Terms of Reference

United Nations Population Fund (UNFPA) Zimbabwe 8th Country Programme (2022 - 2026)

Country Programme Evaluation

January 2025

Contents

Acronym

AI	Artificial Intelligence
AIDS	Acquired Immunodeficiency Syndrome
CCA	Common country analysis
CO	Country office
CP	Country programme
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office
GBV	Gender-based violence
HCT	Humanitarian Coordination Team
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
M&E	Monitoring and evaluation
MoFEDIP	Ministry of finance, economic development and investment promotion
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
ZiG	Zimbabwe Gold
ZIMSTAT	Zimbabwe National Statistical Agency
ZNASP	Zimbabwe National HIV and AIDS Strategic Plan

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency on sexual and reproductive health and rights, supporting efforts to deliver 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]

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) ending preventable maternal deaths; (ii) ending unmet need for family planning; and (iii) ending gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. The UNFPA ESA region has a fourth transformative result to End sexual transmission of HIV. These three plus one 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".

UNFPA has been operating in Zimbabwe since 1982. The support that the UNFPA Zimbabwe Country Office (CO) provides to the Government of Zimbabwe under the framework of the 8th Country Programme (CP) (2022 - 2026) builds on national development needs and priorities articulated in the:-
(i) National Health Strategy (2021 - 2025), (ii) National Development Strategy 1 (2021 - 2025), (iii) United Nations Sustainable Cooperation Framework (UNSDCF, 2022 - 2026), (iv) National Strategy for the development of statistics 2 (2016 - 2020), (v) Zimbabwe National Gender Policy (2013 - 2017), (vi) Zimbabwe National HIV and AIDS Strategic Plan (2021 to 2026), (vii) National Youth Policy (2020 to 2025) and (viii) Common Country Analysis (CCA , 2021)

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.[2] The Country Programme Evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 8th country programme (2022 - 2026) in Zimbabwe , and offer an analysis of various facilitating and constraining factors influencing programme delivery and the

[1] UNFPA Strategic Plan 2022-2025
[2] UNFPA Evaluation Policy 2024, p. 22.

achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.[3] 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 CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, Country Office 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 Zimbabwe Country Office; (ii) the Government of Zimbabwe; (iii) implementing partners of the UNFPA Zimbabwe Country Office; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vii) donors. 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) academia; and (iv) 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 CPE manager within the UNFPA Zimbabwe CO in close consultation with the Government of Zimbabwe, Ministry of Finance, Economic Development and Investment Promotion (MoFEDIP) that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the ESARO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Country Context

Zimbabwe is a landlocked country with a land area of 390,757 square kilometers. According to the 2022 Zimbabwe Population and Housing Census, Zimbabwe had a population of 15,178,979 and is projected to increase to 21.2 million by 2042. An annual growth rate of 1.5% has been reported between 2012 and 2022. 48% of the population are male and 52 % are female giving a sex ratio of 92 males per 100 females. 61.4% of the population live in the rural areas while 38.6% live in the urban areas. The

[3] UNEG, Norms and Standards for Evaluation (2016). The document is available at https://www.unevaluation.org/document/detail/1914

population is relatively young with 54% of the population in the economical age group of 15 to 64, 32 % aged 10 to 24 years and 10 % aged 15 to 19 years.

Harare, the capital of Zimbabwe remains the most populous province with 16% of the total population residing in the city, followed by Manicaland (13.4 percent) and Mashonaland West (12.5 percent), while the least populous provinces are Bulawayo (4.4 percent), Matabeleland South (5 percent) and Matabeleland North (5.5 percent). The share of urban population has increased from 33 percent in 2012 to 38.6% in 2022.

Real GDP growth declined from 6.1% in 2022 to 5.0% in 2023.[4] This is mainly due to drought and floods that affected agricultural output and to higher costs of fuel and food imports. Zimbabwe has a multi currency monetary system, with the Zimbabwe dollar known as the Zimbabwe Gold (ZiG) and the US dollar ($) as dominant currencies. The nominal exchange rate depreciated by 89.8% in 2023, reaching ZWL6,104/$1 by December 2023. To rebuild trust and confidence in the local currency, the Reserve Bank of Zimbabwe (RBZ) introduced a new currency on 5 April 2024, Zimbabwe gold (ZIG), which replaced the Zimbabwe dollar. The ZIG exchange rate is market determined and backed by the US dollar and mineral reserves. On its introduction, the exchange rate stood at ZiG13.55/$1 but fell to ZiG25/$1 in September 2024 and ZiG30/S1 in November 2024. The Year-on Year monthly inflation rate declined from 41.9% in December 2022 to 29.4% in December 2023 and increased to 57.5% in April 2024. However, after the introduction of the new currency it decreased to 36.5% by the end of August 2024.

The fiscal deficit remained low, at 2.0% of GDP in 2023 from 2.1% in 2022, due to a combination of enhanced revenue mobilization and expenditure cuts. The current account surplus increased marginally from 1.0% of GDP in 2022 to 1.3% in 2023, reflecting increased export earnings. The financial sector remained strong in 2023, with a capital adequacy ratio of 33%, a ratio of nonperforming loans to gross loans of 1.5%, and a liquidity ratio of 60%, all above minimum regulatory requirements of 12%, 5%, and 30%, respectively. Poverty remains high, estimated at 38.7% in 2023. Unemployment stood at 21% in the third quarter of 2023.

