



Terms of Reference

GOK/UNFPA 8TH COUNTRY PROGRAMME 2014 - 2018

COUNTRY PROGRAMME EVALUATION

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1. Introduction

The 8th Country Programme (2014-2018) of UNFPA support to the Government of Kenya responds to national priorities as articulated in the second Medium Term Plan (MTP II) and the United Nations Development Assistance Framework (UNDAF). The UNDAF is based on four Strategic Results Areas (SRAs) namely: (i) Transformative Governance; (ii) Human Capital; (iii) Sustainable and Equitable Economic Growth; and (iv) Environmental Sustainability, Land Management and Human Security. The SRA's have different goal and outcome level indicators and UNFPA contributes to SRAs (i), (ii) and (iv). As part of the UN reform agenda, the Country Programme (CP) is implemented within the framework of Delivering-as-One.

The 2013 UNFPA Evaluation Policy requires Country Programmes to be evaluated at least once every two cycles and this policy will guide the evaluation process. In addition, the ten general UNEG norms/principles as well as the four institutional norms will be upheld and reflected in the management and governance of the evaluation. According to the UNFPA Strategic Plan 2014-2017 business model, Kenya was assigned the red quadrant as a low income country at the time as a result of which the country programme was designed to apply four programming strategies at the national and sub-county levels, namely: (a) advocacy and policy dialogue/advice, particularly in the 15 counties with the highest burden of maternal mortality; (b) knowledge management; (c) capacity development; and (d) service delivery.

This country programme evaluation will document achievements realized, and be forward looking in identifying opportunities of operationalizing Kenya's Vision as a low middle income country and inform the next country programme. The evaluation will serve the purposes of demonstrating accountability to stakeholders on performance in achieving development results and on invested resources, supporting evidence-based decision making and contributing important lessons learned on how further improve programming.

The evaluation will be conducted by a team of independent evaluators and will be managed by the UNFPA Kenya Country Office, with support provided by ESARO M&E advisor in the various stages of the evaluation process. The primary users of the evaluation results are the UNFPA Executive Board, UNFPA Kenya Country Office, the Government of Kenya, Development Partners and the Implementing Partners. Evaluation findings will be disseminated to these audiences as appropriate and also through other platforms such as social media and websites/ portals.

2. Country Context

The population of Kenya is projected to reach 47,898,083 in 2017 (2009 Population and Housing Census), increasing from 28.7 million in 1999, with an inter-censal population growth rate of 2.9 percent. Sixty-four percent of the population is below 24 years of age, 20.6 percent of whom are youth aged 15 to 24. The GDP in Kenya advanced 6.2 percent year-on-year in the second quarter of 2016, following a 5.9 percent growth in the same period of 2015. It was the highest growth since the third quarter of 2013.

In 2010, Kenya adopted a new constitutional framework that has established a devolved system of governance with 47 counties, introducing a new political and development dimension which continues to influence UNFPA's programming. This constitution also afforded Kenyans the highest attainable right to healthcare including reproductive health.

The maternal mortality ratio (MMR) remains high at 362 deaths per 100,000 live births, a decrease from 488 deaths per 100,000 live births, according to the Kenya Demographic and Health Survey of 2014 and

2008/2009. This national MMR estimate however obscures the disparities at county level where MMR ranges from 187 deaths per 100,000 live births in Elgeyo Marakwet County to 3,795 in Mandera County. The high maternal mortality ratio is due to limited use of skilled care, with only 58 percent of expectant mothers completing the recommended four antenatal care visits and 62 percent receiving skilled care at delivery. For every one maternal death, there are nearly 30 women who suffer severe pregnancy complications including obstetric fistula. The prevalence of obstetric fistula stands at one percent of all women, although there are many unreported cases. The underlying causes for women's low usage of reproductive health care services is to a high extent linked to poverty, distance to quality service clinics, resistance to attend due to negative health staff attitudes and gender inequalities in which women do not have control over their bodies. This situation is further compounded by inadequate implementation of existing policies, guidelines and protocols.

Kenya has an average HIV prevalence rate of 6 percent and with about 1.6 million people living with HIV infection; it is one of the six HIV 'high burden' countries in Africa. The western part of the country including Homa Bay, Siaya and Kisumu are the most affected with HIV with rates of 25.7 percent, 23.7 percent and 19.3 percent respectively. The counties with the lowest infection rates are Wajir, Tana River and Marsabit with respective rates of 0.2 percent, 1 percent and 1.2 percent. The prevalence is highest among key population groups, especially sex workers which is at 29.3% (Kenya AIDS Response Progress Report 2016). Generally, the incidence of HIV infection has declined. However, nearly 51% of the new HIV infections is among young people (15 -24 years) which is equivalent to 36,000 cases annually.

