

TERMS OF REFERENCE FOR CONSULTANCY

Evaluation of the 6th Sub-regional Programme of the UNFPA's Sub-regional Office for the Caribbean

Hiring Office:

Sub-regional Office for the Caribbean (SROC)

Introduction:

The UNFPA Executive Board approved UNFPA's sub-regional programme document for the English-speaking and Dutch-speaking Caribbean for five years (2017-2021) in 2016. The sub-regional programme aimed to contribute to regional and national priorities as reflected in the United Nations Multi-Country Sustainable Development Framework 2017-2021, which was guided by the CARICOM Strategic Plan, the SAMOA Pathway, the Montevideo Consensus on Population and Development, and the 2030 Agenda. According to the UNFPA Strategic Plan 2014-2017 business model, the Caribbean was assigned the pink quadrant as a result of which the sub-regional programme was designed to apply *in principle* one programming strategy, namely advocacy and policy dialogue/advice. The programme was particularly designed to empower the most vulnerable through advocacy for (a) universal access to sexual and reproductive health and rights; (b) prevention of adolescent pregnancy and sexual violence; and (c) integration of population dynamics into policies and programmes.

In preparation of the development of the seventh sub-regional programme, UNFPA in close collaboration with its partners is planning to conduct a final evaluation. An independent evaluation team is being sought to conduct this evaluation. This final sub-regional programme evaluation will serve the purposes of demonstrating accountability to stakeholders on performance in achieving development results and on invested resources, generating learning, supporting evidence-based decision making, and contributing important lessons learned on how to further improve programming in the Caribbean.

The key users of the evaluation findings and results would be the UNFPA sub-regional office staff, government counterparts, implementing partners, UN agencies, external development partners, civil society organizations and the UNFPA Executive Board as well as UNFPA regional office and headquarter units.

Sub-regional context

The population of the 22 English and Dutch speaking countries (excluding Haiti) which make up the Caribbean sub-region is estimated at 7.5 million, with 73% concentrated in Jamaica (2.7M), Trinidad and Tobago (1.3M), Guyana (0.7 M), Suriname (0.5M) and Belize (0.3M). The majority of these countries are island states which exposes them to unique vulnerabilities (economic, environmental and social), despite them being classified among middle and high income countries. There is a high level of indebtedness among most of these countries, and the classification of middle-high income countries affects the feasibility for these nations to get well needed

aid to address many of their socioeconomic issues. Coupled with these underlined issues, the majority of these States are largely affected by migration, as they are places of origin, destination and transit for migrants; a feature which is extremely predominant among the island countries. Several Caribbean countries have received a large influx of migrants/refugees escaping the humanitarian emergency in Venezuela, as well as other migrant populations from Haiti and Cuba.

Maternal mortality ratios have been dramatically reduced over the last two decades in all countries; however remain above average for Guyana and Suriname mainly due to the lack of access to skilled birth attendance for those populations living in the hinterlands in these countries. Although the progress to reduce unmet need for family planning has been slow in the region over the last twenty years, currently high rates in the sub-region are only reported in Guyana, Suriname and Trinidad and Tobago.

Regional adolescent fertility rate, which was estimated at 64.7 births per 1,000 girls aged 15-19 for the 2005-2010, period fell to 60.2 births per 1,000 girls aged 15-19 for the 2010-2015.¹ Despite a reduction of 4.5 births per 1,000 girls, it is still high compared with developed countries.