Slower GDP growth of 2.0% is projected for 2024, mainly on account of below average agricultural output due to the El Niño weather phenomenon. Mining output is also expected to remain subdued because of lower international mineral prices. Inflation is projected to average 24.9% in 2024 as the exchange rate stabilizes. The downside risks are elevated due to drought caused by El Niño weather patterns that has affected the agriculture sector, while unstable international commodity prices pose further risks to the mining sector. A slowdown in global economic growth would be a major risk to the outlook.Zimbabwe has made notable progress on several key health indicators over the last decade. Maternal Mortality ratio declined from 651 per 100,000 live births in 2015 (ZDHS) to 462 per 100,000 live births in 2019 (MICS) and 362 per 100,000 live births in 2022 (2022, Census). While this decline is commendable, it is still unacceptably high. Institutional maternal deaths increased from 107 per 100,000

[4] African Development Bank.

in 2022 to 114 per 100,000 in 2024 against an SDG target of 73 per 100,000. This occurs within the context of high antenatal care (ANC) visits of 95% and skilled birth attendance of 86%. This disconnect is due to poor quality of service and a weak health delivery system characterized by underfunding, shortages of medicine and equipment and skills gap among other factors. The Ministry of Health and Child Care was allocated 11.2% of the national budget in 2023, 10.8% in 2024 and 10.2% in 2025. This is still short of the 15% target of the Abuja declaration. The 2022 population census estimates the crude Birth Rate (CBR) at 28.9 births per 1,000 population. The national total fertility rate (TFR) was 3.7. Rural areas had a higher TFR of 4.4 as compared to 3.0 in urban areas.

The average fertility rate among adolescents aged 15-19 years was 87 and was higher in the rural areas (114.4) compared to 49.7 in the urban areas. According to the National Assessment on Adolescent Pregnancy Report (2023), at least 21% of antenatal bookings between 2019 and 2022 were of adolescents aged 10 to 19 yrs. Adolescent pregnancy prevalence rate spiked from 9% in 2016 to 23.7% in 2023.

The median age at first live birth was 20 years. The median age at first live birth for women in urban areas was higher, at 21 years as compared to 19 years for women in rural areas

18.9 percent of women aged 20-24, were married or got into union before attaining the age of 18. The proportion was higher, at 27.4 percent in rural areas compared to 10.2 percent in urban areas. One percent of women aged 20-24 years were in union before age 15. The proportion was higher at 1.6 percent in rural areas compared to 0.5 percent in urban areas.

According to data from the National HealthInformation System, 691,791 new cases of sexually transmitted infections were reported between 2022 and October 2024. Of these, 409,065 were female while 282,726 were males.The HIV prevalence among adults aged 15 to 49 was estimated at 11% in 2023 while that in the age group 15 to 24 was estimated at 3%.

Zimbabwe carries a burden of cervical cancer with an age-standardised incidence rate of 62.3 per 100,000 women which is five times higher than the global average. Increasing coverage of cervical cancer screening and treatment, awareness raising and coordination of stakeholders working in the field is paramount to reducing the incidence rate.

In 2019, 4.6% of women aged 15 to 49 years reported having had sex before the age of 15 compared to 3.8% of men. In young people aged 15 to 24, 3.8% of women and 5.5% of men reported having sex before the age of 15 while 3.2% of adolescent women and 5.5% of adolescent men aged 15 to 19 also reported having sex before the age of 15. There are some marked differences between urban and rural women with 2.2 % of urban women compared to 6.1% in rural areas having had sex before age 15. In men, 2.5 % of those living in the urban areas compared to 4.6% had sex before the age of 15.

Total users of modern family planning among all women rose from 1.5 million in 2012 to 2.2 million in 2023. The percentage of married women with unmet need for modern methods of contraceptives declined from 14% in 2012 to 11% in 2023. The contraceptive prevalence rate among married women increased from 61% in 2012 to 67% in 2023.

According to ZDHS 2015, 39% of women and 33% of men agree that a husband is justified to beat his wife for any reason such as burning the food, argues with him, goes out without telling him, neglects the children and refuses sexual intercourse. 72 % of women reported that they participate in decisions about the woman's own health, major household purchases and visits to family or relatives.

ZDHS 2015 reported that 35 % of women aged 15 to 49 have experienced physical violence since the age of 15 while 15 experienced physical violence in the past 12 months. 14% of women aged 15-49 experienced sexual violence at least once in their lifetime while 8% experienced sexual violence in the past 12 months. 32 % of ever-married women have experienced spousal emotional violence in their lifetime while 24% experienced spousal emotional violence in the past 12 months. 6 % of women who have ever been pregnant experienced violence during one or more of their pregnancies. 35% of ever married women aged 15-49 have experienced physical or sexual violence from a spouse and of these 37% reported experiencing physical injuries. 39% of women who have ever experienced physical or sexual violence have sought help.

The national statistics system in Zimbabwe is coordinated by the Zimbabwe Statistical Agency (ZIMSTAT). This is done through implementing activities in the National Strategies for the Development of Statistics, the latest which runs from 2021 to 2025. The system is built around routine information systems which are at different stages of development and national household surveys such as demographic and health surveys, labour force surveys among others. However, challenges faced by the system include inadequate disaggregation of data, weak coordination and lack of funding.

Zimbabwe has been conducting the Population and Housing Census every ten years from 1982. The latest census was conducted in 2022.

Zimbabwe was not spared from the Covid-19 pandemic from 2020 to 2021 which affected the implementation of development and humanitarian projects thus impacting negatively on economic growth and health status of the population.

