

## Mid-tem Review (MTR) of the UNFPA 9th Country Programme (CP9)

Viet Nam, 2019

<b>TERMS OF REFERENCE (TOR)</b>	
Hiring Office:	UNFPA Viet Nam Country Office (CO)
Purpose of consultancy:	<p>To conduct the Mid-tem Review (MTR) of the UNFPA 9th Country Programme (CP9). This TOR the for the national consultant (<b>team member</b>).</p> <p>The MTR is an independent review exercise in order to generate evidence to (a) demonstrate accountability to stakeholders on CP9 performance in achieving the CP9 expected results and on the invested resource; (b) support evidence based decision making on any possible changes needed for the development of project workplans (2020 – 2021); (c) contribute important lessons learned to the knowledge base of the organization as a whole.</p> <p><u>Note:</u> See the MTR objectives in the below section</p>
Scope of work: (Description of services, activities, or outputs)	<p>The consultant will <b>work with the international consultant</b> (as MTR team) under the supervision of the MTR manager of the CO to produce the following deliverables:</p> <ul style="list-style-type: none"> <li>• A design report (inception report) that includes introduction, country context, UNFPA strategic responses and programmes, and evaluation matrix (evaluation questions, methodology and approach, evaluation process), and a bibliography.</li> <li>• A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the MTR to be presented and discussed during a debriefing meeting held at the end of the field phase.</li> <li>• First draft of the MTR report for discussion with the Reference Group.</li> <li>• A final draft of MTR report (taking into account comments from the Reference gGroup).</li> <li>• A PowerPoint presentation of the results of the MTR for the Planning Workshop in Ha Noi.</li> <li>• A final MTR report, based on comments expressed during the Planning Workshop including an executive summary.</li> </ul> <p><u>Note:</u> more details in the below section.</p>
Duration and working schedule:	<p>20 workdays (max) from July to November 2019</p> <p><u>Note:</u> more details in the proposed workplan</p>
Place where services are to be delivered	Ha Noi and other selected provinces, if needed (will be named in the design report)

<p>Delivery dates and how work will be delivered:</p>	<ul style="list-style-type: none"> <li>• A design report (Inception report): by the end of July 2019</li> <li>• A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations: by the end of August 2019</li> <li>• First draft of the MTR report: by the end of September 2019</li> <li>• A final draft of MTR report: by the end of October 2019</li> <li>• A PowerPoint presentation of the results of the MTR: by the end of October 2019</li> <li>• A final MTR report: by the end of November 2019</li> </ul> <p>All deliverables will be in English. The PowerPoint presentations for the dissemination (at the Planning Workshop) and the final MTR report will be translated into Vietnamese (submitted by the MTR team).</p> <p><u>Note:</u> more details in the proposed workplan</p>
<p>Monitoring and progress control, including reporting requirements, periodicity format and deadline:</p>	<p><b>Design [July 2019]:</b></p> <ul style="list-style-type: none"> <li>• Submitting a design report presenting the evaluation design for MTR, including the approach and methodology, detailed evaluation plan.</li> </ul> <p><b>Field (data collection) [August 2019]:</b></p> <ul style="list-style-type: none"> <li>• Conducting one week mission for data collection and analysis in Viet Nam.</li> <li>• Formulating the preliminary findings and recommendations for debriefing meeting.</li> </ul> <p><b>Reporting &amp; dissemination [September – November 2019]:</b></p> <ul style="list-style-type: none"> <li>• Producing the first draft of MTR report for sharing.</li> <li>• Conducting consultation meeting(s) (via Skype, if needed) with key stakeholders and MTR reference group to validate key findings, conclusions and recommendations.</li> <li>• Producing the first draft of the MTR report for inputs from the Reference Group</li> <li>• Producing the final draft of MTR report for sharing (including translation into Vietnamese).</li> <li>• Presenting the final draft of the MTR report (MTR meeting, if needed) at the planning workshop (integrated) via the Skype call.</li> <li>• Final MTR report in both English and Vietnamese</li> </ul> <p><u>Note:</u> more details in the proposed workplan for MTR</p>
<p>Supervisory arrangements:</p>	<p>MTR will provide inputs into UNFPA programme strategies of CP9. The Reference Group will provide strategic oversight and guidance for conducting this MTR.</p> <p>The MTR team will undertake the evaluation under the overall supervision of the MTR manager (M&amp;E/RBM Officer of CO) in consultation with the Reference group. The MTR Reference Group will provide technical advice to ensure the quality of the MTR.</p>

	<u>Note</u> : more details in the MTR management
Expected travel:	To be decided with inputs from the Reference Group. See more details in the Methodology and Approach.
Required expertise, qualifications and competencies, including language requirements:	<p>The MTR will preferably be conducted by an independent international consultant (evaluator/team leader) and one national consultant who are knowledgeable and experienced in this kind of MTR evaluation. All team members should have in-depth knowledge of UNFPA programmatic areas and issues pertaining to gender equality.</p> <p><b>Competencies for the national consultant</b></p> <ul style="list-style-type: none"> <li>a) Excellent analytical, writing and communication skills</li> <li>b) Ability to work with a multi-disciplinary team of experts</li> <li>c) Excellent problem identification and solving skills</li> <li>d) Excellent written and spoken English Language skills</li> <li>e) Should be able to provide deliverables on time</li> </ul> <p><b>Qualifications and experience of the national consultant:</b></p> <ul style="list-style-type: none"> <li>a) Minimum of Master's degree and should be an expert (with 10 years of experience) on either reproductive and maternal health, population and development, or gender field</li> <li>b) At least 3 years of experience in conducting evaluations/studies in reproductive health and/or population and development issues (including gender equality issues).</li> </ul> <p><b>Roles and responsibilities of the national consultant</b></p> <p>The main task of the national consultant is to support the international consultant (team leader) in all phases of the MTR, including some of the tasks related to the provision of deliverables, translation. The tasks include particular data/information collection and analysis (including secondary data analysis). As agreed with the international consultant, the national consultant will also take responsibility for: (i) preparing particular parts of the draft inception report; (ii) progressing the MTR regarding data collection and analysis, the report writing; and (iii) reviewing and commenting on drafts of the reports as they are produced; and (iv) translating the final MTR report, and related documents into Vietnamese</p> <p><b><i>See the annex: estimated workdays for the MTR consultants</i></b></p>
Inputs / services to be provided by UNFPA or implementing partner, if applicable:	<p>The CO will provide consultants with a workplace at its office and all necessary logistics arrangement for consultants (during the week consultants in Hanoi). MTR manager will provide the key documents for reviewing.</p> <p><u>Note</u>: more details in the following pages (MTR management)</p>
Other relevant information or special conditions, if any:	<p>The Contract will be signed with the consultant. The MTR team shall commence the performance of the sub-contract during the period of July to December 2019. The payment procedure should follow the Contract of UNFPA General Terms and Conditions for contracts.</p> <p>Note: more details in the following pages (specification and payment modalities)</p>