The total fertility rate declined from 4.9 births per women in 2003 to 3.9 births per woman in 2014, a one-child decline in the past 10 years. The use of modern contraceptive methods has increased markedly over the last decade from 32 percent in the 2003 KDHS to 53 percent in 2014. Eighteen percent of currently married women have an unmet need for family planning services, with 9 percent in need of child spacing and 8 percent in need of child limiting. Challenges affecting optimal utilization of family planning include sociocultural factors; inadequate resource allocation to family planning commodities, inadequate capacity to forecast family planning needs, weak supply chain management, and inadequate capacity at the facility level to provide family planning services, particularly long acting and permanent family planning methods and offering services that are deemed unacceptable to the population.

Kenya's young people, especially adolescents (ages 10 to 19), have certain needs and vulnerabilities that warrant attention. Adolescent sexual and reproductive health (ASRH), is a crucial component of lifelong health and wellbeing and contributes to the health of future generations. Results from Kenya's 2014 Demographic and Health Survey show that facets of ASRH are improving but some areas need further work. Teenage pregnancy remains at a high 18 percent, while unmet need for family planning amongst married women is at 18 percent. Access to family planning is still a challenge, partly due to the lack of comprehensive sexuality education in the school curriculum and low coverage of youth friendly services at 7 percent.

Kenya periodically collects a wealth of population data. However, more in-depth analysis and dissemination are a challenge, and consistent collection and analysis of vital statistics is limited, as demonstrated in the limited registration coverage of births and deaths, at 58 and 47 percent, respectively, the result of a weak civil registration system. Furthermore, the use of data on population dynamics to inform policy formulation, development planning and implementation at national and county levels remains at a low level.

Significant strides have been made within policy and legislative framework on gender equality. However, major gaps exist in implementation. Fourteen percent of women and 6 percent of men age 15-49 report having experienced sexual violence at least once in their lifetime. Overall, 39 percent of ever-married women and 9 percent of men age 15-49 report having experienced spousal physical or sexual violence. Twenty-one percent of women age 15-49 have been circumcised. There is some evidence of a trend over

time to circumcise girls at younger ages. Twenty-eight percent of circumcised women age 20-24 were circumcised at age 5-9, as compared with 17 percent of circumcised women age 45-49. There is a progressive decline in female genital mutilation in the last decade.

In the last decade, the country has witnessed an increase in the frequency and severity of natural disasters and recurrent ongoing conflicts. These emerging challenges call for reinforced preparedness and response mechanisms in order to address the potential negative effects on women and young girls on matters of sexual and reproductive health and gender-based violence.

Kenya is known for its entrepreneurial spirit and innovations such as M-Pesa¹. Various NGO's and social-enterprises are introducing innovations into humanitarian and development programming and shifting away from "doing business as usual" with the aim of improving efficiency, effectiveness and accountability.

The Aid Environment is vibrant and changing. A multitude of traditional and emerging donors as well as philanthropy and private sector, are supporting the Government of Kenya in realizing its Vision 2030. With Kenya reaching Middle Income status however, various donors are gradually changing their development strategies, phasing out their ODA and taking on an "Aid for Trade" agenda. As a result also of the decreasing aid volumes, development agencies are increasingly pressed to clearly demonstrate tangible results and show their relevance and value addition.

UNFPA pro-actively supports UN Kenya Country Team in its efforts to be a successful Delivering as One self-starter and is increasingly aligning and harmonizing operations and programmes with UN sister agencies.

3. UNFPA Programmatic Support to Kenya

UNFPA was established in Kenya in 1972 and has since implemented various five-year programs. It is now in the penultimate year of the eighth country programme (8CP), which covers the period 2014-2018. In the last 45 years, Kenya has responded to the priority needs of Government as articulated in the Medium Term Plans of Vision 2030 and various development policies. The programme was designed to respond to national priorities as articulated in the second medium-term plan, 2013-2017, of the Kenya Vision 2030, and contributes to and aligns with the United Nations Development Assistance Framework, 2014-2018. The programme is likewise aligned with the UNFPA strategic plan, 2014-2017, and grounded in the principles of the International Conference on Population and Development (ICPD), and contributes to the achievement of the Millennium Development Goals.