Despite overall gains, however, the sub-region still has the highest incidence rate of reported AIDS cases in the Americas and is the second most-affected region in the world after Sub-Saharan Africa, with an HIV prevalence of 1.6%. In 2018, prevalence among adults was highest in Haiti, Belize, Jamaica and The Bahamas. Prevalence is significantly higher among transgender people (51%), and among gay men and other men who have sex with men. Countries continue to grapple with the incomplete agenda of ending HIV transmission and achieving the 90-90-90 targets and large gaps persist across the HIV testing and treatment cascade. The estimated number of people living with HIV has increased from 310,000 [260,000 - 420,000] at the end of 2017 to 337,438 in 2018. In the Caribbean incidence has been relatively unchanged, decreasing too slowly over the past 5 years. New HIV infections among adults in the Caribbean declined by about 16% between 2010 and 2018, from 19,000 [14,000 – 31,000] to 16,000 [11,000 – 24,000]. The rate of decline is slowing, from an 18% reduction in 2017. Nearly 90% of new infections in the Caribbean in 2017 occurred in four countries— Cuba, Dominican Republic, Haiti and Jamaica. Jamaica together with Haiti, is among the 30 countries identified by UNAIDS as contributing to 89% of new infections globally. Saint Vincent, Belize, Jamaica and Haiti are countries with the highest incidence rates and above the regional average. There is evidence of increasing new infections in Belize, Suriname and Guyana, and among the male population.

Gender-based Violence (GBV) is also another major problem across the Caribbean region, and it disproportionately affects women and girls. Globally, it is estimated that one in three women and girls will experience some form of GBV in their lives. Some of the most common forms of GBV

¹ PAHO, WHO, UNFPA, UNICEF. Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean. 2017. (Primary source: United Nations Population Division. World Population Prospects: The 2015 Revision).

are intimate partner violence (IPV), domestic violence (DV), sexual violence (rape), trafficking in persons, sexual exploitation and abuse, femicides and incest. All of these forms of GBV to some degree are present in the region. There is however, a high level of under-reporting and institutional inefficiencies in capturing reports of family violence, and this makes it impossible to properly account for the incidences of family violence in the region. Nevertheless, recent studies conducted in Grenada, Guyana, Jamaica, Suriname and Trinidad and Tobago pointed to the high prevalence of intimate partner violence and child sexual abuse in the region. Some 27-40 percent of women informed the researchers that they were experiencing violence at the hands of their partners in these five countries. Some female victims of GBV are also at a risk of being killed by intimate partners and family members. In Trinidad and Tobago, forty three of the fifty-two women killed in 2017 were victims of domestic violence.²

The prevalence of GBV is largely impacted by the high level of gender inequality which exists in the region. Gender inequality has been reflected in areas such as the continued occupational gender stereotypes and discriminatory practices in the labor market, which are usually reinforced by a lack of official recognition and remuneration of domestic work. The prevalence surveys also confirmed that inequitable gender norms support male dominance in the intimate partner relationships in the region. This was deduced from the continued assertion by respondents that men should be the head of the household, a view held by both women and men.³ In addition, the surveys showed that women whose male partners demonstrated more than one type of controlling behavior were more likely to experience all forms of intimate partner violence.⁴

Moreover, there is a relationship between GBV and sexual and reproductive rights; GBV is both a cause and consequence of limited access to sexual and reproductive rights and health. Although there has been reduction in the adolescent fertility rate in the region, the rate is still one of the highest in the world. It has been argued that early sexual debut and coerced sex are among the main contributing factors to adolescent pregnancy in the Caribbean region.⁵ Forced or coercive sexual intercourse also exposes women to the possibility of contracting the Human Immunodeficiency Virus (HIV).

The aforementioned issues highlight a few of the issues which are targeted in the 1994 ICPD agreed on in Cairo, Egypt, in 1994. In 2013, countries in Latin America and Caribbean recommitted to the principles and themes of the ICPD (in the form of the Montevideo Consensus on Population and

² <http://www.caribbean360.com/news/former-trinidad-and-tobago-pm-calls-for-national-response-to-women-murdered-by-their-partners#ixzz5ZEveDlc8>

³ Women's Health Survey Jamaica 2016. In Jamaica over three-quarters of women (77.4 %) agreed with a statement that it is natural (God-intended) that men should be the head of the family, and 70.2 % agreed that a woman's main role is to take care of her home. 31.4 % believed that a wife is obligated to have sex with her husband whenever he wants, except when she is sick or menstruating.

