:	<p>The Humanitarian Country Team (HCT) in Sri Lanka developed the Humanitarian Needs and Priorities (HNP) Plan in June 2022 to respond to multifaceted crisis which ever Sri Lankan experienced since the independence. As the crisis has led to difficulties in accessing essential health and protection services, exacerbated by inflation, low adaptive capacities, poor purchasing power and socio-cultural barriers. Consequently, Community based protective systems are also disrupted and contributed to gender-based violences disproportionately. Under this situation, in line with HNP , UNFPA implemented a humanitarian response projects. Of them, the project titled "Provision of life-saving Sexual and Reproductive Health and Gender Based Violence services to the most vulnerable people in Sri Lanka " ( UDD85) was carried out with the financial support of the Australian Government Department of foreign Affairs and Trade.</p> <p>The project evaluation at the United Nations Population Fund (UNFPA) serves for ensuring accountability, support for evidence-based decision-making; and for learning to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).The UNFPA and the Australian Government Department of foreign Affairs and Trade have agreed to conduct this evaluation in the agreement and UNFPA.</p> <p>The purpose of this ToR is to hire an individual consultant as Sexual and reproductive health and rights/Adolescent and Youth expert as team member. S/he will provide SRHR/ Adolescent and Youth expertise to conduct final independent evaluation of the project.</p>
Scope of work:  <i>(Description of services, activities, or outputs)</i>	<ul style="list-style-type: none"> <li>• The SRHR/ Adolescent and Youth expert will provide expertise on integrated sexual and reproductive health services (including youth-friendly SRHR services), HIV and other sexually transmitted infections, maternal health, family planning, and understanding of crosscutting issues within reproductive health and humanitarian crises settings as well as health sector's response to gender-based violence (GBV).</li> <li>• S/he will contribute to the development of evaluation methodology and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise.</li> <li>• S/he will provide substantive inputs throughout the evaluation process, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager and UNFPA Sri Lanka CO staff.</li> <li>• S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.</li> <li>• S/he will closely work with team leader to complete tasks successfully.</li> <li>• Please refer further details in annexure 01</li> </ul>
Duration and working schedule:	The consultancy will be for 26 days including travelling days to the field over period from 1st week of August to second week of October 2024
Place where services are to be delivered:	Colombo, Sri Lanka

<p>Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):</p>	<p>Details of work delivery is elaborated as follow:</p>
---	--

	<b>Main tasks</b>	<b>Deliverables</b>	<b>Estimated Duration</b>
	Induction meeting with the evaluation team.	1. Provide basic information on UNFPA evaluation compliances, handing over of key project related documents and overall project background to the Evaluation team.	½ Day
	Orientation meeting with project team and IPs	2. Develop Evaluation Design and Mission Plan	1 day
	Develop and submission of Draft Design Report	3. Submission of initial Design Report	3 days
	Incorporate the comments and re-submission of the Design Report	4. Final Design Report	1/2 day
	Collecting Primary data/information.  Ensure data quality and entering.	5. Completion of Primary data collection	10 field workings Days + 6 days of tentative travelling days
	Debriefing meeting	6. PowerPoint presentation for debriefing	½ Days
	Complete Data analysing and preparation of Evaluation report - version 1	7. Submission of 1st draft Evaluation Report	Team member – 3 days
	Incorporate the comments and re-submission of the 2nd version of the Evaluation report	8. Submission of 2 <sup>nd</sup> Draft Evaluation report	1/2 Days
	Evaluation finding dissemination Workshop	9. Deliver PPP on Evaluation Findings  10. submission of final Evaluation Report	1 day