Zimbabwe has also been affected by cyclones such as cyclone IDAI that hit the country in 2019 and left a trail of destruction including shelter, lives and livelihood. Over 17,000 households were left homeless, 12 health facilities were damaged and 139 schools were affected resulting in disruption of learning for over 10,000 children. Though it happened before the 8th country programme, its impact was felt in the programme. This was followed by the El Nino induced drought d in 2023 which affected agricultural production, leaving about 6 million people in need of food assistance2.6 million people were water insecure and 1.8 learners affected. During El Nino drought, pregnant women and girls are considered high-risk for maternal complications that are compounded by poor quality of care, inadequate human resources and lack of essential medicine and supplies. Research also indicates that drought results in an

increase in gender based violence and sexual exploitation. The country was also hit by a cholera epidemic that started in 2023. By the end of 2024, over 19,000 suspected cholera cases and 370 confirmed deaths had been reported. .

3. UNFPA Country Programme

UNFPA has been working with the Government of Zimbabwe since 1982 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA Zimbabwe is currently implementing the 8th country programme.

Development of the 8th CP was based on lessons learned from the previous 7th CP (2016 - 2020). Some of the key lessons learned include that improved geographical focus will increase impact of the program, interventions providing a continuum of services from demand generation to service provision results in more benefits to beneficiaries, bringing on board new players to work with Government partners will improve achievement of results in SRHR and GBV and implementing integrated programs will be more cost effective and have more impact.

The 8th country programme (2022 - 2026) is aligned with National Health Strategy (2021 - 2025), National Development Strategy 1 (2021 - 2025), United Nations Sustainable Cooperation Framework (UNSDCF, 2022 - 2026), National Strategy for the development of statistics 2 (2021 - 2025), Zimbabwe National Gender Policy (2013 - 2017), Zimbabwe National HIV and AIDS Strategic Plan (2021 to 2026). It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Zimbabwe CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery]. The **overall goal/vision** of the UNFPA Zimbabwe 8th country programme ([2022- 2026) is to improve the health and well-being of women, young people and vulnerable and marginalized groups in Zimbabwe by ensuring universal access to high-quality integrated SRHR information and services in an enabling environment. This will contribute to the achievement of the three plus one transformative results of UNFPA: zero unmet need for family planning; zero preventable maternal deaths; zero gender-based violence and in Southern Africa, zero sexual transmission of HIV. The country programme further aims to reduce the unmet need for family planning for married women aged 15-19 years (from 12.6 per cent to 10 per cent). The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes;

- **National priorities** (i) Improve the quality of life, (ii) improve life expectancy at birth from the current 61 years to 65 years (iii) Reduce morbidity and mortality due to communicable and non-communicable diseases (iv) Improved care and protection of vulnerable groups

- **UNSDCF Outcomes**: (i) All people in Zimbabwe, especially women and girls and those in the most vulnerable and marginalized communities, realize their rights and have access to equitable and high-quality social services and protection. (ii) All people in Zimbabwe, especially the most vulnerable and marginalized, benefit from more accountable institutions and systems for rule of law, human rights and access to justice
- **UNFPA Strategic Plan Outcomes**. (i) By 2025, the reduction in the unmet need for family planning has accelerated (ii) By 2025, the reduction of preventable maternal deaths has accelerated. (iii) By 2025, the reduction in gender based violence and harmful practices has accelerated.

The UNFPA Zimbabwe 8th country programme (2022- 2026) has four thematic areas of programming with four interconnected **outputs**: (i) Sexual Reproductive health and rights (ii) Adolescents and Young people (iii) Gender based-violence and harmful practices and (iv) Population and development. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1: Sexual Reproductive health and rights

Strengthened institutional capacity to deliver high-quality, integrated SRHR services and information, including for adolescents and vulnerable groups, at national, provincial, district and community levels, including in humanitarian situations.

This has been delivered through the following broad interventions:-

1. Support readiness (basic infrastructure; staff; equipment; supplies) of selected health facilities to offer comprehensive emergency obstetric and neonatal care, cervical cancer prevention and youth-friendly integrated SRH, HIV and GBV services ;
2. Provide technical assistance to improve high-quality SRHR service delivery, including the use of maternal and perinatal death surveillance and response as a quality-improvement tool;
3. Build capacity of the Government to effectively forecast, procure, distribute and track the delivery of SRH commodities, to reduce stock-outs of contraceptives and other essential SRH medicines and supplies;
4. Ensure continuity of SRHR services during emergencies and humanitarian situations through the distribution of life-saving reproductive health kits, menstrual hygiene kits and mainstreaming the minimum initial services package within the health delivery system;
5. Strengthen the capacities of career training schools (midwifery, medical) to improve competency-based training and support health management and inservice clinical skills for delivering high- quality integrated SRHR services, including for adolescents and young people
6. Advocacy to invigorate and better integrate comprehensive condom programming, including for key populations;
7. Develop strategic partnerships and cooperation with the Government, the private sector, the United Nations and academia to drive innovation (including e-learning), strengthen health

management information systems, encourage operational research, documentation and dissemination of information and best practices to enhance service delivery, including for humanitarian response;

8. Strengthen advocacy with the Government to increase domestic funding for family planning and SRH, and expand human resources for health management, including bringing innovation to the issue of staff retention, to facilitate the provision of high-quality integrated SRH services; and
9. Support the Ministry of Health and Child Care and other ministries to operationalize the National Health Strategy and other strategic plans on strengthening reproductive, maternal, newborn, child and adolescent health

Output 2:Adolescents and Young people

Adolescents and young people, including vulnerable groups, are equipped with the knowledge and skills to participate in decision-making and make informed decisions on SRHR.