⁴ Spotlight Caribbean Regional Investment Plan

⁵ Caroline Allen, Situation Analysis of Adolescent Sexual and Reproductive Health and HIV in the Caribbean. PAHO 2013

	<p>Development) along the lines of the unique peculiarities of the countries which make up the region; which includes many island states. At the Nairobi Summit in November 2019, countries around the world further recommitted to the ICPD and adopted the decade of action to actualize the 1994 ICPD and its landmark Programme of action through “three transformative results” -zero maternal deaths, zero unmet need for family planning, and zero gender-based violence and harmful practices – to be achieved by 2030. Achieving these transformative results will help to fulfil the 2030 Agenda and its main tenet of ‘leaving no one behind’.</p>
<p>Purpose, objectives and scope of the evaluation</p>	<p><i>Purpose of the evaluation:</i></p> <ul style="list-style-type: none"> ● Provide an overall assessment of the UNFPA sub-regional programme ● Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle. <p><i>Evaluation objectives:</i></p> <p>The objectives of the evaluation are to:</p> <ul style="list-style-type: none"> ● Determine the relevance of the support of the current sub-regional programme (SRP) to sub-regional and national development priorities and strategies; ● Assess the effectiveness and efficiency of the sub-regional programme interventions during the SRP cycle 2017-2021; ● Determine the sustainability of interventions and programme results and assess how the interventions have been able to build adequate local capacity to ensure programme sustainability with a particular focus on the humanitarian-development nexus; ● Identify and analyze the level of internal coordination between the UNFPA Sub-regional Office for the Caribbean (SROC) and the five liaison offices and between the SROC and the UNFPA Regional Office for Latin America and the Caribbean as well as between SROC and the six UNCTs, five Resident Coordinators, its implementing partners, relevant UN agencies and other regional and national partners; and determine the added value or comparative advantage of the UNFPA in the framework of the UNDS Reform, especially in the sub-region. ● Determine the extent to which major population groups facing life-threatening suffering were reached by humanitarian action and the extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. <p><i>Scope of evaluation:</i></p> <p>The evaluation will cover interventions planned and/or implemented within the current sub-regional programme for the period 2017 to July 2020. The evaluation will cover the 22 English and Dutch speaking Caribbean countries and territories where the SROC implements interventions: Anguilla; Antigua and Barbuda; Aruba; Bahamas; Barbados; Belize; Bermuda; British Virgin Islands; Cayman Islands; Curacao; Dominica; Grenada; Guyana; Jamaica; Montserrat; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Sint Maarten; Suriname; Trinidad and Tobago; and Turks and Caicos Islands.</p>

The evaluation will cover the technical areas of the sub-regional programme, namely (i) Sexual and Reproductive Health, (ii) Youth and Adolescents, (iii) Gender Equality and Women's Empowerment, and (iv) Population Dynamics. In addition, the evaluation will cover cross-cutting aspects such as human rights; gender equality; humanitarian assistance; sustainable development; 'leaving no one behind' with a particular focus on the most vulnerable groups including women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI; and partnerships.

Evaluation criteria and preliminary evaluation questions:

This evaluation is structured around the four OECD-Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency and sustainability, as well as a criterion of coordination specific to UNFPA and the connectedness and coverage (humanitarian).⁶ Consequently, the independent evaluation team will explore answers to the following evaluation questions :

a) Relevance:

- To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable populations; including women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI; (ii) in line with the priorities set by ICPD Programme of Action and the Montevideo Consensus on Population and Development, and national policy frameworks related to UNFPA mandated areas; (iii) aligned with the UNFPA Strategic Plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model; and (iv) aligned with the UN Multi-Country Sustainable Development Framework (MSDF) and to what extent did the MSDF fully reflect the interests, priorities and mandate of UNFPA in the region?
- To what extent does the allocation of resources (human and finance) across the sub-regional programme reflect the varied needs of vulnerable and marginalized groups, prioritizing those marginalized within, as well as reflect the varied needs of countries and territories?

b) Effectiveness:

- To what extent have planned outputs of the programme been achieved and to what extent did the outputs contribute to the achievement of the planned outcomes:
 - Increased national capacity to strengthen enabling environments for integrated sexual and reproductive health services, targeting underserved populations, including in emergencies;
 - Increased national capacity to advocate for and deliver policies and programmes for access to sexual and reproductive health for adolescents, with emphasis on

⁶ UNFPA (2019) Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA.

