

Terms of Reference

**Midline Evaluation of the UNFPA-UNICEF-WHO Joint
Programme on Accelerating the Reduction of
Adolescent Pregnancy in Southern Leyte and Samar in
the Philippines (2022-2026)**

June 2025

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1. Context

Adolescent pregnancy remains a critical public health issue in the Philippines, despite notable policy and program interventions. Data from the Young Adult Fertility and Sexuality Survey (YAFS5) indicates that the prevalence of adolescent pregnancies among females aged 15-19 years declined from 14.4% in 2013 to 7.2% in 2021¹. While this is progress, it is critical to recognize that the country still has one of the highest adolescent birth rates in the ASEAN region. According to the World Bank, the Philippines recorded 32 births per 1,000 women aged 15-19 in 2023, a rate that is relatively high compared to neighboring countries such as Malaysia (6 births per 1,000), Thailand (26 births per 1,000), and Indonesia (26 births per 1,000).² Data from the Commission on Population and Development revealed that births to younger mothers aged 10-14 increased from 2,411 in 2019 to 3,135 in 2022, and 3,343 in 2023. These significantly increasing figures underscore the urgent need for targeted interventions to address adolescent pregnancy in a holistic and comprehensive manner.

Access to adolescent health services and information remains limited in the Philippines. Although the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 exists as a legal framework that provides comprehensive reproductive services to women and girls, the RPRH law currently misses the most critical target group: adolescent girls and boys. The current law does not allow minors to access modern family planning methods without written consent from their parents or guardians. However, research shows that sexually active youth rarely talk with their parents about sex. Only 13% and 12% of female and male youth have ever discussed sex at home³. This indicates that requiring parental consent might act as a significant barrier for young people to access safe and accurate family planning methods. The high number of adolescent pregnancies in the country is evidence that adolescents are already engaging in sexual relationships without proper access to contraceptive methods. Based on the preliminary findings of the Young Adult Fertility and Sexuality Study in 2021 (YAFS5), 19% of male youth and 17% of female youth had sex before age 18⁴.

The same study showed that 39% of male adolescents and 44% of female adolescents aged 15-24 do not have any source of information when it comes to sex. Moreover, 31% of male and 26% of female adolescents aged 15-24 rely on social media to get information about sex. This is problematic as the information they get from social media can be inaccurate, inappropriate, and misleading.

Furthermore, about one out of three first pregnancies of young people were unintended⁵. The limited access to family planning services and lack of quality education on sexual and reproductive health (SRH) increases the risk of unintended pregnancies, which brings costly consequences not only to the individual's health, education, and future but also to the whole health system, workforce, and society⁶.

¹ Young Adult Fertility and Sexuality Survey (2021)

² World Bank. (2022). Adolescent fertility rate (births per 1,000 women ages 15-19) - Philippines and ASEAN countries.

³ Young Adult Fertility and Sexuality Survey (2021)

⁴ Ibid

⁵ Ibid

⁶ UNFPA (2022) State of World Population 2022, Seeing the Unseen

Comprehensive Sexuality Education (CSE) is a cornerstone of improving the SRH of young people. To make healthy and responsible decisions, adolescents and young people need accurate information about puberty, reproduction, relationships, sexuality, the consequences of unsafe sex, and how to avoid HIV, STIs, and unintended pregnancy. They also need the skills and confidence to deal with peer pressure and negotiate safe and consensual relationships. Based on global literature, CSE programmes contribute to; i) delayed sexual initiation; and ii) safer sexual practices such as reducing the number of partners, frequency of sexual activities, and increasing condom and contraceptive use.

Additionally, recent data shows that the Philippines has a rising number of annual new HIV infections, and 47% of new infections are among young people aged 15 to 24⁷. In relation, the YAFS5 shows that the percentage of youth who are aware of HIV and/or AIDS declined to its lowest of 76% in 2021, compared to 95% in 2002⁸. This shows the urgent need to provide proper SRH education tailored to adolescents and youth to reduce preventable health risks and enable them to make informed and responsible decisions.

2. Joint Programme Overview

Funded by the Korea International Cooperation Agency (KOICA), the UNFPA-UNICEF-WHO Joint Programme on Accelerating the Reduction of Adolescent Pregnancy (JPARAP) aims to reduce the number of adolescent pregnancies in the Philippines with focus on the provinces of Samar and Southern Leyte in the Eastern Visayas region.

