

Evaluation of UNICEF
Gender and the COVID-19 response in MENA

Inception report

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List of Abbreviations

| | |
|-------|--|
| BDC | Business Development Center |
| CCC | Core Commitments on Children |
| CO | Country Office |
| CSO | Civil Society Organization |
| CEDAW | Convention on the Elimination of all Forms of Discrimination against Women |
| CRC | Convention on the Rights of the Child |
| DAC | Development Assistance Committee |
| EII | Extended Individual Interview |
| EM | Evaluation Manager |
| ET | Evaluation Team |
| FGD | Focus Group Discussion |
| FPD | Family Protection Department |
| GAP | Gender Action Plan |
| GBV | Gender Based Violence |
| GEROS | Global Evaluation Reports Oversight System |
| GRB | Gender Responsive Budgeting |
| GO | Government Organization |

| | |
|--------|--|
| HQ | Head Quarters |
| HRBA | Human Rights Based Approach |
| ICCPR | International Covenant on Civil and Political Rights |
| ICESCR | International Covenant on Economic, Social and Cultural Rights |
| ILO | International Labour Organization |
| (I)NGO | (International) Non-Governmental Organization |
| JRF | Jordan River Foundation |
| KI | Key Informant |
| KII | Key Informant Interview |
| KP | Key Population |
| MENA | Middle East and North Africa |
| MoE | Ministry of Education |
| MoHE | Ministry of Higher Education |
| MoL | Ministry of Labour |
| MoSA | Ministry of Social Affairs |
| MoSD | Ministry of Social Development |
| NRC | Norwegian Refugee Council |
| QA | Quality Assurance |
| RO | Regional Office |

| | |
|----------|--|
| REMT | Regional Emergency Management Team |
| TVET | Technical and vocational Education and Training |
| TOC | Theory of Change |
| UN | United Nations |
| UNEG | United Nations Evaluation Group |
| UNICEF | United Nations Children’s Fund |
| UNFPA | United Nations Population Fund |
| UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| VoIP | Voice of Internet Protocol |
| WHO | World Health Organization |

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1. Understanding of the ToR the context and the object of the evaluation

1.1 Evaluation scope

1 This evaluation will focus on the integration of gender in the UNICEF COVID-19 response in the Middle East and Northern Africa region. The MENA Real Time Assessment of the COVID-19 response¹ observed that gender related risks and vulnerabilities were not considered as cross cutting issues in all the sectors and programmes of the response; however, the assessment was not able to identify whether this has impacted the appropriateness of the response to gender-specific needs. This is what this evaluation intends to focus on, while at the same time looking at how overlooking gender related risks and vulnerabilities might have impacted sector results. While the evaluation intends to assess gender integration in the COVID-19 response across UNICEF's country offices (COs) in the MENA region, Jordan, Lebanon, and Yemen have been identified in the Terms of Reference (See Annex 5.1 for the ToR) as promising for a telling analysis. Although this evaluation will encompass an assessment that extends beyond these three countries, particular focus will be made on them as they intend to represent examples of COs with good reporting of sex-disaggregated results, good gender intentional programmes and effective implementation of COVID-19 response in a humanitarian context.

1.1 Evaluation objectives

2 The evaluation purpose is to enhance learning and advocacy, as well as for informing UNICEF's way forward in ensuring gender is included in humanitarian responses. The evaluation has the following objectives:

- **Assess** how the country level response to COVID-19² aligned to the Gender Action Plan (GAP),³ to the gender benchmarks identified in the Core Commitments for Children (CCC) and to the Five actions for gender equality in the COVID-19 response; the capacity response of the Country Offices' (COs) teams and the processes followed; and what has been the quality of the response.
- **Look into lessons learned** and opportunities for improvement, across the gender benchmarks – especially in the context of the recent launch of the new Core Commitments on Children,⁴ and of the role that gender has in its roll out, in preparedness plans and in humanitarian response.
- To distill two **clear programmatic** and two **institutional recommendations** at country level, and two for the regional office.

