



Terms of Reference

**United Nations Population Fund (UNFPA)
Tanzania 8th Country Programme
2016/17- 2021/22**

Country Programme Evaluation

May 2021

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Acronyms

AYFS	Adolescent-Youth Friendly Services
CCA	Common Country Assessment
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRVS	Civil Registration and Vital statistics
CSOs	Civil Society Organizations
DPG	Development Partner Group
DRC	Democratic Republic of Congo
DSA	Daily Subsistence Allowance
EmONC	Emergency, Obstetric and Neonatal Care
ESARO	East and Southern Africa Regional Office
EQA	Evaluation Quality Assessment
EQAA	Evaluation Quality Assurance and Assessment
ERG	Evaluation Reference Group
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GNI	Gross National Income
HCT	Humanitarian Country Team
ICPD	International Conference on Population and Development
MDAs	Ministry, Departments and Agencies
M&E	Monitoring and Evaluation
MES	Monitoring and Evaluation Strategy
MOFP	Ministry of Finance and Planning
MoHA	Ministry of Home Affairs
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOHSWEC	Ministry of Health, Social Welfare, Elderly and Children
NBS	National Bureau of Statistics
NGOs	Non-Governmental Organizations
NSS	National Statistical System
OCGS	Office of Chief Government Statistician
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
TDHS	Tanzania Demographic Health Survey
TFR	Total Fertility Rate
ToR	Terms of Reference
TRG	Thematic Results Group
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group

UNFPA
UNHCR
UNSDCF

United Nations Population Fund
United Nations High Commission for Refugees
United Nations Sustainable Development Cooperation Framework

1. Introduction

The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population and Development (ICPD) Programme of Action (POA), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality.”¹ In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) ending preventable maternal deaths; (ii) ending the unmet need for family planning; and (iii) ending gender-based violence (GBV) and harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the realization of the Sustainable Development Goals (SDGs) in particular good health and well-being (Goal 3), gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA programmes and projects are designed and implemented within the principle of Leave No One Behind (**LNOB**), which is the central, transformative promise of the 2030 Agenda for Sustainable Development and its SDGs.

UNFPA has been operating in the United Republic of Tanzania (URT) since 1975. UNFPA Tanzania Country Office (CO) supports the Government of the United Republic of Tanzania through the 8th country programme (2016-2022) including the one-year extension that considers national development needs and priorities as articulated in the United Nations Development Assistance Plan II (UNDAP II) 2016/17- 21/22², Tanzania’s Second National Five-Year Development Plan (FYDP) 2016/17 – 2020/21³ and the Zanzibar Strategy for Growth and Reduction of Poverty III (MKUZA III) 2016/17 –2020/21⁴.

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least every two programme cycles, “unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred.”⁵ The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 8th CP 2016/17-21/22 in the United Republic of Tanzania, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The evaluation will demonstrate accountability to stakeholders on performance in achieving development results, value for money on invested resources, support evidence-based decision-making and contribute important lessons learned on how to further improve programming. The CPE will also draw conclusions and provide a set of actionable recommendations for the development of the next programme cycle.

¹ UNFPA Strategic Plan 2018-2021, p. 3. The document is available at: [https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9 - UNFPA strategic plan 2018-2021 - FINAL - 25July2017 - corrected_24Aug17.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf).

² [United Nations Development Assistance Plan II UNDAP II](#).

³ Second National 5 year development plan is available at <http://extwprlegs1.fao.org/docs/pdf/tan166449.pdf>.

⁴ [Zanzibar Strategy for growth and Reduction of Poverty](#)

⁵ UNFPA Evaluation Policy 2019, p. 20. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>.

The evaluation will be conducted in line with the *Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA* (UNFPA Evaluation Handbook), which is available at <https://www.unfpa.org/EvaluationHandbook>. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audiences and primary intended users of the evaluation are: (i) UNFPA's Tanzania CO; (ii) the Government of the United Republic of Tanzania; (iii) implementing partners of the UNFPA Tanzania CO; (iv) rights-holders involved in UNFPA's interventions and the organizations that represent them (particularly women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vi) development partners. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA's headquarter divisions, branches, and offices; (ii) UNFPA's Executive Board; (iii) academia; (iv) local civil society organizations (CSOs) and international Non-Governmental Organizations (NGOs). The evaluation results will be disseminated as appropriate, using acceptable traditional and digital channels of communication.

The evaluation will be managed by the Evaluation Manager within the UNFPA Tanzania CO, with guidance and support from the Regional Monitoring and Evaluation (M&E) Adviser at the ESARO, and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with this Terms of Reference (ToR).

2. Country Context

Tanzania is a rapidly developing, youthful country with a total population of 51,557,365⁶ which is projected to increase to 138 million by 2050 if contraceptive use and population growth remain as they are now⁷. The population growth rate is 2.7 per cent. 47 per cent of the female population are women of reproductive age, and 19.1 percent are young people aged 15-24⁸. Fertility rates in Tanzania are stagnant, having been reduced from 6.2 in 1990 to 5.2 in 2015⁹. However, the total fertility rate (TFR) for the urban populations has increased from 3.2 in 1999 to 3.8 in 2015. In rural settings, women who are poor and women with limited or no formal education have higher TFR than other groups; TFR for women with limited or no formal education is 6.9 and 7.5 for women from the lowest wealth quintile¹⁰.

⁶ Tanzania Total Population by District and Region, 2016/2017 Projection, NBS

⁷ World Population Prospects: Key Findings and Advance Tables, 2017 Revision, UN Dept. of Economic and Social Affairs, Population Division, p.41

⁸ Population and Housing Census, 2012, NBS

⁹ TDHS, 2015-2016, p.106

¹⁰ TDHS, 2015-2016, p.112

World Bank statistics show that Tanzania's Gross National Income (GNI) has been on an upward trend from between 1990 and 2017¹¹. Tanzania's GNI per capita increased from about \$ 1,020 to \$ 1,080 in 2018 and 2019 respectively which exceeded the threshold for lower-middle income status.¹² The real Gross Domestic Product (GDP) between 2018 and 2019 fell slightly from 7 percent to 6.8 per cent, while at the same time the inflation rate dropped from 3.6 per cent in 2018 to 3.3 per cent in 2019 as a result of improvements in food supply.¹³ Tanzania's Development Vision¹⁴ has been to attain a middle-income country status by 2025. The country has pursued this with policies and measures that focus on economic growth and human development, and in 2020 the World Bank Group recognized Tanzania as a lower middle income country.

