**Terms of Reference**

**UK ISF Project “Strengthening prevention and response to violence against women and girls in Central Asia” 2022 - 2025**

**Project Evaluation**

 **January 2025**

**Contents**

[1. Introduction 3](#_heading=h.2grqrue)

[2. Regional Context 4](#_heading=h.vx1227)

[3. UK ISF Project 5](#_heading=h.3fwokq0)

[4. Evaluation Purpose, Objectives and Scope 15](#_heading=h.1v1yuxt)

[4.1. Purpose 15](#_heading=h.4f1mdlm)

[4.2. Objectives 15](#_heading=h.2u6wntf)

[4.3. Scope 16](#_heading=h.19c6y18)

[5. Evaluation Criteria and Preliminary Evaluation Questions 16](#_heading=h.3tbugp1)

[5.1. Evaluation Criteria 16](#_heading=h.28h4qwu)

[5.2. Preliminary Evaluation Questions 17](#_heading=h.nmf14n)

[6. Approach and Methodology 18](#_heading=h.37m2jsg)

[6.1. Evaluation Approach 18](#_heading=h.1mrcu09)

[6.2. Methodology 19](#_heading=h.111kx3o)

[7. Evaluation Process 21](#_heading=h.4k668n3)

[8. Expected Deliverables 24](#_heading=h.3ygebqi)

[9. Quality Assurance and Assessment 25](#_heading=h.2dlolyb)

[10. Indicative Timeframe and Work Plan 26](#_heading=h.qh2fcyzhmvjj)

[11. Management of the Evaluation 29](#_heading=h.3cqmetx)

[12. Composition of the Evaluation Team 30](#_heading=h.1rvwp1q)

[12.1. Roles and Responsibilities of the Evaluation Team 30](#_heading=h.4bvk7pj)

[12.2. Qualifications and Experience of the Evaluation Team 31](#_heading=h.2r0uhxc)

[13. Budget and Payment Modalities 32](#_heading=h.1664s55)

[14. Bibliography and Resources 32](#_heading=h.3q5sasy)

[15. Annexes 33](#_heading=h.25b2l0r)

# Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”.[[1]](#footnote-1)

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

The evaluation will be implemented in line with the [UNFPA Evaluation Handbook](https://docs.google.com/document/u/0/d/1wJMaM2jWzRFpLXnD1PX4ih0cvpHTowdN/edit). The Handbook provides practical guidance for managing and conducting evaluations 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.[[2]](#footnote-2) It offers 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 links to 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 evaluators, the Evaluation manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Kazakhstan COs; (ii) the Government of the United Kingdom (UK ISF project team); (iii) implementing partners of the UNFPA Kazakhstan CO. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) the United Nations Country Team (UNCT), (iv) academia; and (v) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the UK ISF Project Coordinator who will act as a Evaluation manager within the UNFPA Kazakhstan CO, and in consultation with the Focal Points in UNFPA Offices in Central Asia and 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 these terms of reference and the detailed guidance in the Handbook.

# Regional Context (Central Asia)

According to the UN data, 1 in 3 women and girls in CA have experienced violence at some point in their lives. There appears to be a growing trend toward “re-traditionalization,” characterized by the reinforcement of regressive gender stereotypes increased social acceptance of GBV, and the stigmatization of discussions around contraception and sexual health. The 2023 UNDP Gender Social Norms Index reveals alarming levels of gender bias: biased attitudes in Kazakhstan (93,23%), Kyrgyzstan (98,2%), and Tajikistan (99,92%). In Tajikistan, 97,5% of respondents justify violence against women, followed by Kyrgyzstan (90,18%), and Kazakhstan (72,56%). In Uzbekistan according to the 2022 Multi-Indicator Cluster Survey, approximately 40% of women aged 15 to 49 justify wife-beating for reasons such as leaving the house without informing their husbands. In Turkmenistan 58.4 %of women aged 15-49 years (MICS, 2019) justify violence against women due to the established traditional gender roles of women in a family and society compared.

**Kazakhstan**

Since 2020, Kazakhstan’s gender indicators have been improving in international rankings. In 2023 Kazakhstan ranked 62nd out of 146 countries in the World Economic Forum’s Global Gender Gap Index. Significant progress has been made in the area of education (63rd ranking in 2020 and 27th in 2023), 27 position up in health and survival subindexes (74th in 2020 vs 47th in 2023), as well as positive uptrends in the area of economic participation and opportunities (37th in 2020 vs 28th in 2023). The political participation position, however, has remained relatively unchanged (106th in 2020 vs 100th in 2023).

In 2021 Kazakhstan also ranked 41st out of 191 countries (44th out of 162 countries in 2020) in the Gender Inequality Index (0.161). The index assesses the degree of gender inequality across three dimensions - reproductive health, impact and economic opportunity, and women’s participation in the labour market. Furthermore, although the value of the Gender Development Index for Kazakhstan slightly decreased from 1.003 in 2020 to 0.998 in 2021, Kazakhstan is in the 1st group of countries in the Human Development Index with very high equality between men and women.

According to the national survey on violence against women in Kazakhstan (2016) about 17% of women aged 18-75 years, who has ever had a partner, experienced physical and / or sexual violence by an intimate partner; every fifth (21%) of the woman experienced psychological violence from the intimate partner during her life. Half of the women who experienced physical abuse by an intimate partner reported severe forms of physical violence, rather than only moderate forms, every third (33%) woman has experienced at least once in her life a manifestation of controlling behavior on the part of the partner.

According to the 2015 MICS 14.2% of women believe that a husband/partner may hit or bit his wife/partner in at least of one of the five given situations, such as, if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses sex with him, if she burns the food.

**Kyrgyzstan**

Kyrgyzstan's commitment to gender equality and the GBV eradication is evident, particularly through legislative reforms and initiatives. In 2017, Kyrgyzstan revised its Law on Domestic Violence, accompanied by updates to the Criminal Code and Criminal Procedure Code in 2021.

The Cabinet of Ministers of the Kyrgyz Republic approved a policy paper on eradication of violence and harassment in the world of work. The Cabinet of Ministers of the Kyrgyz Republic, by its order, approved the conclusion to Convention No. 190 of the International Labor Organization, which is aimed at ensuring safety and equality in the workplace, preventing violence and harassment, and creating conditions for fairer and safer labor relations. This decision is an important step towards subsequent ratification and is the result of four years of hard work by the Ministry of Labour, Social Security and Migration, other government bodies, trade unions and the CSOs.

UNFPA jointly with the CSOs and government counterparts succeeded to integrate the amendments to the Istanbul protocol and get approval from the Cabinet of Ministers of Kyrgyz Republic. On September 13, 2024, the Resolution of the Cabinet of Ministers No. 562 was signed to approve the Istanbul Protocol. The Istanbul Protocol is a landmark document in the field of human rights. Officially known as the Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, it serves as a set of international guidelines for the assessment of persons who allege torture and ill-treatment.

In August 2024, Kyrgyz Republic adopted the Law on correctional program. UNFPA jointly with development partners and national counterparts have been advocating the adoption of the law since 2019 with adequate funding. Despite the progress in legislation, there are challenges in implementation of the program and lack of government capacity and expertise. Continued efforts and collaboration with various stakeholders will be crucial for achieving meaningful and sustainable reforms in the correctional system. UNFPA will continue supporting the Government to coordinate and integrate MSR to the correctional program.