	<p>vulnerable and marginalized groups;</p> <ul style="list-style-type: none"> ○ Strengthened legal and protection systems for the implementation of laws, policies and programmes to prevent sexual violence against women and girls, including in humanitarian settings; and ○ Strengthened national capacity to generate, analyze and utilize data and evidence for national policies and programmes linked to sustainable development <ul style="list-style-type: none"> ● To what extent has UNFPA successfully mainstreamed gender equality and human rights in the development and implementation of the sub-regional programme? ● To what extent has UNFPA ensured that the needs of adolescents and young people in all their diversities (age, location, gender identity, sexual orientation, etc.) have been taken into account in the planning and implementation of all UNFPA-supported interventions under the sub-regional programme? <p>c) Efficiency:</p> <ul style="list-style-type: none"> ● To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA sub-regional programme? ● How has the organizational structure and staffing profiles of the SROC influenced the achievement of the programme results and - in view of the UN system wide Multi-Country Office review – what are recommendations for improvement? <p>d) Sustainability:</p> <ul style="list-style-type: none"> ● To what extent have the partnerships established with intergovernmental entities and national governments allowed the SROC 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? ● To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) sustainably improved access to and use of quality information and services in the field of integrated sexual and reproductive health, particularly family planning, HIV prevention, comprehensive sexuality education and gender-based violence, including for vulnerable and marginalized populations such as women, adolescents and youth, indigenous populations, migrants, people with disabilities, sex workers and LGBTQI? <p>e) Coordination:</p> <ul style="list-style-type: none"> ● What was the nature and quality of coordination among the SROC, LACRO and Headquarters' units? ● What were the level, nature and quality of coordination with other UN agencies, implementing partners, civil society organizations, regional entities and external development partners in the sub-region? ● To what extent has the SROC contributed to and took advantage of the functioning and consolidation of improved UNCT coordination &
--	---

	<p>cooperation mechanisms under UN Reform?</p> <p>f) Coverage & connectedness:</p> <ul style="list-style-type: none"> ● To what extent has UNFPA contributed to improved emergency preparedness in the Caribbean region in the area of response to SRH and GBV as well as data availability while ensuring that no one is left behind? ● To what extent was the SROC able to apply a humanitarian-development nexus approach in its response to 2017 and 2019 hurricanes, the Venezuelan crisis and COVID-19?
<p>Evaluation process:</p>	<p>The evaluation will unfold in three phases, each of them including several steps.</p> <p>a. Evaluation design phase</p> <p>This phase will include:</p> <ul style="list-style-type: none"> ● a document review of all relevant documents available regarding the sub-regional programme for the period being examined; ● a stakeholder mapping – prepare a mapping of stakeholders relevant to the evaluation. The stakeholder mapping should be inclusive, integrating beneficiaries from vulnerable groups to hear their voices. The mapping exercise will also include government, civil society, regional entities, UN agencies and external development partners and will indicate the relationships between different sets of stakeholders; ● an analysis of the intervention logic of the programme, i.e. the theory of change meant to lead from planned activities to the intended results of the programme; ● the evaluation matrix containing the final version of evaluation criteria, questions, indicators, sources of information, etc.; ● the development of a data collection and analysis strategy as well as a concrete work plan for the field phase. <p>At the end of the design phase, the evaluation team will produce an inception report, which will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report.</p> <p>The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan - prepared in accordance with the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”.⁷ The inception report should also present the reconstructed programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The inception report needs to be reviewed and validated by the Evaluation Reference Group⁸ before the evaluation field phase commences.</p>

⁷ <https://www.unfpa.org/updates/unfpa-evaluation-handbook-released>

⁸ Evaluation Reference Group will have a ten days to review the draft reports and send their comments.