Tanzania's Mainland Poverty Assessment (December 2019)¹⁵ finds that despite sustained economic growth and a persistent decline in poverty, the absolute number of poor people grew from 13 million in 2007, to 14 million. Poverty vulnerability is also still high: for every four Tanzanians who moved out of poverty, three fell into it. Many non-poor people living just above the poverty line are at risk of slipping below it. Beyond the persistent gaps between urban and rural areas, there are large disparities in the distribution of poverty across geographic regions. Poverty is highly concentrated in the Western and lake zones, and lowest in the Eastern zones¹⁶.

The country has experienced an overall reduction of child mortality. According to the Tanzania Demographic Health Survey (TDHS) 2015/16, infant mortality has declined from 51 deaths per 1,000 live births in 2010 to 43 deaths per 1,000 live births in 2015/16. The under-five mortality rate has declined from 81 deaths per 1,000 live births in 2010 to 67 in 2015/16.

Maternal mortality has also declined from 870 per 100,000 live births in 1990 to 454 per 100,000 in 2010 (TDHS 2010) and in the last TDHS (2015/16) report it shows a slight increase with 556 deaths per 100,000 live births. Modern contraceptive use in Tanzania has risen slowly in recent years, with the overall contraceptive prevalence increasing from 20 per cent in 2005 to 32 per cent in 2015 for Tanzania mainland and 12 per cent to 14 per cent for Zanzibar with wide regional and zonal disparities (e.g., 9 per cent in Pemba and 52 per cent in Lindi). However, the country's unmet need for family planning has shown minimal change, having decreased from 25 per cent to 22.2 per cent between 2010 and 2015 in the mainland, and decreased from 35 per cent in 2010 to 28 per cent in 2015 in Zanzibar¹⁷.

Tanzania has an average HIV prevalence of 4.9 - 6.3 per cent among females and 3.4 percent among males. About 1.4 million people are living with HIV. The prevalence levels vary across zones and regions. The highest burdened region for HIV is Njombe (11.4 per cent). Of the 1.4 million people living with HIV in Tanzania, 5 per cent are children under 14 years, 9 per cent are young people (15-24), and 59 per cent are

¹¹ World Bank Tanzania Overview (2020). www.worldbank.org/en/country/tanzania/overview

¹² Ibid

¹³ Tanzania Economic Outlook. www.afdb.org/en/countries-east-africa-tanzania/tanzania-economic-outlook

¹⁴ [Tanzania Development Vision 2025](#)

¹⁵ Tanzania Mainland Poverty Assessment, World Bank (2019), <https://openknowledge.worldbank.org/handle/10986/33031>

¹⁶ World Bank Tanzania Overview (2020). www.worldbank.org/en/country/tanzania/overview

¹⁷ Ibid., p. 132

women of reproductive age (15-49). HIV prevalence is higher among women than men (5.8 per cent versus 3.6 per cent respectively)¹⁸. In 2016, more than 25,000 women aged 15-24 became infected with HIV, compared to around 20,000 men of the same age group¹⁹. HIV prevalence among women aged 15-24 living in urban areas stands at 3.9 per cent²⁰. Women tend to become infected at a younger age because they often have older partners and get married earlier. They also experience greater difficulty in negotiating safe sex because of patriarchal norms and persistent gender inequality.

According to TDHS 2015/16, among never-married youth in the country, 55% of women and 43% of men never had sex. The median age at first sexual intercourse is 17.2 years for women, compared to 18.2 years for men. Fourteen percent (14%) of women and 9% of men initiate sex before age 15, while 61% of women and 47% of men do so before age 18. (TDHS 2015/16)

Teenage pregnancy and child marriage rates in Tanzania are high and recently indicated an upward trend: 27 per cent of young women aged 15-19 have begun childbearing according to the TDHS 2015/6, compared to 23 per cent in 2010. Teenage childbearing varies by economic status, ranging from 13% among adolescent women in the wealthiest households to 42% among those in the poorest households. Coupled with this, Tanzania has high child marriage rates: 30 per cent of girls are married by their 18th birthday²¹. Child, early and forced marriage and teenage pregnancy pose serious risks and complications for the health and overall well-being of adolescents and young women. This exposes girls and young women to maternal death, maternal morbidity (e.g., obstetric fistula), premature delivery, malnutrition, and pregnancy induced anemia. Currently, the adolescent birth rate is 132 and 47 per 1000 in Mainland and Zanzibar, respectively. Young people contribute more than 20 per cent of the national maternal mortality ratio, which currently stands at 556 per 100,000 live births²². Young people have limited access to family planning services with the contraceptive prevalence rate (CPR) among the 15-19 age group extremely low at 8.6 per cent and 28.9 percent for the 20-24 age group²³. The unmet contraceptive need is extremely high in the 15-19 age group. The unmet need for currently married women is 23 per cent and is 42.4 per cent for unmarried young women.

At the same time, gender-based violence²⁴ (GBV) is a daily reality for many women and girls in Tanzania. According to the TDHS (2015/16) almost four in ten women have experienced physical violence, and one in five women report experiencing sexual violence in their lifetime from the age of 15. Spousal abuse, both sexual and physical, is high (44 per cent) for married women. Women's experiences of violence cuts across

¹⁸ UNAIDS, Country Factsheet Tanzania, 2016 <http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania>

¹⁹ Ibid.

²⁰ Ibid.

²¹ Tanzania Demographic Health Survey (TDHS), 2015-2016

²² TDHS, 2015-2016, p.321

²³ Ibid., p.141

²⁴ The Declaration on Elimination of Violence Against Women adopted by the United Nations General Assembly in 1993 defines violence against women as “any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts coercion or arbitrary deprivation of liberty whether occurring in public or private 11 U.S. Department of State Bureau of Democracy, Human Rights, and Labour, “Tanzania – Country Reports on Human Rights Practices 2006” March 6, 2006, 13.

socio-demographic factors and the rates of physical, sexual, and psychological violence are higher in rural areas and among those with no or limited formal education. About 17 per cent of all women have experienced sexual violence. Exposure to all forms of violence varies widely throughout the country, with 32 per cent of women in Shinyanga reporting sexual violence²⁵ compared to 4.8 per cent in Pemba. Unfortunately, most do not seek help with 41.6 per cent of young women aged 15-19 not seeking help or telling anyone about the abuse²⁶. Attitudes towards violence are of particular concern: nationally, 59 per cent of women perceive that wife beating is acceptable if a woman burns food, or goes out without her husband's permission²⁷. Female Genital Mutilation (FGM) is said to be declining with the current nationally reported rate of 14 per cent and 16 per cent for women aged 15-19 and 20-24 respectively although there are significant regional variations.