**Tajikistan**

Tajikistan's journey toward combating GBV and gender equality presents a complex blend of challenges and progress. Tajikistan has made progress by enacting the Law on Equality and Elimination of All Forms of Discrimination, a significant advancement for human rights protection. However, concerns remain regarding the law's scope and effectiveness, particularly in addressing discrimination based on circumstances not explicitly outlined in the legislation. Efforts to strengthen legal protections and ensure comprehensive support for survivors of gender-based violence and discrimination are ongoing priorities for Tajikistan's government. While the Tajik Criminal Code addresses some forms of violence against women and children, such as kidnapping, early and forced marriage, rape, and sexual abuse, it does not cover all forms, thereby limiting the scope of legal protection available. Additionally, although Tajikistan introduced the Law on the Prevention of Domestic Violence yet in 2023, challenges persist in effectively implementing the law and providing adequate support to survivors, both psychologically and legally. Furthermore, there are notable deficiencies in preventing workplace harassment, with insufficient legal support in this area.

Overall, despite some progress, Tajikistan continues to face significant challenges in achieving gender equality. The 2023 Global Gender Gap Index shows only a marginal improvement in Tajikistan's ranking, moving from 114th place in 2022 to 111th in 2023, highlighting ongoing concerns. UN Women reports that women in Tajikistan encounter significant obstacles, particularly concerning sexual and reproductive health and rights. Furthermore, studies reveal that domestic violence remains alarmingly prevalent, affecting a substantial portion of the women’s population, ranging from one-third to one-half of women in the country.

In June 2024, the President of the Republic of Tajikistan signed the revised version of the Law on Prevention of Domestic Violence (from 2013). The revisions to the Law were proposed by the Parliamentarian working group in collaboration with UNFPA and approved by line ministries and agencies. The recommendations proposed by the various interagency working groups, CSOs and national gender experts were taken into account during the formulation of the initial amendments. The working group was supported by regular resources of UNFPA within the strategic cooperation with Parliament of the Republic of Tajikistan.

In December 2024, Tajikistan submitted its Mid-term Report on the Implementation of Recommendations of the Member States of the UN Human Rights Council, Adopted within the Framework of the Universal Periodic Review of the Republic of Tajikistan (Third Cycle). From CSOs side, the NGO - Bureau of Human Rights and Rule of Law conducted a midterm analysis of the implementation of the national action plan for the implementation of recommendations of member states of the United Nations Human Rights Council to the Republic of Tajikistan under the Universal Periodic Review procedure (third cycle) for 2023-2026. The midterm analysis was conducted within the framework of the project “Development of a draft Law on Probation”, implemented with the financial support of the OSCE Programme Office in Dushanbe.

Regarding the recommendations on ratification of the Convention on the Rights of Persons with Disabilities, both reports In Tajikistan highlight some progress towards promotion of the "National Action Plan for the ratification of the Convention on the Rights of Persons with Disabilities for 2020-2024" (NAP). This includes concluding awareness raising activities at educational facilities and community spaces on the rights of persons with disabilities (PwD); ensuring admission of people with disabilities to inclusive education in educational institutions at their place of residence with the aim of regulating the procedure for the admission of children with disabilities to education and ensuring favorable conditions; and promoting the fullest possible participation of persons with disabilities in sports events.

In regard to addressing GBV, the mid-term report noted that the Government of the Republic of Tajikistan adopted the Resolution “On the State Program for the Prevention of Domestic Violence in the Republic of Tajikistan for 2025–2030 and the Action Plan for its Implementation for 2025-2027.” On June 20, 2024, No. 2057, amendments and additions were made to the Law of the Republic of Tajikistan “On the Commissioner for Human Rights in the Republic of Tajikistan” related to the expansion of the powers of the Commissioner for Human Rights in the field of ensuring equality and eliminating discrimination.

**Turkmenistan**

Turkmenistan's efforts to address GBV and promote gender equality reflect a multifaceted journey marked by both obstacles and advancements. In line with its international commitments to advance gender equality, Turkmenistan has formulated two National Action Plans on Gender Equality (NAPGE) spanning from 2015 to 2025. These plans underscore the importance of addressing GBV and collecting relevant statistical data, alongside initiatives in legislation, reproductive health and rights, participation, education, and employment opportunities. However, challenges persist, particularly in the legislative framework, support mechanism for GBV survivors and data availability. While Turkmenistan's Civil and Criminal Codes cover various forms of violence, they lack a precise definition of gender discrimination and domestic violence. Also, the approval of sectoral GBV standards and standard operating procedures (SOPs) is still pending due to the lack of legislative framework to support their institutionalization. According to UN Women, only 20.6% of the necessary indicators for monitoring the SDGs from a gender perspective are currently accessible in Turkmenistan. Significant disparities persist in critical areas such as combating violence against women, addressing unpaid care and domestic work, and measuring essential labour market metrics, including the gender pay gap. Existing evidence shows that gender-based violence remains a sensitive issue at all levels. 58.4 %of women aged 15-49 years (MICS, 2019) justify violence against women due to the established traditional gender roles of women in a family and society. Only 42.2 per cent of women aged 15-49 years (married or in union) make informed decisions about sex, contraceptive use and reproductive health. UNFPA supported national survey on the prevalence of gender-based violence shows that 12 per cent of women aged 18-59 have been subjected to physical and/or sexual violence by a spouse or partner (2021).

Gender quotas are not implemented in either national or local legislative bodies. As of October 2023, the Parliament comprises 125 deputies, with 32 women members, constituting 25.6% of the total. The current Parliament Speaker and Secretary General are both women. Notably, the Speaker is recognized as the youngest globally. Within the Cabinet of Ministers, comprising 28 members, only two women hold ministerial positions: one serves as Deputy Chairperson, and the other as the Minister of Education.

At the same time, compared to other countries in Central Asia, there are signs of progress in certain areas. In Turkmenistan, the labour force participation rate among females was 47.4% in 2022, slightly higher than the 45% among males for the same period. Additionally, there has been progress in reducing maternal mortality, with the ratio improving from 26 in 2000 to 5 in 2020. However, in 2021, there were still 22 births per 1,000 girls aged 15-19 in Turkmenistan.

**Uzbekistan**

Uzbekistan has made significant progress on GEWE, but it's only halfway towards implementation. In September 2019, Uzbekistan enacted the Law on Guarantees of Equal Rights and Opportunities for Men and Women, which addresses both direct and indirect gender discrimination. This legislation reflects a firm commitment to combating gender-based discrimination and ensuring gender equality. Furthermore, Uzbekistan's Strategy for Achieving Gender Equality until 2030 provides a framework for the development of sectoral SOPs and referral pathways, though these await final approval. Despite the presence of sectoral protocols, coordination across different sectors is not always seamless. In 2023, the Senate of the Oliy Majlis of Uzbekistan approved amendments to the Criminal and Administrative Codes, establishing criminal liability for domestic violence and enhancing protection mechanisms for women and children. Moreover, Uzbekistan's Law on Violence (2019) lacks a clear definition of DV, and instances of violence against women are frequently not adequately investigated and prosecuted within the judicial system. Despite explicit commitments by the Uzbek government, alongside Kazakhstan, to advance the gender equality and women's empowerment (GEWE) agenda through initiatives like the Generation Equality Forum, including the proposed Regional Virtual Community of Practice, significant gaps persist. Like in other countries in the region, legislative documents and protocols often fail to adequately address the needs of victims/survivors with disabilities and other vulnerabilities, highlighting the necessity for a more inclusive approach.