Adolescent Pregnancy in Samar and Southern Leyte

Samar and Southern Leyte are among the provinces in Eastern Visayas facing critical challenges in addressing adolescent pregnancy. In 2020, Samar recorded 961 births to adolescent mothers, making it second only to Leyte in adolescent birth rates across the region. Samar demonstrated significant improvement with adolescent birth rates declining from 37 to 30 births per 1,000 women between 2022 and 2023. Conversely, Southern Leyte experienced a concerning increase from 15 to 19 births per 1,000 women during the same period.⁹ Samar is also the second poorest province in Region VIII. The 2021 Field Health Service Information System (FHSIS) reported that Samar had one of the lowest modern contraceptive utilization rates among adolescents aged 19 and below, despite accounting for 15% of all live births in this age group across the region. In Southern Leyte, the adolescent fertility rate stands at 25 births per 1,000 women aged 15–19. The province frequently experiences service delivery disruptions due to poverty and recurring natural disasters. Data from UNFPA's Women's Health on Wheels initiative indicated that in targeted areas of Southern Leyte, one in three women accessing prenatal services was under 20 years old - highlighting the urgent need for tailored adolescent sexual and reproductive health (ASRH) interventions.

⁷ Philippines AIDS Medium Term Plan 2023-2028

⁸ Young Adult Fertility and Sexuality Survey (2021)

⁹ <https://zuelligfoundation.com/a-year-of-progress-reducing-adolescent-pregnancy-in-southern-leyte-and-samar/>

Rationale for the Selection of the Joint Programme Sites

The selection of Samar and Southern Leyte as project sites for the Joint Programme is grounded in multiple strategic and operational considerations. Both provinces demonstrate high adolescent pregnancy rates compounded by low contraceptive use and significant socioeconomic vulnerabilities, including poverty and disaster susceptibility. Strategically, focusing on Region VIII allows for the development and strengthening of integrated Health Care Provider Networks, aligned with the rollout of the Universal Health Care (UHC) framework. Implementing the programme within the same administrative region enhances coordination, reduces operational costs, and promotes synergy in service delivery. Samar's existing cross-sectoral interventions- such as UNICEF's child and adolescent health initiatives and the KOICA-supported First One Thousand Days (F1KD) project - provide a strong foundation for complementary programming. Furthermore, disaggregated FHSIS data confirms that Samar and Eastern Samar had the lowest adolescent contraceptive utilization rates in 2021, underscoring the urgency and relevance of targeted support in these areas.

To accelerate the reduction in adolescent pregnancy in Southern Leyte and Samar, the joint programme is focused on contributing to three outcomes:

- i. Improved access to quality integrated sexual and reproductive health information and services
- ii. Raised self-awareness on adolescents' sexual and reproductive health and rights
- iii. Enhanced governance on adolescent sexual and reproductive health

Implementation of the joint programme commenced in 2022 and aims to directly benefit the following target groups through its key activities:

Activity Code	Direct Benefit
1.1.1.	150 health service providers - Barangay or volunteer health workers, midwives, nurses, doctors, and non-health service providers for the care of adolescents such as youth peer educators, social workers, members and staff from the Commission on Population and the Department of Education.
1.1.2.	20 health facilities (10 Level 1, 6 Level 2, 4 Level 3) - targeted to become adolescent-friendly to cater to the health and development of adolescents: these are any type of health facilities, school clinics, and teen centers.
1.1.3.	Adolescents access mobile health services - through the deployed mobile health facilities.
1.1.4.	Adolescents benefiting from expanded PhilHealth Services
2.1.1.	150 peer educators - adolescents provided with capacity building to educate and inform their peers about their sexual and reproductive health and rights.