# Background information of the MTR, CP9 of Viet Nam

## 1. Introduction and purpose

UNFPA, United Nations Population Fund, is an international development agency that promotes the rights of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA plays a unique role within the United Nations system to address population and development issues, with an emphasis on reproductive health and gender equality, within the context of the International Conference on Population and Development (ICPD) Programme of Action and the Sustainable Development Goals (SDGs).

UNFPA has supported Viet Nam over the past 40 years (since 1978) through nine cycles (CPs) in the areas of population and development, including generating and using population data for policy development, family planning and SRHR, ensuring that every pregnancy is wanted, every birth is safe, adolescents and youth have the rights and participation, and every girl and woman is treated with dignity and respect.

The CP9 was approved by UNFPA/HQ in 2016, for the period 2017 -2021. After the approval of country programme document (CPD) of CP9, CO developed the Strategic Direction Paper (SDP) to further explain the content of the CPD in detail, serving the purpose of the Country Programme Action Plan (CPAP). The key national partners of CP9 (MOH, MOLISA, MOHA, GSO, CCIHP) also developed the project documents for five years (2017-2021) as the requirement of the Government. The project documents reflected CP9 results and key activities within the indicative budgets. Currently, UNFPA and national partners are implementing the CP9 with more than two years. Every year, annual project work plans are developed with the planned budgets informed by UNFPA. In the last three years, the planned project budgets were lower than those estimated in the Project Documents and CPD, the prioritization was made in following the available annual programme budget (core resources). Monitoring activities have taken place and well documented in line with UNFPA's policies and procedures.

CO and national partners are implementing the CP9 in a context of less resources, a certain choice of human resources (HR) alignment, and the opportunities and limitations of the Reform. In this situation, the validation of strategies and continuation options paper is needed. The national partners and UNFPA Viet Nam Country Office (CO) decided to conduct the MTR in 2019, after more than two years of CP9 implementation. ***The MTR is an independent review exercise in order to generate evidence to*** (a) demonstrate accountability to stakeholders on CP9 performance in achieving the CP9 expected results and invested resource; (b) support evidence-based decision making what needs to be changed for the remaining period 2020 – 2021 for project workplans; (c) contribute important lessons learned to the knowledge base of the organization as a whole and provide information to contribute to the formulation of the new CP10 (2022 -2025). As there will be no CPE for CP9, the MTR report will also be a key document for a final CP9 review (base on the MTR report to update).

**The main audience and primary users** of the MTR are CO Viet Nam, UNFPA/APRO, the National Implementing Partners (NIPs), and related UN agencies (e.g. Joint workplans of OSP implementation in Viet Nam). The MTR process will require close consultation with national implementing partners (NIPs) and with the Ministry of Planning and Investment (MPI) and UNFPA/CO.

The MTR will be managed by UNFPA CO in close consultation with the MPI, and conducted by a team of independent evaluators (one international and one national consultant), following UNFPA's guidance on the country programme evaluation methodology to the extent possible. The regional M&E Adviser at the UNFPA Asia and the Pacific Regional Office (APRO) will provide the technical assistance to CO including the quality of the report(s).

## 2. Country context and UNFPA programmes

Viet Nam has experienced profound demographic change over the past 60 years. A total population was increased from 30.2 million (16.1 million in the North and 14.1 million in the South) in 1960 to 94.6 million (2018). The total fertility rate (TFR) or the average number of children per woman was declined from about 6.3 children (early 1960s) to 2.04 children (2017) with a trend of decrease in the coming years. In 2018, life expectancy was 76.7 years. Life expectancy increased from 76.1 years in 2015 to 76.7 years in 2018 (growing at an average annual rate of 0.26 %). Women live longer but could be more vulnerable in their old age. Between

1990 and 2017, Viet Nam's life expectancy at birth increased by 6.0 years, mean years of schooling increased by 4.3 years and expected years of schooling increased by 4.9 years.

Viet Nam successfully reduced the maternal mortality ratio (MMR) to 54 by  $\frac{3}{4}$  between 1990 and 2015, much lower than the SDG global target of less than 70. However, MMR is three to four times higher for ethnic minority groups (e.g. Lai Chau 459 and Cao Bang 333, est.). Statistics of maternal mortality misses- 25% compared to estimates. Access to maternal and child health services has led to a significant reduction in MMR, however, MOH's Maternal Mortality Audit in 2014 found that deaths of mothers were often due to avoidable mistakes in emergency care management (EMoC). Notably, the proportion of deliveries involving C-section (caesarean delivery) was estimated at 27.5% (2014), while MOH/MCH statistics for 2015 put the figure at 30%. These rates are much higher than the WHO recommended average (should be under 10-15%).