Additionally, UN Women reports that only 40.2% of the indicators necessary to monitor the SDGs from a gender perspective are currently accessible in Uzbekistan. Significant gaps persist in crucial areas, notably in addressing violence against women, unpaid care and domestic work, and essential labour market indicators, including the gender pay gap.

The representation of women in politics in Uzbekistan demonstrates slight improvement compared to other countries in the region. The electoral code, initially adopted in 2019 and later amended through 2022, mandates that each political party nominate at least 30% of women candidates, consistent with the quota established in the 2004 Election Code. Within the Legislative Chamber, women hold precisely 30% of the seats, and a similar representation is observed in the Senate. Notably, a woman currently serves as the Speaker of the Senate. However, the gender balance in the Uzbekistan Cabinet of Ministers remains less favourable, with only two out of 27 members being women.

Despite some progress in women's representation in decision-making bodies, disparities in pay persist in Uzbekistan. On average, women earn 39% less than their male counterparts. In 2022, the labour force participation rate for women was 40%, significantly lower than the rate for men, which stood at 73.3%.

# UK ISF Project

The Government of the United Kingdom of Great Britain and Northern Ireland project “Strengthening prevention and response to violence against women and girls in Central Asia” (UK ISF Project/Project), was launched in 2019, is implemented in two phases, each including three years: 2019-2022 and 2022-2025.

The project focuses on strengthening prevention and response to violence against women and girls in Central Asia. This aims to be achieved through strengthened capacities of national and subnational authorities and other service providers to ensure a multi-stakeholder, coordinated, sustainable, human rights based and survivor- centered response to GBV in CA in development and humanitarian settings (Output 1); and through increased support to gender equality and non-tolerance to GBV by women and men and amongst religious leaders by addressing harmful social norms and practices (Output 2), the project will contribute to an improved protection and prevention of gender based violence and survivors access to services in the five CA countries and border areas (Outcome 1). At the impact level, the provision of multi-sectoral, survivor-centered inclusive GBV services to vulnerable women and girls including those with a disability, in five CA countries and cross-border areas in line with international standards and guidelines will be improved (Impact).

Since its launch, the ISF project has significantly improved provision of multi-sectoral survivor-centered inclusive GBV services for GBV survivors. This was achieved through policy and legislative improvements, the development and operationalization of SOPs, capacity building, setting up and scaling essential GBV services for women-survivors, as well as engagement of women, men, boys, religious leaders, sports athletes and media in in championing gender equality, GBV prevention and response. The project has also served as a catalyst for fostering and accelerating the progress and exchanges of experience between and among CA countries at all levels, including humanitarian settings.

The UNFPA COs deliver ISF project through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination. The **overall goal** of the

Project (Impact) is to ensure improved provision of multi-sectoral survivor-centered inclusive GBV services to vulnerable women and girls and acceptance of gender equitable social norms in Central Asian countries. The expected Outcome is “The prevention and response to GBV in CA and selected regions will be improved”.

The Project has 3 outputs: (i) Strengthened capacities of national and subnational authorities and other service providers to ensure a multi-stakeholder, coordinated, sustainable, HRB and survivor centred response to GBV in CA in development and humanitarian settings; (ii) Increased knowledge, awareness and capacity of women, men, boys and religious leaders on GEWE and GBV so as to lead the social norm transformation in the selected regions; (iii) Support and enhance coordination and strengthen national resilience and capacities in the affected areas to contribute to their humanitarian preparedness and response and address lifesaving needs of the affected population (relevant only for Kyrgyzstan and Tajikistan). All outputs contribute to the achievement of the overall goal.

**Output 1:**

**Strengthened capacities of national and subnational authorities and other service providers to ensure a multi-stakeholder, coordinated, sustainable, HRB and survivor centred response to GBV in CA in development and humanitarian settings**

Sub-outputs:

1. Expand and improve the MSR package implementation to protect GBV survivors, including the most vulnerable.

2. Increase awareness of service providers, including by institutionalizing the knowledge on GBV for health and police professionals and increase capacity to work with perpetrators (police, health, psycho-social workers).

3. Improve GBV in Emergencies (GBViE) mechanisms.

4. Build the capacity of government officials, parliamentarians and other stakeholders and foster cross-country and regional learning and sharing.

For contribution to this output the activities were grouped into the following components: (1) multi-sectoral response to gender-based violence (MSR to GBV), (2) health response to GBV, (3) improving access to information to GBV, reproductive health and reproductive rights to People with Disabilities (4) perpetrator programmes.

***Expand and improve the MSR package implementation to protect GBV survivors, including the most vulnerable***

The MSR to GBV was initiated in Kazakhstan by its piloting in the Turkestan region. During the second phase of the project around 400 professionals (the staff of the Centres on Social and Psychological support to GBV survivors - CSPSs, managers of crisis centres, specialists of regional and district departments of public development, healthcare, social protection, police, education strengthened their capacity in areas related to: (1) expert review and problem solving; (2) Standard Operating Procedures (SOP) to provide services to GBV survivors; (3) exchanging good practices and; (4) management of the newly created CSPSs and crisis centres/shelters in areas related to proper registration and documentation, service provision and multisectoral response to GBV. The piloting was well recognized as successful by the Local government with introduction and budgeting of the Centres in every district of the Turkestan region.

To further expand the Turkestan experience to other regions of Kazakhstan, UNFPA supported a series of training and consultations in 7 regions of Kazakhstan.

In Kyrgyzstan, during the second phase, national experts (all female) were engaged to provide support and mentorship guidance to the staff of the Ministry of labour, Social Security and Migration to implement the social accountability mechanisms to ensure effective accountability within SGBV institutions engagement with survivors and grassroots institutions. A group of experts has been working to develop/revise the SOPs and methodologies to strengthen national and sub-national multi-sectoral coordination for GBV across key sectors (health, social services, law, police, justice, and humanitarian settings), including the S-GBV Coordination Body including emergency context/GBV risk mitigation and survivor support.

UNFPA supported the development two Algorithms for providing assistance to victims of violence, including in emergency and crisis situations: the Order of interaction between government agencies, the Ministry of Health and other involved structures to reduce the risks of gender-based violence; and the Algorithm of actions that medical workers should take to provide medical and social assistance to victims of violence in emergency situations.

In Tajikistan, the support was provided for implementation of the updated SOPs, which include protocol of actions, case management, referral mechanism and consideration for PwD on health, psychosocial support and police services to GBV survivors in Dushanbe, Khujand, Bokhtar, Kulyab, Rasht and Khorog cities, including monitoring of their implementation.

In Turkmenistan, during the second phase, Multi Sector Response Standard Operating Procedures were updated for the social, health and police sectors to align them with the newly adopted Law on Social Services (December 2021) and developed Guidance to sensitise police on the needs of vulnerable women and girls and procedures to support them. 299 specialists from police, health and social sectors, including CSOs providing services to women experiencing domestic violence, were trained on revised SOPs for the three sectors.