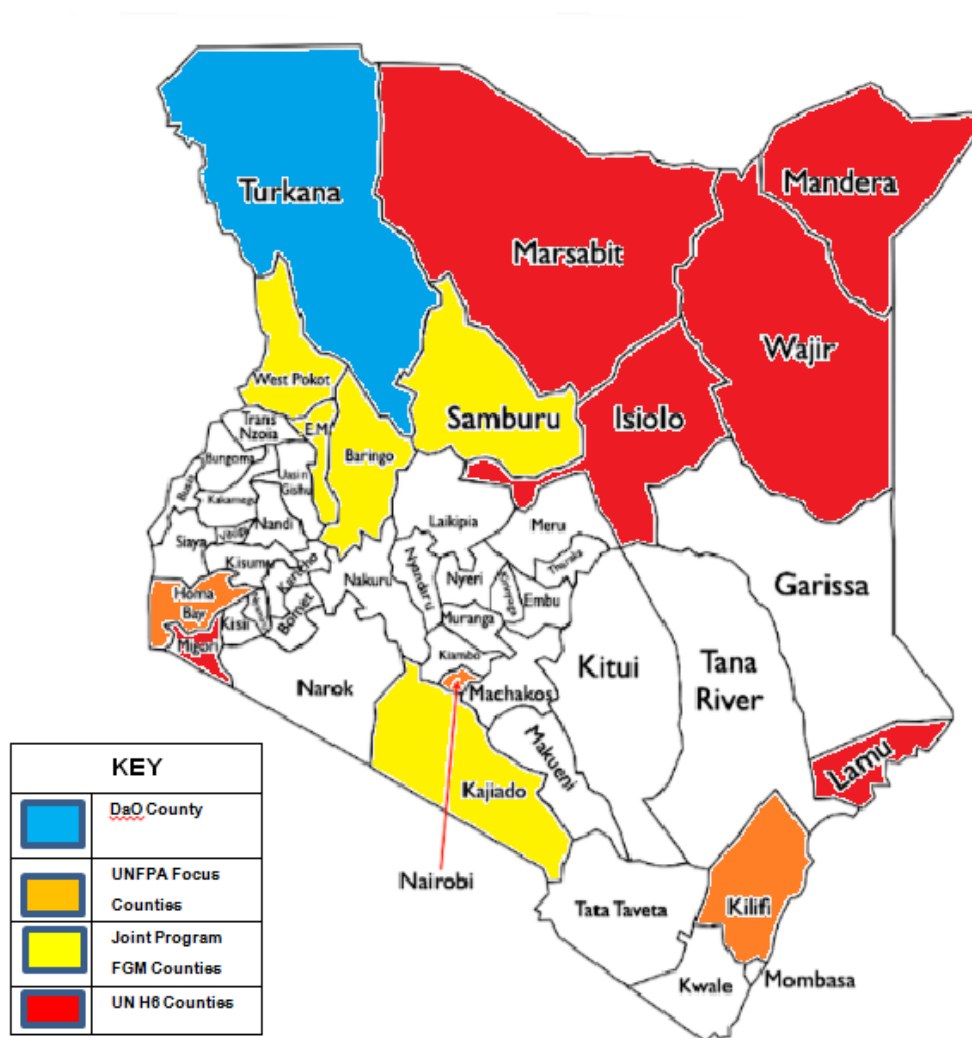
The eighth country programme, 2014-2018, was formulated in a participatory manner through multi-stakeholder consultations under the leadership of the Government. The programme is being implemented in collaboration with other United Nations organizations within the framework of 'delivering as one', as well as development partners, non-governmental organizations and private sector institutions.

The country programme contributes to the four UNFPA strategic plan outcomes, 2014-2017, focusing together on the achievement of universal access to sexual and reproductive health and rights. In order to sustain gains achieved during the previous country programme, the programme, in collaboration with other United Nations organizations, supports advocacy for policy implementation and targeted interventions in three of the 47 counties (Homabay, Kilifi and Nairobi in Kasarani sub-county). The programme adheres to

¹ **M-Pesa** (M for mobile, pesa is Swahili for money) is a mobile phone-based money transfer, financing and microfinancing service, launched in 2007 by Vodafone for Safaricom and Vodacom, the largest mobile network operators in Kenya and Tanzania.

the five United Nations programming principles and uses four programming strategies at the national and sub-county levels: (a) advocacy and policy dialogue/advice, particularly in the 15 counties with the highest burden of maternal mortality; (b) knowledge management; (c) capacity development; and (d) service delivery. The programme focuses on adolescents and youth, and women's reproductive health, and is underpinned by human rights, gender equality and population dynamics to deliver on five outputs in line with the cluster approach.

UNFPA KENYA INTERVENTION COUNTIES



The 8th country programme was designed to contribute to national priorities through 4 outcomes of the UNFPA strategic plan 2014-2017, namely:

1. Sexual and reproductive health: 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.

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.

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.

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

The programme was focused on adolescents and youth, and women's reproductive health, underpinned by human rights, gender equality and population dynamics to deliver the following outputs:

1. National and county institutions have capacity to deliver comprehensive integrated maternal and newborn health and HIV prevention services, including in humanitarian settings (*Sexual and reproductive health*)
2. National and county institutions have capacity to create demand and provide family planning services (*Sexual and reproductive health*)
3. Increased accessibility of comprehensive sexual and reproductive health information and services for young people at national and county levels (*Adolescents and youth*)
4. National and county institutions have capacity to coordinate and implement compliance of obligations on gender-based violence, reproductive health rights and harmful cultural practices (*Gender equality and women's empowerment*)
5. National and county institutions have capacity to generate and avail evidence for advocacy, planning, implementation, monitoring and evaluation of population-related policies and programmes (*Population dynamics*).

4. Objectives and Scope of the Evaluation

The overall **objectives** of the 8th Country Programme Evaluation are:

- (i) to assess the relevance and contribution of the CP to national development results,
- (ii) to enhance accountability of UNFPA and the Kenya Country Office; and
- (iii) to generate a set of clear forward-looking and actionable recommendations logically linked to the findings and conclusions. These recommendations will include specific guidance on the development of the 9th country programme.

