TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

Hiring Office:	Monitoring and Evaluation unit; UNFPA Indonesia CO						
Purpose of consultancy:	To conduct the final evaluation of the Better Sexual and Reproductive Health for All in Indonesia (BERANI) programme.						
Background:	 With the support from the Government of Canada, UNFPA and UNICEF have been working with the Government of Indonesia since 2018 through a joint programme called BERANI - Better Sexual and Reproductive Health and Rights for All in Indonesia, to improve sexual and reproductive health and rights (SRHR) for women and young people in Indonesia. The BERANI programme aims to increase the quality of skilled birth attendance (SBA) and reduce maternal mortality; increase access to SRHR information and services to young people through comprehensive sexuality education (CSE) and a youth friendly services (UNALA); and prevent harmful practices such as child marriage and female genital mutilation/cutting (FGM/C) and gender based violence (GBV) through advocacy, evidence-generation, and capacity building. The BERANI programme was implemented through partnerships with the national and local Governments, parliamentarians, communities, faithbased organisations, women rights organisations, private sector, philanthropists, and youth and women's networks. Approaching the end of the programme in March 2023, a final evaluation is required for accountability and learning purposes, measuring the programme relevance, effectiveness, efficiency, coherence, sustainability, coverage, and connectedness. This Final Evaluation will build upon the results of the Mid-Term Review (completed in 2021, covering the period of February 2018 - July 2021), to capture the overall programme achievements and contribution of the programme to the intended goals and highlight the important lessons 						
Scope of work:	learned and/or best practices of the programme for future programming. Objectives and scope of the final evaluation						
(Description of services, activities, or outputs)	Purposes: The final evaluation aims at assessing the results of the BERANI programme in achieving its intended goals and overall achievements hence it could be utilised for the basis to improve the implementation of the future programming. The final evaluation should assess the implementation approaches, progress made, and challenges encountered, identify and document the lessons learnt and good practices as specified below under specific objectives, and make specific recommendations for future course of actions.						
	The consultancy will serve to meet the specific objectives below:						
	 To assess the relevance, effectiveness, efficiency, coherence, sustainability, coverageness, and connectedness of the BERANI programme from its inception to its completion To document important lessons learned, good practices and innovations of the BERANI programme To provide strategic recommendations for potential continuation or sustainability of the BERANI programme To assess the integration of gender equality and women's empowerment in achieving the goal of improving Sexual and Reproductive Health and Rights (SRHR) for women and young people in Indonesia 						
	Audience and intended use The primary audience and users of the final evaluation include program managers at the UNFPA and UNICEF Indonesia (Country Office), the Government of Indonesia, the Government of Canada (the donor of the programme), and relevant partners and stakeholders including, but not limited to, civil society organisations (CSOs), professional organisations (Indonesian Midwives' Association), and the UN-RCO (United Nations Resident Coordinator Office) in Indonesia. Findings, lessons learned and recommendations shall be used to assess the achievements of the BERANI joint programme, as well as for transparency and accountability purposes.						
	Duties and responsibilities The consultant will work as part of the Evaluation Team consisting of 2 (two) consultants, who are experts in evaluation of development programmes.						
	The Team Leader is expected to conduct evaluation and make strategic recommendations based on available data and evidence for Output 1111, Output 1112, Output 1113, Output 1114, Output 1131 and Output 1221, and Output 1223 (see Annex 1). The Team Leader will also be responsible for:						