Tanzania has been host to refugees and asylum seekers from its neighboring countries since the early 1960s including the last influx of Burundian and Congolese refugees in 2015. The country has worked with and supported UNHCR and partners in offering protection to refugees and asylum seekers and also providing durable solutions including voluntary repatriation to country of origin, resettlement to a third country and local integration of refugees. As of April 2021, there were a total of 261,185 refugees from Burundi 187,989, Democratic Republic of Congo (DRC) 78,743, and others 455 living in refugee camps in Kigoma region²⁸.

Most refugees are camp-based assisted by the Tanzania Ministry of Home Affairs (MoHA), United Nations High Commissioner for Refugees (UNHCR) and partners. Majority of refugees are in the North West part of the country, where they live in three camps; Nyarugusu camp which hosts both Congolese and Burundian refugees with a population of 132,391 individuals; The Nduta camp with a population of 63,693 and Mtendeli camp with 24,311 population are both hosting Burundian refugees only²⁹. The largest population of concern are Burundians comprising of approximately 65% followed by refugees from the DRC at around 34% and 0.08% individuals from various other nationalities.

In 2017, the Governments of Tanzania, Burundi, and UNHCR agreed to assist refugees who wish to voluntarily repatriate from Tanzania to Burundi. Both governments and UNHCR agreed to uphold the principle of voluntariness, and noted that while some refugees may opt to return, others will continue to be in need of international protection. More than 70,000 refugees have returned since the exercise began in September 2017³⁰. Apart from refugees the country is vulnerable to other natural disasters, particularly floods which can occur in different parts of the country. Populations' that are mostly effected are urban dwellers in unplanned settlements. The government has put efforts in place to mitigate the risk by constructing drainage system in some main urban areas.

Tanzania has a Statistics Act³¹ that provides the legal ground for data production, processing, dissemination, and use. The synergy between National Bureau of Statistics (NBS), Ministry Departments and Agencies (MDAs) and other partners in production of statistics constitutes the National Statistical

²⁵ TDHS, 2015- 2016.

²⁶ Ibid., p.398

²⁷ Ibid.

²⁸ UNHCR, Inter-Agency Operation Update, 29th April 2021.

²⁹ Ibid

³⁰ UNHCR Operational Portal.

³¹ [Statistics Act](#)

System (NSS). Production, processing, dissemination and use of statistics in the country are implemented according to the guidelines and procedures clearly outlined in the Statistics Act of 2015. NBS and OCGS have the key role of producing and coordinating production and dissemination of official statistics in the NSS. This coordination is important to minimize redundancy, omission, inconsistencies, and duplication to enhance efficiency and cost effectiveness in data production.

The country's SDGs coordination and monitoring mechanism is positioned within the framework of the Five-Year Development Plan Monitoring and Evaluation Strategy (FYDP II - MES) which provides mechanisms for tracking the progress of the SDGs' implementation as an integral part of implementation of FYDP-II. The Prime Minister's Office provides overall oversight of the framework through the Steering Committee, while the responsibility of coordinating the implementation and monitoring of FYDP II is bestowed upon the Ministry of Finance and Planning (MoFP).

The main challenges of the national statistical system (NSS) are: inadequate coverage and periodicity, over reliance on traditional data sources, insufficient equipment and skills to effectively adapt new technologies, unsustainable long term training plan for statisticians in the NSS and fragmented Data Management Systems in the NSS³².

The United Republic of Tanzania recorded the first COVID-19 case on March 16, 2020 in Arusha – with a Tanzanian male citizen aged 46 years. Since that case, the number of registered COVID-19 cases increased to 480 with 18 deaths as of 29th April, 2020 when the country last reported. A large number of the cases reported were from Dar es Salaam and Zanzibar.

At the start of the COVID-19 pandemic, the government took bold measures to control its spread by enforcing the WHO health standards of wearing of masks in public places, hand washing, sanitizing, social distancing and stopped public gathering of more than ten people including closure of schools at all levels. All public offices and private businesses were instructed to put in place measures to contain the spread of the disease. The government also suspended all international flights and instituted mandatory quarantine for all travelers coming to Tanzania³³. COVID-19 Task Forces and coordination structures were instituted in both Tanzania mainland and in Zanzibar with active participation of all key stakeholders in the response and coordination.

The UN system responded by developing a Socio-economic Response Framework in support of building back better as well as an emergency appeal. UNFPA and UNWOMEN co-chaired the pillar on Leave No One Behind (LNOB) that developed sections of the Response Framework with affirmative action's targeting some vulnerable groups as well as mainstreamed actions to leave no one behind in the other pillars of the UN Response Framework. UNWOMEN, UNICEF and UNFPA also jointly chaired the protection sector of the emergency appeal on COVID-19. Many UN entities, including UNFPA developed programme criticality plans, repurposed funds from other programmes and mobilized additional resources to respond to the emerging needs and demands of the COVID-19 pandemic with the goal of life-saving and dignity restoring essential health and GBV prevention and response services.

³² National Bureau of Statistics concept paper for UNSDCF common country analysis

³³ [COVID 19 Pandemic in Tanzania New Letter.](#)

3. UNFPA Country Programme

UNFPA has been working with the Government of the United Republic of Tanzania since 1975 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. The UNFPA Tanzania 8th CP 2016-2022 has four thematic areas of programming with distinct outputs that are structured according to the four outcomes in the UNFPA Strategic Plan 2018-2021 to which they contribute.

The 8th CP 2016- 2021 is aligned with the United Nations Development Assistance Plan II (UNDAP II) 2016/17-21/22 drawing from the needs of Tanzania's Second National 5 Year Development Plan (2016/17 – 2020/21) and the Zanzibar Strategy for Growth and Reduction of Poverty III (MKUZA III) (2016/17 – 2020/21). The programme also aligns with the UNFPA corporate Strategic Plan 2014-17. The UNFPA Tanzania CO undertook the process of aligning the 8th CP to the UNFPA Strategic Plan 2018-2021. It was developed in consultation with the Government and civil society.