Monitoring and progress control, including reporting requirements, periodicity format and deadline:	<p>The acceptance of services at the end of each completed deliverable will be certified through a certification of payment to be countersigned by both parties (IC and UNFPA), including the details of working days and tasks. Quality of the deliverable will be assessed prior to certification.</p> <ul style="list-style-type: none"> <li>Evaluation will mainly guide by the UNFPA Evaluation Handbook: <a href="https://docs.google.com/document/d/1G2Pa7tkAxBH2XGFXb4fLoeNurg9LBQ-w/edit">https://docs.google.com/document/d/1G2Pa7tkAxBH2XGFXb4fLoeNurg9LBQ-w/edit</a></li> </ul>
Supervisory arrangements:	National consultant will report to Evaluation Manager(Programme Analyst- M&E is perform as the Evaluation manage in this assignment). The consultant has to closely work under the guidance of team leader to carry out the assignment.
Expected travel:	Expected travel dates, locations will be determined based on needs identified notably during the design report development. Mission plan in the design report will be the basis for defining the travel. The UNFPA will cover the cost for travelling and provide agency approved Daily Subsistence Allowance (DSA) for meals and accommodation during the field work.
Required expertise, qualifications and competencies, including language requirements:	<p><b>Academic Qualifications:</b></p> <p>Masters degree in public health, medicine, health economics and financing, epidemiology, gender, social sciences, or a related development field or related graduate qualifications/equivalence or</p> <ul style="list-style-type: none"> <li>Bachelors degree in public health, medicine, health economics and financing, epidemiology, gender, social sciences, or a related development field also considered</li> </ul> <p><b>Experiences:</b></p> <ul style="list-style-type: none"> <li>Minimum five years with Master’s degree or minimum seven years with Bachelors degree of experience in conducting evaluations, reviews, assessments, research studies or M&amp;E work in the field of international development and/or humanitarian assistance is required.</li> <li>Substantive experiences in project designing in the field of SRHR in humanitarian context is required</li> <li>Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning with a focus on adolescent and youth SRHR, including Comprehensive Sexuality education (CSE) required.</li> <li>Exposure and understanding in providing health sector services for GBV survivors would be an advantage.</li> <li>knowledge in humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, including the international humanitarian architecture and coordination mechanisms is required.</li> <li>Experiences in engaging qualitative data collection and analysis is required.</li> <li>Familiarity with UNFPA or and engagement with evaluation of other United Nations organisations’ will be an advantage.</li> <li>No previous involvement in the project or present country Programme ( CPD UNFPA 2023-2027 ) is a must.</li> <li>Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm will be an asset.</li> <li>Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process will be an advantage.</li> </ul> <p><b>Values:</b></p> <ul style="list-style-type: none"> <li>Exemplifying integrity</li> <li>Demonstrating commitment to UNFPA and the UN system</li> <li>Embracing cultural diversity</li> <li>Embracing change</li> </ul> <p><b>Core Competencies:</b></p> <ul style="list-style-type: none"> <li>Achieving results</li> <li>Being accountable</li> <li>Developing and applying professional expertise/business acumen,</li> <li>Thinking analytically and strategically</li> <li>Working in teams/managing ourselves and our relationships</li> <li>Communicating for impact</li> </ul>

	<p><b>Functional Competencies:</b></p> <ul style="list-style-type: none"> <li>•Flexible and responsive to changes and demand</li> <li>•Be client oriented and open to feedback</li> <li>•Excellent writing and communication skills</li> </ul> <p><b>Language :</b></p> <p>Fluent in written and spoken English and Sinhala or Tamil (Ability to work in all three languages is an added value)</p>
Inputs / services to be provided by UNFPA	<ul style="list-style-type: none"> <li>• Consultant should bring their own laptop and any other digital equipment's which requires to complete the assigned task.</li> </ul>
Other relevant information or special conditions, if any:	<p><b>Method of payment:</b></p> <ul style="list-style-type: none"> <li>• 30% will be paid upon satisfactory submission of deliverables 1, 2, 3 &amp;4</li> <li>• 30% will be paid upon satisfactory submission of deliverables 5,6 &amp;7</li> <li>• 30% will be paid upon satisfactory submission of deliverables 8 &amp;9</li> <li>• 10% will be paid upon satisfactory submission of deliverables 10</li> </ul>