Additionally, UNFPA continued to support 2 CSOs to provide GBV services in Ashgabat city and Lebap region to support women GBV survivors.

UNFPA in Uzbekistan continued monitoring and assessment of SOPs institutionalisation and implementation, as well as capacity building activities.

In addition, to support the sustainability of staff capacitation and ensure availability of self-learning tools, during the reporting period UNFPA supported the development of online user-friendly resources based on the SOP materials (covering health, law enforcement, psychological support, social services, etc.). The Online platform is also aimed to facilitate the enhancement of awareness and qualifications for each service provider on multisectoral response to GBV in Uzbekistan, aligning with international standards. It is expected that the current comprehensive online informational platform will be integrated into the websites of the key national partners responsible for GBV response and prevention. This platform will empower service providers to engage in self-directed learning, while also enabling them to monitor their progress effectively.

Within the second phase, the Kazakhstan country office strengthened their work with people with mental disabilities, adopted materials in “Easy to read” format and trained a group of experts on the technique of “Easy-to-Read” language to ensure their access to services.

Within the first and second year of the project, based on the assessment results (2022 assessment on women and girls with disabilities conducted in frame of previous UK/CSSF program cycle), Kyrgyzstan developed a road map and action plan to the strategy ‘accessible country’’ to strengthen the access to quality essential services for girls with disabilities, migrants and women and girls facing multiple forms of discrimination.

The Tajikistan country office, based on previous results, updated and integrated the needs of people with disabilities in existing SOPs. In addition, the project focused on initiating the assessment of availability and quality of essential GBV services, including implementation of the SOPs, integration of services for people with disability and development of a roadmap with recommendations to address identified gaps in provision of services to survivors of sexual and gender-based violence.

In Uzbekistan, UNFPA continues to be an active member in the dialogue on the rights of persons with disabilities and will continue MSR to GBV SoPs nationwide implementation and scale-up. Based on trainings on coordinated inclusive services to GBV survivors conducted in 2023 within the UNPRPD Joint Programme, UNFPA Uzbekistan monitors the applicability and use of the skills and knowledge on disability inclusive services with involvement of Organizations of People with Disabilities.

***Increase awareness of service providers, including by institutionalizing the knowledge on GBV for health and police professionals and increase capacity to work with perpetrators (police, health, psycho-social workers).***

In Kazakhstan, during the second phase of the project, the package of curricula on providing medical care to GBV survivors (including people with vision and hearing disabilities) at both undergraduate and postgraduate levels of medical education was approved by the Republican Academic Council of Kazakhstan to further roll out among national medical universities. These curricula were designed to enhance the capacity of future and incumbent medical doctors to understand, identify, and respond to the specific medical needs of GBV survivors, including people with visual and hearing disabilities. During the third year of the project UNFPA facilitated the national medical universities to introduce the listed above approved curricula into the day-to-day education process for residency and postgraduate students.

In Tajikistan, in 2023 was developed a comprehensive training module on prevention of GBV and provision of quality and coordinated medical and psychosocial services to the survivors based on the approved SOPs. The training module has been approved by MoHSP and is intended for medical colleges for specialties of "Midwifery work", "Therapeutic work", "Nursing work", "Medical-health work" and "Dental Treatment". The training module has been integrated into the educational curriculum of the Republican Medical College and its key faculty members was trained based on the newly adapted curriculum.

In Turkmenistan, a curriculum (for higher educational institutions that train professionals in the medical sector) on providing psychological counselling services to GBV survivors has been developed within the CSSF funding. Following the developed curriculum, in total, 8 days of training are planned for the social work specialists, medical professionals, psychologists, and teaching staff of the Medical University and Civil Registration Offices to increase their capacity in providing psychological counselling for various groups of women and girls - GBV survivors.

The project continues its efforts to develop and introduce perpetrator programmes in Central Asian countries. Within the first year of the project, Kazakhstan and Uzbekistan started work with perpetrators resulting in the development of an analytical review of the successful experience of working with abusers within the framework of the system of a multi-sectoral response to GBV in Kazakhstan. In Uzbekistan, the training package for the pool of national master trainers on work with perpetrators including facilitation of ToT (health, law enforcement, psychological welfare, etc.) was developed. The prepared materials translated into English and Uzbek languages.

During the second year of the project, UNFPA Uzbekistan finalised development of a Practical manual on coordinated work with perpetrators of GBV in Russian and Uzbek languages. Drawing from the materials developed in the first and second years of the project, UNFPA Kazakhstan, Kyrgyzstan and Uzbekistan assisted national stakeholders in strengthening their capabilities in working with perpetrators. In Turkmenistan, a country readiness to introduce perpetrator programmes was assessed and recommendations developed for the country context.

As part of the regional initiative during the second year, a workshop was organized, gathering representatives from relevant state authorities from Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, along with specialists of civil society organizations focusing on addressing GBV and working with abusers. As a result of this workshop, participants reviewed the national legislation and existing practice on working with perpetrators. In addition, necessary actions to facilitate the introduction/ establishment and implementation of perpetrator programmes were discussed and identified. In early 2024, UNFPA Kazakhstan supported the Ministry of Health (MoH) authorities to develop, approve, and organize the delivery of the psychological correction of perpetrators and provided technical assistance in developing a Package of legal and technical documents to introduce the perpetrators programme at the primary healthcare level. After a series of technical consultations with the MoH, the Ministry of Internal Affairs, medical universities and national experts, the following documents were developed: (i) the draft of the subsidiary legislation act, (ii) the Scheme of intersectoral collaboration, (iii) the Plan of activities to introduce the perpetrator program, as well as (iv) the technical manual for the primary healthcare providers to deliver psychological services for perpetrators. The completed package was submitted to the MoH and presented at a workshop in March 2024. As a result of these interventions, the Ministry of Health approved the perpetrator program in Kazakhstan (Rules for providing psychological assistance to persons who have committed an administrative or criminal offense involving violence in healthcare organizations, approved in June 2024).

**Output 2: Increased knowledge, awareness and capacity of women, men, boys and religious leaders on GEWE and GBV so as to lead the social norm transformation in the selected regions**

***1. Work with faith-based organizations and religious women leaders to increase awareness of gender equality and decrease tolerance to discrimination against women and GBV***

The project contributed to fostering relationships among Faith Based Organisations (FBOs) and accelerated progress in successfully advocating and raising awareness and capacity of their role and work in preventing and responding to GBV by developing specific materials and courses for Imams and in Madrasas (e.g. positive masculinity in Kyrgyzstan for Madrasas and pre-marital counselling for couples wanting to marry in the Mosque in Kazakhstan).

As a part of the collaboration with the Spiritual Administration of Muslims of Kazakhstan (DUMK) a methodological package for the educational course "Basics of a Healthy and Prosperous Family in Islam" was developed for its introduction into the teaching process of colleges – madrasah. The Course topics about family, family planning, maternal and reproductive health, the rights and responsibilities of men and women in Islam, attitude towards women in Islam, responsible parenthood, inadmissibility of domestic violence, including early/forced marriages. The Course was approved by the DUMK and recommended for introduction into the educational process of madrasah colleges as an elective course. Following this in 2022, 18 ustazes (13 male and 5 female teachers) from 9 college-madrasas of Kazakhstan went through a TOT training and have knowledge how to teach the Course to their students.

