

Real Time Evaluation of Gender Integration in the UNICEF COVID-19 Response in South Asia

Inception Report

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Acronyms

CO	Country Office
GBV	Gender based violence
GBVie	Gender based violence in emergencies
HAC	Humanitarian Appeal for Children
PIN	People in Need
RCCE	Risk Communication and Community Engagement
RiGoR	Regional Gender Reference Group
RO	Regional Office
SDG	Sustainable Development Goals
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UN SWAP	United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women
UN WOMEN	UN Women (United Nations Entity for Gender Equality and the Empowerment of Women)

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I. Introduction

This Inception Report provides the conceptual framework to be used for the Real Time Evaluation (RTE) of Gender Integration in the UNICEF COVID-19 Response in South Asia. The Report includes a description of the purpose, scope, objectives, list of key RTE questions as outlined in the Terms of Reference (TOR), as well as methodology and data sources, data collection tools, sampling approach and ethical guidelines. Key activities undertaken to generate the Inception Report included a desk review (see Annex Nine: Key Documents Consulted), online consultations with UNICEF staff in the Regional Office for South Asia (ROSA), an inception workshop with Gender Focal Points/ Specialists from 8 UNICEF South Asia Country Offices, and observation of two online regional level meetings related to gender response. Information gathered from the desk review and consultations served to refine the initial RTE methodology and to inform the development of data collection tools. Qualitative data gathered during the Inception Phase consultations will contribute to RTE findings.

Given the long-term nature of the RTE (18 months, covering the time-period from March 2020 to October 2021) and the aim of the commissioning unit and RTE team to keep adapting the RTE methodology during the course of the evaluation, the Inception Report will be a “living document” and the methodology part will be updated if and when required vis-à-vis the key deliverables.

II. Context and Background

The COVID-19 outbreak began in December 2019 in Wuhan, China, and by March 2020 had spread globally. On 30 January 2020, the World Health Organization declared the novel coronavirus a Public Health Emergency of International Concern (PHEIC) which signified the highest level of alarm. As of mid-October 2020, globally there have been 37 million confirmed COVID-19 cases and over 1 million deaths.

Although in many countries the authorities managed to trace cases and prevent the spread of the virus, the pandemic nevertheless brought unprecedented humanitarian, economic, development and health consequences on populations across the globe. The outbreak has been particularly devastating for countries with high poverty rates, inadequate health systems and low levels of preparedness. In South Asia, in particular, the outbreak led to unexpected reverse labour migration: one-third of the world’s labour migrants come from the region, with India being the single largest source of such labour in the world.¹ For Afghanistan and Bangladesh, with protracted conflict environment and refugee crisis, respectively, COVID-19 presents yet additional burden to the countries’ infrastructure and already struggling health systems. Moreover, Asia-Pacific region is one of the most digitally divided on the planet, with less than 14 per cent of the population connected to affordable and reliable high-speed Internet.

¹ The Washington Post. *Migration in Reverse*. 1 October 2020. Accessed at <https://www.washingtonpost.com/graphics/2020/world/coronavirus-migration-trends-gulf-states-india/>

During the COVID-19 pandemic, the digital divide has threatened to become the new face of inequality – exacerbating not only income inequality, but also inequality of opportunity.²

While the available evidence indicates that children are largely spared from direct mortality impacts of COVID-19, the indirect effects stemming from strained health systems, household income loss, and disruptions to care-seeking and preventative interventions like vaccination may be substantial and widespread.³

Available research indicates that the pandemic has deepened existing gender inequalities. Whereas early studies suggest men with COVID-19 are at higher risk for worse health outcomes - particularly higher death rates, measures to control the pandemic have had significant impacts on women and girls. For example, lockdowns have curtailed women and girls' access to their informal peer support networks, health and protection services as well as earning opportunities. School closures can potentially lead to devastating impacts on girls, especially higher risk for child marriage and child labour.⁴ Even where sufficient technologies are available, the gender divide means girls benefit less from online or broadcast-based learning, especially where families have limited devices.⁵ Women and girls tend to carry out most of the care for sick relatives, household chores and childcare responsibilities. For many women and girls, staying at home during the COVID-19 pandemic can be dangerous due to an increased risk of domestic violence. The loss of household income and protracted school closures may also place adolescent girls at an increased risk of child marriage. Moreover, adolescent mothers receive less essential maternal health care, and many girls' needs for family planning remain unmet.

The consideration and redressal of gendered barriers in the overall response to COVID-19 will help to alleviate the disproportionate burden women and girls face due to the pandemic while seeding actions that aim to transform harmful gender roles, norms and power relations. Overall, it is important to look at gender-specific data, disparities and discrimination related to COVID-19 from both female- and male perspectives.

III. Evaluation Purpose, Objectives and Scope

3.1. Purpose

Aligning with UNICEF Strategic Plan (see box 1) and to respond to the needs of women and girls in COVID-19 context, five core programmatic and advocacy actions that recognize the public health, social and economic consequences of the pandemic were developed by UNICEF globally in March 2020:

1. Care for Caregivers;

² UN ESCAP. Vast Digital Divide Exposed By COVID-19 In Asia And The Pacific. 14 August 2020. Accessed at <https://www.unescap.org/news/vast-digital-divide-exposed-covid-19-asia-and-pacific#>

³ UNICEF. COVID-19 and Children. <https://data.unicef.org/covid-19-and-children/>

⁴ UNICEF. Gender Equality and COVID-19. <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>

⁵ UN Women. The First 100 days of COVID-19 in Asia and the Pacific.

2. Prepare for increases in Gender-based violence (GBV) in the COVID-19 outbreak;
3. Maintain core health, nutrition and education services and systems;
4. Engage existing women’s and youth rights networks to support connectivity and vital information flow;
5. Ensure gender data are available, analyzed and actionable.

UNICEF in the South Asia region has taken these global priority actions forward, building on the investments to strengthen gender-transformative programming undertaken in the recent years. UNICEF promotes and advocates for gender equality within six key Regional Headline Result Areas (see box 2). In 2018, the Gender Toolkit and Enhancing Gender in Humanitarian Response checklist, were launched to strengthen the institutional and individual capacity to undertake gender mainstreaming in UNICEF’s programmes and to advance policy commitments on gender equality.

Box 1: UNICEF Strategic Plan 2018-2022 Cross-Cutting Priority on Gender Equality

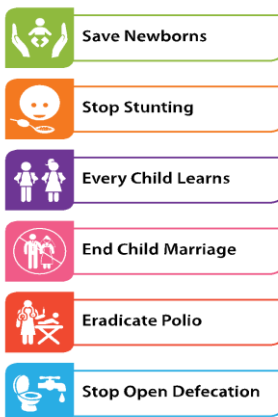
2. GENDER EQUALITY

Healthy, educated and empowered girls and women are critical to all sustainable development and strong societies. A sizeable evidence base shows that the well-being of children is most dependent on women’s survival, protection and opportunity. Building on UNICEF’s Gender Action Plan, 2018–2021, as well as system-wide efforts to promote gender equality, the Strategic Plan integrates gender in each of its five goal areas.

Under the Strategic Plan, we will:

- **EMPHASIZE** gender discriminatory roles and practices.
- **MAINSTREAM** gender analysis in programme design and delivery.
- **ACHIEVE** gender parity in internal staffing and capacity development.
- **OVERCOME** barriers to the empowerment of adolescent girls, in particular.
- **ENGAGE** with men and boys, and change social norms to address the root causes of gender-based discrimination.

Box 2: UNICEF ROSA Six Key Regional Headline Results



Against this background, there are three key factors driving this evaluation:

1. **Documentation and strengthening of gender integration of the response:** Given the current projections on the protracted nature and long-term impacts of the COVID-19 pandemic and considering that women and girls are in many ways at the epicenter of the pandemic (as caregivers, primary health responders, users of interrupted sexual, reproductive and maternal health services to name some) the efforts to scale up the effectiveness of the response from a gender perspective are critical. For this purpose, there is a need to evaluate the gender elements and effectiveness of the response measures taken thus far to ensure adequate, real-time feedback loops for improving policy and programmatic responses as the crisis evolves and unfolds.
2. **Lack of evaluation evidence and learning on integrating gender in humanitarian response at UNICEF.** While UNICEF has gathered a considerable body of evidence on its humanitarian action, gender has not been a key enquiry area. The ‘Synthesis of UNICEF Evaluations of Humanitarian Action 2010 – 2016’ considers *gender under the cross-cutting issue of equity and found gender to be one of the identified gaps*. UNICEF does not have evaluative evidence on its gender performance in past health emergencies. The ‘Evaluation of UNICEF’s response to the Ebola outbreak in West Africa 2014–2015’ did not consider gender-sensitive responses or place gender in the evaluation framework. Gender was also not considered in the key guiding questions in the ‘UNICEF Response to the Cholera Outbreak in Yemen’ evaluation in 2018.
3. **Guide future investments both in gender in emergencies and investments in gender mainstreaming at the nexus of development programming** across all programming areas. ROSA is highly committed to promoting gender equality in programmatic action. The current pandemic provides an opportunity to assess how the overall response has been able to capitalize on the accumulated experience and investments in humanitarian context/emergency settings and how these translate into integrating gender in the COVID-19 response and beyond at the nexus of development programming.
4. In 2020 ROSA is also establishing a Gender Reference Group for the region, with an objective to support gender-focused learning as a region and to finetune programming and institutional effectiveness. The simultaneous Real Time Evaluation enables maximum complementarity and intra-region learning for improved gender transformative programming.

3.2. Objectives

The main objectives of the evaluation are:

- To establish the **operational preparedness** of integrating gender and measuring gender effectiveness of the COVID-19 response in SA by **reviewing the enablers, normative and accountability frameworks** set up at the onset of the response period;
- To assess the extent to which gender has been **integrated** to the response measures;
- To evaluate the gender effectiveness of the of the response measures by using **the gender scale/diagnostic tool** and against organizational/regional priority actions, for further improving UNICEF and host government’s policy and programmatic responses;

- To document **lessons, good practices and successful initiatives and partnerships** for improving UNICEF and host government’s gender integration and outcomes in policy and programmatic responses and develop a **set of recommendations for each phase**, for improving UNICEF SA and key partners’ capacity to deliver gender transformative results;, with particular focus on gender in emergency programming.

3.3. Scope

The scope of the evaluation will cover programming in all the eight countries including the Regional Office and will thematically cover the ROSA priority areas: health response, responding to the socio-economic impact of the pandemic on children as well as continuation of key services which are linked to the 5 UNICEF abovementioned global gender priorities in COVID-19 (see Table 2). Some enquiry elements would have a region-wide scope and some enquiry areas would be limited to a sampling approach, such as the assessment areas focusing on gender integration in protracted, layered crisis. The selection of the interventions to be included and sampled for the evaluation will be done during the inception phase and finalized as part of deliverable 1 (see part 6.1).

The evaluation will look at the COVID-19 response measures both at the RO level and in the Country Office (CO) level. At the RO level, the scope will broadly include:

Table 1: The Scope of the Evaluation

RO Focus related to COVID-19 response	CO focus related to COVID-19 response
Assessment of the leadership	Gender integration in the CO-level programmatic and policy responses
Technical and management support on gender extended from the RO to the COs	
Programming rolled out from the RO	
Also, non-emergency programming hybrid response where available and related to: <ol style="list-style-type: none"> a) Regular programming adapting to COVID-19 context b) Response programming adapting back to regular, non-emergency programming 	

The enquiry areas for the evaluation will draw from, but not be limited to (given the SA specific focus areas on gender, such as the value of the girl child) the UNICEF ROSA key acceleration areas for COVID-19 response. The technical note prioritizes five core programmatic and advocacy actions, namely:

Table 2: Five UNICEF Gender Priorities in COVID-19 and ROSA Acceleration Areas

Overall South Asia focus on gender - value of the girl child	
ROSA Acceleration Areas	Five Actions for Gender Equality in COVID 19 ⁶
PHC including immunization, systems strengthening Mental health Hand-washing IPC and water in schools and in health facilities	Care for caregivers;
Continuity of Services	Preparations for increased GBV cases;
Continuation of learning innovative models	Maintaining core health and education services and systems;
	Engaging with existing women's and youth rights networks to support connectivity and vital information flow (socio-economic impact)
	Ensuring gender data are available, analyzed and actionable.
RCCE, Gender and Data as cross-cutting	

The evaluation will also focus on identifying initiatives working with **men and boys** as champions of gender equality and identify areas where men and boys have been adversely impacted by the crisis warranting a more gender-responsive response.

The evaluation also reflects and directly addresses the recommendations made in the independent evaluation of UNICEF's two successive Gender Action Plans during the period 2014–2019, completed in 2019.

IV. Inception Related Activities and Findings

The inception phase included a number of activities from October 1 to October 30, 2020:

- Desk review (see Annex Nine),

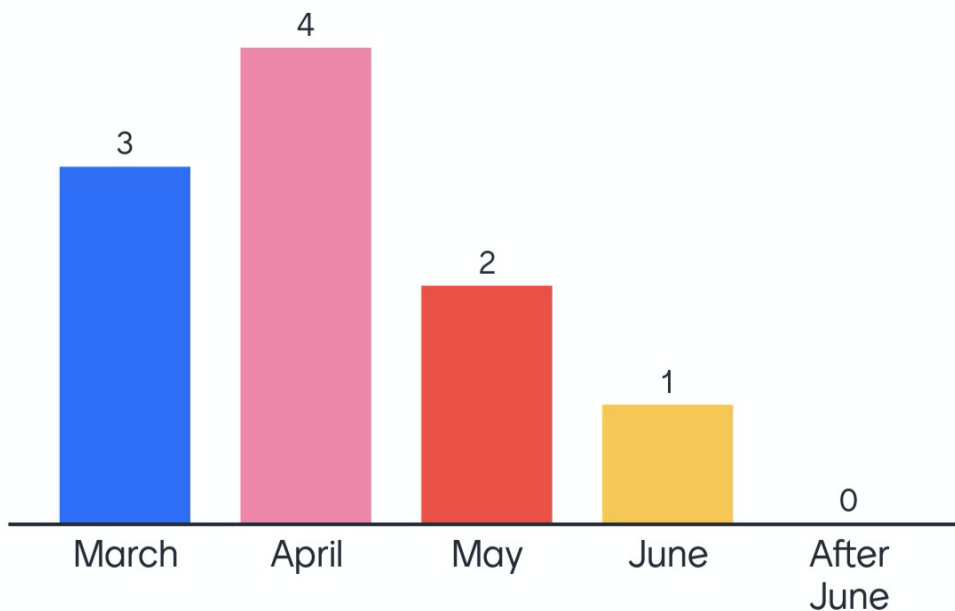
⁶ UNICEF Five Actions for Gender Equality in COVID-19 Response Technical Note, issued by the HQ in April 2020

- KIIIs (4) at the regional level (Regional Gender Advisor, Regional M&E Advisor, Statistics and Monitoring Specialist and Multi-Country Evaluation Specialist,
- Inception workshop (October 22, 2020) with gender focal points with a real time survey during the session
- Fly-on-the-wall (see section on Methods) surveying two ROSA meetings organized by ROSA Gender Team: Gender Network Catch-up Call and a meeting to discuss a document on the regional gender response (to be submitted to UNICEF HQ- Gender and COVID-19 Stocktake Oct. 23),
- Discussion on USER group representation and development of TOR (See Annex Two) to enable learning and ownership in the RTE process and
- Updated summary of findings for the RMT meeting (October, 12, 2020).