This has been delivered through:-

1. Support advocacy and development of inclusive policies, legislation and accountability mechanisms for the promotion and protection of the rights of young people, including menstrual health management for all adolescents, key populations and young people with disabilities;
2. Strengthen the capacities of educational and community institutions, faith-based organizations and youth networks to design and implement innovative integrated approaches to deliver high-quality comprehensive sexuality education and tailored social and behavior change communication interventions for in-school, tertiary and out-of-school youth;
3. Support access to comprehensive sexuality education, SRHR, GBV and HIV information and services by young people and strengthen their agency to make informed decisions;
4. Provide technical support for innovations to facilitate access to information and services on menstrual health and hygiene for adolescents and young girls, including continued support for developing eco-friendly and reusable sanitary pads;
5. Support national and subnational platforms that facilitate the generation, dissemination and sharing of strategic information on best practices around adolescents and young people to inform programmes and policies;
6. Develop strategic partnerships and strengthen cooperation with the Government, the private sector, the United Nations and academia to improve innovation and operational research and explore emerging issues in adolescent SRHR to economically empower adolescents and young people.

Output 3: Gender based-violence and harmful practices

Strengthened national, provincial, district and community to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings.

This has been delivered through:-

1. Advocacy for the development and implementation of gender responsive legislation, policy guidelines and strategies, and improved funding for reducing GBV;
2. Improve knowledge of women and girls on life skills, gender-equitable norms, attitudes and behaviors, including sexuality and reproduction, self-confidence and self esteem, and their capacity to adequately access GBV services;
3. Enhance the capacity of national and subnational partners on GBV in emergencies preparedness;
4. Support male engagement interventions on positive masculinities for the active involvement of men and boys to prevent and address gender-based violence;
5. Strengthen the capacities of communities to ensure gender equality and increase the agency of women and girls;
6. Strengthen the integrated essential services package on GBV within the health, judicial and other sectors, including 'one-stop centers', community shelters and safe spaces;
7. Scale-up mobile and remote GBV essential service provision models in remote and hard-to-reach areas; and
8. Scale-up partnership and coordination and cooperation with the Government, United Nations agencies and other key stakeholders for joint programming and improved coordination to address gender-based violence and early marriage.

Output 4: Population and development

Strengthened capacity of the national statistical system to produce, analyse and use disaggregated population data to inform policy decision-making and development programming, including in humanitarian situations.

This has been delivered through:-

1. Advocate and support the use of new technologies and sustainable funding for the national statistical system;
2. Generate knowledge around the demographic dividend based on the latest population data;
3. Strengthen sector information management systems (health, education, GBV) and their inter-linkages;
4. Build capacity on data analysis and utilization for producers and users of data at national and subnational levels;
5. Strengthen partnerships with international financial institutions and research bodies on the coordination of national statistics, partnerships in data generation and use during humanitarian response and in research; and
6. Coordinate and collaborate with other United Nations agencies, especially for data generation and analysis in humanitarian settings ,including vulnerability analyses.

The UNFPA Zimbabwe CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the

national development agenda and the SDGs. Beyond the UNCT, UNFPA Zimbabwe participates in the Humanitarian Country Team (HCT) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crises.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA. It is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change 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. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Zimbabwe 8th country programme (2022- 2026) is based on the following results framework presented below:

Zimbabwe /UNFPA 8th Country Programme (2022 - 2026) Results Framework

CPD Goal/vision: to improve the health and well-being of women, young people and vulnerable and marginalized groups in Zimbabwe by ensuring universal access to high-quality integrated SRHR information and services in an enabling environment.	
National Priority (s): (i) Improve the quality of life, (ii) improve life expectancy at birth from the current 61 years to 65 years (iii) Reduce morbidity and mortality due to communicable and non-communicable diseases	**National Priority (s):** (i) Improved care and protection of vulnerable groups
UNSDCF Outcome (s)(i) All people in Zimbabwe, especially women and girls and those in the most vulnerable and marginalized communities, realize their rights and have access to equitable and high-quality social services and protection.	**UNSDCF Outcome (s): (i)** All people in Zimbabwe, especially the most vulnerable and marginalized, benefit from more accountable institutions and systems for rule of law, human rights and access to justice
Related UNFPA Strategic Plan Outcome(s): 1: By 2025, the reduction in the unmet need for family planning has accelerated; **2:** By 2025, the reduction of preventable maternal deaths has accelerated**;**	**Related UNFPA Strategic Plan Outcome(s):** By 2025, the reduction in gender-based violence and harmful practices has accelerated
UNFPA Zimbabwe 8th Country Programme Output: Strengthened institutional capacity to deliver high-quality, integrated SRHR services and information, including for adolescents and vulnerable groups, at national, provincial, district and community levels, including in humanitarian situations.	**UNFPA Zimbabwe 8]th Country Programme Output:** Adolescents and young people, including vulnerable groups, are equipped with the knowledge and skills to participate in decision-making and make informed decisions on SRHR.
UNFPA Zimbabwe 8th Country Programme Intervention Areas: 1. Support readiness (basic infrastructure; staff; equipment; supplies) of selected health facilities to offer comprehensive emergency obstetric and	**UNFPA Zimbabwe 8th Country Programme Intervention Areas:** 1. Support advocacy and development of inclusive policies ,legislation and accountability mechanisms for the promotion and protection of the rights of