 Coordinating the work of the Evaluation Team and be the focal point for the Final Evaluation
 Leading the overall design and implementation of the Final Evaluation Leading the development of the Final Evaluation report
The Team Member is responsible for Output 1121, Output 1222, Output 1211, Output 1212,
Output 1213, and Output 1222 (see Annex 1).
Outputs
The Evaluation Team will produce the following deliverables (in English):
 An approved design/inception report including (as a minimum): a. Introduction: purpose, objectives, and scope of the evaluation;
b. Country context;
c. Programme context; d. A stakeholder map;
e. The final evaluation matrix (including the final list of evaluation questions and the
corresponding judgement criteria and indicators); and
f. The overall final evaluation design and methodological approachg. Evaluation phases, work plan (including a detailed description of the data collection
plan for the data collection phase and timeline for key milestones), deliverables, management plan (including division of labour among the consultants), and quality assurance
2. A debriefing presentation document in the format of PowerPoint synthesising the
main preliminary findings, conclusions and recommendations of the final evaluation, to be presented and discussed with the GAC, UNFPA, and UNICEF during the debriefing meeting foreseen at the end of the data collection phase;
 A draft final evaluation report (potentially followed by a second draft, taking into account potential comments from UNFPA-UNICEF);
4. A PowerPoint presentation of the results of the final evaluation for the closing
event; 5. An approved final evaluation report, with annexes, based on comments expressed
during the in-country stakeholder workshop; andA final evaluation brief, a 2-3 page summary of the key findings, conclusions and
recommendations.
In relation to copyright, all materials or documents resulting from this consultation services will remain the property of the UNFPA and UNICEF. The consultant is obliged to provide soft copies of the deliverables, including all annexes so that all results can be independently verified for their accuracy before the report is finalised and released.
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<u>Methodology</u> Mixed method approach
The evaluation will draw on available quantitative and qualitative data collected from various sources at different points in time. At a minimum, the final evaluation will draw on the following methods:
 Literature review and desk review of background documents and other relevant data, including review and analysis of secondary quantitative data (MTR report, policy and strategy documents, annual reports and other types of monitoring data. 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. Primary data will be collected at the national and sub-national levels through semi-structured interviews and focus group discussions with stakeholders, including with beneficiaries, and direct observation during field visits, as appropriate. If possible the case study will also be conducted to assess BERANI contribution in achieving its intended goals.
The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the <u>UNFPA Evaluation Handbook on "How to Design</u> and <u>Conduct Country Programme Evaluations</u> " and the <u>UNFPA Guidance on Disability</u> <u>Inclusive Evaluation</u> . The Handbook 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 expected that, once contracted by the UNFPA Indonesia CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA. The evaluation will be guided by the following standards, among others: UNEG Norms and Standards for Evaluation, including <u>Integrating Human Rights and Gender Equality in Evaluation</u> , and <u>UNEG Ethical Guidelines for Evaluation</u> .
The evaluation team must refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