	<p>b. Field phase</p> <p>After the design phase, the evaluation team will collect and analyze the data required in order to answer the evaluation questions.⁹ At the end of the field phase, the evaluation team will provide the Evaluation Reference Group with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.</p> <p>c. Analysis and Reporting phase</p> <p>During this phase, the evaluation team will continue the analytical work initiated during the field phase, taking into account comments made by the Evaluation Reference Group. This first draft evaluation report will be submitted to the Evaluation Reference Group for comments (in writing). Comments from the reference group and UNFPA SROC staff will be consolidated. The draft report will form the basis for a debriefing meeting, which will be attended by the members of the SROC as well as all the members of the Evaluation Reference Group. The final report will be drafted by the Team Leader based on the comments received during the webinar/seminar.</p> <p>The final report will be quality assessed by the Evaluation Office.¹⁰</p> <p>d. Dissemination phase</p> <p>During this phase, UNFPA offices, including relevant divisions at UNFPA headquarters, will be informed of the evaluation results. The evaluation report, accompanied by a document listing all recommendations, will be communicated to all relevant units within UNFPA, with an invitation to submit their response. Once completed, this document will become the management response to the evaluation. The UNFPA offices will provide the management response within six weeks of the receipt of the final evaluation report. The evaluation report, along with the CPE ToR and management response, will be published in the UNFPA evaluation database within eight weeks since their finalization. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.</p>
Duration and working schedule:	The timeframe of the evaluation will be four months from the start of phase 1 until the approval of the final report.
Place where services are to be delivered:	The evaluation team is expected to work remotely, utilizing own office space, computer, internet, telephone and other equipment, as needed, to undertake the assignment.
Methodology:	The evaluation will use a theory-based approach to reconstruct and understand the logic behind the sub-regional programme interventions for the period under evaluation from planning documents and represent it in a diagram to be presented in the inception report. The Theory of Change

⁹ In light of the Covid19 pandemic, this collection may have to be done virtually.

¹⁰ See evaluation quality assessment grid - <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>

(ToC) reflects the conceptual and programmatic approach taken by UNFPA over the period under evaluation including the most important implicit assumptions underlying the change pathway. The ToC will include the types of intervention strategies or modes of engagement used in programme delivery, the principles guiding the interventions, the elements of the intervention logic, the level of expected changes and the external factors and influence and determine the causal links depicted in the theory of change diagram. The ToC will be tested during the field and data collection phase.

Data Collection

The evaluation will use a mixed-method approach to data collection, including documentary review, group and individual interviews, a questionnaire, focus groups and field visits to programme sites, as appropriate (and in light of COVID-19). The evaluators will be required to take into account ethical considerations when collecting information. The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). The consultants will adhere to the *Ethical guidelines for Evaluators in the UN system* and the *Code of Conduct*, also established by UNEG. The evaluation team will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise. The evaluation will also follow the guidance on the integration of gender equality and human rights as established in the UNEG guidance document “Integrating Human Rights and Gender Equality in Evaluations”.¹¹

Data analysis

The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use a variety of both quantitative and qualitative methods to ensure that the results of the data analysis are credible and evidence-based. The analysis will be made at the level of programme outputs and corresponding components and their contribution to outcome level changes. Evaluation questions set within the change pathway of the ToC will be tested to assess where change has taken place. In the process, the evaluation will assess UNFPA’s contribution to the change observed over the years. The reconstructed ToC and the assumptions therein will be tested during the conduct of the evaluation. Judgment will be based on data responding to the indicators set forward in the evaluation matrix. By triangulating all data from all sources and methods, a comprehensive picture should emerge on the validity of the reconstructed ToC, and UNFPA’s contribution to the change observed.

The evaluation team will ensure the following in analyzing data, formulating findings and reaching to conclusions:

- i. Are the findings substantiated by evidence?
- ii. Is the basis for interpretations carefully described?
- iii. Is the analysis presented against the evaluation questions?