Viet Nam has been experiencing a period of demographic dividend, recording the highest proportion of young people in the country's history. According to the 2014 Inter-Census Population Survey, young people aged 10-29 make up approximately 33% of the general population. This provides a unique opportunity for Viet Nam's socio-economic development, but also with substantial challenges. In addition, available data show that about one-third of Vietnamese young people continue to face barriers in accessing sexual and reproductive health information and services, resulting in health and social consequences such as abortion (adolescents and youth account for 30% of total abortion cases nation-wide) or HIV infection (40% of cases aged under 29)<sup>1</sup>. This is due mainly to the serious lack of effective comprehensive sexual education (CSE) designed to meet their needs.

Viet Nam was ranked 69 out of 144 countries (Global Gender Gap Report, 2017), among the 10 best performers in Asia and the Pacific, and among the 10 best performers on SDG5 (Gender Equality) globally. However, 58% of married women (2010) have suffered from at least one form of domestic or intimate violence during their lifetime. 87% of victims had never looked for support from authorities. Up to 58% of ethnic minority women (15-49) agreed that it is acceptable for husbands to physically punish their wife for various reasons, compared to 48,5% of Kinh women. The Viet Nam National Ageing Survey (VNAS) 2011 found that women live longer than men but are vulnerable to disease, poverty and loneliness. Earlier retirement age for women limits their job, promotion and training opportunities and results in lower monthly pensions compared to men. The country is also experiencing gender imbalances due to son preference at birth (most women want to know the sex of foetus early as well as a national sex ratio at birth by foetal ultrasound methods, diagnostic tools) and an estimated SRB: 112,0 (years 2019 – 2024).

In Viet Nam, key policies and laws on issues of reproductive health, population and gender are in place, however, the challenge is a gap between the policy and its implementation. The CP9 continues to support policy development and effective implementation to address inequalities, particularly among ethnic minority communities, and develops policy approaches to address emerging vulnerabilities, especially for young migrants, the near-poor, ageing populations, women experiencing violence, and populations at risk from climate change. Within the lower middle-income country context, UNFPA is focusing on achieving universal access to sexual and reproductive health, particularly for young people, addressing gender-based violence and harmful practices, strengthening data generation and analysis capacity, and evidence-based policy advocacy – in line with the National Socio-Economic Development Plan (SEDP) 2016-2020, the SDGs and national normative frameworks. UNFPA will address inequalities and emerging vulnerabilities, and follow a human rights-based approach throughout the cycle. (see the CP9 approach/ToC).

The current UNFPA Strategic Plan (SP) sets the strategic directions and provides the overall framework for guiding UNFPA support to countries. The SP describes the transformative results that will contribute to the achievement of the SDGs, and, in particular, to good health and well-being of people, the advancement of gender equality, and the empowerment of women and adolescent girls, with a focus on eradicating poverty. The strategies introduced in the SP are evidence-based and take into account lessons learned from previous plan cycles. The SP is rooted in the rapidly changing aid environment, particularly affecting middle-income countries (MICs). The SP has significant consequences for UNFPA support to Viet Nam, both in terms of scope and levels of financing, as it presents a set of organizational changes to improve management effectiveness with a strengthened results framework, a business model, and improvements to the funding arrangements. *The CP9*

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<sup>1</sup> MOH report in 2014

*was designed and approved during the previous SP (2014-2017) and the outcomes and outputs were aligned with the SP current UNFPA Strategic Plan (SP) 2018 – 2021* (see Table 1).

In the context of Viet Nam's lower MIC status (from 2010) and the UN Delivering as One (DaO) initiative, UNFPA continues to support the Government and people of Viet Nam with an increased focus on policy advocacy and policy advisory work, in line with the country being designated a 'Yellow' country under the SP and business model (2018 - 2021).

The overall goal of the UNFPA assistance to Viet Nam is to contribute to improving the quality of life of the Vietnamese people in the areas of sexual and reproductive health (SRH), population and development, and gender equality. The indicative financial budget of CP9 is US\$ 23 million, of which US\$ 16.2 million (69%) are regular resources (RR) and US\$ 6.8 million other resources (OR). In the MIC context, the largely bilateral and multiple donors are withdrawing assistance from Viet Nam. This is affecting UNFPA's resource mobilization efforts.

The CP9 aligned with three SP outcomes and four SP outputs. The decision to select these outcomes and outputs were made based on the Assessment of the Situation of Population and Development (ASPD), the Country Programme Evaluation (CPE) and discussion within the CO and with partners, including the UN Country Team. A strategic choice was made to exclude the Outcome 1 of the SP on SRH, as it was mainly focused on service delivery. Another key change, compared to CP8, is the emphasis on adolescents and youth (Outcome 2 of the SP). In Viet Nam, the importance of investing in young people gained more attention in recent years, and thus the CO considered that it was an opportune moment to expand the youth component in CP9. Gender equality and women's empowerment were selected as another key element of the programme because women have a critical role to play under many SDGs. In addition, SRH inequalities amongst vulnerable populations as well as other population emerging issues cannot be comprehensively addressed without promoting gender equality and addressing the linkage between gender issues with social economic factors. The SP Outcome 4 was identified as the most relevant result for the CP9 because it is directly linked to the policy-level work that the programme focuses on in the lower middle-income country context. Under the Outcome 4 on population dynamics, two outputs were selected based on the recognition that the first output is more about data generation and analysis while the second output is on policy advocacy (use of data and evidence) for many issues of relevance for UNFPA. The human resource at CO was realigned accordingly for the CP9.

Within the DaO context, UNFPA builds on its established niche and cooperation with other United Nations agencies, and will continue to lead inter-agency efforts on data for development, youth and gender-based violence (see the CP9 approach/ToC). The results of CP9 are delivered through broader coalitions of stakeholders, including CSOs/NGOs, and more focus on policy advocacy work (e.g. rights-based and evidence-based advocacy, multi-stakeholder policy dialogues and knowledge sharing) in the areas of UNFPA mandate.