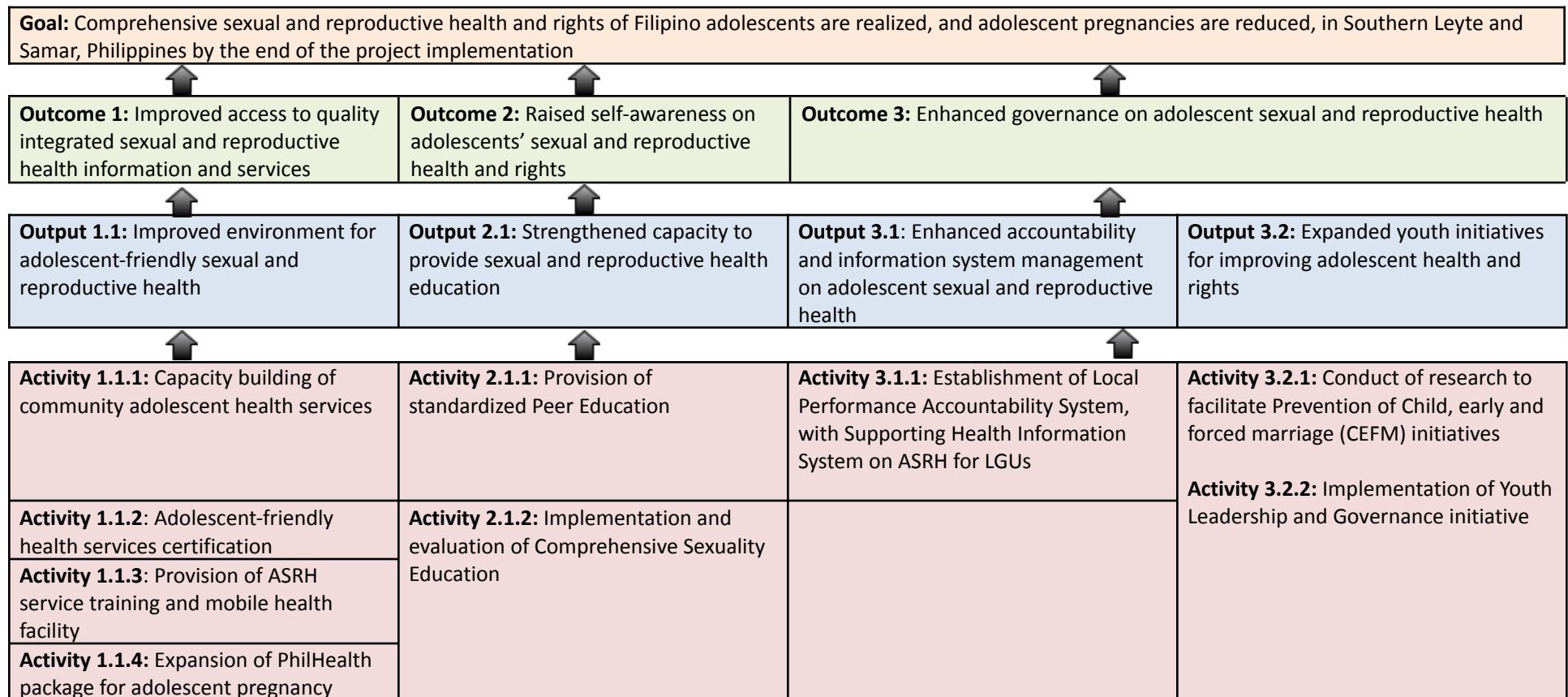
2.1.2.	150 teachers - trained in the rollout of the Comprehensive Sexuality Education (CSE) curriculum. 7,500 learners reached in the rollout of CSE - students residing in Southern Leyte and Samar reached by teachers trained on the CSE curriculum rollout.
3.1.1.	360 local chief executives, government and community leaders in 20 local government units - governors, mayors, barangay captains, and indigenous population group leaders, including the provincial and municipal health officers and public health nurses or midwives, implementing the Performance Accountability System.
3.2.1.	Policy makers and Community through research insight
3.2.2.	100 youth leaders and 3,000 adolescents - reached by the Youth Leadership and Governance initiative.

The implementation of these interventions is estimated to **indirectly benefit** the following:

- **275,538 adolescents aged 10-19 (131,962 girls and 143,576 boys) residing in both provinces of Southern Leyte and Samar** who will benefit from the stronger institutional capacities built by the program.
- **900,000 adolescent mothers in the entire Philippines** who will benefit from the proposed improvement of the PhilHealth benefit packages for adolescent mothers.