¹¹ Links: [UNFPA Evaluation Policy](#), [UNEG Norms and Standards](#), [Ethical Guidelines](#), [Code of Conduct](#) and [UNEG Integrating Human Rights and Gender Equality](#)

	<ul style="list-style-type: none"> iv. Is the analysis transparent about the sources and quality of data? v. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted? vi. Does the analysis show different outcomes for different target groups, as relevant? vii. Is the analysis presented against contextual factors? viii. Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights? <p>Stakeholders participation</p> <p>The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will perform a stakeholders mapping for the region and countries in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). In order to improve the quality of the next sub-regional programme document and to ensure that regional and national development needs are addressed, it is important to invite implementing partners and national counterparts to participate in the final evaluation of the programme. This will also increase the sense of ownership of programme activities and therefore sustainability of the programme interventions.</p> <p>The participation of the different stakeholders should be done at different stages of the evaluation process and should also be done separately as their interest and involvement in programme implementation is different. In particular, efforts should be made to reach the beneficiaries of the SROC programmes, with special emphasis on target groups (most vulnerable). The methodology on how best to capture the views of the partners should be discussed during the inception meeting using as background document the evaluation questions.</p>
<p>Expected outputs and deliverables (incl. Work plan):</p>	<p>The evaluation team will produce the following deliverables:</p> <ul style="list-style-type: none"> ● Inception report (Within 2 weeks after contract is signed). The report should include (as a minimum): a) stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase. The inception report should have a maximum of 30 pages; ● First draft evaluation report (Within 5 weeks after inception report approval and feedback is received by the evaluation team): This draft report presents an overview of the main preliminary findings of the evaluation ● A second draft evaluation report (Within 2 weeks after approval is given on first draft of evaluation report): This second draft report should be of a maximum of 70 pages (plus annexes); a presentation of the results of the evaluation for the internal dissemination seminar to be held and facilitated by the team of evaluators; ● A final evaluation report (Within 2 weeks after approval of second draft of evaluation has been approved): this final evaluation report should address comments expressed during the dissemination

	<p>seminars.</p> <ul style="list-style-type: none"> ● An evaluation brief (Submit with the final evaluation): A brief is to be compiled (maximum 5 pages) summarizing the evaluation report. <p>All deliverables will be written in English.</p>
<p>Supervisory arrangements:</p>	<p>The evaluation will be guided by the Terms of Reference approved by the UNFPA Regional Office on behalf of the UNFPA Evaluation Office, and the UNFPA Handbook “How to Design and Conduct a Country Programme Evaluation”. The evaluation will be conducted by an independent evaluation team, preferably comprised of a team leader and 2-3 experts in relevant fields.</p> <p>The team leader reports directly to the SROC Deputy Director and the SROC Programme Analyst throughout the evaluation. The Sub-Regional Office reserves the right to discontinue the contract if it feels that the evaluation team does not live up to the expectations or does not respect the rules of the code of conduct or if the consultants act in a way that is detrimental to UNFPA’s reputation and image.</p> <p>Team leader</p> <p>The team leader will take overall responsibility for conducting the evaluation and will be the focal point for coordinating with UNFPA. S/he will be responsible for the following:</p> <ul style="list-style-type: none"> ● Liaise periodically with the SROC Programme Analyst to ensure that the evaluation is carried out as per the work plan approved by UNFPA; ● Seeks guidance and support from the SROC Programme Analyst on conducting meetings with internal and external partners; ● Ensure all ethical considerations outlined in study work plan are adhered to; ● Coordinate and lead data management, analysis and interpretation of the results; ● Provide qualitative and quantitative data analysis and recommendations to UNFPA in agreed upon reporting format; and ● Amend report as needed to incorporate technical feedback and management responses and provide a final report to UNFPA as per agreed upon timeline. <p>Evaluation Reference Group:</p> <p>The Evaluation Reference Group has a critical role in the evaluation. The Evaluation Reference Group will provide direct guidance and advice to the team of evaluators and has the following specific responsibilities:</p> <ul style="list-style-type: none"> ● Provides input to the ToR of the evaluation, including the first selection of evaluation questions to be covered by the evaluation; ● Contributes to the final selection of the evaluation questions, and provides overall comments on the inception report of the evaluation; ● Facilitates access of evaluation team to information sources (documents and interviewees) to support data collection; and ● Provides comments on the main deliverables of the evaluation, in particular the draft final report.