The findings from these inception phase activities guided the development of the evaluation framework, key questions and means of data collection.

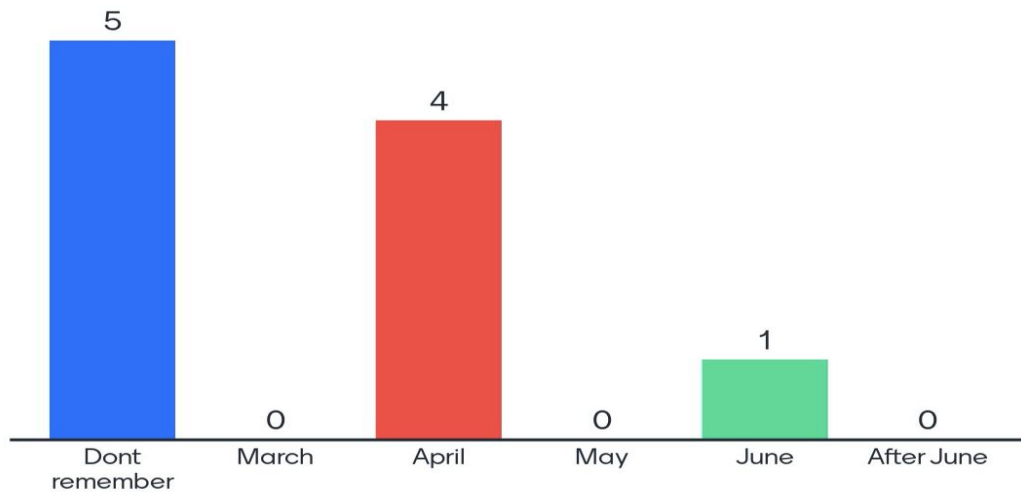
During the RTE inception phase, a short online survey was conducted with Gender Focal Points from 8 South Asia Country Offices. The survey, revealed, for instance, that the majority of respondents (7 out of 10) believed that their respective CO first developed or adapted gender and COVID-19 material in March or April 2020.

Graph 1: “When was the first CO gender and COVID-19 material developed or adapted?”



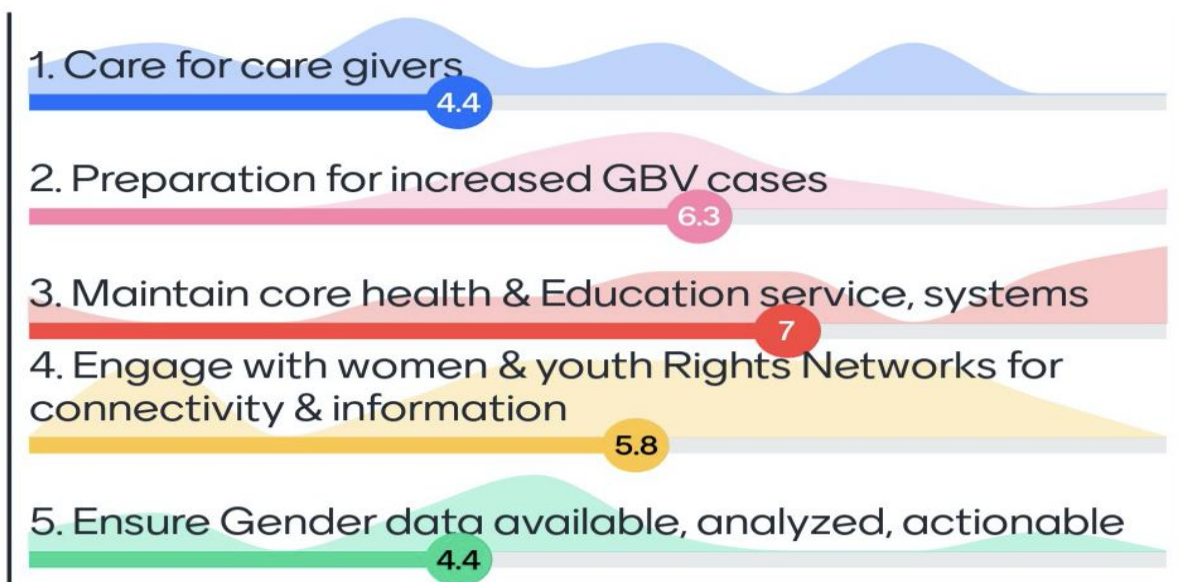
As for the question on “When did the first gender and COVID-19 guidance arrive from the RO?”, 5 out of 10 respondents answered “do not remember”, whereas 4 stated it happened in April.

Graph 2: “When did the first gender and COVID-19 guidance arrive from the RO?”



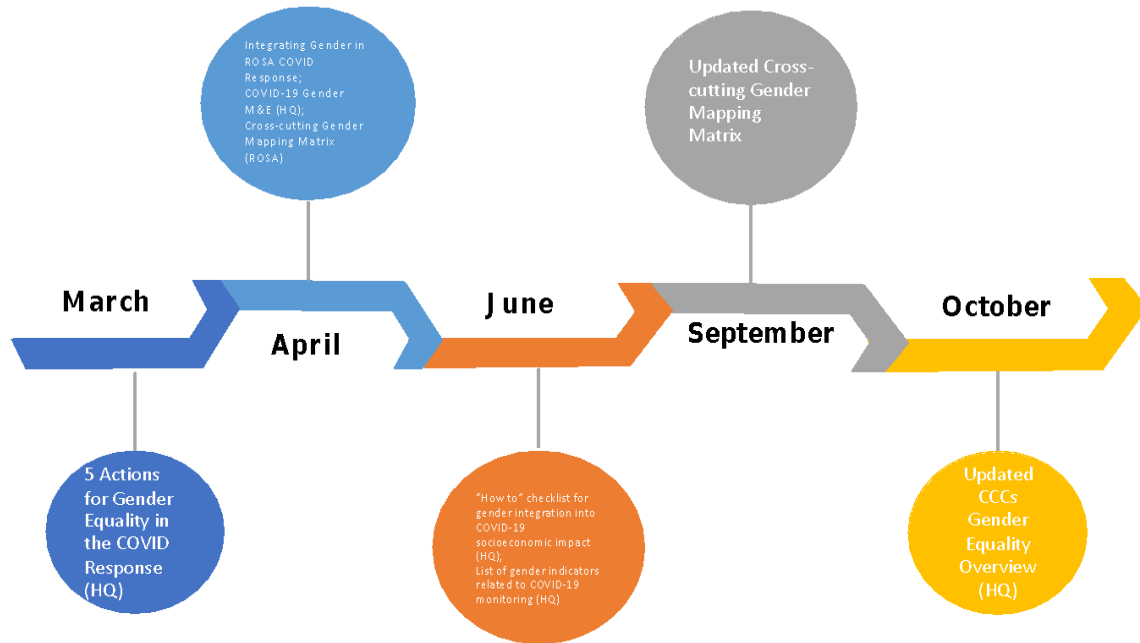
In terms of gender priority areas a CO was able to do its best and most during COVID-19, the following picture emerged from the responses (see Graph 3 below). It is evident that maintaining core health and education services and systems was a top priority for COs, followed by prevention and response to GBV, engagement with women’s and girls’ rights networks, data availability and care for caregivers. The answers, however, have different “peaks”, which will be explored in-depth during upcoming RTE stages. Whereas the responses are not representatives of the views of all those involved into COVID-19 gender response, they provided an initial idea on the trends with regard to the most prioritized areas.

Graph 3: “What was the priority area where your CO did its best and most during COVID-19?”



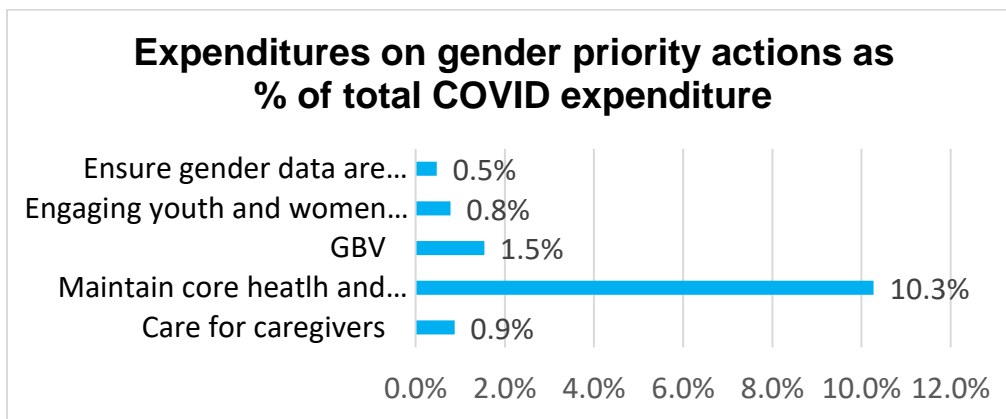
A timeline for the guidances was constructed through desk review and inputs from the gender network. (see below). From March 2020 onwards, about 20+ guidance and tools have been shared by HQ, ROSA and COs, including 8 cross-cutting ones and 12 related to 5 Priority Actions. However, the number of guidance and tools varies across the 5 areas, with “Prepare for Increase in GBV during COVID-19 Outbreak” in lead, followed by “Maintain Core Health and Education Services”. Gender is a cross-cutting issue and the guidance and tools captured inter-sectionalities well.

Graph 4: Timeline of Guidances



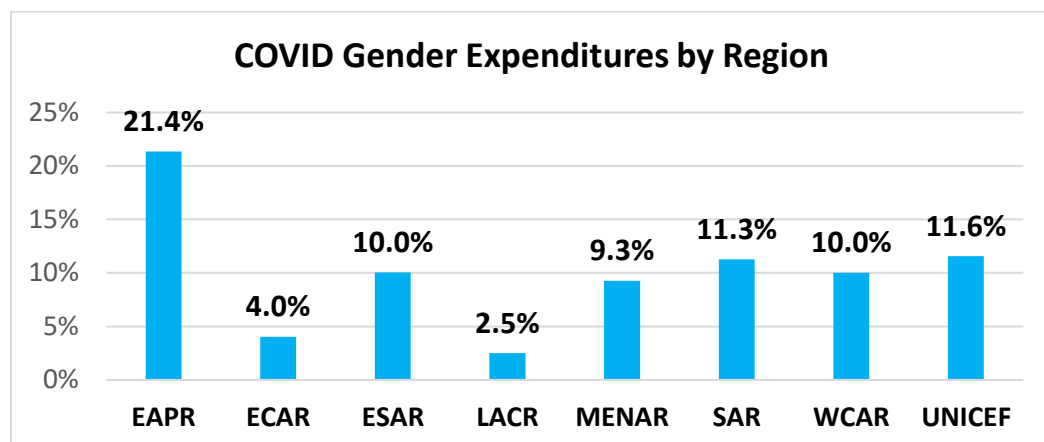
A rapid scan indicated the wide variation in gender budgeting across the 5 priority areas which has implications for implementation. The earlier analysis regarding which priority areas were the best and most addressed at country office (see Graph 3) is in alignment with this finding.

Graph 5: Gender priority actions expenditure



However, it is to be noted that in overall gender expenditure by region, places SAR in 2nd place.

Graph 6: Gender expenditure by region



Overall, the findings from the inception phase indicates: Although, the review of sampled monitoring data is incomplete, but SAR is one of the top performers by global comparison (see above)

Also, the regional rapid assessments specifically include sex disaggregated data, and the Community Rapid Assessments includes gender is a socio-demographic variable enabling gender-disaggregated data analysis.

However, the region also reports challenges in collecting and analyzing disaggregated data:

- indication that collecting monitoring data on COVID was rolled out quickly, possibly reducing focus on optimal level of disaggregation (on age and disability rather than gender)
- Remote data collection modalities might make it more difficult to control gender balance of the respondents (note digital divide)

These areas of inquiry will be explored and triangulated during the operational review and gender integration assessment (deliverables one and two)

V. Evaluation Framework

The evaluation scope will not attempt to cover the criterion of *efficiency* or *impact*, but rather look at the criteria which are more suitable for hybrid emergency-development response - **relevance, coherence, connectedness, effectiveness and sustainability**. *Relevance* will be incorporated under *coherence*. The selected criteria will help assess the *gender integration in the COVID-19 response* as a more formative, forward-looking exercise with special features related to a hybrid emergency-development context.

The evaluation matrix in Annex Five explains in detail how these questions will be answered by the RTE.

Table 3: Evaluation Criteria and Key Areas of Inquiry

Evaluation Criteria	Key Inquiry Areas
<p>Coherence and Connectedness: interface between emergency and development responses from a gender perspective; added value of UNICEF programming to COVID-19 response</p>	<ol style="list-style-type: none"> 1. Internal coordination on gender in emergencies 2. Inter-agency collaboration - adding value by positioning gender and promoting gender equality 3. Leveraging and developing partnerships with UN partners, governments, civil society and private sector to ensure gender equality commitments are adhered to and advanced during pandemic response and recovery
<p>Relevance: Adequacy of the response interventions with reference to gender</p>	<ol style="list-style-type: none"> 4. Were designed interventions consistent with policy and practical guidance documentation? 5. Were designed interventions relevant with reference to existing and foreseen gender issues? 6. Were interventions informed by partner agencies and government efforts, guidance tools and available gender analysis, data and evidence?
<p>Effectiveness: Of RO and CO response regarding the gender elements in the COVID-19 response; and assess selected responses against the gender scale (from potentially gender-blind to gender-transformative).</p>	<ol style="list-style-type: none"> 7. Has gender integration contributed to the achievement of the planned results and outcomes and if not, what changes need to be made? 8. Was contextualized gender analysis developed on the impact of the COVID-19 on women, men, girls and boys and to what extent were the interventions designed using existing/available gender analysis? 9. To what extent did budget allocations for gender improve or negatively affect the results? 10. Has the gender-disaggregated data translated to improved programming for better gender results (gender transformative outcomes related to agency, relations and structures).
<p>Sustainability: Of response initiatives and strategies used in context of emergency-development nexus</p>	<ol style="list-style-type: none"> 11. To what extent was government awareness and capacity for gender responsive action strengthened?

V. Evaluation Methodology

5.1. Guiding Principles

The evaluation is a real time evaluation RTE over a limited timeframe. The evaluation covers the period of March 2020 (outbreak of pandemic in South Asia) to October 2021. The UNICEF Regional Office for South Asia conceptualized the evaluation design in May-June 2020, and the evaluation team was onboard in September 2020 and will continue to work on the evaluation until end of September 2021. The longer-term engagement with the evaluators will enable a continuous learning approach adopting selected real-time evaluation (RTE) methods which are described in detail below

As mentioned, the evaluation approach is learning focused and aims at contributing to accountability for results of a hybrid emergency-development response. It is participative, inclusive, rights-based and will draw on feminist evaluation approaches.