The theory of change in figure 1 below provides a concise overview of how the implementation of the joint programme is expected to lead to its intended results. It outlines the causal pathway from planned interventions to desired outcomes and ultimate impact .

Figure 1: Theory of Change



3. Midline Evaluation Objectives and Scope

3.1. Objectives

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

- i. Assess the programme's progress towards achieving its intended outcomes and outputs
- ii. Assess the current status of key indicators defined in the programme's results framework and compare them against baseline values
- iii. Analyze the programme's implementation strategies, partnerships, and coordination mechanisms as a model for reducing adolescent pregnancy, including identifying factors that have contributed to or hindered the programme's progress
- iv. Provide evidence to inform programme management decisions and actionable recommendations for programme improvement, including adjustments to strategies, interventions, and resource allocation
- v. Assess the programme's initial sustainability prospects

3.2. Temporal and Geographic Scope

The midline evaluation will cover all programme components and interventions implemented in Southern Leyte (10 municipalities) and Samar (10 municipalities) from the programme's inception in 2022 to the midline evaluation period. The evaluation will also cover programme components at regional and provincial level in Region 8.

4. Preliminary Midline Evaluation Questions

Reflecting on the theory of change, a set of preliminary evaluation questions that focus on the most relevant and meaningful aspects of implementation are outlined below. In the inception report, the evaluators are expected to further refine the evaluation questions in consultation with the joint programme team.

4.1. Evaluative Questions

Relevance	<ul style="list-style-type: none">● To what extent is the joint programme aligned with the needs of the target population and national priorities?● To what extent are the joint programme's outcomes and outputs still relevant in the current context?● To what extent has the joint programme systematically reached and ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, those with disabilities and indigenous communities,
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	have been taken into account in both the planning and implementation, including in humanitarian settings?
Coherence	<ul style="list-style-type: none"> • To what extent has the joint programme leveraged strategic partnerships with national, provincial and local organizations to improve adolescent sexual and reproductive health and rights? • To what extent has UNFPA, UNICEF, and WHO's inter-agency collaboration, through complementary efforts and comparative advantage, contributed to a coordinated and synergistic approach to Joint Programme implementation at the national, regional and local levels to reduce adolescent pregnancy?
Effectiveness	<ul style="list-style-type: none"> • To what extent has the joint programme delivered its planned outputs and contributed to outcomes, and how consistent is its intervention logic with its Theory of Change? • To what extent has the implementation of the joint programme's integrated model (comprising improved access to SRH services, enhanced self-awareness, and strengthened governance) in Southern Leyte and Samar yielded evidence-based insights into the model's effectiveness in reducing adolescent pregnancy, and what are the critical model components, implementation factors, and contextual influences that determine its feasibility, effectiveness, and scalability? • To what extent are human rights, gender equality, disability inclusion, needs of vulnerable and marginalized groups integrated in the design, implementation and monitoring of the joint programme?
Efficiency	<ul style="list-style-type: none"> • To what extent has the joint programme made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools, including monitoring and evaluation, to achieve the outcomes and outputs defined in the joint programme document?
Sustainability	<ul style="list-style-type: none"> • To what extent has the joint programme been able to support implementing partners and rights-holders in developing capacities and establishing mechanisms to ensure the durability of effects?

4.2. Non-Evaluative Questions

The midline evaluation will be designed to answer the following key questions, aligned with the programme's indicators and based on the **most recent data available, from either secondary or programme data sources:**

- What is the number of adolescent births attended by skilled health personnel ? (Outcome 1, Indicator 1-1)
- What is the number of adolescent women aged 15-19 practicing modern contraception methods? (Outcome 2, Indicator 2-1)

- What is the number of adolescent women aged 15-19 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care? (Outcome 2, Indicator 2-2)
- How many LGUs have increased their budget on adolescent sexual and reproductive health? (Outcome 3, Indicator 3-1)
- What is the number (percentage) of health facilities certified for being adolescent-friendly? (Output 1.1, Indicator 1.1-1)
- What is the number (percentage) of health workers trained on adolescent sexual and reproductive health, including family planning methods? (Output 1.1, Indicator 1.1-2)
- How many educators have been trained in CSE? (Output 2.1, Indicator 2.1-1)
- How many adolescents have participated in a campaign or education session on reproductive health and gender equality? (Output 2.1, Indicator 2.1-2)
- What is the number (percentage) of LGUs that conform to PAS? (Output 3.1, Indicator 3.1-1)
- What is the number (percentage) of LGUs implementing prevention initiatives on child, early and forced marriage or adolescent pregnancy? (Output 3.2, Indicator 3.2-1)

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

5. Approach and Methodology

The midline evaluation will be conducted in accordance with the methodology outlined in the [UNFPA Evaluation Handbook](#).