Specifically, the CPE aims to:

- (i) To provide an independent assessment of the progress of the programme towards achieving the expected outputs and outcomes set forth in the results framework of the country programme document;
- (ii) To provide an assessment of the Kenya country office's positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results;
- (iii) 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;
- (iv) To assess the country office monitoring and evaluation system; and

Scope of the Evaluation

The evaluation will cover interventions planned and/or implemented within the current country programme during the period 2014-2017. The evaluation will cover all/the following counties where UNFPA implemented interventions: Homa Bay, Kilifi and Nairobi (Kasarani sub-county, now known as Ruaraka). The evaluation will also tap into the evaluation of the trust fund project “Improving Maternal and Newborn Outcomes in Six high burden maternal mortality counties in Kenya” that is expected to take place in 2017. This RMNCAH Project has been implemented in 6 Counties, namely Migori, Isiolo, Wajir, Marsabit, Lamu and Mandera in 2015 and 2016.

The evaluation will cover the technical areas of the CP, namely Sexual and Reproductive Health, Gender Equality and Population Dynamics. In addition, the evaluation will cover cross-cutting aspects such as human rights based approach, gender mainstreaming, coordination, monitoring and evaluation, and partnerships.

- a. Reproductive health with emphasis on:
 - ✚ the supply chain, availability of commodities at service delivery points level,
 - ✚ capacity development for provision of SRH services as well as creation of demand for these services with an emphasis on Family planning services for adolescents girls,
- b. Safeguarding young people including adolescents sexual and reproductive health
- c. Gender, covering aspects of improving a policy environment and building capacities for gender based violence prevention and management
- d. Population and Development, looking at aspects of ensuring availability of disaggregated data, availability and use of evidence for programming and status of population dimension integration in key development policies, plans and frameworks develop during the period under review

5. Evaluation Criteria and Evaluation Questions

In accordance with the methodology for CPEs as set out in the UNFPA Evaluation Office Handbook on How to Design and Conduct Country Programme Evaluations (2013) the evaluation will be based on a number of questions. The evaluators will assess the relevance of the UNFPA country programme including the capacity of the CO to respond to the country needs and challenges. The evaluators will also assess progress in the achievement of outputs and outcomes against what was planned (effectiveness) in the country programme results and resources framework (RRF) as well as efficiency of interventions in terms of human as well as financial resources and timing concerned and sustainability of results. The indicative questions based on the above four main components are given below:

Relevance	To both national priorities and UNFPA policies and strategies, and how they address different and changing national contexts.
Effectiveness	The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes.
Efficiency	In terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results
Sustainability	The extent to which the benefits from UNFPA support are likely to continue, after it has been completed

Added value	The extent to which the UNFPA support adds benefits to the results from other development actors' interventions
Strategic Alignment (Corporate Dimension)	The extent which UNFPA has contributed to the coordination mechanism of the United Nations Country Team, the extent to which the Country Programme is aligned to the UNDAF in the country; and the extent to which the UNFPA Country Office is coordinating with other UN agencies in the country, particularly in the event of potential overlaps.
Responsiveness	The extent to which the CP has the ability to respond to shift in focus in response to external socio-political factors and changes and/or additional requests from national counterparts.

The indicative evaluation questions are the following:

Relevance

1. To what extent is the country programme adapted to: national needs and policies; priorities of the programme stakeholders and target groups; the goals of the ICPD Programme of Action, MDGs and SDGs, and the strategies of UNFPA?

Effectiveness

1. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
2. To what extent has the programme integrated gender and human rights based approaches?

Efficiency

1. To what extent has UNFPA made good use of its human, financial and technical resources to pursue the achievement of the outcomes defined in the county programme?

Sustainability

1. To what extent have UNFPA supported interventions contributed to the development of capacities of its partners?
2. To what extent have the partnerships established by UNFPA promoted the national ownership of supported interventions, programmes and policies?

Added value

1. What are the main comparative strengths of UNFPA in Kenya, and how are these perceived by the national and international stakeholders?
2. To what extent has UNFPA support enabled the different partners (including MDAs, NGOs, communities) improve service delivery or potential to offer services or access to services?

Strategic Alignment (Corporate Dimension)

1. To what extent is the UNFPA Country Office coordinating with other UN agencies in the country, particularly in the event of potential overlaps?

Responsiveness

1. To what extent has the country office been able to respond to changes in national needs and priorities caused or to shifts caused by major political change? What was the quality of the response?

The final evaluation questions and the evaluation matrix will be finalized by the evaluation team in the design report.

6. Methodology and Approach

6.1. Approach

The evaluation will use a theory-based approach. The evaluation team will be expected to reconstruct and understand the logic behind the country programme interventions for the period under evaluation from planning documents and represent it in a diagram to be presented inception report. The Theory of Change (ToC) reflects the conceptual and programmatic approach taken by UNFPA over the period under evaluation including the most important implicit assumptions underlying the change pathway. The evaluation team will be expected to reconstruct the logic behind the country programme interventions for the period under evaluation from planning documents and represent it in a diagram to be presented in the inception report. The ToC will include the types of intervention strategies or modes of engagement used in program delivery, the principles/guiding interventions, the elements of the intervention logic, the type a level of expected changes and the external factors and influence and determine the causal links depicted in the theory of change diagram. The ToC will be tested during the field and data collection phase.