In the absence of the country programme actions plan (CPAP) for CP9, CO developed the multi-year workplan (MYWP) for the programme management. The MYWP consolidated information from the CPD, the strategic direction paper (SDP) of CP9, 05 project documents that were discussed and agreed between UNFPA/CO and National Partners. MYWP also included the planned interventions/key activities, estimated budgets, planned by year (from 2018 to 2021), under each National Implementing Partner. It is noted that key planned activities and their estimated costs in MYWP were extracted from the project documents that were developed by the National Partners in close consultation with the UNFPA country office (CO). Based on the project workplans and MYWP, CO developed the CP9 tracking tool for monitoring the key results, especially in the absence of the CPAP tracking tool.

**Table 1: Alignment of expected Results**

One strategic plan (OSP) 2017-2021	CP9 Outputs (2017 – 2021)	SP outputs (2018-2021)
<p><b>OSP Outcome 1.2: Equity in Health</b> <i>'By 2021, all people, particularly the most vulnerable, benefit from inclusive and equitable health systems, services and the promotion of healthy environments'</i></p>	<p><b>2.1 Adolescents and Youth development [SP outcome 2]</b> Improved national policy environment to conduct participatory and evidence-based advocacy for rights-based national laws, policies and programmes on adolescents and youth development issues</p>	<p><b>SP output 7:</b> Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and well-being</p>
<p><b>OSP Outcome 4.2: Human rights protection, rule of law and strengthened access to justice.</b> <i>'By 2021, the protection of human rights is strengthened with improvements to the justice system, greater adherence to the rule of law, more equitable access to justice, increased gender equality and effective prevention of all forms of discrimination and violence'</i></p>	<p><b>3.1 GBV and Harmful practices [SP outcome 3]</b> Enhanced policy environment to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services through strengthened partnership with civil society organizations</p>	<p><b>SP outputs 9:</b> Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and to be protected from violence and harmful practices</p>
<p><b>OSP Outcome 4.1: Participatory decision-making and responsive institutions.</b> <i>'By 2021, participatory and transparent decision-making processes and accountable institutions are strengthened, with policies and implementation mechanisms that are responsive to all people, particularly vulnerable groups, women, youth and children.'</i></p>	<p><b>4.1 Data and evidence for Policy advocacy [SP outcome 4]</b> Strengthened evidence base to address inequality in policy advocacy on population and development, climate change, sexual and reproductive health and reproductive rights</p>	<p><b>SP output 13:</b> Improved national population data systems to map and address inequalities; to advance the achievement of the Sustainable Development Goals and the commitments of the Programme of Action of the International Conference on Population and Development; and to strengthen interventions in humanitarian crises</p>
	<p><b>4.2 Population dynamics and Reproductive rights [SP outcome 4]</b> Improved policy environment to integrate population dynamics and health and social data into policies and programmes to advance human rights, redress inequalities and achieve equitable sustainable development</p>	<p><b>SP output 14:</b> Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy</p>

**Table 2: National partnership**

UNFPA and the Government of Viet Nam, through the Ministry of Planning and Investment (MPI) as the coordinating entity of the Government Aid Coordinating Agencies (GACA), are jointly responsible for the management of the CP9. Table 2, below is the list of national partners and key implementing partners in CP9 (updated to MTR)



National Partner	Implementing Partner (IP)	Co-Implementing Partner (CIP) and Participating Partner
1. Ministry of Planning and Investment ( <b>MPI</b> ) 2. Ministry of Health ( <b>MOH</b> ) 3. Ministry of Home Affairs ( <b>MOHA</b> ) 4. Ministry of Labour, Invalids and Social Affairs ( <b>MOLISA</b> ) 5. Viet Nam Union of Science and Technology Associations ( <b>VUSTA</b> )	1. General Statistics Office 2. Dept. of Planning and Finance 3. Department of Youth Affairs 4. Dept. of Gender Equality 5. Center for Creative Initiatives in Health and Population (CCIPH)	National Assembly's Parliamentary Committee for Social Affairs ( <b>PCSA</b> ); Viet Nam Fatherland Front ( <b>VFF</b> ); Ministry of Justice ( <b>MOJ</b> ); Central Committee for Propaganda and Education ( <b>CCPE</b> ); Dept. of MCH ( <b>MOH</b> ); Dept. of Medical Services Administration ( <b>MOH</b> ); General Office of Population and Family Planning ( <b>GOPFP</b> ); Dept. of Social Protection ( <b>MOLISA</b> ); Dept. for Social Vices Prevention (MOLISA); Vocational Training Department ( <b>MOLISA</b> ); Dept. of Family ( <b>MOCSST</b> ); Secondary Education Department ( <b>MOET</b> ); Committee for Culture, Education, and Youth of the National Assembly ( <b>NA</b> ); Viet Nam Youth Union ( <b>VYU</b> ); Viet Nam Farmer Union ( <b>VFU</b> ); Committee for Ethnic Minority Affairs ( <b>CEMA</b> ); Viet Nam National Committee on Ageing ( <b>VNCA</b> ); Other Participating Partners including <b>NGO/CSO</b> .

### 3. Objectives and Scope

The **Overall Objective** of the MTR is to enhance the accountability of UNFPA Country Office for the relevance and performance of the CP9 in the context of rapidly changing socio-economic realities of Viet Nam, in line with the UNFPA SP, OSP and SDGs.

#### Specific Objectives

- (i) Provide an independent assessment to demonstrate the results of UNFPA support and progress towards the expected outputs and outcomes of the CP9;
- (ii) Provide an assessment of the role played by the CO in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results;
- (iii) Draw key lessons from the past since 2016 to address the strengths, weaknesses, opportunities of CP9, and to provide both strategic and programmatic suggestions, a way forward-looking options with a view of practical and in priority order as the basis for the country office.

#### Scope of the MTR

In principle, the MTR should cover all the project activity-based contributions to the CP9 outputs and outcomes as well as related OSP outcomes (planned/implemented by National Implementing Partners and by UNFPA CO). The timeframe for data collection will be from January 2017 to July 2019, plus one year (2016) when the CP9 was designed for understanding the programme design history.