The UNFPA Tanzania CO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue; (ii) capacity development; (iii) knowledge management; (iv) partnerships and coordination; and (v) service delivery. The **overall goal** of the UNFPA Tanzania 8th CP 2016/17 – 21/22 is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**³⁴, as articulated in the UNFPA Strategic Plan 2018-2021. The CP outputs are organized within each of the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.*
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.*

The UNFPA Tanzania 8th CP 2016/17 – 21/22 has four thematic areas of programming with distinct **outputs** that are structured in line with the four outcomes in the Strategic Plan 2018-2021 to which they contribute.

Outcomes:

Outcome 1: Sexual and Reproductive Health and Rights

³⁴ Full Goal: Achieved universal access to sexual and reproductive health (SRH), realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality.

Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access.

Outcome 2: Adolescents and Youth

Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Outcome 3: Gender Equality and Women's Empowerment

Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

Outcome 4: Population Dynamics

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Outputs

Output 1:1: Increased national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people. Under this output, the programme supported the development of specific sexual and reproductive health national strategies and guidelines in both mainland Tanzania and Zanzibar; strengthened integrated sexual and reproductive health services and information provision in humanitarian settings through the Minimum Integrated Service Package; and supported the implementation of youth-friendly adolescent sexual and reproductive health (AYFS) initiatives through increasing the number of facilities offering AYFS.

Output 1: 2: Increased access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services. Family planning services were scaled up through procurement of commodities and strengthening the supply chain system; building the capacity of health workers to provide method-mix and community-based family planning services; supported reproductive health services, including access to contraceptives in higher learning institutions for young people; increased access of family planning services through high impact interventions; and contributed to the formulation of Tanzania's family planning costed implementation plan.

Output 1:3: Increased national capacity of government, civil society organizations and private institutions to deliver comprehensive maternal health services. Maternal health is a priority health concern in Tanzania. The programme supported the scale-up of emergency obstetric and neonatal care services in selected regions both in mainland Tanzania and Zanzibar; it implemented initiatives to increase quality of services through task shifting; expanded portable mobile learning systems; innovated the clinical mentorship programme; supported the strengthening of infrastructure and referral systems; provided equipment and maternal health commodities in selected districts and refugee camps; strengthened the capacity of maternal and perinatal death surveillance and response committees; scaled-

up pre- and in-service trainings on emergency obstetric and neonatal care (EmONC) for nurses, midwives and physicians; advocated and measures for a recognized midwifery specialization.

Output 2: 1: Increased capacity of government and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality. The programme supported the implementation of sexuality education for out-of-school young people; supported girl-centred child marriage prevention interventions in high-burden communities; supported the strengthening of capacity of youth-led organizations; and the establishment of youth chapters in different regions as a platform for young people's participation in decision-making processes and structures.

Output 3: 1: Strengthened capacity of government and civil society to prevent and respond to gender-based violence, female genital mutilation (FGM), and child, early and forced marriage. The programme supported community empowerment initiatives to uphold sexual and reproductive rights and to eliminate sexual and gender-based violence; built capacity of policy makers and law enforcement units to respond to gender discrimination and sexual and gender-based violence in selected regions; supported multisectoral national coordination structure that implement the National Plan of Action for the Elimination of Gender based Violence; built capacity of host communities and refugees to respond to sexual and gender based violence; and actively engaged in national and cross border FGM initiative.

Output 4: 1: Strengthened capacity of government and national institutions for the availability and utilization of high-quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings. The programme supported the National Bureau of Statistics to develop and implement the Tanzania Statistical Master Plan (TSMP) and Zanzibar Statistical Development Strategy. In addition the programme supported the initial preparations of the 2022 National Housing and Population Census; Civil Registration and Vital Statistics and Shehia registration systems in Zanzibar; supported government efforts of improving data collection capacity for key national surveys, such as the Household Budget Survey; Tanzania Demographic and Health Survey provided support on review of population policies; and improving capacity of the government to monitor Sustainable Development Goals (SDGs) indicators.

The UNFPA Tanzania CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. It leads the Thematic Results Group (TRG) on Healthy Nations – one of four TRGs that form the pillars of the UNDAPII (and previously the TRG on Democratic Governance, Human Rights and Gender Equality); and also, co-chairs the Leaving No One Behind Pillar as part of the Socioeconomic Response Framework to COVID-19. Beyond the UNCT, the UNFPA Tanzania CO participates in the main Development Partner Group (DPG) as a TRG Lead; DPG Health; DPG HIV/AIDS and DPG Gender (incoming Chair of the Group). It also engages in the Refugee Response Plan coordination for timely, principled and effective interventions, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology.

The UNFPA Tanzania 8th CP 2016- 21 is based on the following results framework presented below:

Tanzania CO 8thth UNFPA Country Programme, 2016/17-21/22 Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

UNFPA Thematic Areas of Programming

I. Sexual and reproductive health

II. Adolescents and youth

III. Gender equality and women's empowerment

IV. Population dynamics

UNFPA Strategic Plan Outcomes

Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence

Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence

Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

UNFPA Tanzania 8th CP Outputs

Output 1: Increased national and sub-national government capacity to deliver integrated sexual and reproductive health services, with a particular focus on adolescents and young people.
Output 2: Increased access to modern contraceptives by youth and marginalised population through improved capacity of government, civil society organizations and private providers to deliver equitable, high quality family planning services.

Output 4: Increased government capacity and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality

Output 5: Strengthened national capacity of government and civil society to prevent and respond to gender-based violence, female genital mutilation, and child, early and forced marriage.