	Methodological rigour will be given significant consideration. The evaluation team is invited to interrogate the approach and methodology proffered in the concept note and improve on it or propose an approach they consider more appropriate. The Evaluation Team will assess the limitations and conclude with a clear description of mitigating measures such as triangulation and validation in the design report.
	The 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
	Validation mechanisms
	All evaluation findings should be supported with evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information. These mechanisms include (but are not limited to):
	• Data must be triangulated across sources and methods by cross-comparing the information obtained via each data-collection method (desk study, individual interviews, discussion groups, focus groups)
	 Regular exchange with UNFPA Indonesia programme team and M&E APRO regional advisor; Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and Debriefing meeting with the CO, the ERG and where possible – with Implementing
	Partners, at the end of the field phase, when the evaluation team presents the emerging findings/evidence, and preliminary conclusions.
	• Validation workshop with a wider group of stakeholders, not limited to Implementing Partners and the ERG, will be conducted to discuss evaluation findings, conclusions and recommendations before the final report is submitted. This opportunity will allow integrating comments from stakeholders into the final evaluation report. ERG members will review draft reports and participate in validation meetings.
	Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).
Duration and working schedule:	The duration of the consultancy is from January 2023 to March 2023.
	The Final Evaluation of the BERANI programme consists of 4 (four) phases:
	1. Preparation Phase (January), include:
	 Development of the terms of reference (TOR), TOR approval Selection of potential evaluators by UNFPA and UNICEF with input from UNFPA RO M&E adviser; prequalification of potential evaluators by UNFPA and UNICEF, recruitment of external evaluators by UNFPA and UNICEF Assembly of a reference group for BERANI programme evaluation Initial meeting between UNFPA, UNICEF and the team of consultants
	2. Implementation Phase (January-February), include:
	 Development and submission of the design/inception report Technical meeting between UNFPA, UNICEF and the team of consultants Primary and secondary data collection (including desk review, FGDs, interviews, and
	surveys as applicable)Data management, analysis and interpretation
	3. Reporting Phase (March)Development and submission of the report draft
	Debriefing presentation
	• Draft revision based on review and feedback from UNFPA and UNICEF (may be more than one time revision)
	 Submission of final report Dissemination Phase (March)
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	 Dissemination of the Final Evaluation report to key stakeholder (at the closing event of the BERANI programme) Please see the detailed timeline in Annex 2. 									
Place where services are to be delivered:	Home-based, Jakarta, and other BERANI districts as necessary (tbc). This consultation will be expected to carry out activities through both online and offline interactions; with close consultation with the UNFPA M&E Analyst & UNICEF Evaluation Specialist and the BERAN programme coordinator for the period of consultancy.									
Delivery dates and how work will be delivered (<i>e.g.</i>	The p	The payment schedule will be linked to the delivery of the following deliverables								
electronic, hard copy etc.):	No	Deliverables	Deadlines	Terms of Payment						
	1	Submission of the draft Report of the BERANI Programme Final Evaluation.	40%							
	2	Receipt of the approved final report and evaluation brief.	24 Mar 2023	60%						
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The consultant is expected to report the progress to the UNFPA M&E Programme Analyst for every two weeks.									
Supervisory arrangements:	 The consultants will work under the overall guidance of the UNFPA Representative with day-to-day direct supervision by the Monitoring and Evaluation Analyst, and quality assurance from the Evaluation Reference Group. UNFPA M&E analyst, the BERANI programme coordinator, and UNICEF Multi-country Evaluation Specialist/Monitoring Officer will be assigned to interact on a day-to-day basis with the evaluation team, and will ensure that all the necessary aspects of evaluation programme review are well taken into account by the evaluation team. The ERG will be composed of representatives of the following institutions: UNFPA; UNICEF; Ministry of National Development Planning (BAPPENAS); Ministry of Wormen Empowerment and Child Protection (MoWECP); National Family Planning Coordinating Board (BKKBN); National Family Planning Coordinating Unit; Global Affairs Canada (GAC) The role of the reference group will be of a technical nature to provide input and constructive feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise. Its main tasks will be to: provide input to the TOR of the evaluation and to the selection of the team of evaluators; contribute to the selection of evaluation questions; provide overall comments to the design report of the evaluation; facilitate access of the evaluation team to information sources to support data collection; and 									
Expected travel:	final report The consultant may need to carry out a number of field missions as necessary, as per the agreed work plan in the design/inception report. The travel is for attending and facilitating the consultative meetings and workshops for in-depth interviews and reviews. The travel will depend on the Government's policy regarding the COVID-19 pandemic. If the travel is still restricted, the coordination meetings and workshops will be done via an online platform. If travel is permitted, the consultant must complete the BSAFE security training prior to travel.									
Required expertise, The Team Leader will be a national consultant who fulfils the following criteria qualifications and Competencies competencies, including Strong background in research, programme monitoring, and evaluation al and reproductive health (including maternal health and adolescent sexual and reproductive health. Familiarity with the humanitarian-development nexus would be an added al Excellent report writing skills. Experience in writing development program reports for international donors would be an added advantage. Excellent analytical skills.										

	 Excellent communication and interpersonal skills and experience in working with government agencies, communities, and youth networks in Indonesia. Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams; 						
	 <u>Required qualifications</u> Master's Degree (preferable Doctoral degree), in health sciences, including public health, human rights, gender studies, or relevant social studies At least 5 years of previous experience in conducting research and complex evaluations, especially in the field of development aid for UN agencies and/or other international organisations evaluations; 						
	• Specialization and significant experience in the area of sexual and reproductive health (including maternal health and adolescent sexual and reproductive health)						
	Language Fluent in spoken and written Bahasa Indonesia and English.						
	The Team Member will be a national consultant who fulfils the following criteria <u>Competencies</u>						
	 Strong background in research, programme monitoring, and evaluation and gender based-violence (GBV) and harmful practices. Familiarity with the humanitarian-development nexus would be an added advantage. Excellent report writing skills. Experience in writing development programme reports for international donors would be an added advantage. 						
	 Excellent analytical skills. Excellent communication and interpersonal skills and experience in working with government agencies, communities, and youth networks in Indonesia. Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams; 						
	 <u>Required qualifications</u> Master's Degree (preferable Doctoral degree), in health sciences, including public health, human rights, gender studies, or relevant social studies At least 5 years of previous experience in conducting research and complex evaluations, especially in the field of development aid for UN agencies and/or other international organisations evaluations; Specialisation and significant experience in the area of gender based-violence (GBV) and harmful practices 						
	Language Fluent in spoken and written Bahasa Indonesia and English.						
Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if	The consultant will be assisted by the UNFPA M&E Analyst and the BERANI Programme Coordinator to facilitate communication and coordination with related Programme Team Leaders and the programme partners for evaluation-related activities, such as data collection or dissemination.						
applicable:	The draft concept note of the BERANI Programme Final Evaluation for further reference can be found <u>here</u> .						