The RTE will be *utilization-oriented and forward-looking*, responding to the needs and priorities of UNICEF ROSA and the eight countries in the hybrid emergency-development nexus during the pandemic and their intended use of the review results, including identifying lessons to be used for designing the next strategic plan. Towards that end, a USER group (see TOR Annex Two) comprising relevant evaluation and gender specialists from RO and CO will work with the consultants to co-design the RTE, review emergent findings and lessons learned. Being members of various working groups such as RiGoR (ToR see Annex Three) and the Evaluation Task Force, USERS will be able to transfer learnings in real time and provide feedback loops to the RTE process. This will enable capacity transfer, real time learning and adaptation as needed leading to greater ownership of the evaluation process.

The RTE will utilize a *learning approach providing “good enough” evidence to inform decision makers and program staff*. It will be flexible and iterative, creating space for new questions, methods analysis and feedback loops. Towards this end, this inception report has been informed by the TOR as well as the inception report related activities and findings. The learning approach will also be guided by emerging questions and issues related to the COVID 19 response. Here too, the inception report will test a number of assumptions (see the evaluation matrix), align with the OECD DAC criteria and use a feminist based approach (see below) to address real time gender related evolving situations. Another hallmark of a learning approach is to capture system dynamics, and surface innovation strategies. By involving the USER group, RiGOR and through Fly on the Wall methods, the RTE is setting up procedures to capture emerging trends and innovation. Being a long term evaluation (18 months), the evaluators will have the opportunity to be embedded in the process and observe the evolving challenges in the region. Towards that end, the RTE will make presentations or provide summary updates to various regional (perhaps global) meetings/workshops and benefit from their feedback. These diverse activities and timely reports will provide real time feedback to relevant stakeholders to learn from the RTE and take strategic decisions.

The RTE will integrate a *feminist approach* that includes both *human rights and gender equality*, providing credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups to the extent possible. The gender analysis

will include a scan of various frameworks and analysis tools available such as the Gender Diagnostic Tool (see Annex Four) GEM⁷ and UNCT-SWAP Scorecard, and shortlisting for use with the support of the USER group and the Gender Network⁸ The following feminist principles will guide the RTE process.

Table 4: Feminist Evaluation Principles in the RTE Process

Principles	Key Implementation Practice Elements	Activities
Voices of the most disadvantaged/Empowerment	Identification of successes and good practice that address the most vulnerable especially adolescent girls; challenges and gaps; Key interviews with relevant target group	Identification of case studies or illustrative examples Group and individual interviews Gendered Data analysis
Reflective	Qualitative data gathering, learning approach including learning from “bad” practices; review power relations internally and externally (RO, CO, government, inter-agency, civil society, networks, partners, funders)	Fly on the Wall Group and individual interviews Validation workshop Joint analysis with USER group Gendered Data analysis
Social Justice	Attention to gender transformative processes; address structural inequities and intersectionality; focus on adolescent girls; emergent men and boys programming; attention to rights violation; diversity and disability; women’s rights and children’s rights	Contextual sampling and data gathering Gender Analysis Validation workshops Joint analysis with USER group Gendered and Equity based data analysis Data triangulation
Inclusive	Affirmative action to include diverse participation from within UNICEF and externally, awareness of exclusion barriers to participate; awareness of cultural differences in the region	Methodology planning Group and individual interviews Gendered and Equity based data analysis
Participatory	Continuous and open communication to promote involvement and ownership in RTE process, with special attention to marginalized populations; valuing and facilitating different perspectives	Methodology planning and findings discussion Group and individual interviews Validation (perception) workshops Joint analysis with USER group

⁷ GEM or the Gender Equality Marker tracks progress towards gender equality. A GEM score from 0 to 3 indicates increasing levels of gender inclusion and transformation with corresponding indicators. It helps to track planned or actual investments in gender equality within programmes or projects. All outputs are marked with a GEM rating at the beginning of a CPD or when funds are obtained

⁸ Based on guidance from the Evaluation of UNDP Contribution to Gender Equality and Women’s Empowerment, UNCT SWAP Gender Equality Scorecard and the UNICEF Gender Toolkit Integrating Gender in Programming.

5.2 Methodology

The methods used in this evaluation refers to a) mixed methods for data collection and analysis and b) for learning, sharing and feedback.

The evaluation will mix and blend **qualitative** methods, including workshops, perception feedback surveys, semi-structured interviews, iterative/interactive peer reviews and self-assessment tools. Closely aligned with the RTE methodology, the workshop deliberations, self-assessment and rapid review findings with actionable recommendations are intended to be disseminated immediately to enable strengthening gender lens in analysis, design and reporting on COVID-19 related response.

While the evaluation is planned as primarily desk-based exercise with focus on using remote data collection tools with key informants, partners and stakeholders, the option of piloting other relevant gender analysis tools could be considered in a selected country context. The evaluation will be implemented in close coordination with the Real Time Assessment of the UNICEF response to COVID-19 in South Asia, which is planned simultaneously. This is to create synergies with the two evaluations but also to avoid duplication of work and overburdening Country Offices by overlapping requests for data and information.

Several overarching evaluation questions (see Annex One) require a structured method to review a selection of samples across the UNICEF South Asia responses at RO and CO level. As of June 2020, all UNICEF SA countries had developed a COVID-19 response plan, over 50 surveys and studies around the COVID-19 response have been initiated, and a mapping of the advocacy and programmatic responses is ongoing. The normative and accountability framework for the COVID 19 response will include a) normative (key concepts related to gender programming at UNICEF, guidance both policy and programming) and b) accountability (leadership, coordination structures, monitoring structures). These together with the surveys, monitoring efforts and studies would form the sampling frame for the evaluation for different phases of the RTE.

The following **learning-focused methods** are suggested for the evaluation methodology, due to their appropriateness for complex processes such as evaluation and subsequent improvement of gender equality programming. These include

(i) the Fly on the Wall technique for selected meetings and data gathering. This is an unobtrusive observational technique to collect data by “listening” and “seeing” virtually without being noticed. This technique has been piloted at two ROSA meetings and was useful to understand the various implementation and strategic challenges impacting gender responses;

(ii) periodic debriefing and self-assessment from the Country Office gender focal point and selected section networks; and

(iii) descriptive and content analysis for understanding the context, and to analyze documents, qualitative and quantitative data for identifying emerging trends and patterns for answering key evaluation questions.

iv) Measuring the gender effectiveness of the response would include finetuning and contextualization of the diagnostic tool (see Annex Four).

5.3 Tools and Sample

Tools and sampling for each deliverable will consider the need for rapid data collection and feedback to ensure that learning loops are generated. The evaluation matrix (Annex Five) provides further details.

The **first phase** assesses operational guidance for COVID-19. The following method, tools and sample will be used:

- **Desk review** of i) all guidances, relevant meetings with timeline from March 2020 to date; ii) Regional SitReps time analysis (June, July, October) in accordance with the list of gender indicators; iii) SES Surveys to understand how gender has been integrated in the response; iv) Response plans – at regional level and with a sample of countries to analyze the content in accordance with the list of gender indicators at the beginning of the COVID 19 epidemic and current response.
- **Online survey** to assess awareness and use of guidances, accountability mechanisms, response measures and availability of disaggregated data – to all CO GFO and Gender Specialists (8) and other cross-sectoral staff as suggested by UNICEF CO and ROSA
- **KII or FGD** with selected Gender Specialists/ GFP (Gender Focal Point) and relevant program teams, including cross-sectoral staff at ROSA
- Fly on the wall to unobtrusively observe meeting interactions to get insight into issues

The **second phase** assesses gender integration across sectors.

- Shortlisting of interventions (related to evidence generation, advocacy, programmatic), either gender specific or gender mainstreamed in a sample of countries with reference to the five Gender Priority Areas in COVID-19
- Selection of interventions according to Gender Markers (with score of 3), inclusion criteria and milestones achieved. Optionally - select all with gender markers (3) and then review which countries and programs to include according to gender priority areas.
- Content Analysis of selected interventions (with Gender Marker 3), UNCT SWAP to search systematically for patterns of gender integration
- KII (protocols will be developed after the first phase)
- Fly on the wall to unobtrusively observe meeting interactions to get insight into issues

The **third phase** will assess selected projects on the gender scale (such as UNCT SWAP, Gender Diagnostic Scale, GRES).

- Shortlisting of interventions such as adolescent girls projects (suggested priority area) in 2 countries – one emergency and one development
- Using inclusion criteria select one programming approach or intervention (from each country) or on successful partnerships or evidence for policy that has maximum learning lessons potential and where a trajectory towards gender transformative programming can be mapped

- Content Analysis of selected projects using a gender analysis framework (to be decided)
- KII and FGD to triangulate document review
- Develop two case studies
- Fly on the wall to unobtrusively observe meeting interactions to get insight into issues

The **fourth phase** consolidates all the learnings from the earlier reports and explores partnerships with UNICEF.

- Shortlist partners with major collaborations preferably the same sectors addressed in phase 2 and 3 – government, other UN agencies, NGOs, women’s and adolescents’ network, private sector - preferably 2 of each
- Desk review of collaboration and partnerships
- KII with selected partners
- Fly on the wall to unobtrusively observe meeting interactions to get insight into issues

5.4. Potential Limitations, Risks and Mitigation Measures

This section outlines the various limitations in the following areas. Mitigating measures have also been proposed. It is to be noted that programming is also adaptive, responding to the changing needs on the ground. The evaluation methodology will be flexible and agile to respond to the evolving and emergent conditions. Please see the Risk Matrix below.

Table 5: Risks and Mitigation Measures

Risk/Limitation	Mitigation Measures
Evolving pandemic with emerging differential gender impacts	Keeping the approach and methodology/tools flexible Using case studies to capture different programming approaches
Increased workload at CO and RO and fatigue in answering interviews and surveys for COVID related assessments	Avoid duplication of data collection Use purposive sampling Streamline with similar work
Region wide RTE may not address community voices	Use of proxy data such as U Report, community rapid assessment results and data as well as any gender specific data/indicator collected for surveys Interaction with local consultants to capture community voices
Availability of partners – inter-agency, government officials, partners	Use purposive sampling

Interventions are many and diverse and time is limited for in-depth analysis	Engage with USER group, gender network, RiGoR for selection criteria
Attribution vs. contribution	The evaluation will explore trends, milestones and pathways of change that may indicate changes over time. A forensic approach will be used to assess the contribution of UNICEF for the gendered COVID-19 response.
Possible data gaps	Triangulation and desk reviews will address some of these concerns. Furthermore, data gaps will be acknowledged in the final report. Although all attempts will be made to ensure robustness of data, challenges and quality gaps will be recognized.
Remote data collection	The lack of face to face interactions are likely to reduce the richness of the data, particularly important in feminist evaluations. Although all attempts will be made to use digital media, there is recognition that this limitation cannot be fully mitigated.
Possible limited generalization of findings	Given the short time frame and the quantum of projects being implemented, selection of priority areas and countries will be purposive but may limit the generalization of findings. To mitigate such selection, the findings will attempt to describe strategic pathways, trends and lessons learned for greater applicability and learning across countries in South Asia.

VI. Evaluation Workplan

6.1. Deliverables and Timeline

The evaluation period will cover March 2020 to October 2021 and key deliverables phased in the following manner:

Deliverable 1: The evaluation will commence with a rapid operational review of gender integration measures in the COVID response in South Asia. The objective of the operational review is to ensure that systems, procedures and policies provide an enabling environment for the effective gender integration and to ensure the evaluability of the gender effectiveness in the overall response. The rapid review and evaluability period will cover the normative framework established, guidance issued, and response measures initiated at the onset of the pandemic in SA and during the lockdown and curfew phases.

Deliverable 2: The work for the second deliverable will be initiated simultaneously with the first deliverable and will focus on assessing the extent to which gender was integrated to the responses, broader institutional response elements, enabling the in-depth evaluative insights over adaptive management and capacity.

Deliverable 3: The third deliverable will focus on the programming outcomes from gender effectiveness perspective and key learnings from the response, which will require a longer-term perspective.

Deliverable 4: Final overall evaluation report which consolidates the previous deliverables as well as recommendations from each phase, including cross-country and intra-region learning on integration gender in the response. The fourth deliverable will be due end of September 2021.

Key deliverables and timelines for the evaluation team are the following:

Table 6: Key Deliverables and Tentative Timelines for the Evaluation Team

Deliverables	Due date/latest date for completion of deliverable
1. Inception Report + ppt for inception workshop with final methodology and tools.	31st October 2020
2. Report on the operational review and normative framework + ppt for validation workshop	20 th December 2020
3. Stand-alone report on Assessment of the Gender integration + ppt for validation workshop	Work planning started but deliverable date TBC
4. Stand-alone report on the Gender Effectiveness of the response in SA + ppt +training content outline for validation workshop	Work planning started but deliverable date TBC
5. Final overall consolidated evaluation report + ppt for disseminating results + programming brief for measurable gender effectiveness in emergencies	30 th September 2021

6.2. Work Arrangements

The evaluation team includes the Team Leader and Gender Consultant. The UNICEF ROSA evaluation function will also participate in data collection and analysis. The Team Leader is expected to provide overall quality assurance for the final deliverables and coordinate the work with the Gender Consultant (see team members responsibilities and distribution of work in Annex Ten).

VII. Evaluation Quality Control, Management, and Ethical Considerations

7.1. Quality Control and Management

The evaluation will be managed by ROSA evaluation function, in close coordination with the ROSA gender section. The evaluation will be technically supported by an Evaluation Reference Group, which will include internal (CO, ROSA and HQ) and external expertise (from the SA gender network and/or UN sister agencies) for maximizing the relevance and quality assurance elements of the evaluation process and outputs. The USER group will engage with the evaluation team and provide comments and insight during the RTE, enriching the quality of the evaluation process and findings.

Given the criticality and cross-cutting nature of integrating gender in programming during COVID-19 response, the evaluation management will closely collaborate (inform on the process, outputs and results and consult for relevant inputs) with the Regional Management Team and the Regional Gender Reference Group. Also, close coordination with the other COVID-19 evidence generation activities is expected, such as the Real-Time Assessment of the UNICEF response to COVID-19 in South Asia.

7.2. Ethical Considerations

The evaluation will be administered in line with the Procedure for Ethical Standards in Research, Evaluation, and Data Collection and Analysis (UNICEF, 2015) in order to ensure the highest ethical standards in all stages. Ethical considerations will be taken into account in the evaluation process since this includes collecting data directly from stakeholders. Data collection protocols will be sent for a third party ethical review. As stipulated in UNEG Norms and Standards, the evaluators will “be sensitive to beliefs, manners and customs and act with integrity and honesty in their relationships with all stakeholders”, will “ensure that their contacts with individuals are characterized by respect” and will “protect the anonymity and confidentiality of individual information”.

The evaluation will take into the consideration “Do no harm” principle, which will guarantee avoidance of any risks for any of the participants involved in the evaluation and in particular final beneficiaries.

The RTE team members will be fully informed during their work on application of the ethics guidelines. Any challenging issues will be first discussed with UNICEF.

Special measures will be put in place to ensure that the evaluation process is ethical and that the participants in the evaluation process can openly express their opinion. The sources of information will be protected, and known only to the evaluators. To maintain confidentiality, we will attempt to anonymize comments. The RTE team will ensure that the evaluation process is in line with UNEG Ethical Guidelines, i.e. ensuring ethical conduct in data generation will be imperative. Specific attention should be paid to issues specifically relating to:

- Harm and benefits;
- Informed consent;

- Privacy and confidentiality; and
- Conflict of interest of the evaluation informants.