The CP9 involves/affects a wide range of stakeholders (see Table 2). These include execution agencies, implementing partners and other organizations involved in implementation, direct and indirect beneficiary groups, ministries and administrative entities, academia and civil society organizations (CSO). As there are only five Projects (not as many as in the previous cycles), all partners who signed work plans with CO and implement key interventions of CP9 will be on the list for data collection and analysis. Besides the assessment of the intended effects of the CP9, the MTR should also identify potential unintended effects. MTR will cover UNFPA supports at both national and sub-national levels, and interventions financed from both the core and non-core resources.

### 4. Preliminary evaluation questions and evaluation criteria

The MTR report will provide answers to the evaluation questions in its conclusions and ensure clarity of connection between the questions and evaluation criteria/conclusions. The preliminary evaluation questions



with the evaluation criteria (below) are only indicative, and the final set of evaluation questions will be determined during the design phase (by the consultants) and after a discussion with the MTR reference group.

Evaluation question	Evaluation criteria
<b>Q1:</b> To what extent has UNFPA ensured that the needs of young people (including adolescents) in all their diversities (age, location, gender, sexual orientation, ability, employment, marital status etc.) have been taken into account in the planning and implementation of all UNFPA-supported interventions under the CP9? <b>[AY 2.1]</b>	Relevance Effectiveness Efficiency
<b>Q2:</b> To what extent has UNFPA successfully mainstreamed gender equality and human rights in: (i) the development of the country programme (with particular attention to participation in developing the CP9); and (ii) the implementation of the CP9 (with particular attention to non-discrimination/equality in reach/results)? <b>[GEN 3.1]</b>	Relevance Effectiveness Efficiency
<b>Q3:</b> To what extent have UNFPA-supported interventions contributed to (or are likely to contribute to) a sustained increase in the use of disaggregated (by, gender, age, location, class/caste) demographic and socio-economic information and data, in the evidence-based development and implementation of plans, programmes, and policies? <b>[PD 4.1 &amp; 4.2]</b>	Relevance Effectiveness Efficiency
<b>Q4:</b> To what extent has the CO successfully partnered (through different types of partnerships – with civil society, including local NGOs, other United Nations agencies, academia, parliamentarians etc.) to ensure that UNFPA makes use of its comparative strengths in the achievement of the CP9 outcomes across OSP programmatic areas (UNFPA’s contribution) and contribute to relevant OSP outcomes/results? <b>[OSP, Next CP]</b>	Relevance Effectiveness Coordination
<b>Q5:</b> What are key lessons and strategic recommendations from the CP9 (design, management of implementation by the mid time-point of this MTR) for the following years (2020 – 2021) and forward-looking options for the UNFPA CO?	Added value

### The evaluation criteria (as of UNFPA guideline):

**Relevance:** The extent to which the outcomes and outputs of the CP9 correspond to population needs at country level (in particular, those of vulnerable groups) and were aligned throughout the programme period (2017 – 2021) **with government priorities and with strategies of UNFPA.**

**Effectiveness:** The extent to which CP9 outputs have been achieved (by the mid-time point/MTR), and the extent to which these CP9 outputs have contributed to the achievement of the country programme outcomes.

**Efficiency:** The extent to which CP9 outputs and outcomes have been achieved (by the MTR) with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).

**Coordination:** The extent to which UNFPA has been an active member of, and contributor to, the existing coordination mechanisms of the UNCT in the DaO context.

## 5. Methodology and approach

### Methodology

The MTR will follow UNFPA's guideline on the country programme evaluation methodology to the extent possible. The consultants will need to properly consult with the methodological guide – Handbook on how to conduct a country programme evaluation at UNFPA (revised version 2019, <https://www.unfpa.org/EvaluationHandbook>).

*Methods for data collection:* The MTR will use the multiple-method approach including document review, group and individual interviews, focus group discussions, and field visits (if needed). Since each method has its unique strengths and weaknesses, the evaluators need to combine them in a way that uses the comparative strengths of one approach to correct for the relative weaknesses of the others. Data collection methods must be linked to the evaluation criteria and evaluation questions that are included within the scope of MTR. The use of an evaluation matrix is recommended in linking these elements together. Data collection methods and the process should consider gender sensitivity and data should be systematically disaggregated by sex and age and to the extent possible, and other contextually-relevant markers of equity.

*A sampling of stakeholders and project locations:* all of national implementing partners (NIPs), CO and key Co-IP (CIPs) will be considered for selecting in the data collection.

*Methods for data analysis:* The focus of the data analysis process in the evaluation of MTR is the identification of evidence. The evaluation team will use a variety of methods to ensure that the results of the data analysis are credible and evidence-based. Triangulation techniques should be systematically applied throughout the evaluation process which means the evaluators must double or triple check the results of the data analysis by way of cross-comparing the information obtained via each data collection method (documentary review, individual interviews, group discussions, focus groups) and through different data sources (e.g. compare results obtained through interviews with Government staff with those obtained from beneficiaries or from statistical data).

The MTR will use a variety of validation mechanisms to ensure the quality of data and information used for analysis including internal team-based reviews, regular exchanges with the CO MTR managers and the Reference group, and focus groups with a relevant audience.

The evaluators of MTR will identify limitations to the MTR and ways to mitigate them.

### Approach

In principle, the MTR should not evaluate the individual project or activities of CP9. This should be carried out using appropriate evaluation methodologies that identify contributions at the CP9 outcome level and attribution from implemented/planned activities under the CP9 outputs. The evaluation (used for MTR) will be transparent, inclusive, participatory, as well as gender and human rights responsive. This also promotes national ownership through the engagement of relevant national partners. The MTR will utilize mixed methods and draw on quantitative (if applicable) and qualitative data. Data can be disaggregated by relevant criteria (wherever possible): age, gender, marginalized and vulnerable groups, etc.