The evaluation team should use a mixed-method approach including document review, group and individual interviews, focus group discussions, observations and field visits as appropriate. Quantitative methods will encompass compiling and analyzing quantitative secondary data through relevant reports, financial data, and indicator data. Quantitative data will be used to assess trends in programming, investment and outcomes. This information will be complemented by qualitative methods for data collection consisting of document review, interviews, focus group discussions and observations through field visits.

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

- a) Responds to the needs of users and their intended use of the evaluation results;
- b) Integrates gender and human rights principles throughout the evaluation process, including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible;

- c) Utilize both quantitative and qualitative data collection and analysis methods that can provide credible information about the extent of results and benefits of support for particular groups of stakeholders.

The country programme evaluation will be carried out in accordance with the UNFPA Evaluation Policy. The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise. The evaluation will also follow the guidance on the integration of gender equality and human rights as established in the UNEG guidance document “Integrating Human Rights and Gender Equality in Evaluations”².

The evaluation will adopt an inclusive and participatory approach, involving a broad range of partners and stakeholders at both national and sub-national levels. The evaluation will ensure the participation of women, girls and youth in particular those from vulnerable groups of targeted populations.

The evaluation team should perform a stakeholder mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). The stakeholders may include representatives from the government, civil society organizations, the private-sector, UNFPA, peer UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

6.2. Methodology

During the design/inception stage, the evaluation team will conduct a comprehensive desk review to define the evaluation design, including data collection and analysis methods and required tools. The proposed methodology is to be outlined in the Design Report prepared by the evaluation team with inputs from the Evaluation Reference Group (ERG).

Data Collection

Data will be collected via multiple approaches including documentary review, group and individual interviews, focus groups and field visits as appropriate. The evaluation will consider both secondary and primary sources for data collection. Secondary sources are used in the desk review which will focus primarily on programme reviews, progress reports, monitoring data gathered by the country office in each of the programme components, evaluation and research studies conducted and large scale and other relevant data systems in - country. Primary data collection will include semi-structured interviews at national and subnational level with government officials, representatives of implementing partners and civil society organizations and other key informants. Field visits will be conducted on sample basis during which focus group discussions will be conducted with beneficiaries and observations will provide additional primary data. Data is to be disaggregated by sex, age and location, where possible.

² See annexes for more information on these documents and guidelines.

Data collection methods must be linked to the evaluation criteria, evaluation questions and assumptions that are included within the scope of the evaluation. The evaluation matrix³ will be utilized to link these elements together.

The evaluation team is expected to spend 3 weeks in Kenya meeting with stakeholders at national and sub-national levels. The proposed field visit sites and stakeholders to be engaged should be outlined in the inception report together with interview protocols to be submitted by the evaluation team. When choosing sites to visit, the evaluation team should make explicit the reasons for selection. The choice of the locations to visit at sub-national level needs to take into consideration the implementation of UNFPA's program components in those areas and be taken in consultation with the evaluation manager and ERG.

Data Analysis

The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use a variety of both quantitative and qualitative methods to ensure that the results of the data analysis are credible and evidence-based. The analysis will be made at the level of programme outputs and corresponding components and their contribution to outcome level changes.

Evaluation questions set within the change pathway of the ToC will be tested to assess where change has taken place. In the process, the evaluation will assess UNFPA's contribution to the change observed over the years. The reconstructed ToC and the assumptions therein will be tested during the conduct of the evaluation. Judgment will be based on data responding to the indicators set forward in the evaluation matrix. By triangulating all data from all sources and methods, a comprehensive picture should emerge on the validity of the reconstructed ToC, and UNFPA's contribution to the change observed.

Validation mechanisms

All findings of the evaluation need to be supported with evidence. The evaluation team should use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools; the validation of data will be sought through regular exchanges with the UNFPA Kenya Country Office programme managers and other key program stakeholders. Data validation will, moreover, include a validation workshop at the end of the field phase with members of the ERG and other key stakeholders.

Limitations to the methodology

The evaluation team will identify possible limitations and constraints during the data collection phase and present mitigating measures to address them in the inception report.

7. Evaluation Process

³ The evaluation matrix specifies the evaluation; the particular assumptions to be assessed under each question; the indicators, the "sources of information" (where to look for information) that will be used to answer the questions; and the methods and tools for data collection that will be applied to retrieve the data. The evaluation matrix must be included in the design report as an annex. During the field phase, the matrix will be used as a reference framework to check that all evaluation questions are being answered. At the end of the field phase, evaluators will use the matrix to verify that enough evidence has been collected to answer all the evaluation questions. The evaluation matrix must be included in the final report as an annex.