Output 6: Strengthened capacity of Government and national institutions for the availability and utilization of quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings

<p>Output 3: Increased national capacity of government, Civil Society Organizations and private institutions to deliver comprehensive maternal health services</p>			
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UNFPA Tanzania 8th CP Intervention Areas³⁵

<p>1.1 Support development of national SRHR strategic documents.</p> <p>1.2 Provide integrated SRHR services, including family planning into HIV care and treatment sites including in humanitarian settings.</p> <p>1.3 Provide youth-friendly adolescent sexual and reproductive health services.</p> <p>1.4 Promote Evidence based social norms communication strategy that address barriers on uptake of adolescent SRHR services.</p> <p>2.1 Strengthen the supply chain system.</p> <p>2.2 Support capacity building to health care workers and community volunteers to provide FP method mix.</p> <p>2.3 Support increasing access to contraceptives for young people in higher learning institutions.</p> <p>2.4 Support condom programming Support social cultural and</p>	<p>4.1 Scale up of comprehensive sexuality education for in and out of school young people.</p> <p>4.2 Support Girl-Centred Child marriage prevention programme with SRH appropriate knowledge and practices.</p> <p>4.3 Support to youth led organizations.</p> <p>4.4 Advocacy for local government to increase allocation of resources to youth related programme.</p>	<p>5.1 Support community empowerment initiatives.</p> <p>5.2 Capacity building to duty bearers Policy and law enforces to respond on gender based violence.</p> <p>5.3 Support government and non-government institutions to coordinate the response to gender based violence.</p> <p>5.4 Build Capacity of host communities and refugees to respond to sexual and gender-based violence.</p> <p>5.5. Support interventions on ending FGM in high burden communities.</p> <p>5.6 Support interventions for prevention of early, forced and child marriage.</p> <p>5.6 Support community awareness and provision of PPE during COVID-19 Pandemic</p> <p>5.7 Train partners in UNFPA-supported regions in psychological first aid (PFA) and psychosocial counseling).</p> <p>5.8 Support national toll free phone-counseling counseling services for survivors of GBV, female genital mutilation (FGM) and early child marriage.</p>	<p>6.1 Capacity building for national and sub nation staff on data analysis and advocacy.</p> <p>6.2 Provide support to launch of 2022 nation population census.</p> <p>6.3 Support national capacity to collect data for national surveys including in humanitarian settings.</p> <p>6.4 Technical support in review of population policies</p> <p>6.5 Support the development of databases and registration systems to ensure no one is left behind.</p>
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³⁵ Activities in Bold were not planned in CPD but implemented

<p>behavior change strategies that support demand for family planning services.</p> <p>3.1 Scale up EmONC services</p> <p>3.2 Strengthen capacity of maternal and perinatal death surveillance and response committees.</p> <p>3.3 Scale-up pre-and in-service trainings on emergency obstetric and neonatal care for nurses, midwives, and physicians.</p> <p>3.4 Recruit and deploy midwives to high-burden areas, in partnership with the Benjamin Mkapa Foundation.</p> <p>3.5 Capacity building to health care workers on Infection Prevention during COVID-Pandemic³⁶</p>			
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³⁶ Activities in Bold were not planned in CPD but implemented

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes, as outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD) and the Agenda 2030 for Sustainable Development.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Tanzania CO, national stakeholders, and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the performance of the 8th UNFPA Tanzania 8th CP 2016/17 – 21/22.
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support to the government of the United Republic of Tanzania.
- ii. To assess progress towards the expected outputs and outcomes in the results framework of the country programme.
- iii. To provide an assessment of the geographic and demographic coverage of UNFPA's humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- iv. To provide an assessment of the country office's positioning within the developing community and national partners, in view of its ability to respond to national needs and emerging issues while adding value to the country development results.
- v. Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results.
- vi. To assess the extent to which the implementation framework enabled or hindered achievements of the results chain i.e., what worked well and what did not work well.
- vii. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

4.3. Scope

Geographic Scope

The evaluation will be performed at the national levels in Tanzania Mainland and in Zanzibar as well as in the following regions where UNFPA supported the main implementation of interventions: Mwanza,

Simiyu, Kagera, Shinyanga, Geita, Mara, Kigoma, Dodoma, North Pemba, South Pemba, North Unguja, South Unguja, and Urban West regions.

Thematic Scope

The evaluation will cover the following thematic areas of the 8th CP: sexual and reproductive health; adolescent and youth; gender equality and women’s empowerment and population dynamics. In addition, the evaluation will cover cross-cutting issues, such as humanitarian; human rights; gender equality; disability, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization and strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the period of the current CP: 2016/17- 2021/22.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency, and sustainability.³⁷ It will also use the evaluation criterion of coordination to assess the extent to which the UNFPA Tanzania CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT. Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach.

Relevance	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.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate number of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT. This also includes UNFPA membership of, and contributions to humanitarian coordination mechanisms of the HCT, DPG and in support of government coordination structures
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.

³⁷ The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

5.2. Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Based on these questions, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Tanzania CO and the ERG.

Relevance

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. adolescent and youth; refugees and etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs.
2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups; emerging needs and priorities such as the COVID-19 pandemic?
3. To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, persons with disabilities and indigenous communities, have been considered in both the planning and implementation of all UNFPA-supported interventions under the country programme?

Effectiveness

4. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access friendly sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?
5. To what extent and in what ways has the Country Office been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity), and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts?
6. To what extent has the Country Office ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities, indigenous peoples,) have the information they need, are protected against violence and have access to life-saving services in the COVID-19 and recovery context?
7. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion³⁸ in the design, implementation, and monitoring of the country programme?

³⁸ See [Guidance on disability inclusion in UNFPA evaluations](#)

Efficiency

8. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the county programme?
9. To what extent did country office systems, processes and procedures foster or impede the adaptation of the country programme to changes triggered by the COVID-19 crisis?

Sustainability

10. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?
11. To what extent has UNFPA support contributed to building the national capacities and systems for sustainability of results

Coordination

12. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT, DPG, HCT, government led sector coordination/consultative fora and other mechanisms?

Coverage

13. To what extent have UNFPA's humanitarian interventions systematically reached all geographic areas in which affected populations women, adolescents and youth reside?
14. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups women, adolescents and youth

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Tanzania CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and

recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Tanzania CO 8th CP 2016/17-21/22 (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient, and sustainable the support provided by the UNFPA Tanzania CO was during the period of the 8th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Tanzania 8th CP 2016-21 made.