Consequently, the RTE team will ensure that it is clear to all subjects that their participation in the evaluation is voluntary. All participants should be informed or advised of the context and purpose of the evaluation, as well as the privacy and confidentiality of the discussions.

Annexes

Annex One: Overarching, Indicative Evaluation Questions

- (i) To be answered with deliverable 1 covering RO and CO levels:
- *Does the RO and the COs have the necessarily and adequate accountability measures and normative frameworks in place to ensure gender effective response programming for COVID-19?*
 - *To what extent are gender analysis, equality issues or awareness of gender-based vulnerabilities reflected in the response plans at programming, policy and advocacy levels?*
 - *Is the COVID-19 socio-economic impact monitoring data sex, age and disability disaggregated and are mechanisms in place to analyze the data with a gender lens and for real-time feedback loops to programming?*
- (ii) To be answered with deliverable 2 covering RO and CO levels:
- *Have specific gender considerations been integrated in ensuring the continuity of core services, including but not limited to education, health and protection services? Have efforts for preparedness for increased GBV stepped up? To what extent have the adolescent girls been heard and included in the response interventions?*
 - *RO and CO focus: Have existing women's networks, social and community platforms and youth networks been supported and activated to ensure connectivity, information flow and inclusive participation, for all women and girls?*
 - *Have gender equality issues been actively promoted in dialogue and joint COVID-19 response planning with the host Governments?*
- (iii) To be answered with deliverable 3 with an attempt to use the gender scale:
- *CO and RO focus: Has gender integration contributed to the achievement of the planned results and outcomes and if not, what changes need to be made?*
 - *To what extent have the COVID-19 responses supported by UNICEF been gender transformative?*
 - *Did the gender-focused evidence and advocacy generated or supported by UNICEF positively influence host government COVID-19 programming?*
 - *To what extent did budget allocations for gender improve or negatively affect the results? Has the gender-disaggregated data translated to improved programming for better gender results (gender transformative outcomes related to agency, relations and structures)*
- (iv) For deliverable four which includes the final reports:
- *CO focus: Are there gender-specific lessons from the COVID-19 response programming in compounded, layered crises? (e.g. Afghanistan and Cox's Bazaar). Does UNICEF's participation in the inter-agency coordination system, including clusters and sectors, strengthen the gender-responsive COVID-19 programming?*

- What is the level of inter-agency (UN, NGO) collaboration at regional and country level on COVID-19 related gender equality issues and are there any commendable coordination or collaboration examples to replicate or scale up? Conversely, are there any unsuccessful initiatives to learn from?

- During the COVID-19, has the HQ and RO gender guidance and capacity building on gender translated to better understanding of gender and to action at RO and CO level? Do the COVID-19 response measures in South Asia region reflect organizational actualization on gender issues? Has the guidance provided from HQ and RO been relevant for the SA gender context? Is there a trend pattern on strengthened gender capacity and effectiveness of results during the COVID-19 response period⁹

⁹ This could be examined by using the socio-ecological model for gender-transformative programming developed for the Ending Child Marriage Programme: <https://www.unicef.org/media/58196/file>

Annex Two: Terms of Reference of User Group for the Gender Effectiveness of the UNICEF SA COVID response Evaluation

Background

A User Group is a tool originating from the Utilization-Focused Evaluation approach. It typically comprises of 5-7 persons who are willing and able to co-design, comment, review evaluation deliverables throughout the evaluation cycle. The members should have an invested interest in **using** the evaluation product and **time** to dedicate for meaningful participation. The main objectives for developing a User Group is to enhance the ownership and utilization of the final product as well as to ensure maximum capacity transfer throughout the process. As the 'Gender Effectiveness of the UNICEF SA COVID response Evaluation' (see Concept Note for full details) is a learning focused initiative, capacity transfer is a critical element of the process.

Activities envisaged for the User Group Members:

- Engage with the evaluation team for mutual learning and exchange;
- Participate in the key meetings (remotely) with the evaluation team during the inception phase and throughout the evaluation cycle to the extent possible;
- Provide inputs to key deliverables either through the meetings or in written format;
- Facilitate links and exchange of experience with others undertaking similar work within UNICEF or externally. Support the evaluation team in accessing and referrals to relevant UNICEF and non-UNICEF (peer-reviewed and grey) literature and documentation on gender-focused evaluation;
- Advise on and support the implementation of the communication and dissemination plan for the evaluation, incl. by suggesting/supporting relevant dissemination events in the relevant evaluation and user networks for enhanced utilization.

Membership condition:

For both internal (UNICEF staff) and external members:

- Interest, commitment and availability throughout the evaluation period for the above listed activities

User Group Composition (TBD)

Mailing list (TBD)

Annex Three: Terms of Reference of RMT Gender Reference Group (RiGoR)

September 2020

Background

Child deprivations are associated with gender discrimination and inequality; this starts before birth¹⁰ and is manifested in the lives of boys and girls throughout their lifetime. According to the 2020 Global Gender Gap (GGG) index, South Asia is projected to **close its gender gap in 71 years**, ahead only of the Middle East and North Africa. Despite important progress over the past 25 years, South Asia remains low in an index of 153 countries which uses four major criteria to establish each country's gender gap: economic development, political power, health and education.¹¹ The ranking places Bangladesh as the top ranked in the region at 50 out of 153, followed by Nepal (101), Sri Lanka (102), India (112), Maldives (123), and Bhutan (131). Pakistan ranked at 151, is the third-worst country in the world for gender inequality, falling three ranking points since last year¹². Annex two outlines important progress as well as remaining challenges over the past twenty-five years since the Beijing Declaration and Platform for Action.

COVID19 has highlighted disparities, vulnerabilities and response systems weaknesses. It threatens the important gains accomplished for girls since the signing of the Convention on the Rights of the Child and the Beijing Declaration and Platform for Action.

Education can be an important equalizer. At the turn of the century, there were 17 million more out-of-school girls in South Asia than boys. Today, this has reversed, with near parity, to the advantage of girls. Yet girls still fall behind due to a skewed digital divide and barriers to acquiring twenty-first century skills essential for employability. The female labour force participation rate in several of the countries in South Asia are among the lowest in the world. Girls continue to face negative gender stereotyping and attitudes that impede access to meaningful jobs, leadership positions, and political participation.

The region is also ranked as the second highest in terms of **intimate partner violence and/or sexual violence**, which also exposes women and children to violence at home, with a rate of 38% of women who have experienced intimate partner physical and/or sexual violence.

¹⁰ In more than half of the countries, son preference prevails, most notably in India which has sex ratio of 111 males to 100 females. Two other countries – Maldives and Pakistan – rank among the top eight countries globally with the highest sex ratio at birth - <https://population.un.org/wpp/Publications/>, accessed 7 July.

¹¹ <http://reports.weforum.org/global-gender-gap-report-2020/the-global-gender-gap-index-2020/performance-by-region-and-country/>

¹² http://reports.weforum.org/global-gender-gap-report-2020/the-global-gender-gap-index-2020/results-and-analysis/?doing_wp_cron=1594190811.7018859386444091796875



UNICEF's Gender Action Plan (GAP) 2018-2021 guides UNICEF's promotion of gender equality globally and is supplemented by the South Asia [Regional Strategy \(2018-2021\)](#). The recent GAP evaluation and the 2019 ROSA Gender Programme Review Synthesis reports call for stronger gender results, including *gender transformational programming* across sectors, and institutional effectiveness and capacity building measures as well as resource mobilization. In response the GAP evaluation recommendations, ROSA is establishing a regional steering committee (see below, Actions 2.3a and Action 3.3) to promote **accountability** to achieving gender results, to clearly **define and promote gender transformation strategies**, and to facilitate sharing and exchange of South Asia experiences and expertise within the region, and in order to inform the Gender Policy and Action Plan and Strategic Plan (2022-2026).

Action 2.3

Strengthen corporate **accountability** for monitoring, reporting and following up on gender equality results in programming and in the workplace, through the following measures:

2.3 (a) Create a **gender equality steering committee at the regional level** and include a standing agenda item in Regional Management Team meetings. This will replicate the global UNICEF gender equality steering committee, which will take place in conjunction with all Global Management Team meetings biannually. A template for future gender equality sessions within global and regional management teams will be developed, with a focus on peer learning, sharing and results-orientation for more gender-transformative programmes and initiatives.

Action 3.3

See also action 2.3 (a): Establish a **regional-level steering committee** to mirror the global Programme Division Gender Action Plan steering committee, comprising regional advisers, with a focus on learning and enhancing multisectoral gender programming.

Objectives

The Regional Gender Reference Group (RiGoR) has a time-bound, strategic mandate to support accountability and programming excellence in South Asia. Insights from the region will inform the UNICEF Strategic Plan 2022-2026 and the development of the Gender Policy and Action Plan. RiGoR will convene in 2020 and complete its mandate by end of 2021, and will be a sounding board for discussions around strategic direction and accountability.

In response to recommendations from the May 2020 RMT meeting, the RiGoR team will focus on defining and promoting gender **transformative programming** across South Asia, particularly by amplifying

strategies to promote the participation and wellbeing of adolescent girls. RiGoR will enhance **accountability** by reviewing RO and CO progress against standard gender indicators and an ongoing Gender and COVID19 real time evaluation. As agreed during the RMT, “ROSA will organize a half day or longer dedicated gender session, and expand the invitation to relevant programme staff to review findings of the GAP evaluation results and to set directions for country and regional level actions in response.”

The South Asia Region (SAR) is realizing inspiring, innovative work across the region. As UNICEF prepares for a **new Gender Policy and Gender Action Plan**, inputs from regional consultations supported by RiGoR will be consolidated and shared with the HQ/Gender Unit. With support from the Gender Network, and regional sector colleagues, RiGoR will identify emerging good practice across sectors and regional headline results in order to support knowledge capture and sharing within the region and across UNICEF.

Given the importance of women’s and girl-led and girl-centered groups, consultations will be organized with thought leaders in South Asia, to inform RiGoR deliberations, support advocacy and leverage of UNICEF policy positions regionally. This can contribute to expanding strategic partnerships around gender equality.

Assignment and Key Deliverables:

1. Promote Gender Transformative Programming

The RiGoR team will support the definition of gender transformative programming for South Asia, **at scale**, and capture emerging best practice from Gender Champions (GC) in the region so as to inform the new Gender Policy and Gender Action Plan. This can include programming around the adolescent girl, GBV prevention, mitigation and response and gender integration across prioritized sectors such as education.

The development of the Strategic Plan and Gender Policy/Action Plan 2022-2026 will draw on RO and COs emerging positive practice. Background papers will be produced and circulated globally starting October 2020. Regional Consultations will be organized to stimulate dialogue, exchange and analysis on the strategic focus and direction of UNICEF gender-responsive programming

Throughout South Asia, RO and COs are leveraging strategic partnerships with women’s and adolescent girl/young women-led organizations in response to COVID19. This represents new channels for communicating with marginalized groups, and delivering messaging as well as civic engagement with change makers in communities served.

Result: Strategic positioning and promote the South Asia definition for gender transformative results (scalable programming and indicators of measurement) for CO planning and implementation, and contribute learning from the regional evidence base to the organization-wide strategic direction.

- Promote regional consultations, based on gender background papers (focus on gender-based violence/sexual violence and education; including with an eye on adolescent girls’ empowerment) - Oct-Dec 2020
- Identify and consult with new strategic partners on gender equality - March 2021
- Endorse adolescent girl strategic framework - October 2021

2. Enhance accountability

The RiGoR team will be a sounding board for strategic analysis of SAR programming based on regional reports and recommendations of the Gender and COVID19 Realtime Evaluation (RTE). This will draw on findings from the 2019 GAP Evaluation, Gender Programme Reviews and reporting of COVID19 reporting. Based on the three country assessments, carried out in Afghanistan, Pakistan and Nepal, as well as global EDGE reflection and guidance, Country Offices have identified barriers to achieving greater gender balance in teams, as well as discrete steps and a timeline for change.

Result: The RiGoR team will provide regular updates to the RMT on progress, challenges and emerging best practice on gender results and gender mainstreaming across the region.

- Report to the RMT - Quarterly
 - Gender COVID19 RTE findings/recommendations endorsed - October 2021
- Operational review of the gender integration in the COVID-19 response (November 2020)
 - Gender integration assessment report (December 2020)
 - Gender effectiveness report (July 2021)
 - Overall evaluation report consolidating findings and lessons including cross-country and intra-region learning, best practices and case studies into one report by (October 2021)

Team Composition and Functioning:

Membership of the RiGoR team will include RO and CO staff, including two CO Representatives, Dr. Yasmin Ali Haque (India) and Munir A. Safiieldin, Ph.D (Maldives) as well as RO staff (Regional Sector Advisors: ADAP and Education; RO Evaluation, Human Resources and Planning; Regional Gender Advisor). Two young professionals from SAR country offices will be selected to participate in RiGoR.

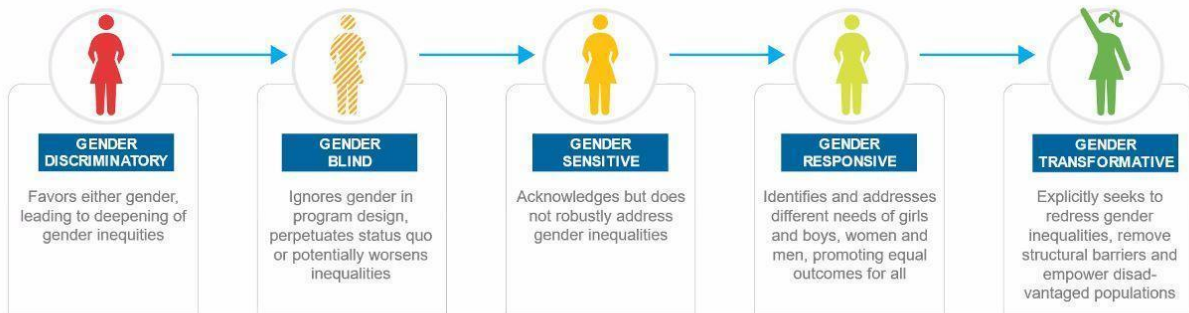
RiGoR will be chaired by the Deputy Regional Director, and will meet quarterly (virtually), or as needed. The team composition will be reviewed for rotation in FY2020-2021, as needed.

BUILDING BACK BETTER USING TRANSFORMATIVE APPROACHES

Gender-transformative programming tackles root causes of gender inequality and moves beyond self-improvement among girls and women to **address power dynamics and structures** that reinforce gender inequalities



UNICEF applies the **Gender Continuum diagnostic tool** to evaluate the effectiveness of a development or humanitarian intervention in addressing gender inequalities in program design, implementation, monitoring or evaluation



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Annex Five: Evaluation Matrix

Overarching question 1: To what extent did the strategy and design of the COVID-19 immediate response by RO and CO enable operational preparedness for an engendered response?