neonatal care, cervical cancer prevention and youth-friendly integrated SRH, HIV and GBV services ; 2. Provide technical assistance to improve high-quality SRHR service delivery, including the use of maternal and perinatal death surveillance and response as a quality-improvement tool; 3. Build capacity of the Government to effectively forecast, procure, distribute and track the delivery of SRH commodities, to reduce stock-outs of contraceptives and other essential SRH medicines and supplies; 4. Ensure continuity of SRHR services during emergencies and humanitarian situations through the distribution of life-saving reproductive health kits, menstrual hygiene kits and mainstreaming the minimum initial services package within the health delivery system; 5. Strengthen the capacities of career training schools (midwifery, medical) to improve competency-based training and support health management and inservice clinical skills for delivering high- quality integrated SRHR services, including for adolescents and young people 6. Advocacy to invigorate and better integrate comprehensive condom programming, including for key populations; 7. Develop strategic partnerships and cooperation with the Government, the private sector, the United Nations and academia to drive innovation (including e-learning), strengthen health management information systems, encourage operational research, documentation and dissemination of information and best practices to enhance service delivery, including for humanitarian response; 8. Strengthen advocacy with the Government to increase domestic funding for family planning and SRH, and expand human resources for health management, including bringing innovation to the issue of staff retention, to facilitate the provision of high-quality integrated SRH services; and 9. Support the Ministry of Health and Child Care and other ministries to operationalize the National Health Strategy and other strategic plans on strengthening reproductive, maternal, newborn, child and adolescent health	young people, including menstrual health management for all adolescents, key populations and young people with disabilities; 2. Strengthen the capacities of educational and community institutions, faith-based organizations and youth networks to design and implement innovative integrated approaches to deliver high-quality comprehensive sexuality education and tailored social and behaviour change communication interventions for in-school, tertiary and out-of-school youth; 3. Support access to comprehensive sexuality education, SRHR, GBV and HIV information and services by young people and strengthen their agency to make informed decisions; 4. Provide technical support for innovations to facilitate access to information and services on menstrual health and hygiene for adolescents and young girls, including continued support for developing eco-friendly and reusable sanitary pads; 5. Support national and subnational platforms that facilitate the generation, dissemination and sharing of strategic information on best practices around adolescents and young people to inform programmes and policies; 6. Develop strategic partnerships and strengthen cooperation with the Government, the private sector, the United Nations and academia to improve innovation and operational research and explore emerging issues in adolescent SRHR to economically empower adolescents and young people.

UNFPA Zimbabwe 8th Country Programme Output: Strengthened national, provincial, district and community to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings.	**UNFPA Zimbabwe 8th Country Programme Output:** Strengthened capacity of the national statistical system to produce, analyse and use disaggregated population data to inform policy decision-making and development programming, including in humanitarian situations.
UNFPA Zimbabwe 8th Country Programme Intervention Areas: 1. Advocacy for the development and implementation of gender responsive legislation, policy guidelines and strategies, and improved funding for reducing GBV; 2. Improve knowledge of women and girls on life skills, gender-equitable norms, attitudes and behaviours, including sexuality and reproduction, self-confidence and self esteem, and their capacity to adequately access GBV services; 3. Enhance the capacity of national and subnational partners on GBV in emergencies preparedness; 4. Support male engagement interventions on positive masculinities for the active involvement of men and boys to prevent and address gender-based violence; 5. Strengthen the capacities of communities to ensure gender equality and increase the agency of women and girls; 6. Strengthen the integrated essential services package on GBV within the health, judicial and other sectors, including 'one-stop centres', community shelters and safe spaces; 7. Scale-up mobile and remote GBV essential service provision models in remote and hard-to-reach areas; and 8. Scale-up partnership and coordination and cooperation with the Government, United Nations agencies and other key stakeholders for joint programming and improved coordination to address gender-based violence and early marriage.	**UNFPA Zimbabwe 8th Country Programme Intervention Areas:** 1. Advocate and support the use of new technologies and sustainable funding for the national statistical system; 2. Generate knowledge around the demographic dividend based on the latest population data; 3. Strengthen sector information management systems (health, education, GBV) and their inter-linkages; 4. Build capacity on data analysis and utilization for producers and users of data at national and subnational levels; 5. Strengthen partnerships with international financial institutions and research bodies on the coordination of national statistics, partnerships in data generation and use during humanitarian response and in research; and 6. Coordinate and collaborate with other United Nations agencies, especially for data generation and analysis in humanitarian settings ,including vulnerability analyses.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

i. To provide the UNFPA Zimbabwe CO, national stakeholders and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Zimbabwe 8th Country Programme (2022- 2026).
ii. To broaden the evidence base to inform the design of the next programme cycle.

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

i. To provide an independent assessment of the relevance, coherence, efficiency, sustainability, and effectiveness of UNFPA support, clearly articulating the achievements versus targets of the CP.
ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
iii. To provide an assessment of the role played by the UNFPA Zimbabwe CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover sampled districts from the following provinces, Manicaland, Mashonaland Central, Mashonaland East, Midlands and Matabeleland North where UNFPA implemented interventions.

Thematic Scope

The evaluation will cover the following thematic areas of the 8th CP:

1. Sexual and reproductive health and rights
2. Adolescent and Young People
3. Gender Based Violence and harmful practices
4. Population and development

In addition, the evaluation will cover cross-cutting issues, such as [human rights; gender equality; disability inclusion, etc.], and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization and strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2022 - April 2024.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook, the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.[5]

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
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?
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).