The evaluation will unfold in five phases, each of them including several steps. Quality assurance measures should be integrated in all the phases to ensure high quality work.

i) Preparatory Phase

This phase will include:

- Preparation and approval of the Terms of Reference (ToR)
- Constitution of the reference group for the evaluation (ERG)
- Selection, prequalification and hiring of the evaluation team
- Collection of relevant documents regarding the country programme for the period being examined
- A stakeholder map – the Evaluation Manager will prepare a preliminary mapping of stakeholders relevant to the evaluation (to be provided to the evaluation team)

ii) Design Phase

During this phase, the evaluation team will complete:

- A document review of all relevant documents available at the UNFPA Kenya Country Office and UNFPA Headquarters regarding the GoK/UNFPA 8th country programme (2014-2018);
- A stakeholder mapping – The evaluation team, in consultation with the evaluation reference group, will prepare a mapping of stakeholders relevant to the evaluation making use of the initial overview provided by the country office. The mapping exercise will include state, civil society and other relevant stakeholders and will indicate the relationships between different sets of stakeholders;
- Assess limitations to the data collection probes and provide mitigation measures.
- An analysis of the results matrix and reconstruction of the intervention logic of the programme i.e. the theory of change meant to lead from planned activities to the intended results of the programme;
- The finalization of the list of evaluation questions;
- Preparation of the evaluation matrix
- The development of a data collection and analysis strategy, as well as a concrete work plan for the field phase

At the end of the design phase, the evaluation team will produce a **design report**, displaying the results of the above-listed steps and tasks⁴. An **evaluation matrix** will accompany the design report, and display the core elements of the evaluation: a) *what* to be evaluated (evaluation criteria, questions and assumptions) and b) *how* to evaluate – the sources of information and methods and tools for data collection.

iii) Field Phase

The evaluation team will undertake a three-week in-country mission to collect and analyze the data required in order to answer the evaluation questions consolidated at the design phase. Field work will start with a briefing to CO staff on the evaluation.

At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

⁴ For the design report template, see annexes.

iv) Reporting Phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a **first draft of the final evaluation report**⁵, taking into account comments made by the Country Office at the debriefing meeting. This first draft final report will be submitted to the Evaluation Reference Group for comments (in writing) while respecting the independence of the evaluation team in expressing its judgment. The Evaluation Manager in coordination with the Regional M&E advisor will use the Evaluation Quality Assessment Grid⁶ to assess the quality of the draft evaluation report.

Comments made by the reference group, and consolidated by the Evaluation Manager will then allow the evaluation team to prepare a **second draft of the final evaluation report**. This second draft report will form the basis of a validation and dissemination seminar, which should be attended by the country office, as well as all the key programme stakeholders (including key national counterparts).

The **final report** will be drafted shortly after the seminar, taking into account comments made by the participants.

v) Management response and follow up

The Reporting Phase closes with the three-stage evaluation quality assessment (EQA) of the final evaluation report. The EQA process involves: (a) a quality assessment of the final evaluation report by the CO evaluation manager; (b) a quality assessment by the regional monitoring and evaluation adviser; (c) a final independent quality assessment by the Evaluation Office.

During this phase, the country office will prepare a management response⁷ to the evaluation.

The final evaluation report, along with the management response, and EQA of the report will be published in the UNFPA evaluation database. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

8. Expected Outputs/deliverables

The evaluation will be expected to produce the following deliverables:

- A design/inception report including (as a minimum): (a) a stakeholder mapping; (b) the evaluation matrix (including the final list of evaluation questions and indicators); (c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase;
- Debriefing presentation documents (Power Point) synthesizing the evaluation design and later on, main preliminary findings, conclusions and recommendations of the evaluation, to be presented

⁵ The evaluation report template is outlined in the annexes.

⁶ See annexes

⁷ See annexes

and discussed with the country office during the debriefing meeting foreseen at the end of the field phase;

- A final evaluation report (potentially followed by a second draft, taking into account comments from the evaluation reference group);
- A PowerPoint presentation of the results of the evaluation for the validation and dissemination seminar
- A final report, based on recommendations from the validation and dissemination seminar.

9. Workplan/Indicative Timeframe

CPE Phase and Task	January				February				March				April				May				June			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Preparatory Phase																								
Drafting of the Terms of Reference	■	■																						
Review and approval of Terms of Reference by ESARO and EO			■	■	■	■																		
Pre-qualification of consultants							■	■																
Recruitment of the evaluation team										■	■													
Design Phase																								
Evaluation Reference Group (ERG) meeting											■													
Understanding of the UNFPA strategic response, programmatic response												■												
Submission of design/inception report by the evaluation team													■											
Field Phase																								
Data collection, analysis and debriefing														■	■	■								
Reporting phase																								
1 st draft final report																					■			
ERG meeting																					■			
Feedback to draft report																						■		
2 nd draft final report																							■	
Feedback on 2 nd draft final report																							■	
Final report																							■	
Dissemination and management response																								

- A gender expert (Consultant) will provide expertise in gender equality issues (women and adolescents reproductive rights, prevention of discrimination and violence against women, etc). She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to the national context and gender equality.