Key Question 1: To what extent are the accountability measures and normative frameworks in place at RO and COs for gender effective response programming for COVID 19?				
Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
Guidance shared by ROSA (developed by HQ or by RO) was relevant, timely and built capacity	<p>Evidence of guidance, strategies shared with timeline</p> <p>Evidence of capacity building by RO</p> <p>Evidence of stewardship by RO – resolving queries, adapting as per feedback</p> <p>Guidance from governments, others (e.g. non-UN gender networks)</p>	<p>Guidance documents and timeline</p> <p>RO reports on guidance and capacity building</p> <p>RO progress reports on COVID response, with gender-related narrative</p>	<p>Document Review</p> <p>KIIs (COs GFPs and Thematic Programmes, Social Policy, Evaluation and Research Chiefs (SPEAR), C4D and M&E personnel)</p> <p>FGD (during the inception workshop) with COs GFPs</p> <p>Online survey for COs and RO GFPs and all those working on gender issues</p>	<p>Relevance: Adequacy of the response interventions with reference to gender (See Table 3)</p>
CO had the skills to use the guidance, found it addressed gaps in gender programming and was able to use it within CO and with partners	<p>Awareness of guidance, strategies</p> <p>Perception of capacity to implement the guidelines, etc.</p>	<p>CO reports (gender-related narrative)</p> <p>RO reports (gender-related narrative)</p>	<p>KIIs (COs GFPs and Thematic Programmes, Social Policy, Evaluation and Research Chiefs (SPEAR), C4D and M&E personnel)</p>	

	<p>Perception of relevance of COVID-19 guidance with reference to existing humanitarian guidance available (e.g. CCC)</p> <p>Evidence of sharing on new guidances a) internally and with emergency focal point; b) with other UN agencies, CSO, government</p> <p>Feedback on use of guidance by partners</p>	<p>ROSA Gender Network updates (e.g. number and regularity of meetings)</p>	<p>FGD (during the inception workshop) with COs GFPs</p> <p>Online survey for COs and RO GFPs and all those working on gender issues</p> <p>Post-event assessments (e.g. Learning Series)</p>	
<p>Adaptation for data gathering and analysis with special focus on most vulnerable especially women and girls (gender accountability mechanisms)</p>	<p>Evidence of coordination between gender focal point, SPEAR, C4D and M&E (e.g. M&E team, SPEAR, C4D and GFPs involved from planning to include context specific gender disaggregated data)</p> <p>Evidence of change in gender-related data gathering, analysis and reporting</p>	<p>Progress reports by RO and COs (gender-related narrative)</p>	<p>Document Review KIIs (COs GFPs and Thematic Programmes, Social Policy, Evaluation and Research Chiefs (SPEAR), C4D and M&E personnel) FGD (during the inception workshop) with COs GFPs Online survey for COs and RO GFPs and all those working on gender issues</p>	

Key Question 2: To what extent do the response PLANS at program, policy, advocacy levels reflect gender analysis, equality issues or awareness of gender based vulnerabilities with special reference to COVID-19?

Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
<p>During COVID-19, response plans were able to target the most vulnerable – young girls, disabled, violence against women, most economically vulnerable, women headed homes and so on.</p>	<p>Evidence of use of gender checklist, other instruments for focused targeting of vulnerable populations for planning or adapting programs, policy events and advocacy events or material</p> <p>Tailor made programs/interventions that differently target vulnerable populations according to their needs</p>	<p>RO M&E team CO M&E/ SPEAR team</p> <p>Program team</p> <p>Planning documents and meeting notes or Response Plans</p>	<p>KIIs with Data Specialist, with Disability Specialist, Emergency Specialist, Gender Advisor, COs GFPs, SPEAR, C4D, selected Programme and M&E personnel (if available)</p> <p>Desk Review of Response Plans</p> <p>FGD (during the inception workshop) with COs GFPs</p> <p>Online survey for COs and RO GFPs and all those working on gender issues</p>	<p>Relevance: Adequacy of the response interventions with reference to gender (See Table 3)</p>
<p>Plans for the most vulnerable are developed through their active engagement</p>	<p>Evidence of participation of vulnerable populations in needs assessment and program planning</p>	<p>Meeting notes with list of participants</p> <p>Budget allocation for participation of vulnerable populations</p>	<p>Desk review</p> <p>KIIs with Data Specialist, with Disability Specialist, Emergency Specialist, Gender Advisor, COs GFPs, SPEAR, C4D, selected Programme and M&E personnel (if available)</p> <p>Online survey for COs and RO GFPs and all those working on gender issues</p>	

Key Question 3: To what extent is the COVID-19 socioeconomic impact data disaggregated by sex, age and disability? What mechanisms are available to analyse the data with a gender lens and provide real time feedback loops to programming?

Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
<p>Disaggregated data on those most affected by COVID was collected in a timely manner, rapidly analysed and shared with programs. Systems were in place for such real time sharing, collating feedback and looping back so that program plans could be adapted</p>	<p>Evidence of collection of data disaggregated by sex, age, disability, poverty, women headed households, others at regular and timely intervals</p> <p>Evidence of timeliness and use of disaggregated data to plan, inform and adapt programs</p> <p>Evidence of sharing of gendered data with other programs that address similar population groups and/or programs that are multi-sectoral (if any)</p>	<p>RO M&E team CO M&E/ SPEAR team</p> <p>CO program team</p> <p>Progress Reports</p>	<p>KIIs with Disability Specialist, Emergency Specialist, Data Specialist, Gender Advisor, COs GFPs, SPEAR, selected Programme and M&E personnel (if available)</p> <p>Desk Review of Socio-Economic Impact Mapping Reports and selected phone surveys (e.g. Child Tracking and others)</p> <p>Online survey for COs and RO GFPs and all those working on gender issues</p>	<p>Effectiveness: Of RO and CO response regarding the gender elements in the COVID-19 response; and assess selected responses against the gender scale (from potentially gender-blind to gender-transformative). (See Table 3)</p>

Overarching question 2: To what extent was gender integrated into the response measures during COVID-19?

Key Question 4: To what extent were specific gender concerns relevant to COVID-19 integrated into continuity of care services, education, health and preparedness for increased GBV? To what extent was there a special focus on adolescent girls?

Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
<p>RO and CO were able to mitigate the impact of COVID-19 by integrating emerging gender needs across priority thematic areas; increase their preparedness for expected GBV cases; and able to focus on adolescent girls</p>	<p>Evidence of gender targeted rapid needs assessment/review in priority programs Evidence of adaptation in programs for greater gender targeting Evidence of appreciation from key target populations Evidence of engaging local experts Evidence of innovative gender programs (i.e. innovation was the result of COVID-19 context, such as movement restrictions, etc.)</p>	<p>Rapid needs assessment (if any) Program plans M&E reports Community reports Gender and M&E/SPEAR teams Program teams Local experts</p>	<p>KIIs with Disability Specialist, Emergency Specialist, Data Specialist, Gender Advisor, COs GFPs, SPEAR, selected Programme and M&E personnel (if available) and local consultants or network representatives if available FGDs UNCT SWAP for gender analysis Content review</p>	<p>Effectiveness: Of RO and CO response regarding the gender elements in the COVID-19 response; and assess selected responses against the gender scale (from potentially gender-blind to gender-transformative). (See Table 3)</p>

Key Question 5: To what extent were RO and COs able to actively support existing networks of women and youth as well as various social and community platforms to remain connected, exchange information and be inclusive so that women and girls could meaningfully participate?

Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria

<p>Existing community networks especially of women, girls and youth could be accessed during COVID, were able to use remote and digital platforms to provide and receive gender relevant information; especially reaching out to the most left behind</p>	<p>Evidence of CO/RO connectivity with community networks and vice versa</p> <p>Evidence of needed resources, materials, information provided the networks by RO and CO in a timely manner</p> <p>Evidence of bottom up information exchange</p> <p>Evidence that women and girls continued to communicate, participate and make decisions</p> <p>Evidence of pathways and systems that were created so that voices of the most vulnerable were heard</p>	<p>Progress reports Local stakeholders CO and RO GFP or other program staff managing networks</p>	<p>UNCT SWAP for gender analysis</p> <p>Content analysis</p> <p>KIIs</p>	<p>Coherence and Connectedness: interface between emergency and development responses from a gender perspective; added value of UNICEF programming to COVID-19 response (See Table 3)</p>
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Key Question 6: To what extent was RO and CO able to actively dialogue with governments on gender equality issues and plan joint responses?				
Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
<p>RO and CO dialogue with host governments was positive and host governments actively sought out RO and CO for joint gender related responses, including planning, implementation and monitoring</p>	<p>RO and CO meeting reports with host governments for joint planning, programming and monitoring on gender issues</p>	<p>Meeting notes</p> <p>Committee representation</p> <p>Plans</p>	<p>UNCT SWAP for gender analysis</p> <p>Content Review</p> <p>KIIs</p>	<p>Sustainability: Of response initiatives and strategies used in context of emergency-development</p>

	<p>Representation of UNICEF on relevant government committees for gender sensitive programming</p> <p>Evidence of appreciation by government</p> <p>Evidence of gender data provided by UNICEF mainstreamed to national policy or program</p> <p>Evidence of joint budgeting</p>	<p>Reports</p> <p>Government stakeholders</p> <p>RO Gender Advisor and CO GFP</p> <p>RO and CO M&E/ SPEAR</p>		<p>nexus (See Table 3)</p> <p>Relevance: Adequacy of the response interventions with reference to gender</p>
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Overarching Question 3: How effective was the gender integration? To what extent were programs gender transformative?

Key Question 7: What difference did gender integration at RO and CO make in the achievement of planned results and outcomes and what were the gaps? To what extent were the responses gender transformative?				
Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
By targeting all the specific gender needs and leaving no one behind in the programs, there was greater empowerment and gender related transformation of women and girls	<p>Evidence of gender diagnostics at baseline, use to develop plans, gender markers used to track change of most vulnerable</p> <p>Success stories indicating change in gender relations</p> <p>Evidence of expected and unexpected outcomes related to</p>	<p>Program documents – plans, monitoring data and evaluation if any</p> <p>RO Gender Advisor and CO GFP</p> <p>RO and CO M&E/ SPEAR</p>	<p>GRES as the framework for analysis for selected projects and Case Study using appreciative inquiry approach that indicates pathways of change</p> <p>KIIs</p> <p>Desk review</p>	<p>Effectiveness: Of RO and CO response regarding the gender elements in the COVID-19 response; and assess selected responses against the</p>

	gender empowerment and impact on overall results Lessons learned indicate gaps in gender transformation	Community stakeholders GEM markers		gender scale (from potentially gender-blind to gender-transformative). See Table 3
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Key Question 8: To what extent was gender integrated and what was its contribution to achievement of planned results and outcomes?				
Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
Gender was integrated across selected programs under the 5 priority areas at CO and this helped achieve better results	Evidence of needs assessment before to programming which was participatory Extent to which objectives and strategies of each priority area program are consistent with relevant gender policies Extent to which UNICEF supported interventions targeted the most vulnerable, disadvantaged, marginalized and excluded population groups in a prioritized manner	Work plans Strategy documents Needs assessment studies	Document review Interviews with UNICEF CO Interviews with implementing partners KIIs/FGDs with beneficiaries & key informants Case studies	Effectiveness: Of RO and CO response regarding the gender elements in the COVID-19 response; and assess selected responses against the gender scale (from potentially gender-blind to gender-transformative).

				See Table 3
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Key Question 9: To what extent was UNICEF supported or generated gender focused evidence and advocacy able to influence government COVID-19 programming?

Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
National strategies and policies for gender integration in COVID response developed with UNICEF support are implemented	<p>Functional national strategies for adolescent education and health, care services, data tracking, others</p> <p>GBV training and reporting systems are functional in health, school and law enforcement sectors.</p> <p>Government appreciation</p> <p>Media representation of support</p>	<p>Relevant strategies and policies</p> <p>Counterparts and implementers (government program related)</p> <p>UNICEF and partners</p>	<ol style="list-style-type: none"> 1. Content review 2. UNICEF RO/CO team 3. KII health, education and other departments tracking gendered programs 4. Case studies 	<p>Effectiveness: Of RO and CO response regarding the gender elements in the COVID-19 response; and assess selected responses against the gender scale (from potentially gender-blind to gender-transformative).</p>

Key Question 10: What was the impact of more or less budgets available for gender programming on gender results?

Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
Budget allocation for gender integration across programs and obtaining results was available from planning onwards	<p>Budget allocation to integrate gender dynamics in development planning</p> <p>Evidence of capacity RO and CO to undertake, analyze and use additional funds</p> <p>Beneficiaries received the financial and technical resources as planned and in a timely manner</p>	<p>Planning strategy and operational plan/budget</p> <p>Annual reports from partners</p> <p>Financial reports UNICEF program, finance & admin departments</p>	<p>Document review</p> <p>KII RO and CO team or with admin</p> <p>KII Partners</p> <p>Case studies</p>	<p>Effectiveness: Of RO and CO response regarding the gender elements in the COVID-19 response; and assess selected responses against the gender scale (from potentially gender-blind to gender-transformative).</p> <p>See Table 3</p>

Overarching Question 4: What were the good practices, successful initiatives, and partnerships related to delivering gender specific responses as a result of UNICEF RO and CO initiatives with governments and partners?

Key Question11: What were the gender specific responses from COVID-19 Programming in compounded, layered crises?				
Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria

Provincial health and education departments in Afghanistan and Cox's Bazaar are able and willing to plan, deliver and monitor gender specific responses	Strategic and action plan developed, in selected locations Type and number of advocacy action and their impact	Strategic plan and action plan Progress reports implementers	Content review FGD/KII CO team KII relevant health and education officials FGD Case studies	Relevance: Adequacy of the response interventions with reference to gender See Table 3
Women and girls access to sexual and reproductive health services and information, including sexuality education is increased through supported projects in compounded crisis areas	Evidence of increased coverage of supported SRH projects Evidence of use of RSH/HIV prevention services by young people, in-school and out-of-school	Progress reports implementers Training modules Observation services	1. Document review 2. CO team presentation 3. KII health workers 4. FGD with youth, peer educators 5. Case studies	
Women and youth participation and engagement in issues that affect them has increased	Evidence of events, engagement of women and youth in COVID response	Progress reports Media	1. Document review 2. FGD with youth, women 3. CO team presentation 4. Case studies	
Response to GBV among women and children relevant	Guidance and curriculums on GBV have been updated and used Evidence of capacity and sensitivity among local managers and health workers Increased coverage & uptake of post GBV services	1. Progress reports implementers 2. Curricula, guidance, training reports 3. Monitoring reports Health department or facility 4. Observation services	1. Document review 2. UNICEF CO team 3. KII Health, specialists, GFO 4. FGD health workers 5. Case studies	

Key Question 12: To what extent has RO and CO contributed to the functioning and consolidation of inter-agency cooperative response?				
Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
The UNICEF country office actively contributes to inter-agency task teams and joint workplans to strengthen gender equality issues in COVID-19 response.	<p>Evidence of UNICEF active participation in inter-agency working groups on COVID response</p> <p>Evidence of a leading role by UNICEF in task teams and/or joint initiatives that correspond to strengthened gender response across sectors and clusters</p> <p>Evidence of exchanges of information on gender between UN agencies</p> <p>Evidence of collaborative/coordinated programming & planning that is replicable and exemplary</p> <p>Evidence of collaborations that did not work</p>	<p>Joint plan document</p> <p>Task teams, minutes of meetings</p> <p>Progress reports</p> <p>Other UN agencies</p>	Document review KII with UNICEF RO and CO, other UN agencies	Coherence and Connectedness: interface between emergency and development responses from a gender perspective; added value of UNICEF programming to COVID-19 response
RO and CO have commendable coordination with NGOs on gender equality	<p>Evidence of active participation and exchange of information with NGOs</p> <p>Evidence of exemplary and replicable coordinated planning,</p>	<p>Cooperation proposals</p> <p>Task teams, minutes of meetings</p>	Document review KII with UNICEF RO and CO, NGO partners and networks	

	implementation and monitoring of gender sensitive programs	Progress reports		
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Key Question 13: To what extent was HQ and RO gender guidance and capacity building useful to strengthen gender related action at RO and CO?