The MTR will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. The evaluation in MTR will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

**Stakeholder participation:** The MTR will adopt an inclusive approach, involving a broad range of partners and stakeholders. The MTR team will finalize the stakeholder mapping exercise in order to identify both UNFPA's direct partners (e.g. key national implementing partners) as well as stakeholders who do not work directly with UNFPA, yet play a key role in relevant OSP outcomes/outputs or thematic area OSP/DaO (e.g. UN Result Groups). These stakeholders may include representatives from the governments, line ministries, national implementing partners (NIPs), NGOs, Civil-society organizations (CSOs), the private sector, UN organizations, other multilateral

organizations, bilateral donors, and most importantly, the beneficiaries of the CP9. It is noted that UNFPA and other UN agencies are more concerned with ensuring equity of access to quality services which are appropriate to the needs of vulnerable groups and ethnic minorities, and more focus on the policy advocacy efforts.

## 6. MTR process

The MTR unfolds in the following phases:

### a. Preparatory Phase

- Consultation meetings between CO and MPI/GACA for the conduct of the MTR [this was already informed to and agreed by all NIPs/CIPs during the Planning Workshop, Feb 2019].
- Drafting of the TOR by CO in consultation with the RO M&E Adviser.
- Set up an MTR reference group (by CO).
- Selection and recruitment of the external MTR team.
- Compilation of the initial list of documents and update CP9 tracking tool.
- Preparation of the background information and documentation on CP9 and its context by MTR manager (RBM/M&E Officer of CO).
- Preparation of the Atlas project list and the initial stakeholders mapping of the main partners relevant for CP9 by MTR manager.

### b. Design Phase

- A documentary review of all relevant documents available at UNFPA, for the period under this assessment, 2017 – 2019.
- Finalization of the stakeholder mapping including state and civil-society stakeholders and will indicate the relationships between different groups of stakeholders.
- Finalization for analysis of the intervention logic of the CP9 from planned activities to relevant output indicators, and then to the expected results (Outcome/Output/Milestone).
- Finalization of evaluation questions following consultations between the MTR team and UNFPA CO.
- Development of sampling, data collection methods and analysis strategies, protocols for the field phase as well as a concrete workplan for the field phase.
- Drafting of the design report which will include: (i) Brief summary of the programme and MTR within the country context; (ii) The evaluation matrix (of MTR) including specific evaluation questions; (iii) Data collection methods: listing of each method (e.g. quantitative, qualitative): details of the method and how it will be applied to the MTR (e.g. focus group, interview, in-depth interviews, observation); (iv) Proposed strategy for data collection methods and Data analysis method including strengths and limitations of each method; (v) Annexes: evaluation work plan, evaluation tools, evaluation/MTR team (roles and responsibilities), list of desk review documents.
- Approval of the design report by MTR manager (RBM/M&E officer at CO) in consultation with the Assistance Representative and regional M&E adviser of APRO.

### c. Data collection and Analysis Phase

- Data collection for the duration of one-week, and for analysis.
- A debriefing meeting with the CO and the Reference Group for the presentation by the MTR team of preliminary findings and obtaining feedback from the stakeholders at the data collection in Viet Nam. The objective of the debriefing presentation is to validate preliminary findings and test tentative conclusions and/or recommendations.

### d. Reporting phase

- Continuation of the analytical work based on all information collected.
- Completion of the evaluation matrix for MTR with evidence.
- Preparation of a first draft of the MTR report (Draft 1), taking into account comments made by the CO at the debriefing meeting.
- Submission of Draft 1 to the Reference Group for comments (in writing). Comments made by the Reference Group will be consolidated by the MTR manager (RBM/M&E Officer of CO)
- Preparation of a final draft of MTR report taking into accounts comments by the reference group.

- Conducting a MTR meeting for dissemination of the final Draft MTR report which will be attended by the CO, MPI/GACA as well as all the key programme stakeholders (e.g. NIPs, CIPs) and other UN agencies (tbc). Due to limited programme budget and for increasing the use of MTR report, the Planning Workshop for development of Project Workplans (2020 and 2021) will include the MTR session. Evaluator(s) of MTR will present the key results/recommendations at this workshop (via Skype).

## 7. Expected products/deliverables

The MTR team will produce the following deliverables:

- A design report (Inception report) of about 20 pages, including parts of the introduction, country context, UNFPA strategic response and programme, evaluation matrix (evaluation questions, methodology and approach, evaluation process).
- A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the MTR, to be presented and discussed during a debriefing meeting to be held at the end of the field phase.
- A final draft of MTR report of about 30 pages (followed by the Draft 1, taking into account comments from the reference group).
- A PowerPoint presentation of the results of the MTR for the planning workshop to be held in Ha Noi.
- A final MTR report, based on comments expressed during the Planning Workshop including an executive summary.

All deliverables will be drafted in English. The PowerPoint presentations for the dissemination (at the Planning Workshop) and the final MTR report will be translated into Vietnamese (submitted by the MTR team).

## 8. Workplan and indicative schedule of deliverables

Phase	Methods	Dates (target, max)
Preparation	Consultation with MPI (and inform other Stakeholders, if needed)	Informed to all NIPs (Feb. 2019)
	Draft TOR and approval TOR by Representative	May 2019
	Compilation of initial list of documents, Atlas information and preliminary stakeholder map	May 2019
	Setting up the MTR reference group	May 2019
	Selecting international and national consultants and approval by UNFPA Representative	June 2019
	Negotiation, Contract award to consultants (evaluators of MTR)	July 2019
Design	Submitting a design report presenting the evaluation design for MTR, including the approach and methodology, detailed evaluation plan.	July 2019
Field (Data collection)	Conducting one week mission for data collection and analysis in Viet Nam. (Note: CO will share the link to access key documents for reviewing, before this mission)	August 2019
	Formulating the preliminary findings and recommendations for debriefing meeting	August 2019

Phase	Methods	Dates (target, max)
Reporting and dissemination	Producing the first draft of MTR report for sharing	September 2019
	Conducting consultation meeting(s) (via Skype, if needed) with key stakeholders and MTR reference group to validate key findings, conclusions and recommendations.	September 2019
	Producing the final draft of MTR report for sharing (including translation into Vietnamese)	October 2019
	Producing the final MTR report for sharing (including translation into Vietnamese)	November, 2019
	Disseminating the final MTR report (MTR meeting, if needed) at the planning workshop (integrated) via the Skype call.	November, 2019
		Total: 30 workdays (max)

## 9. Composition of the MTR team

The MTR will preferably be conducted by an independent international consultant (evaluator/team leader) and one national consultant who are knowledgeable and experienced in this kind of evaluation. All team members should have in-depth knowledge of UNFPA programmatic areas and issues pertaining to gender equality. The external evaluation team will undertake the evaluation under the overall supervision of the MTR manager (M&E/RBM Officer of CO), in consultation with the Reference group.