	<p>The Reference Group will – to the extent possible - be comprised of the following members:</p> <ul style="list-style-type: none"> ● SROC Management team ● SROC Programme Analyst ● Two SROC Liaison Office staff ● Regional M&E Advisor ● M&E focal point, Pacific Sub-regional Office ● UNFPA HQ – Programme Division representative ● Two youth representatives (YAG)
Expected travel:	<p>Where possible, interviews are expected to be conducted primarily electronically and/or via telephone and only if feasible through face-to-face meetings. The potential for travel will be carefully monitored by UNFPA against the background of the provisions regarding travel in light of the COVID19 pandemic.¹²</p>
Required expertise, qualifications and competencies:	<p>The team of evaluators shall consist of members with expertise and skills to conduct the evaluation as per the TOR. The desired qualifications and competencies of the team of evaluators should include:</p> <p>a) Requirements for the team of evaluators: The team of evaluators should be culturally diverse and multidisciplinary in nature and gender balanced. The members should possess key experience and skills in evaluation of multilateral and bilateral agencies supporting the national governments.</p> <p>b) Experience:</p> <ul style="list-style-type: none"> ● Knowledge and demonstrated experience in the four components of UNFPA’s mandate: Sexual and Reproductive Health and Rights, Adolescents and Youth, Gender Equality and Women’s Empowerment; and Population and Development; ● Knowledge of the UNDS and the Caribbean sub-region; ● Technical knowledge and demonstrated experience related to information gathering methods, data analysis and reporting; ● Demonstrated experience in working successfully as a multidisciplinary team; and ● Knowledge of participatory methods. <p>c) Skills:</p> <ul style="list-style-type: none"> ● Excellent English language skills; knowledge of Dutch is considered an asset; ● Interviewing skills, especially in interviewing different target audiences; ● Facilitation skills, especially in working with groups of different target stakeholders (i.e. beneficiaries, including women and men, adolescents, persons belonging to different ethnic groups; central, district and village government officers; non-governmental organizations; civil society).

¹² <https://www.unfpa.org/admin-resource/adapting-evaluations-covid-19-pandemic>

d) Abilities:

- Document analysis;
- Data analysis taking into consideration different perspectives;
- Financial analysis; and
- Understanding of diversity, including cultural and gender awareness.

e) Personal ethics

- Respect the United Nations Evaluation Group (UNEG) Code of Conduct;
- Be sensitive to beliefs, manners and customs and act with integrity and honesty in their relationship with all stakeholders, and in accordance with human rights norms; and
- Protect the anonymity and confidentiality of institutions and individual informants.

The Evaluation will preferably be carried out by an interdisciplinary group of technical experts in Sexual and Reproductive Health and Rights, Adolescents and Youth, Data & Population dynamics and Gender Equality and Women Empowerment. The team of evaluators will comprise of a team leader (lead evaluator) who will also serve as one of the technical focal points.

1) Team Leader

a) Key tasks

- Lead in undertaking agreed evaluation activities;
- Guide other members of the team in order to complete the work in accordance with the Terms of Reference in a timely manner;
- Continuously review the work of individual members, provide guidance and ensure a coordinated analysis;
- Be the spokesperson of the team of evaluators vis-à-vis SROC Deputy Director and the Evaluation Reference Group;
- Ensure that meeting schedules are adequate to fulfill the ToR and conducted without any delay;
- Follow the final TOR and the questionnaire provided for the evaluation;
- Review all documents produced by the sub-regional office and its liaison offices during the period under review;
- Consolidate the team members' contributions into the draft and final evaluation report; and
- Prepare the evaluation report and serve as principal presenter in front of key audiences.

Qualifications

- Post graduate degree in social sciences, public health or any related field to UNFPA's mandate
- At least 10 years of experience conducting programme level evaluations (complex evaluations).
- At least 10 years of working experience in the area of expertise
- Ability to use facilitation and mediation skills during interviews
- Ability to realistically assess stakeholders' capacity and willingness to participate in evaluation
- Ability to communicate clearly (verbally and written) in English