Assumptions	Indicators	Source of Information	Methods and tools for data collection	Reference to Evaluation Criteria
Gender and COVID-19 guidance from HQ and RO was relevant to the SA gender context and capacity building led to better understanding and action at RO and CO	Evidence of the quality of HQ and RO technical assistance (TA) Evidence of appreciation by specialists at RO and CO	Consultancy/training reports Progress reports Planning Documents Counterparts, Development partners & NGOs Quarterly reports from Development partners & NGOs	Document review KII UNICEF RO, UN agencies, Development partners, NGOs FGD UNICEF CO team	Sustainability owned interface between emergency and development responses from a gender perspective; added value of UNICEF programming to COVID-19 response
COVID-19 has accelerated the strengthening of gender capacity, effective results, as well as organizational embedding at RO and CO	Evidence of the quality of HQ and RO TA Evidence of change in gender results (based on GRES) Evidence of appreciation by specialists at RO and CO	Consultancy/training reports Progress reports Planning Documents Counterparts, Development partners & NGOs	Document review KII UNICEF RO, UN agencies, Development partners, NGOs FGD UNICEF CO team Case studies	

Annex Six: Data Collection Protocols for Operational Review

ONLINE SURVEY FOR UNICEF ROSA GENDER FOCAL POINTS/ SPECIALISTS

(to be sent out by 20 November – Operational Review Tool 1)

Introduction:

Dear participants,

UNICEF ROSA is conducting Real Time Evaluation (RTE) of Gender Integration in the UNICEF COVID-19 Response in South Asia. While the RTE focuses on the COVID-19 response, it will also look into the blending of response measures with non-emergency programming, where it is deemed appropriate.

As part of the inception process, the RTE team of consultants is seeking the views and inputs of UNICEF CO/ RO gender focal point/ specialists in relation to UNICEF's gender integration in the COVID-19 response in respective countries and at regional level. These views and feedback will help inform the inception phase and following stages of the RTE.

Should you have any questions with regard to the survey, please contact RTE team, Sonal Zaveri (sonal.zaveri@gmail.com) and Lilia Ormonbekova (l.ormonbekova@gmail.com).

This survey should take about 15 -20 minutes to complete. Whereas the survey asks for participant's name in order to allow the RTE team to follow-up on specific answers where necessary, the information overall will be used in an aggregated way in the RTE documents.

Your feedback is very valuable to us. Thank you in advance for taking the time to participate!

1. Please write your name in the box. (This is requested for follow-up only and will not be shared with others)
2. Please indicate your sex.
 - a. Female
 - b. Male
 - c. Other, please describe: _____
 - d. Prefer not to disclose
3. Please indicate the CO/RO you are working in.
 - a. Afghanistan
 - b. Bangladesh
 - c. Bhutan
 - d. India
 - e. Maldives
 - f. Nepal
 - g. Pakistan
 - h. Sri Lanka

i. ROSA

4. How long have you been working in your current role in UNICEF?
- a. Less than 6 months
 - b. 6 months- 1year
 - c. 1-3 years
 - d. More than 3 years

5. Your designation:
- Gender Specialist - CO
 - Gender focal point – Program sector
 - Gender focal point – M&E
 - Gender focal point – field office
 - Gender focal point – CO
 - Gender focal point – operations
 - Gender focal point - ROSA
 - Other (please describe)

Related to COVID 19 guidances from RO and HQ

6 . Please tick as applicable about the COVID-19 related technical response.

Tick only that is applicable				
		I was aware	I have used	I have shared with sectors in UNICEF
Cross-cutting				
1.	5 Actions for Gender Equality in the COVID Response (UNICEF Global Technical Note)			
2.	Integrating Gender in ROSA COVID Response			
3.	COVID-19 Gender M&E shared with Regional Gender Advisors (HQ			
4.	Cross-cutting Gender Mapping Matrix (ROSA)			
5.	Gender and COVID-19 Considerations for South Asia Response (developed with Gender Network; not a checklist;			

	but rather a useful document with examples; chapeau to help transition)			
6.	How to” checklist for gender integration into COVID-19 socioeconomic impact assessments and response plans (HQ)			
7.	List of gender indicators related to COVID-19 monitoring (HQ)			
8.	Updated Cross-cutting Gender Mapping Matrix			
9.	Updated CCCs Gender Equality Overview (HQ)			
10.	Cross-cutting Gender Mapping Matrix is being updated			
Care for Caregivers				
11.	Social media packets produced on online and safety messaging and on breastfeeding/maternal health			
12.	Family-friendly Policies across South Asia (with Innocenti)			
Prepare for increase in GBV during COVID-19 outbreak				
13.	ROSA Gender/GBV Strategy in Response to COVID-19			
14.	ROSA CP/GBV Infosheet			
15.	ROSA Gender/GBV Resources			
16.	UNICEF ROSA GBV(iE) / GBV Risk Mitigation Learning Series			
17.	Principles and Guidelines on Responsible Representation and Reporting of Violence Against Women and Children			

18.	Tip sheet for Integrating Gender-Based Violence (GBV) in Humanitarian Appeals for Children (HAC)-2021			
Maintain Core Health and Education Services				
19.	Protection and Gender COVID-19 Response Resources (VAC, GBV, birth registration, healthcare, MHPSS)			
20.	Reopening Schools Checklist			
21.	Gender-responsive Education Framework (<i>upcoming</i>)			
Engage existing women's and youth rights networks to support connectivity and vital information flow				
22.	Strategy of Engaging Women's and Girls' Organizations in the South Asia Region			
23.	<i>International Day of the Girl – South Asia Challenge (event)</i>			
Ensure gender data are available, analyzed, and actionable				
24.	<i>COVID-19 Gender M&E shared with Regional Gender Advisors (HQ)</i>			

6a. Have you shared guidances – as is or summarized - with the government representatives?

Yes/No

6b. Please explain

Related to COVID 19 guidance(s) developed at CO

7. Did your CO create its own gender related guidance at CO?

Yes

No

Not applicable

If yes, please continue and answer all questions till Q12

Please list CO developed guidance

i) _____

ii) _____

iii) _____

8. Have you shared gender guidance developed by your CO with other COs?

Yes

No

9. Have you shared gender guidance developed by your CO with RO?

Yes

No

Related to other gender related guidances

10. Did you use guidances from other UN agencies, government or other organizations?

Yes

No

If yes, please list

i) _____

ii) _____

iii) _____

11. Compared to preexisting humanitarian and emergency guidance, how relevant was the new COVID-19 guidance?

Not relevant

Somewhat relevant

Relevant

Very Relevant

12. To what extent were pre COVID-19 **humanitarian and emergency related** guidances to address gender useful in COVID-19 situation?

Very Useful

Somewhat Useful

Not useful

Not applicable

Please list what was used.

i) _____

ii) _____

iii) _____

Related to capacity to use the guidances

13. There were a number of gender capacity building events from March 2020 to October 2020. We name a few, please list other COVID-19 related capacity building events.

- Training Gender Marker Expenditure (April 2020)
- Gender and Evidence Road Trip (April - June 2020)
- Gender Network meetings
- Others, specify

Very Useful

Somewhat Useful

Not useful

Not applicable

14. What was the extent of your communication with RO about your gender related queries and technical support during COVID 19?

To a great extent

Sometimes

Rarely

Did not need to

15. Please **rate** your perception on the following:

Because of the technical support received from HQ, RO, CO and other agencies: *(Use SM speedometer rating option – from low, increasing to full capacity)*

Capacity building

- i. Capacity to use the guidances to disaggregate data and reach the most vulnerable during COVID 19
- ii. Better able to address gaps in gender programming that have emerged since COVID-19
- iii. Local consultants and community networks better able to collect and use the relevant data

Addressing specific needs related to gender

- iv. Gender disaggregated data by sex, age, disability, poverty, women/child-headed (or other vulnerabilities) is used to plan and tailor programs
- v. Vulnerable populations participate in UNICEF supported gender responsive needs assessment and program planning

Coordination and Accountability

- vi. There is coordination between, gender focal point/specialists, SPEAR and M&E, relevant sectors for including gender responsive planning, monitoring and evaluation
- vii. There are cross-sectoral plans between development actors that include context specific gender needs
- viii. Gender related data is shared with other agencies to coordinate and collaborate on COVID-19 gender response
- ix. There is UNICEF reporting about gender responsive implementation and monitoring and timely feedback loops created to inform future programming
- x. GFPs and other personnel working on gender issues in CO have received feedback on use of the gendered guidances within UNICEF

16. Recognising that COVID-19 has heavily impacted **frontline care workers**, the majority of which are women. Is your CO/RO responding to the specific needs of the majority female health workers in programming approaches? Please rate accordingly.

Unable to address - 1	Same as before -2	Increased attention - 3	Expanded and innovated - 4
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16a. COVID-19 has heavily impacted teachers, the majority of which are women. Is your CO/RO responding to the specific needs of female teachers in programming approaches? Please rate accordingly.

Unable to address - 1	Same as before -2	Increased attention - 3	Expanded and innovated - 4
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17. With reference to GBV overall since March 2020, how would you rate your implementation in comparison with pre-COVID-19 in terms of the following?

	Unable to address - 1	Same as before -2	Increased attention - 3	Expanded and innovated - 4
Risk Mitigation Program				
Prevention programs				
Survivor Centered services				

18. In maintaining access to core **health services** for **girls and women**, please indicate

Unable to address - 1	Same as before -2	Increased attention - 3	Expanded and innovated - 4
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19. In maintaining access to **education services** for **girls and women**,

Unable to address - 1	Same as before -2	Increased attention - 3	Expanded and innovated - 4
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20. As for the **support for local women's groups and youth networks to connect and provide information flow**,

Unable to address - 1	Same as before -2	Increased attention - 3	Expanded and innovated - 4
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21. On each of the programming priorities indicated below, overall since March 2020, how would you rate your implementation on gender equality in comparison with pre-COVID-19? (optional)

Priority	Unable to address - 1	Same as before -2	Increased attention -3	Expanded and innovated - 4
Access to quality services for girls and women				
Education and learning				
Maternal health services				
Support for local women's groups and youth networks				

21 a. What enablers has CO put in place with partners to collect and report sex and age disaggregated data? Choose those that are relevant.

New specific mechanism in the CO/RO, based on revised annual management plan
Additional personnel to collect and report the data
Use of information technology (data from web, etc.)
Other (add details)

21b. What helped your CO to work in gender and COVID-19 response? Choose those that are relevant.

Expertise from gender focal point/ specialist in adapting programs

Regular monitoring meetings with gender focal point/ specialist

Joint implementation and coordination with other CO teams

Coordination and joint implementation with other actors (Government, UN agencies, CSOs, etc.)

CO leadership and commitment on gender issues

Other

21c. Please provide details if you chose any of options in Q21b

23. What have been the 'unexpected' gender areas the pandemic has unearthed? Please explain

KEY INFORMANT INTERVIEW (KII) PROTOCOL

GENDER FOCAL POINTS/ SPECIALISTS/ ANY OTHER PERSONNEL WORKING ON GENDER ISSUES

(KIIs shall be held first half of November – Operational Review Tool 2)

Introduction:

- Statement about Evaluation Team Independence
- Purpose of evaluation
- Scope of evaluation
- Intended users
- Disclaimers- confidentiality/refusal

Please note that each respondent is not expected to be in a position to answer every question.

Include probe questions where first response needs more detail.

1. Can you tell us about your current role in UNICEF and to what extent it has changed (if) due to COVID-19? Has your workload increased and in what way?
2. When did you first hear from RO about gender and COVID-19 guidance? Can you tell us the title of the document(s) and what was it/they about?
3. Were the existing pre-COVID-19 guidances, especially for gender response in humanitarian and emergency contexts, sufficient? If no/yes, could you tell us why?
4. Did you and/or colleagues develop CO-specific gender and COVID-19 guidance(s)/tool(s)? If yes, what was the reason behind it/them?
5. In case of RO/HQ guidance, if you needed additional advice, would you ask RO colleagues for support? If yes, was it timely and relevant? If you did not ask for support, why so?
6. Were there sufficient number of capacity development/ networking events organized by RO, to learn/discuss about the new guidances?
7. To what extent was data available on gender, age, disability, poverty, female-headed households, etc. (in COVID-19 context)? What has your CO done to improve this type of data collection (if)?
8. Are there examples of cooperation between gender, M&E, social policy, etc. colleagues, in gender data gathering and analysis? If yes, could you name the most interesting ones?
9. [If applicable] have you used new disaggregated data (generated during COVID-19) to inform revision of existing programmes/ development of new ones/ joint work with at least two sections in your CO/ for campaigns, events, etc.?
10. Are there examples of data collection with participation of rights holders? If yes, could you tell us about the most interesting ones. To what extent women and girls have been involved in it?

SELF ASSESSMENT FOR PERSONNEL WORKING ON GENDER ISSUES

PERIODIC REVIEW

((January and/or July 2021))

Please score from 1-10, with 10 being the highest.

Strategy and Design for Operational Preparedness

1. Guidance shared by ROSA (developed by HQ or by RO) is relevant, timely and builds capacity for gender integration
2. CO has skills to use the various guidances (RO, CO, Others); CO has been able to address the gaps in gender programming and able to use it within CO and with partners
3. New guidances and checklists enabled adaptation for data gathering and analysis especially for the most vulnerable, especially women and girls
4. By using the COVID-19 guidance, response plans we are able to target the most vulnerable – young girls, disabled, violence against women, most economically vulnerable, women headed households and so on
5. Plans for the most vulnerable are developed through their (affected populations) active engagement
6. Disaggregated data on those most affected by COVID is collected in a timely manner, rapidly analysed and shared with programs
7. Systems are in place in the CO for real time sharing, collating feedback and looping back so that program plans can be adapted

Gender Integration

8. RO and CO are able to support the government(s) in mitigating the impact of COVID-19 by integrating emerging gender needs across priority thematic areas
9. RO and CO have increased their preparedness for expected GBV cases
10. RO and CO are increasingly able to focus on adolescent girls
11. RO and CO are increasingly able to focus on men and boys
12. Existing community networks especially of women, girls and youth are accessed during COVID; are able to use remote and digital platforms to provide and receive gender relevant information; especially reaching out to the most left behind
13. RO and CO dialogue with host governments is positive and host governments actively seek out RO and CO for joint gender related responses, including planning, implementation and monitoring

Gender Transformative Programs

14. By targeting all the specific gender needs and leaving no one behind in the programs, there is greater empowerment and gender related transformation of women and girls

15. Gender is integrated across selected programs under the 5 Gender and COVID-19 priority areas at CO and this helps achieve better results
16. National strategies and policies for gender integration in COVID response developed with UNICEF support are implemented
17. Budget allocation for gender integration across programs and obtaining results are available from planning onwards to implementation to evaluation

Good practices, partnerships and Lessons Learned

18. Provincial health and education departments in most-at-risk/ most poor areas, are able and willing to plan, deliver and monitor gender specific responses
19. Women's and girls' access to sexual and reproductive health services and information, including sexuality education is increased through supported projects in compounded crisis areas
20. Women's and youth participation and engagement in issues that affect them has increased
21. Response to GBV among women and children has improved
22. UNICEF Country Office (with RO where relevant) actively contributes to inter-agency task teams and joint workplans to strengthen gender equality issues in COVID-19 response
23. RO and CO have commendable coordination with NGOs and community networks on gender equality
24. Gender and COVID-19 guidance from HQ and RO is relevant to the SA gender context and capacity building has led to better understanding and action at CO/RO
25. COVID-19 has accelerated the strengthening of gender capacity, effective results, as well as organizational embedding at CO/RO

FEMINIST PRINCIPLES CHECKLIST FOR PERSONNEL WORKING ON GENDER ISSUES

HOW WELL ARE WE FOLLOWING THEM?