Participatory approach

The CPE will be based on an inclusive, transparent, and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Tanzania CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners and, most importantly, rights-holders (notably women, adolescents, and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

The evaluation manager in the UNFPA Tanzania CO has established an ERG comprised of key stakeholders of the CP, including representatives from the government drawn from the Ministry of Finance and Planning (MOFP), Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) in mainland, Ministry of Health, Social Welfare, Elderly and Children (MOHSWEC) in Zanzibar, National Bureau of Statistics (NBS) and Zanzibar Planning Commission. Other members are from the non-governmental that are implementing partners of the Country Programme and representatives of persons with disabilities and young people; UNFPA Tanzania Country Programme Outcomes Leads, the M&E Officer and the Regional M&E Adviser from UNFPA ESARO. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites, and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Tanzania CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,³⁹ *Ethical Guidelines for Evaluation*,⁴⁰ *Code of Conduct for Evaluation in the UN System*⁴¹, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.⁴² When contracted by the UNFPA Tanzania CO, the evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in the United Republic of Tanzania. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; (v) a detailed evaluation work plan and agenda for the field phase and (vi) a specific section on the limitations and mitigation measures to implement the evaluation in the context of COVID19

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions for all evaluation criteria and key assumptions to be examined; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated key assumptions. By linking each evaluation question (and associated

³⁹ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁴⁰ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁴¹ Document available at: <http://www.unevaluation.org/document/detail/100>.

⁴² Document available at: <http://www.unevaluation.org/document/detail/980>.

assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected (for each evaluation question) and is presented in an organized manner. At the end of the field phase, the matrix is useful to ensure that sufficient evidence has been collected to answer all evaluation questions or, on the contrary, to identify gaps that require additional data collection. In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to support their analysis (or findings) for each evaluation question.

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

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur, based on the theory of change of the CP. This will allow the evaluators to assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, at outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Tanzania CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Tanzania CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through desk review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase.

These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection and provide the rationale for the selection of the sites in the design report. The UNFPA Tanzania CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security measures, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The changing context of the COVID-19 epidemic and prevention measures to be adopted by the government may make it difficult to predict movement and other contacts. Thus, in case visits to selected sites and in personal meetings will be impracticable, then the evaluation team shall find other virtual means of data collection.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders). The data is planned to be collected in person, but depending on the uncertain but evolving COVID-19 context and measures that may be instituted to control its spread, the consultants need to prepare back up plan for remote data collection including by using online- and other virtual means (i.e. using Zoom)⁴³.

All group focused discussions with service providers and rights-holders (notably women, adolescents, and youth) and direct observation during visits to selected sites will be conducted in person with full observation of COVID-19 prevention measures where possible and in case of limitations due to severe COVID -19 situation, third party data collection method will be used⁴⁴.

Secondary data will be collected remotely through desk review, primarily focusing on annual work plans, work plan progress reports, monitoring data and results reports, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations, etc.), housing census and population data, and records and data repositories of the CP and its implementing partners, such as health clinics/centers.

⁴³ [UNFPA Evaluation Office guiding principles on adapting evaluations to the COVID-19 pandemic](#)

⁴⁴ Ibid

Particular attention will be paid to compiling data on key performance indicators of the UNFPA Tanzania CO during the period of the 8th CP 2016/17 -21/22.

The evaluation team will ensure that data collected is disaggregated by sex, age, location, and other relevant dimensions, such as disability status, to the extent possible.

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

Data analysis

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95).
- Regular exchange with the Evaluation Manager at the CO.
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO and the ERG at the end of the field phase, when the evaluation team present the emerging findings and preliminary conclusions.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful, and timely evaluation.

7.1. Preparatory Phase (*Handbook, pp.35-40*)

The Evaluation Manager at the UNFPA Tanzania CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Development of the theory of change underlying the CP by CO staff under the leadership and guidance of the M&E officer/evaluation manager.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA ESARO and in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.
- Publication of the call for consultancy.
- Completion of the annexes to the ToR with support from the Regional M&E Adviser in UNFPA ESARO and CO staff, and submission of the draft annexes to the UNFPA Evaluation Office for review and approval.
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

7.2. Design Phase (*Handbook, pp. 43-83*)

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Tanzania CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (see Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Tanzania through interviews and group discussions.

- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical, and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the Regional M&E Adviser in UNFPA ESARO for review. The template for the design report is provided in Annex E.

7.3. Field Phase (*Handbook, pp. 87 -111*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks for data collection is planned for this evaluation. However, the evaluation manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Meeting with the UNFPA Tanzania CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Tanzania CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the emerging findings from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders and will enable the evaluation team to refine the findings, formulate conclusions and develop credible and relevant recommendations.

7.4. Reporting Phase (*Handbook, pp.115 -121*)

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, considering the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The evaluation manager and the Regional M&E Adviser in UNFPA ESARO will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members

for review. If the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will collect and consolidate the written comments and feedback provided by the members of the ERG. Based on the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report**, and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall refer to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the Evaluation Manager in the UNFPA Tanzania CO.

7.5. Dissemination and Facilitation of Use Phase (*Handbook, pp.131 -133*)

In the dissemination and facilitation of use phase, the evaluation team will develop a **PowerPoint presentation of the evaluation results** that summarizes the key findings, conclusions, and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Tanzania CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a PowerPoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, ESARO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In a last step, The UNFPA Tanzania CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Tanzania CO, will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the independent EQA of the final report will be included in the UNFPA evaluation database.⁴⁵ The final evaluation report will also be circulated to the UNFPA Executive Board.

Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Tanzania CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The PowerPoint will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Tanzania CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions, and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG, and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report (*maximum 70 pages, excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G.

⁴⁵ The UNFPA evaluation database can be accessed at the following link:

<https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa>.

- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions, and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Tanzania CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be like the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The Evaluation Manager is primarily responsible for quality assurance of the deliverables of the evaluation at each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F)⁴⁶ before submission to the evaluation manager for review. The evaluation quality assessment

⁴⁶ The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

<p>1. Structure and Clarity of the Report</p> <p>Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).</p>
<p>2. Executive Summary</p> <p>Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main findings; conclusions; and recommendations.</p>
<p>3. Design and Methodology</p> <p>Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)</p>
<p>4. Reliability of Data</p> <p>Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.</p>
<p>5. Analysis and Findings</p> <p>Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.</p>
<p>6. Validity of Conclusions</p> <p>Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.</p>
<p>7. Usefulness and Clarity of Recommendations</p> <p>Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).</p>
<p>8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality</p>

Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women⁴⁷ and UNEG guidance on integrating human rights and gender perspectives in evaluation.⁴⁸

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the Evaluation Manager in the UNFPA Tanzania CO, (iii) the Regional M&E Adviser in UNFPA ESARO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/evaluation manager; in bold: The deliverables are the responsibility of the evaluation team.