### The Team leader (international consultant)

Competencies for the Team Leader

- Development sector background
- Excellent analytical/*contribution analysis*, writing and communication skills
- Leadership and good management skills
- Ability to work with a multi-disciplinary team of experts
- Excellent problem identification and solving skills
- Excellent written and spoken English Language skills.

### Qualifications and experience of Team Leader

- Minimum of Master's Degree in social sciences, development studies or a related field
- Minimum of 10 year experience in conducting/managing programme evaluations
- Experience in mainstreaming and management of cross cutting themes
- Familiarity with the UNFPA work (policy advocacy efforts) will be an added advantage
- Familiarity with DaO country context will be an advantage.

### Roles and responsibilities of the Team Leader

- Provide overall leadership to the MTR team
  - Provide the inputs for quality aspects of the overall process
  - Compile the design report with the inputs from national consultants
  - Compile draft and final reports and deliver them on time, considering the quality aspects.
- The team leader will have primary responsibility for the timely completion of a high-quality evaluation that addresses all the items required in this TOR.
- Responsible for debriefing the findings when required

- f) Liaise with MTR manager of CO.

#### **Competencies for the national consultant**

- f) Excellent analytical, writing and communication skills
- g) Ability to work with a multi-disciplinary team of experts
- h) Excellent problem identification and solving skills
- i) Excellent written and spoken English Language skills.
- j) Should be able to provide deliverables on time.

**Note:** the national consultant will preferably be recommended by the team leader. CO can provide a list of national consultants who applied for this MTR, if possible. The national consultant will have to translate the reports into Vietnamese.

#### **Qualifications and experience of the national consultant:**

- a) Minimum of Master's degree and should be an expert (with 10 years of experience) on either reproductive and maternal health, population and development, or gender field
- b) At least 3 years of experience in conducting evaluations/studies in reproductive health and/or population and development issues (including gender equality issues).

#### **Roles and responsibilities of the national consultant**

The main task of the national consultant is to support the international consultant (team leader) in all phases of the MTR, including some of the tasks related to the provision of deliverables, translation. The tasks include particular data/information collection and analysis (including secondary data analysis). As agreed with the international consultant, the national consultant will also take responsibility for: (i) preparing particular parts of the draft inception report; (ii) progressing the MTR regarding data collection and analysis, the report writing; and (iii) reviewing and commenting on drafts of the reports as they are produced; and (iv) translating the final MTR report, and related documents into Vietnamese

The work of the MTR team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Ethical code of conduct for UNFPA/UNEG evaluation prior to engaging in the evaluation exercise. For details on the ethics and independence in evaluation in this MTR, see UNEG Ethical Guidelines and Norms for Evaluation in the UN System in English and Vietnamese at:

<http://www.unevaluation.org/document/detail/1914>

<https://sites.google.com/site/hongunfpamdg/home/mdg-2>

## **10. Management of the MTR**

MTR will provide inputs into UNFPA programme strategies of CP9. UNFPA Representative and the Deputy Director of the Foreign Economic Relations Department (FERD) of MPI will provide strategic oversight and guidance for conducting this MTR. The CO will coordinate the overall MTR framework including reporting on the progress to the UNFPA and MPI. The CO will recruit external consultants and will send them all background documents for reviewing in advance. The CO will supervise the quality of the work of the MTR team and its process. The CO will provide consultants with a workplace at its office and all necessary logistics arrangement for consultants (during the week consultants in Hanoi). In consultation with FERD/MPI, the CO will collect comments and feedbacks from NIPs and concerned Ministries/agencies for the Draft of MTR report. MPI will co-chair with UNFPA at the Planning Workshop where MTR report will be shared for discussion on main findings and recommendations for project workplans, 2020 - 2021.

**MTR manager:** According to UNFPA's guideline, an M&E Officer of the CO, who did not manage any projects of CP9, will be nominated to be the MTR manager of this MTR by the country representative. In consultation with M&E Adviser of APRO, the MTR manager will draft TOR and submit this to UNFPA representative for approval, with SMT of CO set up and coordinate the MTR Reference group; prepare the preliminary mapping of key stakeholders as well as the list of initial documentation including a list of Atlas projects for CP9; manage the relationship with the MTR team, set a preliminary agenda for the field phase (data collection); ensure the quality



of the entire MTR process, conduct the evaluation quality assessment, approve all deliverables, coordinate the preparation of the management response and follow up on the recommendations of the MTR report.

**A MTR reference group** will be established during the preparatory phase to be consulted during the evaluation. The members of this group will include UNFPA Assistant Representative (**Chair**), UNFPA CO MTR managers, selected key NIPs (if needed), the representatives of FERD/MPI. The regional M&E adviser at UNFPA/APRO will provide technical assistance to ensure the quality of the MTR, as well. The main functions of the MTR reference group will be to:

- Provide comment for the terms of reference drawn up by CO and the selection of a team of evaluators.
- Provide the MTR team with relevant information and documentation on the programme; facilitate the access of the MTR team to key informants during the field phase to support data collection.
- Provide overall comments to the reports produced by the MTR team
- Advise on the quality of the work done by the MTR team
- Assist in the feedback of the findings, conclusions and recommendations from the MTR into future programme design and implementation.