(January and/or July 2021)

PLEASE SCORE FROM 1 TO 10 (1 – no, 10 – fully), IF NOT APPLICABLE/ DO NOT KNOW, PLEASE CHOSE “N/A”:

Related to Empowerment and Hearing the Voices of the Most Disadvantaged in COVID-19 Context

To what extent:

1. Have you been able to Identify successes and good practice that address the most vulnerable especially adolescent girls, in COVID-19 context?
2. Have you been able to Identify challenges and gaps that address the most vulnerable especially adolescent girls and GBV, in COVID-19 context?
3. Have you been able to collect COVID-19 data directly from those most affected such as with interviews and focus group discussions (FGDs) with target group (either directly or through local consultants)?

Related to Being Reflective

4. Is CO/RO collecting qualitative data on gender, age, disability, and vulnerabilities in COVID-19?
5. In doing so, does CO/RO have a learning approach, including learning from “bad” practices?
6. Do you discuss/ analyze power relations internally and externally (RO, CO, government, inter-agency, civil society, networks, partners, funders)?

Related to Social Justice

7. Since COVID-19 started, my CO/RO pays greater attention to gender responsive and transformative processes in the context of COVID-19
8. Since COVID-19 started, my CO/RO increased addressing structural inequities and intersectionality in the context of COVID-19
9. Since COVID-19 started, my CO/RO focus more on adolescent girls, attention to rights violation including among diverse groups in the context of COVID-19
10. Since COVID-19 started, my CO/RO has increased focus on emergent men and boys programming in the context of COVID-19
11. Since COVID-19 started, my CO/RO increased assessment and work in the links between children’s rights and women’s rights

Related to Inclusiveness

12. Since COVID-19 started, my CO/RO has continued affirmative action to include diverse participation from within UNICEF and externally

13. Since COVID-19 started, my CO/RO has established affirmative action to include diverse participation from within UNICEF and externally
14. Since COVID-19 started, I have increased awareness of exclusion barriers for vulnerable groups to participate in programming
15. Since COVID-19 started, I have increased awareness of cultural/gender/other differences in the regions of the country I work in

Related to Participation

16. Since COVID-19 started, I have continuous and open communication to promote involvement and ownership in any evaluation process such as Real Time Evaluation (RTE) process
17. Since COVID-19 started, I have given special attention to marginalized populations; valuing and facilitating different perspectives and including them from programme planning stages till evaluation

Annex Eight: Team Members' Workplan

Tasks	Estimated number of working days (Team Leader, TM)	Estimated number of working days (Team Member, TM)	Due date/latest date for completion of deliverable
<p>Deliverable 1 Inception phase Briefing Meetings (remote) Preliminary interviews with UNICEF staff Final evaluation framework and tool development</p> <p>Final Inception Report including strategy for evaluating gender integration in SAR COVID-19 response and with finalized tools and methodology</p>	12	10	7 th October 2020
<p>Deliverable 2 Operational review Interviews and meetings remotely (RO, CO, selected partners) Desk review and analysis of normative framework and evaluability of gender in SAR COVID-19 programming Presentation of the preliminary findings, remote participatory workshop facilitation for SA gender and evaluation networks</p>	15	10	15 th November 2020
<p>Deliverable 3 Assessment of the level of gender integration Secondary and primary data collection remotely (RO, CO, government, partners) Desk review and analysis of gender integration in COVID-19 response interventions and preliminary recommendations Presentation of the preliminary findings Remote participatory workshop facilitation for SA gender and evaluation networks</p>	14	10	30 th December 2020

<p>Deliverable 4 Assessment of the Gender effectiveness Secondary and primary data collection remotely (RO, CO, government, partners, implementing partners) Analysis of emerging evidence on gender effectiveness using the gender diagnostic tool Two in-country (or remote) visits for data collection/case study development/workshop facilitation if COVID-19 situation allows Development of evaluative case studies on agreed programming examples Presentation of the preliminary findings and recommendations (Remote) participatory workshop facilitation for ROSA gender and evaluation networks</p>	20	10	31 st July 2021
<p>Deliverable 5 Final overall evaluation report Consolidation of the previous deliverables as well as final recommendations from phase 3 and 4, including cross-country and intra-region learning, best practices and case studies into one report. Final workshop for UNICEF HQ/RO/CO and relevant partners Development of a programming brief for measurable gender effectiveness in emergencies</p>	8	10	15 th September 2021
Total effort level	69 (TL)	50 (TM)	

Annex Nine: Key Documents Consulted¹³

UNEG. Integrating Human Rights and Gender Equality in Evaluations. 2014. Available at <http://www.uneval.org/document/detail/1616>

UNEG. United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women Evaluation Performance Indicator. Technical Note. Available at <http://www.unevaluation.org/document/detail/1452>

Updated CCCs Gender Equality Overview (HQ)

UNICEF. Guidance on Gender Integration in Evaluation. 2019.

UNICEF ROSA. Gender Toolkit, Section 2 (pages 75-89), Headline: Results/Gender Checklists, Step 5: Evaluation. Available at <https://www.unicef.org/rosa/sites/unicef.org/rosa/files/2018-12/Gender%20Toolkit%20Integrating%20Gender%20in%20Programming%20for%20Every%20Child%20UNICEF%20South%20Asia%202018.pdf>

Evaluation of UNICEF Gender Action Plans (GAP 2014-2017 and 2018-2021)

UNDP. Evaluation of UNDP Contribution to Gender Equality. 2015. Available at <http://web.undp.org/evaluation/evaluations/thematic/gender.shtml>

Socio-ecological model for gender-transformative programming developed for the Ending Child Marriage Programme, available at <https://www.unicef.org/media/58196/file>

Gender and COVID-19 global database <https://data.undp.org/gendertracker>
<https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>

Gender Counts <https://www.unicef.org/rosa/reports/gender-counts-south-asia>

5 Actions for Gender Equality in the COVID Response (UNICEF Global Technical Note)

How to" checklist for gender integration into COVID-19 socioeconomic impact assessments and response plans

Tip sheet for Integrating Gender-Based Violence (GBV) in Humanitarian Appeals for Children (HAC)-2021

Protection and Gender COVID-19 Response Resources

PPT: UNICEF Gender Response to COVID-19. 28 October 2020

UNICEF ROSA. Integrating Gender in ROSA COVID Response

¹³ Detailed list of documents consulted will be included in the final report

COVID-19 Gender M&E shared with Regional Gender Advisors

UNICEF ROSA. Gender and COVID-19 Considerations for South Asia Response

UNICEF ROSA. Social media packets produced on online and safety messaging and on breastfeeding/maternal health

UNICEF ROSA, Innocenti. Family-friendly Policies across South Asia

UNICEF ROSA. Gender/GBV Strategy in Response to COVID-19

ROSA CP/GBV Infosheet

ROSA Gender/GBV Resources

UNICEF ROSA. Principles and Guidelines on Responsible Representation and Reporting of Violence Against Women and Children

UNICEF ROSA. Reopening Schools Checklist

UNICEF ROSA. Strategy of Engaging Women's and Girls' Organizations in the South Asia Region

Recordings of ROSA Gender Network's and other meetings (2020)

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Annex Ten: Consultant Terms of Reference

UNICEF Regional Office for South Asia

Terms of Reference for Individual Consultant or Individual Contractor

Section/Unit and supervisor the consultant or contractor reports to	ROSA Evaluation Function
Title of the Consultancy/Contract	Real Time Evaluation of Gender Integration in the UNICEF COVID-19 Response in South Asia
Duty Station	Home-based with travel
Duration of the Consultancy/Contract	20 th September 2020 to 31 st October 2021
Expected Travel	To ROSA/Kathmandu in 2021, if COVID-19 situation allows
Work Plan Activity/related outcome	WBS: 297R/A0/10/002/014/027; / 297R/A0/10/002/014/028
Budget Code for the Consultancy/Contract	WBS: Grant: Non-Grant BMA/ COVID 19 Response/Emergency
Budget Code for the Insurance	WBS: Grant: Non-Grant BMA/ COVID 19 Response/Emergency

For temporary staff-like functions, or functions that require daily attendance at the office, the appropriate contract modality is that of an Individual Contractor, not Consultant. Consultants TOR must be delivery-based with tangible products to be completed at set dates. Please choose which category this TOR falls under (*required*):

Individual Contractor:

Individual Consultant:

1. Rationale:

In the recent years, the Regional Office in South Asia (ROSA) has further invested in efforts to strengthen gender-transformative programming. UNICEF in South Asia promotes and advocates for gender equality within its six key Regional Headline Result areas. In 2018, the Gender Toolkit and Enhancing Gender in Humanitarian Response checklist, were launched to strengthen the institutional and individual capacity

to undertake gender mainstreaming in UNICEF's programmes and to advance policy commitments on gender equality.

While early studies suggest men with COVID-19 are at higher risk for worse health outcomes - particularly higher death rates, measures to control the pandemic have had significant impacts on women and girls. For example, lockdowns have curtailed women and girls' access to their informal peer support networks, health and protection services as well as earning opportunities. Further, lockdown measures have heightened the risk of gender-based violence, including intimate partner violence in the home and school closures place adolescent girls at particular risk of drop out. 'The consideration and redressal of gendered barriers in the overall response to covid-19 will help to alleviate the disproportionate burden women and girls face due to the pandemic while seeding actions that aim to transform harmful gender roles, norms and power relations. Overall, it is important to look at gender-specific data, disparities and discrimination related to COVID-19 from both female- and male perspectives.

There are three key factors driving this evaluation:

- *Documentation and strengthening of gender integration of the response:* Given the current projections on the protracted nature and long-term impacts of the COVID-19 pandemic and considering that women and girls are in many ways at the epicenter of the pandemic (as caregivers, primary health responders, users of interrupted sexual, reproductive and maternal health services to name some) the efforts to scale up the effectiveness of the response from a gender perspective are critical. For this purpose, there is a need to evaluate the gender elements and effectiveness of the response measures taken thus far to ensure adequate, real-time feedback loops for improving policy and programmatic responses as the crisis evolves and unfolds.
- *Lack of evaluation evidence and learning on integrating gender in humanitarian response at UNICEF.* While UNICEF has gathered a considerable body of evidence on its humanitarian action, gender has not been a key enquiry area. The 'Synthesis of UNICEF Evaluations of Humanitarian Action 2010 – 2016' considers gender under the cross-cutting issue of equity and found gender to be one of the identified gaps. UNICEF does not have evaluative evidence on its gender performance in past health emergencies. The 'Evaluation of UNICEF's response to the Ebola outbreak in West Africa 2014–2015' did not consider gender-sensitive responses or place gender in the evaluation framework. Gender was also not considered in the key guiding questions in the 'UNICEF Response to the Cholera Outbreak in Yemen' evaluation in 2018.
- *Guide future investments both in gender in emergencies and investments in gender mainstreaming at the nexus of development programming across all programming areas.* ROSA is highly committed to promoting gender equality in programmatic action. The current pandemic provides an opportunity to assess how the overall response has been able to capitalize on the accumulated experience and investments in humanitarian context/emergency settings and how these translate into integrating gender in the COVID-19 response and beyond at the nexus of development programming. In 2020 ROSA is also establishing a Gender Reference Group for the region, with an objective to support gender-focused learning as a region and to finetune programming and institutional effectiveness. The simultaneous Real Time Evaluation enables maximum complementarity and intra-region learning for improved gender transformative programming.

2. Purpose, scope and objectives:

The scope of the evaluation will cover programming in all the eight countries including the Regional Office and will thematically cover the ROSA priority areas: health response, responding to the socio-economic impact of the pandemic on children as well as continuation of key services. Some enquiry elements would have a region-wide scope and some enquiry areas would be limited to a sampling approach, such as the assessment areas focusing on gender integration in protracted, layered crisis. The selection of the interventions to be included and sampled for the evaluation will be done during the inception phase and finalized as part of deliverable 1.

The evaluation period will cover March 2020 to October 2021 and key deliverables phased in the following manner:

Deliverable 1: The evaluation will commence with a rapid operational review of gender integration measures in the COVID response in South Asia. The objective of the operational review is to ensure that systems, procedures and policies provide an enabling environment for the effective gender integration and to ensure the evaluability of the gender effectiveness in the overall response. The rapid review and evaluability period will cover the normative framework established, guidance issued, and response measures initiated at the onset of the pandemic in SA and during the lockdown and curfew phases.

Deliverable 2: The work for the second deliverable will be initiated simultaneously with the first deliverable and will focus on assessing the extent to which gender was integrated to the responses, broader institutional response elements, enabling the in-depth evaluative insights over adaptive management and capacity.

Deliverable 3: The third deliverable will focus on the programming outcomes from gender effectiveness perspective and key learnings from the response, which will require a longer-term perspective.

Deliverable 4: Final overall evaluation report which consolidates the previous deliverables as well as recommendations from each phase, including cross-country and intra-region learning on integration gender in the response. The fourth deliverable will be due end of October 2021.

The evaluation will look at the COVID-19 response measures both at the RO level and in the Country Office (CO) level. In the former, the scope will broadly include assessment of the leadership, technical and management support on gender extended from the RO to the COs as well as programming rolled out from the RO, and the latter will look at the gender integration in the CO-level programmatic and policy responses. While the focus of the evaluation is on the COVID-19 response, the evaluation will also blend in non-emergency programming context where it is deemed appropriate – e.g. in those cases where the response is more hybrid and the response in the form of regular programming adapting to COVID-19 context and vice-versa, the response programming adapting back to regular, non-emergency programming.