[5] 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.

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see Handbook, Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Zimbabwe 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 theory of change (the different pathways in the results chain and the theory's internal logic), 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 programme and contributed to change.

Relevance

1. To what extent has UNFPA positioned itself within the national development/policy space and adapted to changes that have taken place, and what strategies did it take to assist efforts on addressing the needs of vulnerable and marginalized populations taking into account the issue of disability, human rights and gender including emerging issues such as new diseases, drug abuses and challenges brought about by climate change?

Coherence

2. To what extent have the different components of 8th Country programme (SRHR, GBV, AYP) been integrated to ensure synergies in addressing SRHR issues, adolescents and youth, gender based violence and use of data for decision making?

3. To what extent has UNFPA worked with stakeholders and leveraged strategic partnerships at all levels (national, provincial and district) and development partners and ensure that no one is left behind?

Effectiveness

4. To what extent has UNFPA Zimbabwe strategies on SRHR, GBV, adolescents and young people and population and development achieved the intended outcomes for the different target groups making sure that no one is left behind? In particular: (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

Efficiency

5. To what extent has UNFPA Zimbabwe used resources at its disposal efficiently to achieve the planned results following laid down policies and procedures of UNFPA and the Government of Zimbabwe?

Sustainability

6. To what extent has UNFPA supported establishment of local accountability and oversight systems to ensure sustainability and continuation of programmes that it is implementing?

Coordination

7. To what extent has UNFPA contributed to the functioning of various coordination mechanisms such as the UNCT, GBV Sub Cluster, Youth Networks, SRH TWG, M&E technical working group, Data for development and Innovation TWG and other coordination mechanisms in the country?

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

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

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

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Zimbabwe 8th country programme (2022-2026) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Zimbabwe CO been during the period of the 8th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Zimbabwe 8th country programme (2022- 2026) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Zimbabwe CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include Government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and. most importantly rights-holders)notably women, adolescents and youth)]. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation

of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Zimbabwe CO has established an ERG comprised of key stakeholders of the country programme, including Ministry of Finance, Economic Development and Investment promotion, Ministry of Health and Child Care, Ministry of Primary and Secondary Education, ZIMSTAT, Ministry of Women's Affairs, Community and Small Enterprise Development, National AIDS Council, Zimbabwe National Family Planning Council, Zimbabwe Youth Council, Musasa, Young people's network, UZ Centre for Population Studies, UNRCO, UNICEF, UNAIDS and UNWOMEN. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. 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 (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Zimbabwe CO, the evaluators acquire a solid knowledge of the UNFPA methodological framework, which includes, in particular, the Evaluation Handbook and the evaluation quality assurance and assessment principles.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation,*[6] *Ethical Guidelines for Evaluation,*[7] *Code of Conduct for Evaluation in the UN System*[8]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations.*[9] When contracted by the UNFPA

[6] Document available at: http://www.unevaluation.org/document/detail/1914.
[7] Document available at: http://www.unevaluation.org/document/detail/102.
[8] Document available at: http://www.unevaluation.org/document/detail/100.
[9] Document available at: http://www.unevaluation.org/document/detail/980.

Zimbabwe CO, the evaluators will be requested to sign the UNEG *Code of Conduct*[10] prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Zimbabwe . The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

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, group discussions and 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 CPE 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 CPE 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 theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section

[10] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

5.1) and clearly define the key areas of inquiry of the CPE. 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 theory of change of the country programme. 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.

Sampling strategy

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

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

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

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

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the CO in a Document repository. 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 two weeks 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.

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 CPE manager. During a debriefing meeting with the CO 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 CPE unless a prior written agreement is obtained from the CPE 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 CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the evaluator 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 evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use**: The evaluator 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, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. 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.

7. Evaluation Process

The CPE 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 CPE 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 CPE manager at the UNFPA Zimbabwe CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE) [optional]
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire 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 CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the

assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- 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 CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA ESARO for review.

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 CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of two weeks for data collection is planned for this evaluation. However, the CPE 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 and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidation of the feedback

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO 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 CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE 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 CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE 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 a good quality 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 CPE manager in the UNFPA Zimbabwe CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase *(Handbook, Chapter 5)*

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the editorial guidelines of the United Nations and the UNFPA Evaluation Office to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation 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 CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Zimbabwe CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Version 1 evaluation report.** The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.

- **Recommendations worksheet.** The process of co-creating the CPE 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 programme 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).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Zimbabwe 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 decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

9. 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 and involves a proactive approach which aims to prevent the production of an evaluation report that would not comply with the ToR. 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 CPE will be undertaken in accordance with the IEO guidance and tools. An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE 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 CPE report comply with the quality assessment criteria

outlined in the EQA grid[11] before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 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 country programme; 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 evaluation (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 CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Zimbabwe CO, (iii) the regional M&E adviser in UNFPA ESARO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

[11] 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.