5.1. Evaluation Approach

The evaluation will be **transparent, inclusive, and participatory, and gender and human rights responsive**. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary methods and collection of different sources of data will be deployed to ensure that the evaluation;

- responds to the needs of users and their intended use of the evaluation results
- integrates gender and human rights principles throughout the evaluation process including participation and consultation of key stakeholders (rights holders and duty-bearers)
- triangulates the data collected to provide reliable information on the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups

Theory-based approach

Adopting a theory based approach, the evaluation methodology will be based on a careful analysis of the joint programme's intervention logic, or how the programme is expected to bring about the intended results. As they analyze the theory of change, the evaluators will pay particular attention to: the needs to be met and problems to be addressed; the joint programme's modes of engagement and the nature of

implemented interventions; the steps in the results chain (outputs and subsequent outcomes); the cause-and-effect assumptions behind the various links and the risks to those assumptions; as well as other external factors that may affect the results. The analysis of the theory of change, and the reconstruction of its intervention logic will help evaluators assemble evidence about the contribution made by the joint programme to the various levels of intended changes.

The analysis of the theory of change is also instrumental for guiding the selection of data collection tools and analysis methods. The team will design corresponding tools to collect data and assemble information as a foundation for valid, evidence-based answers to the evaluation questions and an overall assessment of the joint programme at mid-term of implementation. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; data collection tools; an evaluation matrix; and a detailed work plan.

Well-designed case studies

A well designed case-study approach will be integrated in the midline evaluation of the joint programme. The objective of the case studies is to investigate the design and implementation of the joint programme's interventions, and the results achieved within the specific context of the provinces. Each case study shall rely on multiple sources and types of evidence (both quantitative and qualitative) to increase the validity of their findings. The proposed focus areas for the case studies are: i) ***Adolescent-Friendly Health Services (including 'TrucKABATAAN') Implementation***; (ii) ***Advancing Comprehensive Sexuality Education***; and (iii) ***Local Governance and Accountability***.

Case studies will aim to maximize the breadth and depth of insights into the evaluation questions and provide a comprehensive and nuanced picture of the interventions and their effects. Case studies will, therefore, be illustrative (rather than statistically representative), exemplifying the range of contexts addressed and interventions undertaken by the joint programme. Data and information collected from case studies will be analyzed and documented in case study briefs.

The final selection of the case studies will be based on a desk review and an assessment performed at the inception phase in close consultation with the joint programme team and key partners.

Mixed-method approach

The midline evaluation design will rest solidly on a mixed methodology for collecting and combining both quantitative and qualitative data. By using different methods and sources at various points in the evaluation process, the evaluation team will build on the strength of each type of data collection, hence minimizing the weaknesses of any single approach. A mixed-method approach will help the evaluation team increase the reliability of the data collected. The range of methods will include; (i) comprehensive document review and data analysis, (ii) key informant and group interviews, (iii) online survey, (iv) and focus group discussions.

The evaluation team will identify the appropriate mix of qualitative and quantitative methods that will allow them to gather and analyze sufficient data offering diverse viewpoints and making cross-checking

(triangulation) possible. The data collection methods are determined in connection with each evaluation question and the related assumptions for verification (all clearly spelt out in the evaluation matrix). A mixed-method approach will also help the evaluators broaden and deepen their understanding of the processes through which results have been achieved, and how these have been affected by the context within which the country programme is being implemented. Finally, achieving an appropriate mix of qualitative and quantitative data is necessary to reduce bias and ensure good quality, validity, reliability, credibility and robustness of the analysis in the evaluation report.