#### Annexure 01:

### 1. Introduction to the project Background

The most recent socio-economic crisis has severely affected the most vulnerable people, including women and girls, and other vulnerable groups. The crisis has led to difficulties in accessing essential health and protection services, exacerbated by inflation, low adaptive capacities, poor purchasing power and socio-cultural barriers. Consequently, Community based protective systems are also disrupted and contributed to gender-based violences disproportionately. This situation led to vulnerable groups experiencing psychological stress with limited access to mental health service. Under this situation, in line with Sri Lanka's Humanitarian Needs and Priorities and UNFPA's response plan, UNFPA implemented a humanitarian response project with the financial support of the Australian Government Department of foreign Affairs and Trade reaching to women and girls including other vulnerable groups in 9 districts within the 7 targeted provinces. Overall , the project contributes to saving lives and protecting the dignity of women, girls and other vulnerable groups affected by the crisis.

#### Results chain of the project

<p><b>Goal:</b> To save lives and protect the dignity of women, girls and other vulnerable groups affected by the crisis.</p>
---

<b>Outcome /Specific Objective</b>	<b>Output</b>
<p>Crisis affected vulnerable population have improved and sustained access to quality and comprehensive lifesaving sexual reproductive health care and GBV services.</p>	<ol style="list-style-type: none"> <li>1. Strengthened health system and enhanced capacities of health care workers to provide integrated SRH services including maternal health, family planning and STI/HIV services.</li> <li>2. Enhanced capacity of service providers for sexual and gender-based violence prevention and response.</li> <li>3. Access to quality health services and the dignity of women, girls and young people is maintained.</li> </ol>

In responding to the SRH needs of women, girls and other vulnerable groups the project plans to employ strategies to support systems strengthening to provide integrated SRH service such as STI/HIV/Family Planning (FP) to the most left behind; improve access to SRH services, life saving drugs and provide commodities to ensure uninterrupted access; raise awareness about SRH and Mental Health and Psychosocial Support Services (MHPSS) among women, girls and people with disabilities. UNFPA used the knowledge gathered from the current response and the results of the ongoing Rapid Gender Analysis and SRMNCAH assessment, to select the target population and accordingly the most vulnerable populations to be reached. Key interventions are 1) procure and distribute essential and lifesaving sexual and reproductive health medication, contraceptives, commodities and medical equipment to health facilities 2) capacitate health care workers on SRH, GBV, STI syndromic management combined with FP and MHPSS (3) provide cash voucher assistance to women, girls and people with disabilities to improve their access to SRH, Maternal and Child Health (MCH) services and to meet other health needs; (4) distribution of dignity, maternity and adolescent kits (5) create and improve digital platforms to disseminate life saving SRH GBV information and referrals in the crisis situation .

In ensuring the protection needs of women, girls and other vulnerable groups are met, the project plans strengthen the GBV prevention and response mechanism through building and expanding capacities of protection service providers to provide survivor-centered multi-disciplinary services. Key interventions are (1) strengthen the capacities of ten (10) GBV shelters to function as One-Stop Crisis Centre and contribute to provide lifesaving and survivor centered protection services to at-risk women and girls and GBV survivors; (2) capacitate service providers on PFA and establish remote and mobile services to provide PFA and other psychosocial support services; and (3) provide cash for protection assistance to reduce the vulnerabilities of households in locations targeted using historical evidence of higher incidents of GBV.

### **Strategic Fit**

UNFPA, in Sri Lanka, supports the provision of quality sexual and reproductive health and gender-based violence response, including the integration of mental health and psychosocial support in humanitarian in development and humanitarian settings. UNFPA leads this area of work in coordination with the government, sister UN agencies and international and local organisations. Guided by the Inter-Agency Working Group on Reproductive Health Minimum Initial Service Package (MISP) for Sexual and Reproductive Health and the Inter-Agency Standing Committee (IASC) Minimum Standards for Gender-based Violence in Emergencies, UNFPA

developed a 6-months Humanitarian Response Strategy and Plan (HSP) focusing on the three transformative areas. This proposal is interlinked and aligned with the rationale and components of the HSP and the broader Humanitarian Needs Plan (HNP) and flash appeal launched by the UN and other actors.