10. 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 Handbook contains full details on all the CPE 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 CPE[12]

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		Approximately 9 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	**Stakeholder map**	
Developing the field work agenda	Evaluation team, CPE Manager	**Field work agenda**	
Developing the initial communications plan	CPE Manager and CO communications officer	*Communication plan (see Evaluation Handbook, Chapter 5)*	
Drafting the design report version 1	Evaluation team	**Design report- version 1**	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	**PowerPoint presentation on design report version 1**	
Drafting the design report version 2	Evaluation team	**Design report - version 2**	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	**Final design report** (see Evaluation Handbook, section 2.4.4)	
Field phase			
Preparing all logistical and practical arrangements for data collection	CPE Manager		4 to 5 weeks

[12] For full information on all tasks and responsible entities, see the relevant chapters of the Handbook

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**	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	**PowerPoint presentation**	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	**Evaluation matrix**	Approximately 12 weeks
Drafting CPE report version 1	Evaluation team	**Evaluation report - version 1**	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	**PowerPoint presentation**	
Recommendations workshop	Evaluation team, CPE manager, ERG members	**Recommendations worksheet**	
Drafting CPE version 2	Evaluation team	**Evaluation report - version 2**	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	**Final CPE report** *(see Evaluation Handbook, section 4.5)* **with powerpoint presentation** and **audit trail**	

Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/CPE Manager; **in bold:** The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Zimbabwe CO, in close consultation with the Ministry of Finance, Economic development and investment promotion that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE 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 CPE 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 CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Zimbabwe CO. In particular, the **country office staff** 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 country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-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 Zimbabwe CO, ESARO, representatives of the national Government of Zimbabwe, 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 CPE 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 version 1 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

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in ESAROwill provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In

particular, the regional M&E plays a crucial role in the quality assurance of the CPE deliverables. This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics).

As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process.

In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 8th UNFPA CP in Zimbabwe.

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

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE 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 CO. The team leader will also be responsible for communication with the CPE 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 country programme described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, obstetric fistula and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by

contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Zimbabwe CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader. Depending on experience, the SRHR expert may be asked to work in other thematic areas.

***Evaluation team member: Adolescents and youth exper**t*

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women, youth economic empowerment and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Zimbabwe CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader. Depending on experience, the AY expert may be asked to work in other thematic areas.

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

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as early, prevention of gender based violence and provision of services 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 CPE manager, UNFPA Zimbabwe CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader. Depending on experience, the gender expert may be asked to work in other thematic areas.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Zimbabwe CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders,

as agreed with the evaluation team leader. Depending on experience, the P&D expert may be asked to work in other thematic areas.

Evaluation team member: Young and emerging evaluator. The young and emerging evaluator (YEE) will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, S/he will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA Zimbabwe CO staff and the ERG.

The modalities for the participation of the evaluation team members and young emerging evaluator in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

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

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian assistance].
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (see expert profiles below).
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Zimbabwe
- Fluent in written and spoken English

SRHR expert

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

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

Adolescents and youth expert

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

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.

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

Gender equality and women's empowerment expert

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

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality. Knowledge and experience in evaluation of other thematic areas will be an advantage.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms is an added advantage.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.

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

Population dynamics expert

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

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

Young and emerging evaluator

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

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;

- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to progress professionally and become a competent evaluator;
- Fluent in written and spoken [select one of the three languages of UNFPA: English, French or Spanish, and add other local languages as relevant].

13. Budget and Payment Modalities

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

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

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

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

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

	Team leader	**Thematic experts**	**Young and emerging evaluator[13]**
Preparatory phase	*0*	*0*	*10*
Design phase	*13*	*10*	*40*
Field phase	*20*	*20*	*20*
Reporting phase	*15*	*9*	*30*
Dissemination and facilitation of use phase	*2*	*1*	*0*
TOTAL (days)	*50*	*40*	*100*

[13] Note that the YEE will be employed on a full time basis for 8 months at an estimated 20 days per month.

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 CPE manager.

14. Bibliography and Resources

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

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes) https://www.unfpa.org/strategic-plan-2018-2021
2. UNFPA Strategic Plan (2022-2025) (incl. annexes) https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218
3. UNFPA Evaluation Policy (2024)
4. UNFPA Evaluation Handbook
5. The following are relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office and are found in this folder.

    a. *Are we getting there? A synthesis of UN system evaluations of SDG 5 (2024)*
    b. *Baseline and evaluability assessment on generation, provision and utilization of data in humanitarian assistance (2022)*
    c. *Evaluation of the UNFPA support to the HIV response (2016-2019) (2020)*
    d. *Evaluation of UNFPA support to population dynamics and data (2023)*
    e. *Formative evaluation of the organizational resilience of UNFPA in light of its response to the COVID-19 pandemic (2024)*
    f. *Formative evaluation of UNFPA approach to South-South and triangular cooperation (2020)*
    g. *Formative evaluation of UNFPA support to adolescents and youth 2023 (2023)*
    h. *Formative evaluation of the UNFPA engagement in the reform of the United Nations development system (2022)*
    i. *Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response (2022)*
    j. *Joint Assessment of Adaptations to the UNFPA-UNICEF Global Programme to End Child Marriage in light of COVID-19 (2021)*
    k. *Joint evaluation of the UN Joint Programme on AIDS on preventing and responding to violence against women and girls (2021)*
    l. *Joint evaluation of the UN Joint Programme on AIDS's work on efficient and sustainable financing (2022)*
    m. *Joint Evaluation of phase II (2020–2023) of the UNFPAUNICEF Global Programme to End Child Marriage (2023)*

n. *Mid-term evaluation of the Maternal and Newborn Health Thematic Fund Phase III 2018-2022 (2022)*
o. *Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020) (2018)*
p. *UNFPA Regional Programme Evaluation East and Southern Africa Regional Office 2018–2021 (2021)*
q. *What works to amplify the rights and voices of youth Meta-synthesis of lessons learned from youth evaluations (2015-2020) to support the implementation of the United Nations Youth Strategy (2021)*
r. *What works to amplify the rights and voices of youth in peace and resilience building (2022)*