11. Qualifications and Experience of the Evaluation Team

Team Leader

- An advanced degree in Social Sciences, Population Studies, Statistics or Demography.
- 10 years' experience in conducting complex evaluations in the field of development aid for UN agencies and/or other international organizations including experience in leading evaluations
- Substantive knowledge of sexual and reproductive health, population and development and gender equality
- Good knowledge of Kenya's national development context
- In-depth knowledge of evaluation methods, data collection and analysis
- Excellent data analysis skills in qualitative and quantitative methods;
- Experience in carrying out country programme evaluations
- Familiarity with UNFPA or UN operations;
- Proven evaluation team leader experience
- Excellent analytical, writing and communication skills
- Experience working with a multi-disciplinary team of experts
- Excellent written and spoken English
- Where languages other than English (Kiswahili), will be used the team leader will be assisted by subject matter experts, during the field phase for the conduct of the evaluation."

Sexual and reproductive health expert

- An advanced degree in Medicine, Health Economics, Epidemiology or Biostatistics.
- Specialization in public health;
- 7 years' experience in conducting evaluations in the field of development aid for UN agencies and/or other international organizations;
- Substantive knowledge of sexual and reproductive health as a thematic area
- Good knowledge of the national development context
- Knowledge of evaluation methods, data collection and analysis
- Excellent data analysis skills in qualitative and quantitative methods.
- Familiarity with UNFPA or UN operations;
- Excellent analytical, writing and communication skills
- Experience of operations and response to humanitarian/crisis an advantage
- Ability to work with a multi-disciplinary team of experts
- Ability to provide deliverables on time
- Excellent written and spoken English Language skills and spoken Kiswahili Language skills.
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Population expert

- An advanced degree in Population studies, Statistics or Demography.

- 7 years' experience in conducting evaluations in the field of development aid for UN agencies and/or other international organizations;
- Substantive knowledge of Population and development as a thematic area
- Good knowledge of the national development context
- Knowledge of evaluation methods, data collection and analysis
- Excellent data analysis skills in qualitative and quantitative methods.
- Familiarity with UNFPA or UN operations;
- Excellent analytical, writing and communication skills
- Experience of operations and response to humanitarian/crisis an advantage
- Ability to work with a multi-disciplinary team of experts
- Ability to provide deliverables on time
- Excellent written and spoken English Language skills and spoken Kiswahili Language skills.

Gender and Development expert

- An advanced degree in Gender and Development, Sociology, Social Work.
- 7 years' experience in conducting evaluations in the field of development aid for UN agencies and/or other international organizations;
- Substantive knowledge of Gender Equality as a thematic area
- Good knowledge of the national development context
- Knowledge of evaluation methods, data collection and analysis
- Excellent data analysis skills in qualitative and quantitative methods.
- Familiarity with UNFPA or UN operations;
- Experience of operations and response to humanitarian/crisis an advantage
- Ability to work with a multi-disciplinary team of experts
- Ability to provide deliverables on time
- Excellent written and spoken English Language skills and spoken Kiswahili Language skills.

12. Remuneration and duration of the contract

Repartition of workdays among the team of experts will be the following:

	Team Leader	SRH Expert	Population Expert	Gender Equality Expert
Design phase	8	3	3	3
Field phase	21	21	21	21
Reporting phase	21	10	10	10

Dissemination including stakeholder meeting	1	1	1	1
TOTAL (days)	50	35	35	35

The consultants will be paid an agreed daily rate within the UN consultants scale based on qualification and experience. Workdays will be distributed between the date of contract signature and end date of evaluation.

Payment fees will be based on the delivery of outputs, as follows:

- Upon approval of the design report; 20%
- Upon satisfactory contribution to the draft final evaluation report; 40%
- Upon satisfactory contribution to the final evaluation report; 40%

Daily subsistence allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultancy fees.

13. Management of the evaluation

The CPE will be conducted by the evaluation team and overall managed by the **Evaluation Manager** of the UNFPA Kenya CO. The evaluation manager will oversee the entire process of the evaluation, from its preparation to the dissemination of the final evaluation report and manage the interaction between the team of evaluators and the reference group. He will serve as an interlocutor between evaluation team and the ERG and facilitate and provide general and logistical support as needed for the evaluation. The evaluation manager will ensure the quality control of deliverables submitted by the evaluation team throughout the evaluation process, communicate this through the EQA process in collaboration with the ESARO M&E advisor and prevent any attempts to compromise the independence of the team of evaluators during the evaluation process.

As per UNFPA's evaluation handbook an **Evaluation Reference Group** (ERG) will be put in place and be tasked to provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise.