Meeting the country's requirement for life saving drugs and commodities, improving the access of pregnant women, women and girls access to lifesaving sexual and reproductive health and strengthened health and protection systems with the ability to provide a multisectoral response to country's needs will directly contribute to achieving SDG goal 3 and 5 and to the output 1,2,3 and 4 of Country programme document of UNFPA (2023-2027). Thereby, the project is contributing to three global transformative strategic Outcomes also.

Further, UNFPA is the mandated Inter-Agency Standing Committee-lead on gender-based violence in emergencies. Also leads the Gender-based Violence as the Area of Responsibility at the global-level forum for coordination on gender-based violence prevention, risk mitigation and response in humanitarian settings. UNFPA leads in response and prevention of GBV across humanitarian and development settings in Sri Lanka.

## **2.Evaluation Purpose, Objectives and Scope and users**

### **2.1 Purpose**

The primary purpose of the project ETE is ensuring accountability to stakeholders and documenting lessons learned for better managing for results and learning in humanitarian contexts.

### **2.2 Overall Objective**

- 1.To provide an independent assessment of the project
- 2.To broaden the evidence base to inform the existing other or future humanitarian preparedness and response actions

### **2.3 Specific Objectives**

1. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency, coverage, connectedness and sustainability of the project. Effectiveness of accountability to the affected population also should be given emphasis
- 2.To provide an assessment of the role of the UNFPA, Sri Lanka in the coordination mechanism to improve humanitarian response particularly emphasising the Sri Lanka's Humanitarian Needs and Priorities and UNFPA's response plan and the extent to which the project interventions adhere to the minimum quality standards explained by the UNFPA within the humanitarian context
- 3.To assess the institutional set-up, capacity for project implementation, coordination mechanisms and the use and usefulness of management tools including the project monitoring tools and work plans
- 4.Identify lessons learnt, good practices recommendations and related innovative approaches related to provision of quality sexual and reproductive health and gender-based violence response, including the integration of mental health and psychosocial support in the humanitarian response.

## 2.4 Scope

The ETE will focus on all interventions carried out by the project for all project outputs and the outcome for the period of January 2023 through the end of March 2024 in all 9 Districts mentioned above.

## 2.5 Users

**Primary :** The project team , UNFPA CO including senior management, Implementing partners, donor

**Secondary :** Regional and HQ technical experts in the humanitarian nexus programming/programmes , other development actors, primary stakeholders

## 3. Evaluation criteria and evaluation questions

Criterion	Definition
<b>Relevance/ Appropriateness</b>	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
<b>Coherence</b>	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
<b>Effectiveness</b>	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
<b>Efficiency</b>	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
<b>Coverage</b>	The extent to which major population groups facing life-threatening conditions were reached by humanitarian action. Evaluators need to assess the extent of inclusion bias – that is, the inclusion of those in the groups receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is, exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity).
<b>Connectedness</b>	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account, that is a nexus approach, and that also indicates the complementarity of UNFPA with other partner interventions.

### Key Evaluation questions

#### Relevance/Appropriateness

1.To what extent the project has responded to the needs of the targeted marginalised communities including women, girls, pregnant women, women and girls with disabilities, minorities, and project aligns with the UNFPA



Sri Lanka's Humanitarian Response Strategy and Plan (HSP) and the Humanitarian Needs and Priorities Plan (HNP), jointly launched with other UN agencies?

2. To what extent are the project initiatives likely to remain relevant to the needs of the beneficiaries throughout the lifetime of the project?

3. How well has the humanitarian response project initiatives adopted to changes in the socio-economic context that arose as a result of the multidimensional crisis the country faces?

### **Coherence**

4. To what extent and how successfully the humanitarian principles of humanity, impartiality, neutrality and independence and a "do no harm" commitment were applied in the response by UNFPA and Implementing Partners during the implementation process?

5. To what extent has UNFPA's leadership of the GBV sub-cluster contributed to complementarity of UNFPA's response and added value to the overall response of the partners in GBV through this project implementation?