	<ul style="list-style-type: none"> ○ Willingness to travel to the sub-region ○ Proven analytic, communication, presentation and evaluation skills ○ Working experience with the UNDS and/or in the sub-region ○ Strong understanding of the Caribbean environment (political, social, economic and religious) <p>Technical experts (2-3)</p> <p>Key tasks</p> <ul style="list-style-type: none"> ● Assess the design, implementation and results of the technical components of the programme ● Work independently and as a team member on all activities needed to conduct the evaluation in his/her area of expertise and in the programme as a whole ● Contribute to the review of the evaluation questionnaire to assure that gender and youth issues are captured during the interviews/meetings ● Follow the final TOR and the questionnaire provided for the evaluation ● Review all documents produced by the sub-regional office and its liaison offices during the period under review ● Meet with partners, beneficiaries and stakeholders to review the advances in the thematic components and to gather recommendations for improvement, if needed ● Analyze the pertinence and alignment of the thematic component of the country programme interventions to sub-regional/national development priorities and strategies ● Provide assistance to the evaluation through analysis of the technical component and related regional and national priorities ● Provide assistance to the team leader in preparing the evaluation draft and final reports through the preparation of chapters on their areas of focus ● Contribute to the preparation of the design (inception), the draft and final reports of the evaluation ● Provide strategic recommendations in the related thematic component for the development of the next sub-regional programme document <p>Qualifications</p> <ul style="list-style-type: none"> ○ At least a Master’s degree in one of the following areas: Public Health, Gender, Development Studies, Economics, Demography ○ At least 10 years of working experience in the area of expertise ○ Capacity to work well in a multi-cultural and multi-national settings ○ Ability to use facilitation and mediation skills during interviews ○ Ability to realistically assess stakeholders’ capacity and willingness to participate in evaluation ○ Ability to communicate clearly (verbally and written) in English ○ Working experience with the UNDS and/or in the sub-region ○ Strong understanding of the Caribbean environment (political, social, economic and religious)
<p>Services to be provided by UNFPA</p>	<ul style="list-style-type: none"> ● All relevant documents related to the evaluation process will be shared with the team of evaluators directly once the assignment is awarded.

	<ul style="list-style-type: none"> • UNFPA will facilitate setting up meetings with internal and external partners
<p>Other relevant information</p>	<p>Structure of the final report</p> <ol style="list-style-type: none"> 1) Cover page 2) Second page <ul style="list-style-type: none"> ○ Map of region ○ Team of evaluators ○ Titles/position of consulting team members 3) Acknowledgements 4) Abbreviation and acronyms 5) Table of contents 6) Executive summary (5 pages max) 7) Chapter 1: Introduction <ol style="list-style-type: none"> 1.1 Purpose and objectives of the CPE 1.2 Scope of the evaluation (5 - 7 pages max.) 1.3 Methodology and process 1.4 Limitations of evaluation 8) Chapter 2: Regional context <ol style="list-style-type: none"> 2.1 Development challenges and regional strategies (5 - 6 pages max.) 2.2 The role of external assistance 9) Chapter 3: UN/UNFPA response and programme strategies <ol style="list-style-type: none"> 3.1 UNFPA strategic response (5 - 7 pages max.) 3.2 UNFPA response through the sub-regional programme <ol style="list-style-type: none"> 3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements 3.2.2 Current UNFPA sub-regional programme 3.2.3 The human and financial structure of the sub-regional programme 10) Chapter 4: Findings <ol style="list-style-type: none"> 4.1 Answer to evaluation questions on relevance 4.2 Answer to evaluation questions on effectiveness 4.3 Answer to evaluation questions on efficiency 4.4 Answer to evaluation questions on X (25-35 pages max.) 11) Chapter 5: Conclusions <ol style="list-style-type: none"> 5.1 Strategic level 5.2 Programmatic level 12) Chapter 6: Lessons Learned and Good Practices 13) Chapter 7: Recommendations 14) Annexes <ul style="list-style-type: none"> Annex 1 Terms of reference Annex 2 List of persons/institutions met Annex 3 List of documents consulted Annex 4 The evaluation matrix Annex 5 Tools/templates used (e.g. interview protocols; focus group templates, survey template) Annex 6 UNEG/UNFPA Ethical Code of Conduct for Evaluations Annex 7 List of Atlas/JPS projects for the period under evaluation Annex 8 A list of stakeholders by areas of intervention Annex 9 Evaluation Quality Assessment Grid Annex 10 Management response template List of tables List of figures