The enquiry areas for the evaluation will draw from, but not be limited to (given the SA specific focus areas on gender, such as the value of the girl child) the UNICEF ROSA key focus areas for COVID-19 response (Public Health Response; Continuity of Services; Responding to the Socio Economic Impact) and UNICEF Five Actions for Gender Equality in COVID-19 Response Technical Note, issued by the HQ in April 2020.¹⁴ The technical note prioritizes five core programmatic and advocacy actions, namely (i) care for caregivers; (ii) preparations for increased GBV cases; (iii) maintaining core health and education services and systems; (iv) engaging with existing women's and youth rights networks to support connectivity and vital information flow (socio-economic impact) and (vi) ensuring gender data are available, analyzed and actionable. The evaluation will also focus on identifying initiatives working with men and boys as champions of gender equality and identify areas where men and boys have been adversely impacted by the crisis warranting a more gender-responsive response.¹⁵ The evaluation also reflects and directly addresses the recommendations made in the independent evaluation of the UNICEF's two successive Gender Action Plans during the period 2014–2019, completed in 2019.¹⁶

The main objectives of the evaluation are:

- To establish the operational preparedness of integrating gender and measuring gender effectiveness of the COVID-19 response in SA by reviewing the enablers, normative and accountability frameworks set up at the onset of the response period;
- To assess the extent to which gender has been integrated to the response measures;
- To evaluate the gender effectiveness of the of the response measures by using the gender scale/diagnostic tool¹⁷ and against organizational/regional priority actions, for further improving UNICEF and host government's policy and programmatic responses;
- To document lessons, good practices and successful initiatives and partnerships for improving UNICEF and host government's gender integration and outcomes in policy and programmatic responses and develop a set of recommendations for each phase, for improving UNICEF SA and key partners' capacity to deliver gender transformative results;; with particular focus on gender in emergency programming

¹⁴ The concept note also draws from the 'Gender-Responsive Social Protection during COVID19: Technical note' which UNICEF issued in April 2020.

¹⁵ <https://unicef.sharepoint.com/sites/EMOPS-HKR/SitePages/CCC-E-Resource.aspx>

¹⁶ The evaluation findings highlight positive gains made over the past four years, including informing UNICEF's programmatic efforts on gender integration and target gender results, as well as investments in HQ/RO/CO gender architecture and monitoring mechanisms. The evaluation also noted the limited gender investment beyond gender-based violence (GBViE) in humanitarian programming, and the need to invest in gender capacity as well as more transformative programming.

¹⁷ Please see Annex Four: UNICEF Gender Diagnostic Tool

3. Evaluation criteria

The evaluation scope will not attempt to cover the criterion of efficiency or impact, but rather look at the criteria which are more suitable for hybrid emergency-development response. *Relevance* will be incorporated under *coherence*. The selected criteria will help assess the gender integration in the COVID-19 response as a more formative, forward-looking exercise with special features related to a hybrid emergency-development context. *Sustainability* of the response initiatives, while not a stand-alone enquiry area, is an important consideration, especially from the emergency-development nexus point of view whereby host government awareness and capacity for gender-responsive action should be strengthened. The *Connectedness* and *Coherence* criteria will help to examine the interface between emergency and development responses from a gender perspective as well as the added value UNICEF's programming brings to the COVID-19 response platforms. Through these criteria the evaluation will look at inter alia: internal coordination on gender in emergencies, adding value and positioning gender and promotion of gender equality in inter-agency collaboration, and leveraging and developing partnerships with UN partners, governments, civil society and private sector to ensure that commitments on gender equality are adhered to and advanced during pandemic response and recovery. The question of *relevance* of the response interventions will be looked at with a gender lens - were designed interventions consistent with the policy and practical guidance documentation¹⁸, relevant vis-à-vis existing and foreseen gender issues and were these interventions informed by partner agencies' and government efforts, guidance tools and available gender analysis, data and evidence.

Effectiveness – while it might be difficult in the short-term to assess the effectiveness of the gender elements of the COVID-19 response, some of the enquiry areas for effectiveness include: Has gender integration contributed to the achievement of the planned results and outcomes and if not, what changes need to be made? Was contextualized gender analysis developed on the impact of the COVID-19 on women, men, girls and boys and to what extent were the interventions designed using existing/available gender analysis? To what extent did budget allocations for gender improve or negatively affect the results? Has the gender-disaggregated data translated to improved programming for better gender results (gender transformative outcomes related to agency, relations and structures). The key questions related to gender effectiveness would attempt to assess selected responses against the gender scale (from potentially gender-blind to gender-transformative).

4. Methodology

¹⁸ Gender Toolkit 2018, Enhancing Gender in Humanitarian Response checklist, Gender and COVID-19 – Considerations for South Asia Response, 'How to Checklist' for Gender into COVID-19 response, GAP, IASC's Gender Equality and the Empowerment of Women and Girls in Humanitarian Action Policy etc. see full list of UNICEF resources on gender equality & COVID-19: <https://unicef.sharepoint.com/sites/PD-Gender/SitePages/COVID19-and-Gender-Equality.aspx#latest-key-resources>

The evaluation approach is learning focused and aims at contributing to accountability for results of a hybrid emergency-development response over a limited timeframe (18 months). The continuous learning approach will adopt selected real-time evaluation (RTE) methods.

The evaluation will mix and blend qualitative methods, including workshops, perception feedback surveys, semi-structured interviews, iterative/interactive peer reviews and self-assessment tools. Closely aligned with the RTE methodology, the workshop deliberations, self-assessment and rapid review findings with actionable recommendations are intended to be disseminated immediately to enable strengthening gender lens in analysis, design and reporting on COVID-19 related response.

While the evaluation is planned as primarily desk-based exercise with focus on using remote data collection tools with key informants, partners and stakeholders, the option of piloting other relevant tools could be considered in a selected country context. The evaluation will be implemented in close coordination with the Real Time Assessment of the UNICEF response to COVID-19 in South Asia, which is planned simultaneously. This is to create synergies with the two evaluations but also to avoid duplication of work and overburdening Country Offices by overlapping requests for data and information.

Several over-arching evaluation questions (see Annex One) require a structured method to review a selection of samples across the UNICEF South Asia responses at RO and CO level. As of June 2020, all UNICEF SA countries had developed a COVID-19 response plan, over 50 surveys and studies around the COVID-19 response have been initiated, and a mapping of the advocacy and programmatic responses is ongoing. The latter together with the surveys, monitoring efforts and studies would form the sampling frame for the evaluation.

The following learning-focused methods are suggested for the evaluation methodology, due to their appropriateness for complex processes such as evaluation and subsequent improvement of gender equality programming. These include (i) the Fly on the Wall technique for selected case studies; (ii) periodic debriefing and self-assessment from the Country Office gender focal point and selected section networks; and (iii) descriptive and content analysis for understanding the context, and to analyze documents, qualitative and quantitative data for identifying emerging trends and patterns for answering key evaluation questions. Measuring the gender effectiveness of the response by using the gender scale/diagnostic tool would also require finetuning and contextualization of the diagnostic tool (see Annex Four). The concept note developed for this evaluation, along with key supporting documents will be provided to the short-listed candidates for this assignment.

5. Key Assignments/Tasks:

The deliverables under this ToR are intended for the Team Leader for the evaluation assignment. The work will be expected to be done in close coordination with the Gender Consultant Expert, and the UNICEF ROSA evaluation function will also participate in data collection and analysis. The total number of invoiced fee days against the Team Leader role is foreseen at 69 and for the Gender Consultant at 50. The Team Leader is expected to provide overall quality assurance for the final deliverables and coordinate the work with the Gender Consultant.

Tasks	Estimated number of working days	Due date/latest date for completion of deliverable
<p>(Deliverable 1 Inception phase Briefing Meetings (remote) Preliminary interviews with UNICEF staff Final evaluation framework and tool development</p> <p>Final Inception Report including strategy for evaluating gender integration in SAR COVID-19 response and with finalized tools and methodology</p>	12	7 th October 2020
<p>Deliverable 2 Operational review Interviews and meetings remotely (RO, CO, selected partners) Desk review and analysis of normative framework and evaluability of gender in SAR COVID-19 programming Presentation of the preliminary findings, remote participatory workshop facilitation for SA gender and evaluation networks</p>	15	15 th November 2020
<p>Deliverable 3 Assessment of the level of gender integration Secondary and primary data collection remotely (RO, CO, government, partners) Desk review and analysis of gender integration in COVID-19 response interventions and preliminary recommendations Presentation of the preliminary findings Remote participatory workshop facilitation for SA gender and evaluation networks</p>	14	30 th December 2020
<p>Deliverable 4 Assessment of the Gender effectiveness Secondary and primary data collection remotely (RO, CO, government, partners, implementing partners) Analysis of emerging evidence on gender effectiveness using the gender diagnostic tool Two in-country (or remote) visits for data collection/case study development/workshop facilitation if COVID-19 situation allows Development of evaluative case studies on agreed programming examples Presentation of the preliminary findings and recommendations</p>	20	31 st July 2021

(Remote) participatory workshop facilitation for ROSA gender and evaluation networks		
Deliverable 5 Final overall evaluation report Consolidation of the previous deliverables as well as final recommendations from phase 3 and 4, including cross-country and intra-region learning, best practices and case studies into one report. Final workshop for UNICEF HQ/RO/CO and relevant partners Development of a programming brief for measurable gender effectiveness in emergencies	8	15 September 2021
Total effort level	69 (TL)	

3. A) Key Deliverables (for consultants only)

Deliverables	Estimated number of working days	Due date/latest date for completion of deliverable
1. Inception Report + ppt for inception workshop with final methodology and tools.	12	7 th October 2020
2. Report on the operational review and normative framework + ppt for validation workshop	15	15 th November 2020
3. Stand-alone report on Assessment of the Gender integration + ppt for validation workshop	14	30 th December 2020
4. Stand-alone report on the Gender Effectiveness of the response in SA + ppt +training content outline for validation workshop	20	30 th July 2021
5. Final overall consolidated evaluation report + ppt for disseminating results + programming brief for measurable gender effectiveness in emergencies	8	15 th September 2021

Due dates may shift due to unforeseen circumstances and with agreement of the supervisor/manager without need for amendments as long as the overall fee remains the same.

The language of the deliverables will be English.

4. Evaluation Governance

The evaluation will be managed by ROSA evaluation function, in close coordination with the ROSA gender section. The evaluation will be technically supported by an Evaluation Reference Group, which will include internal (CO, ROSA and HQ) and external expertise (from the SA gender network and/or UN sister agencies) for maximizing the relevance and quality assurance elements of the evaluation process and outputs.

Given the criticality and cross-cutting nature of integrating gender in programming during COVID-19 response, the evaluation management will closely collaborate (inform on the process, outputs and results and consult for relevant inputs) with the Regional Management Team and the Regional Gender Reference Group. Also, close coordination with the other COVID-19 evidence generation activities is expected, such as the Real-Time Assessment of the UNICEF response to COVID-19 in South Asia.

5. Planned Budget:

A) Professional Fee (Lump Sum): currency _ USD _

This estimate is based the following considerations: The professional fee for the Senior Team Leader* (@500 USD/day) for the consultant and the anticipated number of days is 82. Two missions anticipated for 2021 for the Team Leader.

B)

Total Estimated Cost of the Consultancy/Contract:

Currency

*Travel is conditional to COVID-19 situation and will be based on reimbursable expenses against invoices. The total travel budget includes two return tickets to SA, with 15 days of DSA and terminals/other expenses for two missions.

*The Senior Team Leader is expected to supervise and closely coordinate the work with the Gender Consultant.

6. Proposed Fee schedule for payment:

Payments are due upon timely completion of each deliverable or contracted function certified as satisfactory by the supervisor/manager.

- The consultant will be paid upon satisfactory completion of assigned tasks and receipt of key deliverables and as certified by the Supervisor/Manager. A contractor will be paid as per the agreed schedule for performance of the contracted functions or activities.

- UNICEF reserves the right to withhold payment or partial payment for deliverables that are of poor quality or that do not meet the deadline stated in the contract.
- If deliverables are submitted before the end of the contract, payment will be processed.
- Final payment may not be less than ten per cent of the total value of the contract.
- The final payment will be processed within 30 days of the expiry date of the contract upon confirmation of satisfactory delivery of services.

7. Working Conditions:

Consultant/contractor will

- Work remotely and no office space is required.
- Work from ROSA office and office space is required (hiring office must contact Operations Section before committing to contract dates).
- Has particular IT, logistics, transport, insurance and security requirements that apply:

Provide details here on the particular needs marked above

Budget code for ICT equipment: [Click or tap here to enter text.](#)

For *contractors* only:

The contractor's attendance requirements are:

Specify attendance requirements, if any. Include any time-off, for example 1 ½ days per month for a 5 day work week, that was agreed to with the contractor (which must be considered in the fee calculation if it was based on working days). [Click or tap here to enter text.](#)[Click or tap here to enter text.](#)

8. Minimum Requirements:

A) Education:

Master's Degree minimum, in any social science field.

B) Work Experience:

At least 10 years of experience working in the fields of Evaluation and Gender with at least 5 years of that in international development

Experience with evaluating UNICEF or other multi-lateral/INGO gender programming essential

Gender in Emergency or conflict situation experience required

C) Competencies:

Knowledge of gender in development programming, with experience of examining gender issues via evaluations, studies and research required

Familiarity of feminist evaluation approaches desirable

Team leading and team working skills

Demonstrated concise and analytical writing skills

D) Language Proficiency:

English

Please note that the hiring manager is required to review profiles of eligible candidates from the spouse and partner employment/dual career support roster maintained by ROSA. Recommended candidates will be vetted against the United Nations sanctions lists.

Annex Eleven: Bios of Evaluation Team Members

Sonal Zaveri, Team Leader

Sonal Zaveri is India based, with over 30 years' experience in strategic planning, program design, capacity building, mentoring and evaluation. She has a PhD in Social Work and was a Fleishman Fellow at Duke University, USA. She has worked in more than 25 countries in Asia, East and West Africa, Asia-Pacific, Central Asia, Middle East and Eastern Europe at grassroots, sub-national, national, regional and international levels bringing a broad contextual experience. She has worked with CBOs, NGOs, INGOs, foundations, academic institutions, government, and multilaterals. Her sectoral experience includes HIV/AIDS, gender, child rights, early childhood development, education, community empowerment, health promotion and prevention, livelihood and disability. Sonal's interests relate to how rights, participation, transformation and gender are addressed through collaborative, culturally responsive and learning oriented evaluation approaches and methodologies.

She has multiple publications including book chapters, journal articles, monographs and manuals. She is the co-designer and co-facilitator for the first online gender and evaluation course in India and has designed participatory evaluation tools for vulnerable children and youth. She holds several regional and global leadership positions

Lilia Ormonbekova, Evaluation Consultant

Lilia has twelve years of experience in the areas of monitoring and evaluation, results-based management, gender, and data and analysis. She worked as M&E professional at UN agencies in 2008-2016, followed by evaluation-, reporting-, gender-, and strategic planning consultancies in Eastern and Southern Africa, Asia-Pacific, Middle East and Central Asia. Over time, Lilia has acquired a well-rounded knowledge of advanced results-based management, cross-sectoral issues, and reporting. In addition to serving as evaluation team member in several UN evaluations, Lilia led a mid-term review of UNDAF in China, an end of programme review of a UNICEF peacebuilding programme in Tajikistan and Kyrgyzstan, and facilitated a number of UNCT-SWAP (System-Wide Action Plan on Gender Equality and the Empowerment of Women) Gender Equality assessments.