¹ MENA Real Time Assessment COVID 19 Response (2021), Retrieved at: <https://evaluationreports.unicef.org/GetDocument?fileID=16410>

² Five Actions for Gender Equality in the Coronavirus Disease (COVID-19) Response, Retrieved at: <https://www.unicef.org/documents/five-actions-gender-equality-coronavirus-disease-covid-19-response-technical-note>

³ UNICEF Gender Action Plan, 2022–2025 (SRS 2021), Retrieved at: <https://www.unicef.org/executiveboard/documents/UNICEF-Gender-Action-Plan-2022%E2%80%932025-SRS-2021>

⁴ UNICEF (2021), Core Commitments on Children, Retrieved at: <https://www.unicef.org/emergencies/core-commitments-children>

2. Evaluation approach and methodology

3 The initial plan as per the technical proposal submitted by KonTerra, was to conduct a deep dive into UNICEF’s programmatic theory of change (TOC) and apply contribution analysis as an approach to this evaluation. However, after obtaining a clearer understanding of the scope of work following a preliminary review of the documents shared by UNICEF (See Annex 5.2 for documents shared) and the inception interviews carried out with steering committee members (See Annex 5.3 for a list of UNICEF staff members interviewed), an alternative approach has been proposed. This is because of the complexity of this particular evaluation and its focus on multiple programmes implemented in different contexts. The section below provides an overview of the approaches that will be used to frame this evaluation.

2.1 Gender transformative lens

4 Through adopting a gender-transformative lens, this evaluation will follow comprehensive approaches to integrating gender into UNICEF’s program design and evaluation. Consultants will conduct a review of gender-transformative programme design and evaluation in a range of issues across education, health, WASH, GBV and social protection and address intersectionality in gender-related issues and emerging themes. In-line with UNICEF’s ‘Gender Action Plan 2018-2021 and 2022-2025 (E/ICEF/2021/31, UNICEF/2021/EB/11), this evaluation additionally aims to articulate the case for gender integration and integrate gender in a manner that promotes healthy gender norms, structures and behaviors. It specifically aims to ensure this gender-transformative lens through the adoption of the UNICEF GAP 2022-2025’s Theory of Change approach to “[...] integrate gender equality programming for transformative results in all areas of work across the development-humanitarian nexus and prioritize institutional accountability to reflect gender equality in the UNICEF workplace.”⁵ Moving from this point, the gender-transformative lens aims to go beyond a gender-responsive frame, and not only looks to adapt UNICEF’s programming into existing gender norms, but also to lay the foundation for healthy, equitable, inclusive and productive gender relationships and structures.

2.2 Evaluating transformative/gender responsive programming in complex settings

5 Several programmes will be included in this evaluation, and the contexts in which they are implemented vary as well. Context plays a key role in understanding how lessons learned and gaps identified can be transferred into future programming. The aim - and challenge - of this evaluation is to understand how UNICEF’s programmes have or can better contribute to gender transformative change in diverse contexts. Moreover, this regional evaluation will generate valuable lessons learned and good practices, success stories and challenges across the region, to inform future work of UNICEF in different contexts. To achieve this, the evaluation team will:

- Use a mix of inductive and deductive, qualitative, and quantitative methods to triangulate results and build contribution narratives.
- Build on the wealth of data already gathered through the quantitative and qualitative analysis carried out at the regional and country level.

⁵ UNICEF (2021), UNICEF’s ‘Gender Action Plan 2022-2025 (E/ICEF/2021/31, UNICEF/2021/EB/11), pp 7/18.

- Adapt methods and tools to the particular objectives and the regional, national and local contexts in each of the three countries, while also ensuring not to lose opportunities for regional comparison and conclusions.

2.3 Human rights-based approach

6 A human rights-based approach (HRBA) will also be applied as an approach to this evaluation in order to analyze inequalities and discriminatory practices and unjust distributions of power that impede justice. Moreover, human rights are key to shaping the COVID-19 response both for the emergency health response as well as the broader effects that the pandemic has had on the livelihoods of people. Furthermore, this evaluation will assess how well programmes have been designed and implemented to ensure accountability, equality and non-discrimination and participation, which are core principles of the HRBA.