## 11. Bibliography

CO (MTR manager) will carefully select documents to upload into the Google drive (later). The key documents for MTR team. These will include: CPD of CP9; SDP for CP9; MYWP of CP9; ASPD for CP9; Project Documents of NIPs; AWP of 2017 – 2019; OSP document; CP9 tracking tool updated to the time-point of this MTR (June 2019).

UNFPA SP document (2017-2021) at: [https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA\\_2017.9\\_-\\_UNFPA\\_strategic\\_plan\\_2018-2021\\_-\\_FINAL\\_-\\_25July2017\\_-\\_corrected\\_24Aug17.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf)

## 12. Specification and payment modalities

The Contract will be signed with each consultant. The MTR team shall commence the performance of the sub-contract during the period of June to December 2019. The payment procedure should follow the Contract of UNFPA General Terms and Conditions for contracts.

Detailed time and work plan for fulfillment of the assignment will be included in the Inception report (Design report) that developed by the team leader of this MTR.

The budget range for the overall cost of the MTR is USD 25,000 – USD 27,000. The costs of the MTR include key tasks as defined in this Terms of Reference (TOR) and the Air-tickets and DSA for the international consultant (Team leader), if he/she is outside of Viet Nam.

### Payment Modalities

Payments will be made in two installments based on the delivery of outputs, as follows:

The first installment: upon satisfactory contribution to the design report (30%)

The final installment: upon satisfactory contribution to the final MTR report (70%)

## 13. Ethical considerations

The evaluation process should conform to the relevant ethical standards in line with UN Ethical Guidelines for Evaluation including but not limited to informed consent of participants, privacy, and confidentiality considerations. The relevant ethical standards will be identified and the mechanisms and measures to ensure that standards will be maintained during the MTR process should be provided in the design report.

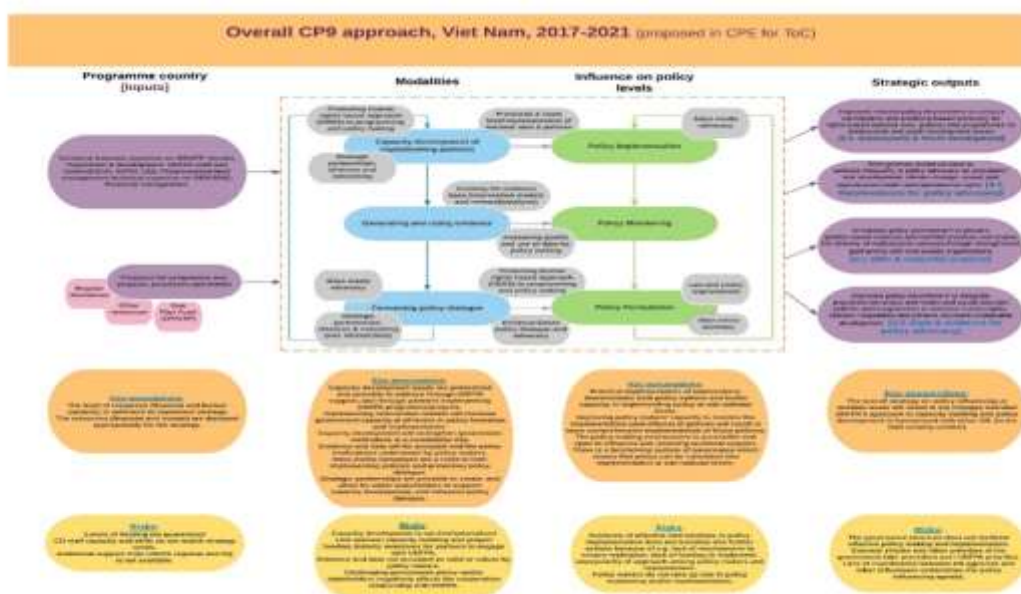
UNEG/UNFPA ethical code of conduct for evaluation, at <http://www.unevaluation.org/document/detail/102>

**Annexes:**

**List of Atlas Projects for MTR**

#	Project ID	Project ID title
1	RASP8206	Comprehensive Sexual Education
2	UBRAFVNM	Adv. Strategy Dev for Sexwork
3	VNM09PCA	Program Coor & Assistance
4	VNM09U21	Adolescents and Youth Dev't
5	VNM09U31	GBV and Harmful Practices
6	VNM09U41	Data & Evidence for Policy Adv
7	VNM09U42	Pop. Dynamics & Reprod. Rights

**Programme approach (ToC for CP9):**



**Annex:** Estimated workdays for MTR international and national consultants

Phase	Methods/Tasks	Duration	Est. for team leader	Est. for team leader
<b>Design</b>	Submitting a design report presenting the evaluation design for MTR, including the approach and methodology, detailed evaluation plan.	July 2019	06 Days	02 Days
<b>Field (Data collection)</b>	Conducting one week mission for data collection and analysis in Viet Nam. (Note: CO will share the link to access key documents for reviewing, before this mission)	August 2019	08 Days	08 Days
	Formulating the preliminary findings and recommendations for debriefing meeting (Incl. time for meeting).	August 2019	02 Days	02 Days
<b>Reporting and dissemination</b>	Producing the first draft of MTR report for sharing.	September 2019	04 Days	03 Days
	Conducting consultation meeting(s) (via Skype, if needed) with key stakeholders and MTR reference group to validate key findings, conclusions and recommendations.	September 2019	½ Day	½ Days
	Producing the final draft of MTR report for sharing (including translation into Vietnamese)	October 2019	04 Days	02 Days
	Producing the final MTR report for sharing (including translation into Vietnamese)	November, 2019	03 Days	02 Days
	Disseminating the final MTR report (MTR meeting, if needed) at the planning workshop (integrated) via the Skype call.	November, 2019	½ Day	½ Day
<b>Total (Max)</b>			<b>28 Days</b>	<b>20 Days</b>

**Note:** the estimated days for each task will be confirmed in the Inception Report (design report), after discussion between the international consultant and the national consultant.