### **Effectiveness**

7. To what extent have the interventions achieved or likely to achieve the planned short and Medium term results considering their relative importance?

6. To what extent has the project contributed to developing the capacity of local and national actors (government line ministries, youth and women's organisations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises?

8. What factors helped or hindered the effectiveness of the interventions to achieve the planned results?

9. How successfully has UNFPA adapted its governance and management structure, results-based management systems and practices, and Accountability to Affected Populations

10. To what extent has the project leveraged strategic partnerships with government and non government organisations at national and local levels and ensured access to quality life-saving SRH information and services, continuity of GBV risk mitigation and survivor-centred response, and prioritised the need for mental health services and psychosocial support.

11. How far the project consulted women, persons with disabilities, their needs and priorities in delivering the project and evidence for the mad impact on women, girl children, boy children and PwDs.

11. Effectiveness of project management and cross cutting concerns

i. How far has the project conducted gender analysis and informed into the project design and implementation

ii. How far Risks assessment of the project is implemented and managed the risk timely and efficiently

### **Efficiency**

10.. How appropriate were UNFPA policies, processes and practices in enabling agile and timely response and in managing operational risks and challenges?

11. Were results delivered on time as planned? If the adjustments were made, how have they affected the project delivery? If no adjustments were made, why?

#### **Coverage**

12. To what extent have the project interventions systematically reached geographic areas in which affected populations (women, adolescents and youth) reside?

13. To what extent the project interventions have reached the women, pregnant mothers, girls and people with disabilities in target areas who are in need of SRH and GBV services?

#### **Connectedness**

15. To what extent has the project taken into account longer-term development goals articulated in the results framework of the country programme and national policies and programmes in this project design and implementation?

The above-mentioned questions are preliminary suggestions. The evaluation team should finalise the questions during the inception phase before developing the evaluation matrix.

#### **4. Evaluation Approach and Methodology**

The ETE is expected to adopt a theory-based evaluation approach building on a reconstructed Theory of Change of the project, which specifies logical connection between levels of results, its coherence with external factors, and their alignment with the Humanitarian Response Project which aligned with the UNFPA Sri Lanka's Humanitarian Response Strategy and Plan (HSP) and the Humanitarian Needs and Priorities Plan (HNP), jointly launched with other UN agencies.

The evaluation will use an appropriate mix approach of qualitative and quantitative data collection methods to gather and analyse data/ information to offer diverse perspectives to the evaluation. The evaluation will use tools and techniques such as desk review, Focus Group Discussion (FGD), Key informant Interviews (KII), case studies and other relevant methods. The generated data and information will be triangulated to enhance the evaluation findings' credibility, validity, and rigour. The evaluation team can pay attention to develop potential 2-3 case studies from the following programmatic areas : Medicines/Equipment Support ,Shelter Support, GBV case management, youth camps , work with adolescent girls including MH sensitisation and kit distribution, Mobile clinics .The inclusion of rights-holders - project beneficiaries in the evaluation is expected, in line with UNFPA's Accountability to Affected Populations Operational Guidelines and the Guidance on integrating the principles of leaving no one behind and reaching the furthest behind in evaluations. The evaluation team will be required to have clear safeguarding considerations on the participation of targeted populations, outlining the measures to protect those who participate in the evaluation exercise. The evaluation team should also integrate gender and human rights considerations and disability inclusion into UNFPA humanitarian evaluations in accordance with the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation, and the CEB-endorsed Evaluation Performance Indicator (EPI) of the United Nations System Wide Action Plan for Gender Equality and Empowerment of Women (UN-SWAP), and the Guidance on Disability Inclusion in UNFPA Evaluations.

## Sampling

The UNFPA Project team will provide a draft stakeholder map. During the design phase, the evaluation team, based on information gathered through desk review and discussions with the CO staff and other stakeholders, will refine the initial stakeholders map and develop a final stakeholders map. This stakeholders map, will be used for the evaluation team as a sampling frame to select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample. The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The sample of sites selected for visits should reflect the variety of interventions supported by the project in terms of component focus. The sampling needs to include the women and girls from the project sites who benefitted from the FHH services during the project period. The final sample of stakeholders to be consulted and sites to be visited will be determined in consultation with the Evaluation Manager based on the review of the design report. A representative sample should be selected based on clearly explained criteria , recognizing that it will not be possible to obtain a statistically representative sample.