- With regards to the right to health, aspects such as availability, accessibility, acceptability, and quality of health services will be assessed, which are core components of the rights to health and are reflected in the Committee on Economic, Social and Cultural Rights (CESCR) General Comment No 14 on the Right to the Highest Attainable Standard of Health.⁶
- In addition, human rights standards concerning education and gender equality will be referred to and include, but are not exhaustive of, the Convention on Non-Discrimination in Education (1960)⁷, the Convention on the Rights of the Child (CRC, 1989)⁸ and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979)⁹ and Article 3 of the International Covenant on Economic, Social and Cultural Rights (CESCR, 1966)¹⁰ and the International Covenant on Civil and Political Rights (ICCPR, 1966).¹¹
- A human rights-based approach to development and gender mainstreaming are complementary and mutually reinforce each other. Gender mainstreaming requires gender to be integrated in development interventions, with the ultimate goal of achieving gender equity. Similarly, a HRBA integrates human rights standards and principles in development interventions, including the rights of women and the prohibition of sex-discrimination in the political, economic, social,

⁶ CESCR General Comment No. 14: The right to the Highest Attainable Standard of Health (Art. 12) (E/C.12/2000/4) Available at: <https://www.refworld.org/pdfid/4538838d0.pdf>

⁷ OHCHR, Convention against Discrimination in Education. Adopted by the General Conference of the United Nations Educational, Scientific and Cultural Organization on 14 December 1960. Available at: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/DiscriminationInEducation.aspx>

⁸ UNICEF, Convention On the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly Resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with Article 49.

⁹ OHCHR, Convention on the Elimination of All Forms of Discrimination against Women. Adopted and opened for Signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979. Available at: <https://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf>

¹⁰ International Covenant on Economic, Social and Cultural Rights. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966 entry into force 3 January 1976, in accordance with article 27. Available at: <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

¹¹ OHCHR, International Covenant on Civil and Political Rights. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A(XXI) of 16 December 1966 entry into force 23 March 1976, in accordance with Article 49. Available at: <https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

cultural, civil or any other field (CEDAW, Article 1).¹² Human rights-based approaches have also been used to advocate for gender responsive budgeting (GRB). They have also been used to identify gender inequalities in budget processes, allocations, and outcomes, and what should be done for inequalities to be addressed.¹³

7 Most importantly, this evaluation will be framed by benchmarks identified in the Gender Action Plan (2018-2021); the Five Actions for Gender Equality in the COVID-19 Response; and the CCC which form the core of UNICEF’S policy and framework for humanitarian action. These benchmarks are grounded in global humanitarian norms and standards and can be used as a guide to designing humanitarian action and in setting and meeting standards for respecting, protecting, and fulfilling the rights of children.

2.4 Scope of this evaluation

8 This evaluation will assess the extent to which UNICEF’s COVID-19 response responded to the gender specific needs of rights holders as well as look at how gender-related risks and vulnerabilities might have impacted sector results.

9 Although the evaluation team will adopt a regional approach in their analysis of findings and recommendations, it will not be possible to evaluate all 20 COs in the MENA region. With this in mind, the evaluation will focus primarily on the following three countries, which have been identified in the TOR as promising for a telling analysis during the evaluation:

Table 1 Suggested programmes/projects by country

| Country | Suggested Programme(s)/Intervention(s) to focus on for this evaluation | Thematic Areas | Rationale for selection |
|---------|---|---|---|
| Jordan | <ol style="list-style-type: none"> 1. MAKANI programme 2. DARSAK 3. WASH interventions inside and out of camps | Social protection, GBV, Education, WASH | <p>As mentioned in the TOR, Jordan CO has a good model of gender intentional programmes specifically in the thematic areas of social protection, education, and WASH. The programmes selected fall under these thematic areas.</p> <p>Social protection will include activities such as in-kind support provided to vulnerable children (tables/sim cards), child protection services provided as part of the integrated package of services offered to vulnerable children in the Makani centers, and outreach activities to the most vulnerable populations to ensure their</p> |

¹² OHCHR, Convention on the Elimination of All Forms of Discrimination against Women. Adopted and opened for Signature, ratification and accession by General Assembly resolution 34/180 of 18 December 1979. Available at: <https://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf>