5.2. Methodology

The methodology that the evaluators 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 the joint programme. The methodological design of the evaluation shall include in particular: (i) a critical review of the 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 constitutes the evaluation analytical framework. Within the matrix, the evaluators unpack each evaluation question and specify:

- the evaluation criteria the question addresses
- the assumptions for verification
- quantitative and qualitative indicators to verify or refute the assumptions
- methods and tools for data collection

The evaluation matrix is an essential tool for planning and implementing the evaluation. It helps the evaluation team identify secondary and primary data, spot information gaps and how to fill them. With the matrix, the evaluators ensure that all data collected is analyzed and triangulated to support the development of evidence-based findings in the reporting phase. As such, the evaluation matrix is a key component of the inception phase to verify that the evaluation design is robust and comprehensive. The evaluation matrix is presented in the inception report. As they move forward in data collection, the evaluators will populate the evaluation matrices (including each case study) with the (qualitative and quantitative) data obtained through interviews with key informants (incl. group interviews and focus groups discussions), on-site observations, surveys, and their continuing document review. In the final report, all data will be presented in a clear manner, easy-to-understand by the different categories of evaluation users and entered in the evaluation matrix according to the questions and assumptions for verification they correspond to. The completed evaluation matrix will be annexed to the final evaluation report.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference and the theory of change underlying the joint programme, the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria and clearly define the key areas of

inquiry of the final evaluation. The final evaluation questions will structure the evaluation matrix and shall be presented in the inception 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 programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of the programme 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 JPARAP team will provide an initial overview of the interventions supported by the joint programme, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the JPARAP team 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 joint programme.

Building on the initial stakeholder map and based on information gathered through document review and discussions with 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 inception report. In the inception report, the evaluators should also make explicit which groups of stakeholders were not included and why. While achieving a statistically representative sample is not feasible, the evaluation team should strive for broad stakeholder representation to capture diverse perspectives and ensure a robust evaluation.

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 inception report. The JPARAP team 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 the joint programme, both in terms of thematic focus and context. The final sample of stakeholders and sites will be determined in consultation with the evaluation manager and JPARAP team.

Data collection

The evaluation will consider primary and secondary sources of information. 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 an online survey. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the joint programme team 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 **four** 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 inception 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. Quantitative data analysis will include descriptive analysis of survey data to measure the current status of key indicators defined in the project design matrix (PDM).

Validation mechanisms

All findings of evaluation must 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. Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the inception report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the evaluation manager and joint programme team. During a debriefing meeting with the joint programme team, at the end of the field phase, the evaluation team will present the emerging findings.

6. Evaluation Process

The final evaluation process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use (Reference Section 9: Indicative Timeframe and Work Plan). The Evaluation manager and the evaluation team 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. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Inception report.** The inception report should translate the ToR requirements into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the inception report also provides information on the situation in Samar and Southern Leyte and the joint programme response. The Handbook section 2.4 provides the required structure of the inception (design) report and guidance on how to draft it.
- **PowerPoint presentation of the inception report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the inception report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation team will develop the final version of the inception report.
- **PowerPoint presentation for a 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, joint programme team (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, including standalone case study reports.** 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 Evaluation manager, the joint programme team and the ERG, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the evaluation recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).
- **Final evaluation report, including standalone case study reports.** 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 preliminary evaluation results** at the JPARAP Mid-term Knowledge Sharing Event - aimed at providing a clear overview of the key findings, and tentative conclusions and recommendations.
- **PowerPoint presentation of the final evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the Evaluation manager, in collaboration with the JPARAP team, 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.

All the deliverables will be developed in English.

8. Quality Assurance and Assessment

The Evaluation Quality Assurance and Assessment (EQAA) of this evaluation will be undertaken in accordance with the UNFPA Independent Evaluation Office [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 final evaluation report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the evaluation report comply with the quality assessment criteria outlined in the EQA grid before submission to the Evaluation manager for review.

9. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, and their estimated duration for the submission of corresponding deliverables. The Handbook contains full details on all the evaluation activities and must be used by the evaluators throughout the evaluation process.