The evaluation reports are available at: https://www.unfpa.org/evaluation

Zimbabwe national strategies, policies and action plans

The following are relevant national strategies and policies for the 8th Country programme. They can be obtained in this folder.

a. Education Sector Strategic Plan (2021 -2025)
b. National Development Strategy 1 (2021 - 2025)
c. National Health Strategy (2021 - 2025)
d. National Youth Policy (2020 - 2025)
e. Transitional Stabilization Programme (October 2018 - December 2020)
f. Zimbabwe National AIDS Strategy (2021 - 2025)
g. Zimbabwe National Strategy to prevent and address gender based violence (2023 - 2030)
h. ZUNSDCF (2022 - 2026)

UNFPA Zimbabwe CO programming documents. These can be accessed in this folder.

6. Government of Zimbabwe/UNFPA 8th Country Programme Document (2022 - 2026)
7. Zimbabwe UN Common Country Analysis (2021)
8. Zimbabwe UN Common Country Analysis (2024)
9. Joint programme documents
    a. Health Development Fund (2016 - 2022)
    b. Health Resilient Fund (2021 - 2025)
    c. Zimbabwe Spotlight Programme (2018 - 2023)
10. Mid-term reviews of interventions/programmes in different thematic areas of the CP
11. CO resource mobilization strategy

UNFPA Zimbabwe CO M&E documents. These are available in this folder

12. Government of Zimbabwe/UNFPA 8th Country Programme M&E Plan (2022 - 2026)
13. 2022, 2023 and 2024 CO annual results plans and reports (SIS/MyResults and QuantumPlus)
14. 2022, 2023 and 2024 CO quarterly monitoring reports (SIS/MyResults and Quantum Plus)
15. Previous evaluation of the Government of Zimbabwe/UNFPA 7th Country Programme (2016 - 2021), available at: https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents

16. Implementing partner annual work plans and quarterly progress reports
17. Implementing partner assessments
18. Audit reports and spot check reports
19. Meeting agendas and minutes of joint United Nations working groups
20. Donor reports of projects of the UNFPA Zimbabwe CO
21. HRP- Humanitarian Response Plan and related reports https://response.reliefweb.int/ [optional: for CPE with a humanitarian component]
22. RRP- Refugee Response Plan and related reports https://www.unhcr.org/refugee-response-plans [optional: for CPE with a humanitarian component]
23. Evaluations conducted by other UN agencies
24. IAHE- Inter-Agency Humanitarian evaluations https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations

15. Annexes

A	Theory of change
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

Annex A : Theory of change

The theories of change for the different thematic areas can be accessed in this folder.

Annex D: Tentative time frame and workplan

Evaluation Phases and Tasks	March 2025				April 2025: …				May 2025: …				June 2025 …				July 2025]: …				August 2025				September 2025				October 2025			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Design phase																																
Induction meeting with the evaluation team																																
Orientation meeting with CO staff																																
Desk review and preliminary interviews, mainly with CO staff																																
Develop evaluation approach and methodology																																
Conduct first round of interviews																																
Field work preparations																																
Developing the initial communications plan																																
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																																
Submission of final design report to CPEmanager																																
Update of communication plan (based on final stakeholder map and evaluation work plan presented in																																

Evaluation Phases and Tasks	March 2025				April 2025: …				May 2025: …				June 2025 …				July 2025]: …				August 2025				September 2025				October 2025			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
the approved design report)																																
Fieldwork phase																																
Inception meeting for data collection with CO staff																																
Preparations of field phase completed																																
Individual meetings of evaluators with relevant programme officers at CO																																
Data collection (document review, site visits, interviews, group discussions, etc.)																																
Conducting a data analysis workshop																																
Debriefing meeting with CO staff and ERG																																
Update of communication plan (as required)																																
Field phase follow up completed																																
Reporting phase																																
Additional data collection completed																																
Consolidated evaluation matrix produced																																
Drafting of the evaluation report findings completed																																
Drafting of conclusions completed																																
Tentative recommendations drafted																																
Preparation of CPE report version 1 and recommendations worksheet																																
Quality assurance of CPE report version 1 and																																

Evaluation Phases and Tasks	March 2025				April 2025: …				May 2025: …				June 2025 …				July 2025]: …				August 2025				September 2025				October 2025			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
recommendations worksheet																																
ERG meeting on CPE report version 1																																
Recommendations workshop																																
Revision of CPE report version 1																																
Drafting CPE version 2																																
Quality assurance of CPE report version 2																																
Submission of final evaluation report to EO																																
Development of independent EQA of final evaluation report																																
Update of communication plan (as required)																																
Dissemination and facilitation of use phase																																
Preparation of management response and submission to PSD																																
Finalization of communication plan for implementation																																
Development of PowerPoint presentation of key evaluation results																																
Development of evaluation brief																																
Publication of final evaluation report, independent EQA and management response in UNFPA evaluation database																																
Publication of final evaluation report, evaluation brief and management response on CO website																																

Evaluation Phases and Tasks	March 2025				April 2025: …				May 2025: …				June 2025 …				July 2025]: …				August 2025				September 2025				October 2025			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Dissemination of evaluation report and evaluation brief to stakeholders																																

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