The reference group will be composed of the evaluation manager and other relevant representatives from the UNFPA country office in Kenya, the National Council for Population and Development (NCPD), Ministry of Health, State Department of Gender Affairs, Population Studies and Research Institute (PSRI), Federation of Women Lawyers (FIDA-Kenya), the UNFPA ESARO. The main functions of the reference group will be:

- To discuss the terms of reference drawn up by the Evaluation Manager;
- To provide the evaluation team with relevant information and documentation on the programme;
- To facilitate the access of the evaluation team to key informants during the field phase;
- To discuss the reports produced by the evaluation team;
- To advise on the quality of the work done by the evaluation team;

- To assist in feedback of the findings, conclusion and recommendations from the evaluation into future programme design and implementation.

The roles and responsibilities of the **Regional M&E advisor** are:

- Provides support (backstopping) to evaluation manager at all stages of the evaluation;
- Reviews and provides comments to the ToR for the evaluation;
- Assists the CO evaluation manager in identifying potential candidates and reviews the summary assessment table for consultants prior to it being sent to the EO;
- Undertakes the EQA of the draft final evaluation report;
- Provides support to the dissemination of evaluation results.

The roles and responsibilities of the **HQ Evaluation Office** are:

- Approves ToR for the evaluation after the review and comments by the regional M&E adviser (to be included in the draft ToR sent to the EO);
- Pre-qualifies consultants;
- Undertakes final EQA of the evaluation report;
- Publishes final report, EQA and management response in the evaluation database.









14. Bibliography and Resources

The following documents will be provided to the consultants at the beginning of the evaluation

1. UNFPA Strategic Plan (2014-2017)
2. UNFPA Strategic Business Plan
3. Kenya Country Office Annual Results Plans (2014, 2015, 2016)
4. Kenya Common Country Complementary Analysis
5. Kenya UNDAF (2014-2018)
6. GOK/UNFPA 8th Country Programme Document (2014-2018)
7. Relevant national policy documents for each programmatic area
8. Kenya Vision 2030, MTP II
9. UNFPA Kenya Resource Mobilization Strategy (2014 – 2018)
10. Implementing Partner and KCO Work plans
11. Implementing Partner Progress (Work plan) Reports
12. Country Office Annual Reports (COARs)
13. Improving Maternal and Newborn Outcomes in Six High Burden Maternal Mortality Counties in Kenya – Project Document
14. Joint Programme Documents
15. Reports on core and non-core resources
16. Table with the list of Atlas projects
17. GOK/UNFPA 7TH Country Programme Evaluation Report
18. Joint Evaluation of Joint Gender Programmes in the UN System –Kenya Summary Case Study Report, 2013
19. Evaluation of UNFPA support to population and housing census data to inform decision-making and policy formulation - Kenya Country Case Study Report - 2015

20. UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C): Accelerating Change - Kenya Country Case Study Report - 2013
21. UNFPA Support to Maternal Health (2000-2011) - Kenya Country Case Study, 2012
22. Evaluation of the Gender Based Violence Information Management System (GBVIMS), 2014
23. Mid Term Review of the Kenya United Nations Development Assistance Framework (UNDAF) 2014-2018, 2016
24. Mid Term Review of the Kenya Health Sector Strategic and Investment Plan (KHSSP, July 2014-2018)
25. NEX audit reports (2014, 2015, 2016) and SPOT Checks Reports (2016)
26. GoK/ UNFPA 8th Country Programme Needs Assessment Report (2014-2018)
27. Assessment and documentation of UNFPA's Advocacy Campaign to End Preventable Maternal Mortality in 15 Counties with the Highest Burden of Maternal Mortality in Kenya (2016).
28. UNFPA 8th Country Programme Media and Communication assets (incl website, OpEds etc).
29. Quarterly workplan monitoring visits reports for all Implementing Partners in all the programmatic areas
30. Macro and Micro assessment reports of Implementing Partners
31. MDG country reports
32. Documentation regarding joint programmes
33. Documentation regarding joint working groups, corresponding meeting agendas and minutes
34. Documentation on donor coordination mechanisms:
 - ✚ List of donor coordination groups in which UNFPA participates
 - ✚ Corresponding meeting agendas and minutes
 - ✚ Co-financing agreements and amendments
35. Handbook on 'How to Design and Conduct a Country Programme Evaluation at UNFPA'
36. UNEG Code of Conduct (2008)
37. UNEG Ethical guidelines (2008)\
38. UNEG Guidance document – Integrating Human Rights and Gender Equality in Evaluations (2014)
- 39.** UNEG Norms and Standards (2016)

ANNEXES

1.	Ethical Code of Conduct of UNEG/ UNFPA Evaluations	 Ethical Code of Conduct for UNEG.do
2.	List of Atlas projects for the period under evaluation	 Template 3- List of Atlas Projects by CPAI
3.	Information on main stakeholders by areas of interventions	 Tool 4 - Stakeholders Mapping Table.docx
4.	Short outlines of the design and final evaluation reports	 Template 8- The Design Report Structu
		 Template 10- Structure of Final Rep
5.	Evaluation Quality Assessment template and explanatory note	 Template 13-Evaluation Quality
6.	Management response template	 Team Central Management Respon:
7.	Evaluation Matrix Template	 Template 5-The Evaluation Matrix.docx