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Annex 1: Programme Logic Model/Results Framework

ULTIMATE OUTCOME		1000. Impro	l girls in Indonesia							
		↑	1							
INTERMEDIATE OUTCOMES	1100. Improved quality of sexual and re Violence (GBV) at national and subnational		the context of Gender-based		00. Increased protection of sexual a d girls at national and subnational le					
	1		1		1					
IMMEDIATE OUTCOMES	1110. Increased capacity of health workers to deliver quality SRH services in the context of reducing maternal mortality at national and subnational levels	1120. Increased capacity of health service points to respond to GBV cases in one selected district in Indonesia in strengthening the case recording and referral mechanism	1130. Increased capacity of private sector clinics in Yogyakarta to provide gender responsive youth-friendly SRH information and services; especially for young women	(incl MoH lead NC\	0. Increased capacity of duty-bearers luding parliamentarians, MoWECP, H, religious leaders, community fers, women's prayer groups and /AW) to develop policies that protect HR at national and subnational levels	1220. Increased knowledge of rights- holders (including young people particularly girls, women groups particularly mothers and grandmothers) on sexual and reproductive health and rights				
	t	t	t		†	†				
OUTPUTS	1111. Technical assistance provided on the establishment of five (5) centres of excellence for midwifery education	1121. Technical assistance provided to MOH to strengthen the health sector institutional capacity and coordination in GBV	1131. Youth-friendly SRH information and services model (UNALA) established in private sector clinics in Yogyakarta	on de polici	. Technical assistance provided to MOWECP eveloping and implementing laws and ies to address the prevention of Harmful tices (Child Marriage and FGM/C)	1221. Technical assistance provided to Ministry of Education and Culture and Ministry of Health on the module for school teachers on Comprehensive Sexuality Education (CSE)				
	1112. Trainings and technical advice provided to the Indonesian Midwife Association (IBI) to implement and provide quality assurance on midwifery	1122. Technical assistance provided on handling GBV cases in health service points in one selected district		parlia	2. Technical assistance provided to amentarians on the prevention of harmful tices (Child Marriage and FGM/C)	1222. Technical assistance provided to Women Ulema Networks for community-driven prevention of harmful practices (FGM/C)				
	1113. Studies and analysis on sexual reproductive health and rights conducted to provide evidence for decision-making (strengthening health systems)			(inclu attitu	b. Engaging religious and community leaders uding women's prayer groups) to change udes on Menstrual Hygiene Management M), SRHR, and child marriage	1223. Empowering adolescents with information and skills on MHM, SRHR, and child marriage				
	1114. Partnerships established and strengthened to achieve FP2020 goals									

Annex 2: Timeline

No	Activities		Days		January			February				March			
			тм	1	2	3	4	1	2	3	4	1	2	3	4
1	Initial meeting between UNFPA, UNICEF, and the team of consultants	1	1	х											
2	Development and submission of the design/inception report	4	3	х	х										
3	Technical meeting between UNFPA, UNICEF and the team of consultants	1	1		х										
4	Secondary data collection and analysis, including identification of needs for additional primary data	5	5		х	х									
4	Primary data collection (e.g., interviews and surveys, as applicable) and analysis	10	10			х	х	x							
5	Development and submission of the report draft	11	10						х	х					
6	Debriefing presentation	1	1								х				
7	Draft revision based on review and feedback from UNFPA and UNICEF (may be more than one time revision) and submission of final report	8	7									x	х		
8	Development of report summary/brief and presentation slides	2	1											х	
9	Dissemination of the Final Evaluation report to key stakeholder (at the dissemination event of the BERANI programme)	1	1												х
	Total Days	44	40												

TL = Team Leader; TM = Team Member