In 2023 forty specialists from 9 regions of Kazakhstan who are practicing the provision of psychological services, specialists from the Spiritual Administration of Muslims of Kazakhstan and from Madrasah were trained on quality provision of psychological support services to Muslim women survivors of violence. This kind of training was conducted to support Muslim women subjected to GBV and who usually do not seek support from the law enforcement bodies and the crisis centres. In 2024, two trainings for psychologists, theologians and specialists of the State Family support centers in provision of socio-psychological consultation/support to muslim women subjected to GBV were conducted in the Turkestan region.

In Tajikistan, within the second year of implementation, a technical working group has been established consisting of representatives of the Committee of religious affairs and regulation of traditions and ceremonies under the Government of the Republic of Tajikistan (CRA) for development of informational materials for female religious leaders and women-activists on concepts of GBV (particular prevention of early marriages), promoting gender equality, SRH and prevention of HIV. The informational materials have been developed and submitted for review and approval of the Chair of the CRA.

In addition, 4 short videos and 1 interview were produced and posted via social media accounts with participation of the Imam khatib from Hissar, member of the Tajikistan Ulema Council. The video materials were dedicated to the role of women in society, importance of education for girls, prevention of domestic violence and early marriages from the point of view of Islam. In total all 5 videos have approximately more than 60000 views.

During the third year of implementation, a working group was created consisting of specialists from the Committee on Religion, Regulation of Traditions and Ceremonies under the Government of the Republic of Tajikistan (CRA) and Christian scholars to develop a training module and guidance book on Gender Equality for Christian religious leaders, with a focus on prevention and response to gender-based violence, sexual and reproductive health and rights, promoting healthy family relations and engaged fatherhood. The guidebook has been developed in line with Tajikistan’s State Policy on Religion, Family Development Concept, and the 2024-2028 Family Development Programme and submitted to the internal commission of the CRA on review and approval of materials with religious texts.

In Uzbekistan, based on the module on “Gender Equality Principles in Islam” developed within the first phase of the project, UNFPA raised awareness of religious leaders, including otyn-oyi female preachers, makhalla and the Committee on Family and Women of Uzbekistan representatives, local activists and women activists. During the third year of the second phase, a training seminar on promoting women's rights from an Islamic perspective was held in Tashkent with the participation of Al-Azhar University professors. The event gathered 70 participants, including imams, and otin-oyis, and mahalla representatives working to prevent gender-based violence and empower women.

***2. Work with men and boys to promote gender equality, positive social norms and shifting expectations of masculinities.***

UNFPA CO in Kazakhstan continued support for expanding Y-Peer network in Kazakhstan by organizing and holding National TOT training, annual Y-Peer summer leadership schools

During the third year of the project, 78 (55 girls and 23 boys) adolescents and young people representing Y-PEER Qazaqstan volunteer network were successfully engaged in building leadership skills and raising awareness on reproductive health, gender equality and the prevention of gender-based violence, contributing to the development of positive social norms within their communities through further providing trainings and consultations among their peers. In addition, was conducted the School of Independent life for young people with disabilities.

In Kyrgyzstan, UNFPA supported the development of a gender transformative (MenEngage and Fatherhood) program to challenge gender stereotypes about the role men play in caregiving, in childrearing and in reproductive health and prevention and response to GBV.

In Tajikistan, within the menengage component was reviewed and adopted the global UNFPA gender-transformative guidance and social norms packages into the national context.

UNFPA Turkmenistan continues the work on men engagement and gender education for young men in the military through partnership with national sports and military institutions.

During the second phase Turkmenistan conducted the following activities:

- A training programme consisting of a set of materials and a video on engaging men and training young couples on gender equality was developed for young people and men. The programme includes an introduction to gender, prevention of GBV, emotional maturity and anger management, non-violent behaviour as well as the role of men in the promotion of gender equality.

 - A gender transformative (MenEngage and Fatherhood) campaign developed (total 3 programmes). The activities included sub-national level volleyball games among women’s teams, country level handball games among women teams as well as roundtables with famous athletes.

- Following the “#JustDont - There is no excuse” UK campaign, a video was developed to spotlight sexual harassment issues in the Turkmenistan context. The video was demonstrated during the campaign on 16 days of Activism against gender-based violence and received positive response from the audience, young women in particular.

- Training package for psychologists developed on addressing toxic masculinities in their education and support for young conscripts.

- A variety of activities within the men's engagement program, young men and boys actively participated in promoting gender equality and preventing GBV in their communities.

**Output 3. Support and enhance coordination and strengthen national resilience and capacities in the affected areas to contribute to their humanitarian preparedness and response and address lifesaving needs of the affected population**

Sub-outputs:

1. Methodological and technical support to operationalize MHPSS to provide services, deliver GBV case management on standards and guiding principles in working with GBV survivors in emergency and development context

2. Support to provide integrated lifesaving MHPSS and GBV information and services for internally displaced people (IDPs) women, girls and elderly women in Batken, Osh and Kadamjai regions; and establishment of the GBV referral pathways for GBV including sexual violence survivors to provide access to timely and quality services. Strengthen national capacities for coordinated strategies and measures to prevent and manage the consequences of SGBV against women and girls in emergencies.

Following the clashes at the border between Kyrgyzstan and Tajikistan, the project was amended during the implementation of its second phase to include an emergency response to support internally displaced people, particularly women and girls. This response, focused on Mental Health and Psychosocial Support with a particular focus on gender based violence. To enhance and expand access to information and inclusive sexual and reproductive health, reproductive rights, and gender-based violence services for women and girls, including in humanitarian contexts, and to ensure sustainability, UNFPA has supported the development of national guidelines and standard operating procedures. Moreover, in collaboration with the Government and CSOs, a training module on responding to GBV in emergency and crisis situations was developed. Service providers, secondary school teachers, social educators, and school psychologists in Batken oblast were then equipped and enhanced in their knowledge and skills to prevent sexual violence against girls. Additionally, a series of visits of Mobile clinics were arranged to provide integrated SRH-GBV and MHPSS services in eight cross-border villages. In the third year of the second phase, UNFPA's primary focus will be on enhancing GBV services to ensure that S-GBV survivors have access and receive a prompt and comprehensive response from service providers that meets their needs. This involves the support to localize the “Minimum Standards for Prevention and Response to GBV in Emergencies (GBViE)” promote the safety and wellbeing of women and girls in emergencies and provide practical guidance on how to mitigate and prevent gender-based violence in emergencies and facilitate access to multi-sector services for survivors.

The central tenet of the evaluation is the UK ISF Project is a **Result Framework** and its indicators**.** A Results Framework is a diagram of the cause-and-effect logic for achieving a development objective over a defined time period and explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes (Annex A). The Result Framework will be an essential building block of the evaluation methodology. At the design phase, the evaluators will perform an in-depth analysis of the UK ISF project Result Framework reports and Narrative reports and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting.

# Evaluation Purpose, Objectives and Scope

## 4.1. Purpose

The Project Evaluation will serve the following three main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance on achieving development results and on invested resources; (ii) support evidence-based decision-making to identify the most appropriate approaches, correct course, and measure results against intended goals; and (iii) generate learning and share good practices and credible evaluative evidence to support organizational learning.