Evaluation Phases and Activities ⁴⁹	Deliverables	Dates/Duration ⁵⁰	Handbook/CPE Management Kit
Preparatory Phase			
Preparation of letter for Government and other key stakeholders to inform them about the upcoming CPE	<i>Letter from the UNFPA Country Representative</i>	10 Feb 2021 (1)	
Establishment of the evaluation reference group (ERG)		12-22 Feb 2021 (10)	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Development of the theory of change underpinning the CP by CO staff (at the request of CO senior management and with support of the M&E officer/evaluation manager)	<i>Theory of change (include in Annex A of the ToR)</i>	22-23 Feb 2021 (2)	Tool 2: The Effects Diagram, pp. 161-163 ⁵¹

⁴⁷ Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: <http://www.unevaluation.org/document/detail/1452>.

⁴⁸ The UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations is available at <http://www.uneval.org/document/detail/980>.

⁴⁹ The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

⁵⁰ Figures in brackets is a proposed # of days.

⁵¹ The Effects Diagram depicts the results chain (intervention logic) underlying the CP and, as such, is like a theory of change. However, a theory of change goes beyond the results chain and describes the critical assumptions and contextual factors that affect the achievement of intended results.

Compilation of background information and documentation on the country context and the CP for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i>	24-26 Feb 2021 (3)	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist
Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	<i>Draft ToR</i>	15 Mar-Apr 14 2021 (30)	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template
Review and approval of the ToR by the UNFPA Evaluation Office	<i>Final ToR</i>	19 - 30 Apr 2021 (10)	
Publication of the call for evaluation consultancy		19 May - 6 Jun (19)	CPE Management Kit: Call for Evaluation Consultancy Template
Completion of the annexes to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	<i>Draft ToR annexes</i>	17- 28 May 2021 (10)	Template 4: The Stakeholders Map, p. 255 Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165 Template 15: Work Plan, p. 278
Pre-selection of consultants by the CO	<i>Consultant pre-selections scorecard</i>	07 -11 Jun 2021 (5)	CPE Management Kit: Pre-qualified CPE Consultants Directory

			CPE Management Kit: Consultant Pre-selection Scorecard
Review and approval of the annexes to the ToR by the UNFPA Evaluation Office	<i>Final ToR annexes</i>	<i>31 May - 4 June 2021 (5)</i>	
Pre-qualification of consultants by the UNFPA Evaluation Office		<i>15- 18 June 2021 (4)</i>	
Recruitment of the evaluation team by the CO		<i>22 -30 Jun 2021 (7)</i>	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation team, and the regional M&E adviser		<i>07 Jul 2021 (1)</i>	
Development of an initial communication plan by the evaluation manager (in consultation with the communication officer in the CO)	<i>Initial communication plan</i>	<i>08-09 Jul 2021 (2)</i>	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic Communication on CPEs
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)	Desk review	<i>12-14 Jul 2021 (3)</i>	
Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	Draft design report	<i>15- 21 Jul 2021 (5)</i>	Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278

			<p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p> <p>Template 6: The CPE Agenda, p. 257</p> <p>Tool 6: The CPE Agenda, pp. 170-176</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p>
Review of the draft design report by the evaluation manager and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	23 – 28 Jul 2021 (5)	
Presentation of the draft design report to the ERG for comments and feedback	PowerPoint presentation of the draft design report	29 Jul 2021 (1)	
Revision of the draft design report and circulation of the final version to the evaluation manager for approval	Final design report	30 Jul - 02 Aug 2021 (2)	
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	<i>Updated communication plan</i>	30 Jul - 03 Aug 2021 (3)	<p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Strategic Communication on CPEs</p>
Field Phase⁵²			

⁵² Subject to the prevailing context at the time.

Inception meeting for data collection with CO staff	Meeting between evaluation team/CO staff	04 Aug 2021 (1)	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant CO programme officers	Meeting of evaluators/CO programme officers	05- 08 Aug 2021 (3)	
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, desk review, etc.)	Entering data/information into the evaluation matrix	09 Aug - 03 Sept 2021 (20)	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262 CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	08 Sept 2021 (1)	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	09- 13 Sept 2021 (3)	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic Communication on CPEs
Reporting Phase			
Drafting of the evaluation report and circulation to the evaluation manager	Draft evaluation report	09-22 Sept 2021 (10)	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288

Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)</i>	25-29 Sept 2021 (5)	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Joint development of the EQA of the draft evaluation report by the evaluation manager and the regional M&E adviser			
Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	Final evaluation report (incl. annexes)	30 Sept – 04 Oct 2021 (3)	
Circulation of the final evaluation report to the UNFPA Evaluation Office		05-08 Oct 2021 (1)	
Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office	Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)	11-15 Oct 2021 (5)	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	11-15 Oct 2021 (5)	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic Communication on CPEs
Dissemination and Facilitation of Use Phase			
Preparation of the management response by the CO and submission to the Policy and Strategy Division	<i>Management response</i>	19-25 Oct 2021 (5)	Template 12: Management Response, pp. 266-267
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the	<i>Final communication plan</i>	26-29 Oct 2021 (4)	Template 16: Communication Plan for Sharing Evaluation Results, p. 279

communication officer in the CO			CPE Management Kit: Strategic communication on CPEs
Development of the presentation on the evaluation results	PowerPoint presentation of the evaluation results	02 Nov 2021 (1)	Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf
Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO	<i>Evaluation brief</i>	03-12 Nov 2021 (8)	Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Announcement of CPE completion in M&E Net Community	<i>Blog post on the M&E Net Community (myUNFPA)</i>	15-19 Nov 2021	
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		22- 26 Nov 2021 (5)	
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		29 Nov- 03 Dec 2021 (5)	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	<i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i>	06-14 Dec 2021 (6)	CPE Management Kit: Strategic Communication on CPEs

Once the evaluation team leader has been recruited, s/he will develop a detailed **evaluation work plan** (see Annex I) in close consultation with the evaluation manager.

11. Management of the Evaluation

The **evaluation manager** in the UNFPA Tanzania CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation manager will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. S/he will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation manager to ensure the quality, independence, and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The evaluation manager has the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.
- Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the regional M&E adviser.
- Identify potential candidates to conduct the evaluation, complete the Consultant Pre-selection Scorecard to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Conduct an EQA of the draft evaluation report in collaboration with the regional M&E adviser, in line with the EQA grid and its explanatory note.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Lead and participate in the preparation of the management response.

- Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation manager will require support from staff of the UNFPA Tanzania CO. Specifically, the responsibilities of the **country office staff** are:

- Contribute to the preparation of the ToR, specifically: the theory of change, the initial stakeholder map, the list of Atlas projects and the compilation of background information and documentation on the context and the CP and provide input to the evaluation questions.
- Make time for meetings with/interviews by the evaluation team.
- Provide support to the evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Tanzania CO, ESARO, representatives of the national Government of Tanzania, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g., persons with disabilities, etc.) (see Handbook, section 2.3, p.37). The ERG will serve as a body to ensure the relevance, quality, and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The **Regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook and submit the final draft version to the UNFPA Evaluation Office for review and approval.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.

- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and jointly prepare an EQA of the report with the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:

- Review and approve the ToR (incl. annexes).
- Review and pre-qualification of the consultants.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for CPEs.
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women’s empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 8th UNFPA CP in Tanzania.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality

of all evaluation deliverables at all stages of the process. The evaluation team leader will provide methodological guidance to the evaluation team in developing the design report but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, obstetric fistula, and family planning. S/he will contribute to the methodological design of the evaluation 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. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Tanzania CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation 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. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Tanzania CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation 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. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation

Manager, UNFPA Tanzania CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, Civil Registration and Vital Statistics (CRVS), and national statistical systems. S/he will contribute to the methodological design of the evaluation 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. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Tanzania CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing, and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Tanzania CO staff and the ERG.

The modalities for the participation of the evaluation team members including the young and emerging evaluator in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

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

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian assistance.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of the CP covered by the evaluation (see expert profiles below).

- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Preferred good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Tanzania.
- Fluent in written and spoken English.

SRHR expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, obstetrics and gynecology, health economics and financing, epidemiology, biostatistics, population studies and demography, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, obstetric fistula, and family planning.
- Preferred good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).

- Work experience in/good knowledge of the national development context of Tanzania
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Adolescents and youth expert

The competencies, skills and experience of the adolescents and youth expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, development studies, social sciences, or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge of adolescent and youth issues, SRHR of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Tanzania.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Tanzania.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration, and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Tanzania.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Young and emerging evaluator

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

- Bachelor’s degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- Up to five years of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English

13. Budget and Payment Modalities

The evaluators including the young and emerging evaluator will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	Each thematic expert	Young and emerging evaluator
Design phase	12	6	3
Field phase	26	21	21
Reporting phase	13	8	5
Dissemination and facilitation of use phase	1	1	1
TOTAL (days)	52	36	30

The exact number of workdays for each evaluator will be determined by the evaluation manager. The final distribution of the workload will be proposed by the evaluation team in the design report and submitted to the evaluation manager for approval.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes)
<https://www.unfpa.org/resources/strategic-plan-2014-2017>
2. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
3. UNFPA Evaluation Policy (2019)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
4. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019)
<https://www.unfpa.org/EvaluationHandbook>
5. Relevant centralized evaluations conducted by the UNFPA Evaluation Office: available at:
<https://www.unfpa.org/evaluation>
 - Inter-Agency humanitarian evaluation on gender equality and the experience of women and girls [here](#)
 - Assessment of the human rights-based approach to family planning at UNFPA [here](#)
 - Evaluation of the UNFPA support to the HIV response (2016-2019) [here](#)
 - First evaluation of the UNFPA capacity in humanitarian action (2012-2019) [here](#)
 - Corporate evaluation of UNFPA support to the prevention, response to and elimination of GBV and harmful practices [here](#)
6. UNFPA Evaluation Office guiding principles on adapting evaluations to the COVID-19 pandemic [here](#)
7. UNFPA Evaluation Office Guidance on adapting evaluation questions to the COVID-19 pandemic [here](#)

Tanzania national strategies, policies, and action plans

8. Tanzania's Second Five-Year Development Plan 2016/17 – 2020/21 [here](#)
9. Zanzibar Strategy for growth and reduction of poverty III 2016/17 – 2020/21
10. United Nations Development Assistance Plan II (UNDAP II) 2016/17 – 2021-22 [here](#)
11. National Plan of Action to End Violence Against Women and Children 2017/18 – 2021/22 (mainland Tanzania) [here](#)
12. National Plan of Action to End Violence Against Women and Children in Zanzibar 2017 – 2022 [here](#)
13. Tanzania's National Health Policy [here](#)

UNFPA Tanzania CO programming documents

14. Government of Tanzania/UNFPA 8th Country Programme Document 2016-21 [here](#)

15. United Nations Common Country Assessment (CCA) (draft)
16. The Road to Zero, UNFPA Tanzania Country Office Annual Report 2019 [here](#)

17. UNFPA Tanzania, Annual Report 2018 [here](#)

18. UNFPA Tanzania, Annual Report 2017 [here](#)
19. Delivering for Women and Young People, UNFAP Tanzania Country Office (2020) [here](#)

20. Situation analysis for the Government of Tanzania UNFPA 8th Country Programme 2016-21
21. CO annual work plans
22. Joint programme documents
23. Mid-term reviews of interventions/programmes in different thematic areas of the CP
24. Reports on core and non-core resources
25. CO resource partnership and mobilization strategy

UNFPA Tanzania CO M&E documents

26. Government of Tanzania UNFPA 8th Country Programme M&E Plan 2016-21
27. CO annual results plans and reports (Strategic Information System)
28. CO quarterly monitoring reports (Strategic Information System)
29. Previous evaluation of the Government of Tanzania UNFPA 6th Country Programme 2007- 2010, available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

30. Implementing partner work plans and progress reports
31. Implementing partner assessments
32. Audit reports and spot check reports
33. Meeting agendas and minutes of joint United Nations working groups.
34. Donor reports

15. Annexes

A	Theory of change
B	Stakeholder map
C	Evaluation matrix template
D	List of Atlas projects for the period under evaluation
E	Outline of design report
F	Evaluation Quality Assessment grid
G	Outline of evaluation report (draft and final version)
H	UNFPA Evaluation Office editorial guidelines
I	Evaluation work plan