## 5. Evaluation process

The evaluation process consists of following key phases;

**Design phase** : will commence upon signing of the contract by the commissioned company to conduct the evaluation. Initially, the Evaluation Manager(EM) will conduct a kick -off meeting to explain compliances, procedure, process and roles and responsibilities of the evaluation to the team leader and to the evaluation focal point of the company. In addition, the project manager will provide an overview of the project .

**Evaluation Design report** is detailing the understanding of what is being evaluated and why, showing how each evaluation question will be answered (which methodologies will be used), and a proposed schedule of tasks. The report should consist of evaluation purpose, scope,sampling methods, evaluation criteria, evaluation methodology, Evaluation matrix which included key evaluation questions, sub evaluation questions evaluation method, final stakeholder map, tools including checklist, questionnaire, of data/information collection, sources of data/information collection, data validation mechanism, resource required, potential challenges, risks and limitation and mitigation strategies to overcome them, and outline for the evaluation report. The evaluation methodology should be feasible and appropriate to meet evaluation purposes, objectives, and answers to key evaluation questions. An electronic copy of the report should be submitted to the evaluation Manager for review. Upon approval of the inception report by the EM and Evaluation Reference Group only the field data collection will be initiated. There may be back and forth communications between the EM and evaluator until it is finalised. It is expected to conduct the pre-evaluation session by the evaluation team with the project team to develop the above-mentioned components. EM will provide required logical support for this day session.

**Field Data collection** : Field mission plan which derived from evaluation framework and elaborated in the design report entailed data /information collection tools , number of persons are going to meet. The project team together with implementing partners will arrange discussions, meetings in the field with communities , Other involved stakeholders.

**Initial Validation of key findings (PPT) from the field:** A Validation workshop would be organised to share the key field findings along with the conclusion and recommendations at that time to the Evaluation Manager, Evaluation reference group, project team at the end of the field phase on findings. EM arranges this brief validation session.

**Evaluation Report :**The first Version of the report should derive logically from the analysis, maintaining credibility and presented together with analyses of achievements and deficiencies. The evaluation team/service provider should submit the first draft report as per the inception report's agreed outline on time. The evaluation manager will distribute the report with the evaluation reference group, project team for the first level of quality assurance. The Evaluation manager also will review the quality and compliances of the report. Following the feedback, the evaluator should incorporate comments and should return **the second version of the report** to the EM within the agreed time frame. EM will forward the second version of the submitted evaluation report to the UNFPA Regional Evaluation Advisor- APRO for the final quality assurance. Any feedback from the Regional M&E advisor will be relayed to the evaluation team. Evaluation team should submit **the final report ( version 3 )** to the EM after addressing final comments.

**Evaluation finding dissemination Workshop :** Upon finalising the evaluation report, **evaluation findings** will be disseminated among wider stakeholders including implementing patterns, development actors . The evaluation team will deliver the presentation, EM will provide all the required logistical support for this session.

## **6. Legal and Ethical considerations**

The team is expected to conduct the evaluation in adherence to the UNEG Norms and Standards and the UNEG 2020 Pledge of Ethical Conduct in Evaluation, in addition to other norms and standards promoted by UNFPA. The evaluation will be conducted in full alignment with ethics, respect for human rights and cultural sensitivity as written in accordance with the International Ethical Guidelines for Evaluation UNEG, 2020. The evaluator will abide by the UNEG Code of Conduct for carrying out the evaluations, should not have any links to project management, or any other conflict of interest that would interfere with the independence of the evaluation. All reports, including drafts, will be written in English. Ownership of data from the evaluation rests jointly with the UNFPA and the evaluator. The copyright of the evaluation report will rest exclusively with the UNFPA. Use of the data for publication and other presentations can only be made with the written agreement of the UNFPA. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.