## 4.2. Objectives

The **objectives** of this evaluation are:

1. To provide the UNFPA Central Asian COs and UK FCDO with an independent assessment of the second phase of the UK ISF Project.
2. To broaden the evidence base to inform the design of the next project cycle.

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

1. To provide an independent assessment of the relevance, effectiveness and sustainability of UNFPA support within the second phase (2022-2025 FY) of the UK ISF project in Improving provision of multi-sectoral survivor-centered inclusive GBV services to vulnerable women and girls and acceptance of gender equitable social norms in Central Asian countries.
2. To provide an assessment of the role played by the UNFPA offices in Central Asia in the coordination mechanisms of the UNCT and Government collaboration and UNFPA contribution toward achievement of targeted outputs.
3. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next project cycle.

## 4.3. Scope

**Geographic Scope**

The evaluation will cover activities implemented in five Central Asian countries within the second phase of the UK ISF project.

**Thematic Scope**

The evaluation will cover the following thematic areas of project: (i) Strengthened capacities of national and subnational authorities and other service providers to ensure a multi-stakeholder, coordinated, sustainable, HRB (Human Rights Based) and survivor centred response to GBV in CA in development and humanitarian settings.; Increased knowledge, awareness and capacity of women, men, boys and religious leaders on GEWE and GBV so as to lead the needed change in social and gender norms in the selected regions; (iii) Support and enhance coordination and strengthen national resilience and capacities in the affected areas to contribute to their humanitarian preparedness and response and address life-saving needs of the affected population

**Temporal Scope**

The evaluation will cover interventions implemented within the time period of the second phase of the UK ISF project: staring from July 2022 to March 2025.

# Evaluation Criteria and Preliminary Evaluation Questions

## 5.1. Evaluation Criteria

In accordance with the UNFPA Evaluation Handbook, the evaluation will examine 3 out of the five OECD/DAC evaluation criteria: relevance, effectiveness, sustainability.[[3]](#footnote-3)

|  |  |
| --- | --- |
| **Criterion** | **Definition** |
| **Relevance** | The extent to which the intervention objectives and design respond to rights-holders, country, and donor, partner/institution needs, policies, and priorities, and continue to do so if circumstances change. |
| **Effectiveness** | The extent to which the interventions achieved, or is expected to achieve, its objectives and results, including any differential results across groups. |
| **Sustainability** | The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends). |
| **Efficiency** | The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance? |
| **Impact** | The extent to which the intervention has contributed, or is expected to contribute, to long-term changes and broader impacts? |

## 5.2. Preliminary Evaluation Questions

The evaluation of the UK ISF Project will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the UK ISF Project theory of change, the country office has generated a set of preliminary evaluation questions that focus the evaluation on the most relevant and meaningful aspects of the project. At the design phase (see Handbook, Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the Evaluation manager at the UNFPA Kazakhstan CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the result framework, the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the project and contributed to change. The preliminary evaluation questions outlined below are subject to further discussion with the evaluators and may be reformulated if necessary.

**Relevance**

**EQ1:** To what extent has the UNFPA offices in Central Asia contributed to improve provision of multi-sectoral survivor-centered inclusive GBV services to vulnerable women and girls and acceptance of gender equitable social norms in Central Asian countries?

**EQ2:** To what extent the planned interventions and activities related to increasing knowledge, awareness and capacity of women, men, boys and religious leaders on GEWE and GBV so as to lead the needed change in social and gender norms in the selected regions adequately reflect the outcome and impact of the UK ISF project?

**Effectiveness**

**EQ3:** To what extent have the intended project activities enhanced coordination and strengthened national resilience and capacities in the affected areas (KYR and TAJ) to contribute to their humanitarian preparedness and response and address life-saving needs of the affected population?

**EQ4:** To what extent did the outputs contribute to changing in social and gender norms in the selected regions and what was the degree of achievement of the outcome?

**EQ5:** To what extent has UNFPA policy capacity building support helped to ensure a multi-stakeholder, coordinated, sustainable, HRB (Human Rights Based) and survivor centred response to GBV?

**Sustainability**

**EQ6:** To what extent has UNFPA been able to support national and subnational authorities and other service providers to ensure a multi-stakeholder, coordinated, sustainable, HRB (Human Rights Based) and survivor centred response to GBV in CA in development and humanitarian settings?

**EQ7:** To what extent have the partnerships established with ministries, agencies and other representatives of the partner government allowed the country offices to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting the national ownership of supported interventions, programmes and policies?

**Efficiency**

**EQ8:** To what extent has the project achieve its intended results efficiently, considering both cost-effectiveness and timeliness?

**Impact**

EQ 9: To what extent has the intervention contributed to sustainable long-term changes and broader impacts?

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

# Approach and Methodology

## 6.1. Evaluation Approach

***Results-Based Monitoring and Evaluation (RBM&E) approach***

The evaluation will adopt a Results-Based Monitoring and Evaluation approach that relies on an explicit result framework, which depicts how the interventions supported by the UNFPA COs in Central Asia are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of the UK ISF project.

***Participatory approach***

The evaluation will be based on an inclusive, transparent and participatory approach, involving partners and stakeholders at national level. The UNFPA COs have developed an initial stakeholder map (see Annex B) to identify stakeholders who have been in the implementation of the project. These stakeholders include government representatives, civil society organizations, implementing partners, academia. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each output of the Project.

The evaluation manager with support of Focal Points at UNFPA offices in CA will establish an ERG comprised of key stakeholders of the project, including governmental and non-governmental counterparts at national level. 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, 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. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

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.

The final evaluation approach and methodology will be identified jointly with evaluators and presented in the design report.

## 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. This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG.

The evaluation team is required to follow all the guidance in the Handbook throughout the whole evaluation process, including using the templates and links provided. Notably, these include the templates for the evaluation matrix and the stakeholder agenda.

The final evaluation approach and methodology will be identified jointly with evaluators and presented in the design report.

***The evaluation matrix***

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated:* evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

* 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 and group discussions and site visits (if necessary). It is recommended that national consultants in each respective country conduct the site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
* During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The Evaluation manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix, on a daily basis, to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
* In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the Evaluation manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

***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 result framework underlying the Project (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 evaluation. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

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

***Data collection***

The evaluation will consider primary and secondary sources of information. At the design phase, in consultation with the Evaluation manager and CO programme officers, the evaluation team will also select a number of sites to visit as part of the data collection work. For detailed guidance on the different data collection methods typically employed in evaluations, see Handbook, section 2.2.3.1.

Primary data will be collected through desk review and interviews (including online) with a wide range of key informants at national levels (e.g., government officials, representatives of implementing partners, civil society organizations, service providers and other stakeholders), as well as focus and group discussions (if needed, will be discussed, e.g., with service providers) and direct observation during visits to selected sites (the need for the field visits will be discussed and agreed). The primary data collection will also involve interviews with project beneficiaries, including men and boys, survivors of GBV, and Y-Peer volunteers and etc.