¹³ UNIFEM, (2010) UNIFEM’S work on gender-responsive budgeting. Overview. Available at: <https://www.unwomen.org/sites/default/files/Headquarters/Media/Publications/UNIFEM/UNIFEMWorkgrboverview.pdf>

| | | | |
|---------|--|---|--|
| | | | inclusion in social protection programmes nationwide. |
| Lebanon | <ol style="list-style-type: none"> 1. Laha Project 2. Child Protection Program (CPP) 3. Integrated Child Wellbeing Program (ICWP) | Health, Education, GBV, Social Protection, WASH | <p>Lebanon’s Laha Project addresses the dignity and hygiene needs of women and girls in emergency. This project adopts an intersectional lens and covers thematic areas such as health, hygiene, GBV, and protection.¹⁴</p> <p>Lebanon’s Child Protection Program and its Integrated Child Wellbeing Program complement each other - and looking into both will assist the evaluation team in addressing the Gender lens through a comprehensive approach across protection, health and wellbeing, and hygiene.</p> |
| Yemen | <ol style="list-style-type: none"> 1. Jump Start Package & Community Health Empowerment | Health and Nutrition | <p>As highlighted in the TOR, Yemen’s effective implementation of Jump Start Package (in the framework of COVID-19 response) with the integration and empowerment of community health workers for outreach capacity is a good approach to maintain health and nutrition services in complex environments.</p> <p>For the purpose of this evaluation, the evaluation team will focus on primary health care for children and mothers as it is the focus of the jump start package.</p> |

2.5 Data collection/Fieldwork

10 This evaluation will apply a mixed-methods approach that is participatory, inclusive and target group sensitive. These methods will ensure that the evaluation findings are derived from a collective contribution from a wide range of target groups, triangulated and validated, and that gender considerations are integrated into the data collection and analysis methods, where relevant. This will also ensure that issues of bias are mitigated.

11 Note that due to conditions caused by the COVID-19 pandemic, a hybrid approach is proposed, which involves a combination of remote and face to face data collection methods (See section 2.7 on Projected limits to the evaluation).

¹⁴ In the areas of social protection in the Laha project the evaluation will look into the impact of social assistance (i.e. non-contributory cash or in-kind transfers and welfare services). In the areas of social protection across the CPP and ICWP the evaluation will explore thematic areas such as “social protection education” whereby, through the provision of information and instruction, children receive education and awareness about contingencies, social security issues and available services to ensure an adequate level of social protection of this group at the national level. In the areas of health across all three programs/projects, it will look into how gender can influence a person’s experiences of crises and emergency situations, their exposure to diseases and their access to healthcare, hygiene and sanitation.

2.5.1 Literature and desk review

12 The literature review will provide a light-touch overview of the academic and grey literature on the following evaluation themes:

- What are the external/contextual factors affecting UNICEF’s programmes during the COVID-19 response (legal, political, security, economic and societal), in Jordan, Lebanon and Yemen and at a regional level?
- “What works” in promoting adolescent girls’ access to health, education, and social protection services during the COVID-19 response in the MENA region?
- A stakeholder mapping of existing entities involved in the COVID-19 response in Jordan, Lebanon, and Yemen, (with specific focus on the areas of education, health, and social protection) and the extent to which UNICEF programmes are in synergy with them.
- A review and assessment of existing secondary data – relevant regional and national statistics on health, education and social protection related data, gender relations, etc., for rights holders.
- Third-party data will also be used to understand how conditions are changing for adolescent girls during COVID-19, using following types of sources:¹⁵
 - Official statistics: where they are available, the evaluation team will gather official government statistics on the education, health and social protection figures relating to adolescent girls and trace how they have changed prior to and during COVID-19. These will include but are not exhaustive to data sets from the Jordanian Department of Statistics, the Central Administration of Statistics in Lebanon, UNHCR gender-based violence information management system (GBVIMS), [Our World in Data](#), [WHO](#), and [OCHA](#).
 - Global indices and surveys: global studies like DHS Surveys can be used to track change over time.
 - Country specific studies: the evaluation team will also gather data from country specific studies that can provide insight into the situation facing adolescent girls. There are numerous studies by agencies like the United Nations Population Fund (UNFPA); the United Nations for Gender Equality and Empowerment of Women (UN WOMEN); The World Bank Open Knowledge Repository; Relief web; the Lancet Global Health; PubMed; as well as publications from (I)NGOs (such as CARE International, International Rescue Committee (IRC), Danish Refugee Council (DRC), Save the Children (SC), Plan International and the International Office of Migration (IOM), among others) that look into health, education, and social protection access issues that can also be used.