Table 1: Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the evaluation

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	Evaluation manager and evaluation team		3 weeks
Orientation meeting with joint programme team	CO Representative, Joint programme team, Evaluation manager		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		

Stakeholder sampling and site selection	Evaluation team, Joint programme team, Evaluation manager	Stakeholder map	
Developing the field work agenda	Evaluation team, Joint programme team, Evaluation manager	Field work agenda	
Developing the initial communications plan	Joint programme team	<i>Communication plan (see Evaluation Handbook, Chapter 5)</i>	
Drafting the inception report version 1	Evaluation team	Inception report- version 1	
Quality assurance of inception report version 1	Evaluation manager		
ERG meeting to present the inception report	Evaluation team, Evaluation manager	PowerPoint presentation on inception report version 1	
Drafting the inception report version 2	Evaluation team	Inception report - version 2	
Quality assurance of design report version 2	Evaluation Manager		
Final design report	Evaluation Team	Final inception report (see Evaluation Handbook, section 2.4.4)	
Field phase			
Preparing all logistical and practical arrangements for data collection	Joint programme team		4 weeks
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 Joint programme team, Evaluation manager	PowerPoint presentation	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	5 weeks
Drafting evaluation report version 1	Evaluation team	Evaluation report - version 1	
Quality assurance of evaluation report version 1	Evaluation Manager		

ERG meeting on evaluation report version 1	Evaluation team and Evaluation Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, Evaluation manager, ERG members	Recommendations worksheet	
Drafting evaluation report version 2	Evaluation team	Evaluation report - version 2	
Quality assurance of evaluation report version 2	Evaluation Manager		
Final evaluation report	Evaluation team	Final Evaluation report (see Evaluation Handbook, section 4.5) with powerpoint presentation and audit trail	

10. Management of the Evaluation

The **Evaluation manager** in the UNFPA Philippines CO, in close consultation with the JPARAP Team will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The Evaluation manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the Evaluation manager to ensure the quality, independence and impartiality of the evaluation in line with the UNFPA IEO methodological framework, and the UNEG norms and standards and ethical guidelines for evaluation.

At all stages of the evaluation process, the Evaluation manager will require support from staff of the JPARAP team. In particular, the **JPARAP team** contributes 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 joint programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the evaluation team in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at regional and sub-national levels. Finally, they provide inputs to the evaluation deliverables 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 joint programme team staff, implementing partners, and other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the Evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the inception 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

11. Composition of the Evaluation Team

The evaluation will be conducted by a team of **two** independent, external evaluators, consisting of: (i) an **international evaluation team leader** with overall responsibility for carrying out the evaluation exercise, and also a thematic expert on adolescents and youth (ii) and a **national adolescents and youth expert** (team member)

11.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The Evaluation manager will provide methodological guidance to the evaluation team in developing the inception report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, and the agenda for the field phase. S/he will lead the drafting and presentation of the inception report and the draft and final evaluation report, and play a leading role in meetings with the ERG and joint programme team. The team leader will also be responsible for communication with the Evaluation manager. Beyond her/his responsibilities as team leader, **the evaluation team leader will also serve as technical expert on adolescents and youth.**

Evaluation team member: Adolescents and youth expert

The adolescents and youth expert will provide expertise on: adolescent-friendly SRHR services; comprehensive sexuality education; adolescent pregnancy, SRHR of young women and adolescent girls; peer education, and youth leadership, governance 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 for contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the

development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, JPARAP team 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.

The modalities for the participation of the evaluation team members 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 inception 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.

11.2. Qualifications and Experience of the Evaluation Team

Evaluation 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.
- At least 7 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in adolescents and youth with focus on adolescent-friendly SRHR services; comprehensive sexuality education; adolescent pregnancy, SRHR of young women and adolescent girls; peer education, and youth leadership, governance and participation.**
- 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.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Philippines
- Fluent in written and spoken English

Adolescents and youth expert

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

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- At least 5 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- **Substantive knowledge of adolescent and youth issues, in particular, adolescent-friendly SRHR services; comprehensive sexuality education; adolescent pregnancy, SRHR of young women and adolescent girls; peer education, and youth leadership, governance and participation.**
- 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 the Philippines
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Filipino, and at least one of the major local dialects in Region 8

12. Budget and Payment Modalities

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

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

Upon approval of the inception report	20%
Upon submission of a draft final evaluation report, including standalone case study reports, of satisfactory quality	40%
Upon approval of the final evaluation report, case study reports 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.