Secondary data will be collected through extensive document review**,** notably, but not limited to the resources highlighted in section 14 of these terms of reference. 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 2 week for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

People being photographed during the data collection process (especially if they can be identified), should give their permission to be photographed and for the use of their image in multimedia formats (such as written reports, videos, presentations, websites, and social media), including the use of their names in captions. To photograph children under 18 years old, parental or guardian consent must be sought. In addition, to protect the identity of individuals who may be put at risk due to being photographed, it is necessary to make sure that they cannot be identified in the picture and their personal information should be left out. The evaluation team should use the consent form prior to taking photographs.

The evaluation team will employ triangulation methods (e.g., combining qualitative and quantitative data, consulting multiple stakeholders) to reduce potential risks.

***Data analysis***

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to 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, Chapter 4).

***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 as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the Evaluation manager. During a debriefing meeting with the COs and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

***Use of Artificial Intelligence (AI) in CPEs***

AI technologies cannot be used in the management and conduct of the evaluation unless a prior written agreement is obtained from the Evaluation manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

* **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the Evaluation manager
* **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the Evaluation manager, the consultant must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
* **Verification of accuracy**: The consultant commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
* **Ethical and responsible use**: The consultant is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the [Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System,](https://unsceb.org/sites/default/files/2023-09/20230720%20DTN%20GAI%20Guidance%20-%20Meeting%20Report.pdf)  [Principles for the Ethical Use of Artificial Intelligence in the United Nations System](https://unsceb.org/sites/default/files/2022-09/Principles%20for%20the%20Ethical%20Use%20of%20AI%20in%20the%20UN%20System_1.pdf), and [UNFPA Information Security Policy](https://www.unfpa.org/sites/default/files/admin-resource/ITSO_Information_Security_Policy.pdf). The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

# Evaluation Process

The Evaluation process is broken down into five different phases that include different stages and lead to different deliverables: preparation 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. Preparation Phase** *(Handbook, Chapter 1)*

The Evaluation manager at the UNFPA Kazakhstan CO leads the preparation phase of the Evaluation. This includes:

* Evaluation launch and orientation meeting for COs staff
* Orientation meeting for UK ISF Project Focal Points from CA country offices and Evaluation questions discussion meeting
* Establishing the evaluation reference group
* Drafting the terms of reference
* Assembling and maintaining background information
* Mapping the evaluation stakeholders
* Recruiting the evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

**7.2. Design Phase** *(Handbook, Chapter 2)*

The design phase sets the overall framework for the evaluation. This phase includes:

* Induction meeting(s) between Evaluation manager and evaluation team
* Orientation meeting with relevant UNFPA staff in CA offices with evaluation team
* Desk review by the evaluation team and preliminary interviews, mainly with COs staff
* Developing the evaluation approach i.e., refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection
* Stakeholder and site selection
* Developing the field work agenda
* Drafting the design report version 1
* Quality assurance of design report version 1
* ERG meeting to present the design report
* Drafting the design report version 2
* Quality assurance of design report version 2

The **design report** 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; it will be submitted to the donor for review (if requested).

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

**7.3. Field Phase** *(Handbook, Chapter 3)*

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 COs 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 Evaluation. A period of 1 week 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:

* Preparing all logistical and practical arrangements for data collection
* Launching the field phase
* Collecting primary data at national level
* Supplementing with secondary data
* Collecting photographic material (if needed). The process of filming, photography, as well as the selection and use of images will be carried out with the [informed consent](https://docs.google.com/document/d/1KxgJW9CvIfIx6g2lJS2abDTQ_00p-TWR/edit).
* Filling in the evaluation matrix
* Conducting a data analysis meeting
* Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the relevant UNFPA staff in COs and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

**7.4. Reporting Phase** *(Handbook, Chapter 4)*

One of the most important tasks in drafting the Evaluation report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the Evaluation report. The reporting phase includes:

* Brainstorming on feedback received during the debriefing meeting
* Additional data collection (if required)
* Consolidating the evaluation matrix
* Drafting the findings and conclusions
* Identifying tentative recommendations using the recommendations worksheet
* Drafting Evaluation report version 1 (incl. quality assurance by team leader)
* Quality assurance of Evaluation report version 1 and recommendations worksheet by the Evaluation manager
* ERG meeting on Evaluation report version 1
* Recommendations workshop with ERG to finalize recommendations
* Drafting Evaluation report version 2 (incl. quality assurance by team leader)
* Quality assurance of Evaluation report version 2 by the Evaluation manager
* Final Evaluation report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report. 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 make reference 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 Kazakhstan CO.

At the end of the reporting phase, the Evaluation manager and the UK ISF team will jointly prepare an internal Evaluation Quality Assurance (EQA) of the final evaluation report.

# 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. In addition to presenting the evaluation matrix, the design report also provides information on the country situations and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
* **PowerPoint presentation of the design report.** The PowerPoint presentation 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, the evaluation team will develop the final version of the design report.
* **PowerPoint presentation for debriefing meeting with the relevant UNFPA staff in CA offices 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, relevant UNFPA staff in CA offices (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 the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the Evaluation manager, the COs, the ERG, and the evaluation team will undertake revisions accordingly.
* **Recommendations worksheet.** The process of co-creating the Evaluation recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
* **Final evaluation report.** The final evaluation report *(maximum 80 pages, excluding opening pages and annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next project cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
* **Power Point 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 Kazakhstan 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 their use among donor, decision-makers and other stakeholders.

All the deliverables will be developed in English and all the Power Point presentations will be developed in English and Russian.

# Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this evaluation will be undertaken in accordance with the IEO [guidance and tools](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, which sets the criteria against which the versions 1 and 2 of the 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 team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the Evaluation report comply with the quality assessment criteria outlined in the EQA grid[[4]](#footnote-4) before submission to the Evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

* **Executive summary**: Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and intervention; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
* **Background:** The evaluand (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
* **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
* **Design and Methodology**: The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
* **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
* **Conclusions:** They are based on credible findings and convey the evaluators’ unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
* **Recommendations**: They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
* **Structure and presentation**: The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.
* **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this evaluation will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the Evaluation manager in the UNFPA Kazakhstan CO, (iii) UK ISF team.

The evaluation will adhere to ethical standards, including the UNEG Ethical Guidelines for Evaluation, the OECD DAC Principles, and relevant national regulations. The following measures will be implemented to ensure ethical considerations and minimize bias: informed consent and confidentiality, Do No Harm Approach (the evaluation will be conducted with sensitivity to potential risks, particularly when engaging vulnerable groups), transparency and accountability, gender and Inclusion considerations.

All data collected during the evaluation will be handled in compliance with data protection laws and ethical guidelines to prevent unauthorized access, misuse, or breaches. Sensitive data (e.g., personal identifiers, and confidential stakeholder feedback) will be anonymized and securely stored. After the evaluation is completed, sensitive data will be securely archived or destroyed.

All evaluators will be required to adhere to strict safeguarding policies, including signing a code of conduct outlining expected ethical behavior. Interviews and focus groups will be conducted in safe and private settings to protect participants from potential harm or distress.

The evaluation will be guided by a do-no-harm principle, ensuring that survivors and other vulnerable groups feel respected, safe, and empowered to share their experiences without fear of retaliation or re-traumatization. Participation will be strictly voluntary, with the right to withdraw at any time without consequences. Interviews with survivors of GBV or beneficiaries will be conducted using a trauma-informed approach that prioritizes emotional well-being.

All communication with participants will be clear, culturally appropriate, and accessible, ensuring that language barriers do not hinder meaningful participation. If anonymity is requested, all identifying details will be omitted or altered to protect privacy.

Risk assessments will be conducted before and during the evaluation to identify potential ethical, security, or safeguarding risks.

The evaluation should also include an assessment of any unanticipated consequences either positive or negative of the result of your project.

# Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The ISF reports contain full details on all the activities and must be used by the evaluators throughout the evaluation process.

**Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the Evaluation[[5]](#footnote-5)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Main tasks** | **Responsible entity** | **Deliverables** | **Estimated Duration** |
| **Design phase** |
| Induction meeting with the evaluation team | Evaluation Manager and evaluation team | 24 March 2025 | 24 March – 17 April 2025 |
| Orientation meeting with COs staff | CO Representative, Evaluation Manager, respective UNFPA staff in CA  | 27 March 2025 |
| Desk review and preliminary interviews, mainly with COs staff | Evaluation team | 27-12 April 2025 |
| Developing the evaluation approach | Evaluation team | 27-12 April 2025 |
| Stakeholder sampling and site selection | Evaluation team, Evaluation Manager | **Stakeholder map [LINK** will be provided**]** 14/15 April 2025 |
| Developing the field work agenda  | Evaluation team, Evaluation Manager  | **Field work agenda [LINK** will be provided**]** |
| Drafting the design report version 1 | Evaluation team | **Design report- version 1**4 April 2025 |
| Quality assurance of design report version 1 | Evaluation Manager and UK ISF team |  |
| ERG meeting to present the design report | Evaluation team, Evaluation manager | **PowerPoint presentation on design report version 1**  |
| Drafting the design report version 2 | Evaluation team | **Design report - version 2**14 April 2025 |
| Quality assurance of design report version 2 | Evaluation Manager and UK ISF team |  |
| Final design report | Evaluation Team | **Final design report** (see Evaluation Handbook, section 2.4.4) 17 April 2025 |
| **Field phase** |
| Preparing all logistical and practical arrangements for data collection | Evaluation Manager respective UNFPA staff (UK ISF Project focal points for KYR, TAJ, TKM and UZB) |  |  17 April – 8 May 2025 |
| Collecting primary data at national and sub-national level | Evaluation team |  |
| Supplementing with secondary data | Evaluation team |  |
| Collecting photographic material | Evaluation team |  **Photos** *(see Evaluation Handbook, Section 3.2.5)*  |
| Filling in the evaluation matrix | Evaluation team | **Evaluation matrix [LINK]** |
| Conducting a data analysis workshop | Evaluation team |  |
| Debriefing meeting with COs and ERG | Evaluation team and Evaluation manager | **PowerPoint presentation** **8 May 2025**  |
| **Reporting phase** |
| Consolidating the evaluation matrix | Evaluation team |  **Evaluation matrix [Link]** | 14 May – 30 May 2025 |
| Drafting Evaluation report version 1 | Evaluation team | **Evaluation report - version 1****14 May** |
| Quality assurance of Evaluation report version 1 [LINK] | Evaluation Manager  | **16 May** |
| ERG meeting on Evaluation report version 1 | Evaluation team and Evaluation Manager | **PowerPoint presentation** **20 May** |
| Recommendations workshop  | Evaluation team, Evaluation manager, ERG members, UK ISF team | **Recommendations worksheet****26 May** |
| Drafting Evaluation report version 2 | Evaluation team | **Evaluation report - version 2****28 May** |
| Quality assurance of Evaluation report version 2 [LINK] | Evaluation Manager  |  |
| Final Evaluation report | Evaluation team | **Final Evaluation report** *(see Evaluation Handbook, section 4.5)* **with PowerPoint presentation** and **audit trail [LINK]****30 May** |

*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.

# 11. Management of the Evaluation

The **Evaluation manager** in the UNFPA Kazakhstan CO, in close consultation with the UK ISF Project team that coordinates the Project 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 dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the Evaluation manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the Evaluation manager, for each phase of the Evaluation, are detailed in the Handbook.

At all stages of the evaluation process, the Evaluation manager will require support from staff of the UNFPA COs in Central Asia. In particular, the **country offices staff** (primarily UK ISF Project Focal Points in each respective countries) contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the Project implementation in each respective country. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the Evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Country Offices in Central Asia, representatives of the national Government of Kazakhstan, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team’s access to sources of information and key informants and undertakes 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

# 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) a team member who will provide technical expertise in one of the thematic areas relevant to the UK ISF Project (GBV prevention and response; gender equality; adolescents and youth). In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the Evaluation process, the team leader will perform the role of technical expert for one of the thematic areas.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team member will be recruited locally (one consultant for each country) to ensure adequate knowledge of the country context and mainly will be providing technical and logistical assistance to the team leader. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations.

## 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 manager will provide methodological guidance to the evaluation team in developing the design report, in particular, 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 COs. 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 Project described below.

***Evaluation team members: Gender equality and GBV prevention and response experts***

The gender equality and GBV prevention and response expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, prevention and response to the GBV, engagement of men and boys, religious leaders as well as GBV and harmful practices, such as 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, respective UNFPA staff in COs in Central Asia 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.

## 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 social sciences, demography or population studies, statistics, development studies or a related field.
* At least 15 years’ experience in M&E assignments in the field of international development.
* Extensive (at least 10 years) 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 UK ISF project covered by the evaluation (see expert profiles below).**
* In-depth knowledge of Results-Based Monitoring and 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.
* 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.
* 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 Kazakhstan.
* Fluent in written and spoken English and knowledge of Russian is an asset.

**Gender equality and GBV prevention and response**

The competencies, skills and experience of national experts should include:

* Master’s degree in social sciences, gender, public health, public policy, medicine, 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.
* Substantive knowledge of gender, prevention and response to GBV, working with men and boys, communities to promote gender equality and prevention of GBV.
* 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 Central Asia.
* Familiarity with UNFPA or other United Nations organizations’ mandates and activities will be an advantage.
* Fluent in written and spoken English and Russian.

# 13. Budget and Payment Modalities

The evaluators 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 | 80% |
| Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results of satisfactory quality | 20% |

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** | **Thematic experts** |
| **Design phase** | *9* | *5* |
| **Field phase** | *12* | *14* |
| **Reporting phase** | *12* | *3* |
| **Dissemination and facilitation of use phase** | *1* |  |
| **TOTAL (days)** | *35* | *22* |

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the Evaluation manager.

# 14. Bibliography and Resources (links will be provided)

# 15. Annexes

|  |  |
| --- | --- |
| A | Result Framework |
| B | Stakeholder map **(will be provided to the contracted consultants)** |
| C | Excel sheet on analysis of UNFPA interventions **(will be provided to the contracted consultants)** |
| D | Tentative evaluation work plan |

1. [UNFPA Strategic Plan 2022-2025](https://www.unfpa.org/strategic-plan-2022) [↑](#footnote-ref-1)
2. UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914> [↑](#footnote-ref-2)
3. The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE. [↑](#footnote-ref-3)
4. The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. 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. [↑](#footnote-ref-4)
5. For full information on all tasks and responsible entities, see the relevant chapters of the Handbook LINK [↑](#footnote-ref-5)