13 The evaluation team recognizes potential limitations to the use of resources such as official statistics and third-party monitoring data. This includes issues of reliability and accuracy as well as difficulty in accessing such data, particularly on sensitive issues relating to vulnerable target groups and GBV-related information.

¹⁵ The evaluation team may need to consult with other UN agencies working in the three countries to access available data and reports.

14 The evaluation themes above are not specified in the ToR and have been identified based on an initial review of documents and an understanding of the scope of this evaluation. The emphasis of the above-questions is around context and stakeholder involvement during the COVID-19 response, which are essential aspects needed to gain a more nuanced understanding of the appropriateness and effectiveness of UNICEF's COVID-19 response from a gendered lens.

15 The evaluation team will also undertake a detailed document review of programme related documents, which have already been shared by UNICEF (See Annex 5.2 for documents shared).

16 A desk review and inception interviews with five steering committee members (See Annex 5.3 for more on inception interviewees) has been used to inform this Inception Report and will be expanded to further inform the context analysis, background note and targeted recommendations of the final report.

17 The desk review will be triangulated with other data collection methods used in this evaluation to answer the following evaluation questions, including the sub-questions highlighted in the evaluation matrix in Annex 5.9:

On Appropriateness:

- To what extent has UNICEF's COVID-19 response been gender appropriate/transformational and rightly focused on what was needed?
- To what extent is the country level response to COVID-19 aligned to the Gender Action Plan, the gender benchmarks identified in the Core Commitments for Children and to the Five Actions for Gender Equality in the COVID-19 response, as well as the extent to which capacity building from headquarters (HQ) and regional office (RO) has translated in better gender responsive in COs?
- To what extent have the needs of girls, women, and the community been taken into consideration in the response? Have existing women's networks, social and community platforms and youth networks been heard and included in the response interventions?

On Efficiency:

- How were gender resources allocated at CO level? To what extent were the gender capacities of CO staff members adequate to achieving UNICEF'S gender goals during the COVID-19 response? What is the level of power of the gender focal point at CO level and their involvement in decision-making processes?
- To what extent are the COVID-19 related (disaggregated) data and mechanisms able to analyze data with a gender lens and for real-time feedback loops to programming?
- How well was the timing of gender (Staff) inputs, and to what extent did inputs coincide with more gender sensitive/transformational outputs/outcomes? Is progress on track?

On Effectiveness:

- To what extent is the COVID-19 response aligned to results along the gender programmatic (five actions) and institutional benchmarks (i.e., did UNICEF do it right?)

- To what extent have specific gender considerations been integrated in ensuring the continuity of core and quality education, health, and protection services, and have efforts for preparedness for increased GBV stepped up?

On Child rights, equity and gender:

- How have UNICEF COs been able to advance equity issues during COVID-19 through a gendered lens?

18 An amendment to the following question on Efficiency has been made: “Were gender resources (both human and financial) efficiently allocated and spent? Were the financial resources clearly (gender) coded? What was the power of the gender focal point at CO level and how was s/he associated to decision making?”. This question has been amended as the evaluation team is unable to assess the extent to which gender resources were efficiently allocated and spent at a programmatic level because of lack of available information on this matter. Rather, the focus will be on understanding how gender resources were allocated at a country level, with comparisons made between COs with similar contexts (such as between high income countries and countries in emergency situations). The evaluation team will also examine power dynamics in relation to gender focal points and their involvement in decision-making process at CO level. Moreover, as mentioned in Section 2.6, and relating to the **Efficiency** criterion, the evaluation will examine the extent to which gender capacities of CO staff members are adequate to achieving UNICEF’S gender goals during the COVID-19 response through illustrative examples of CO staff capacities to adapt and implement gender responsive interventions during the COVID-19 response.

2.5.2 Qualitative, structured individual interviews with UNICEF staff and key informants

19 Qualitative, structured individual interviews will be carried out with **UNICEF staff** (including staff at **HQ, RO and COs** levels such as chiefs/heads, representatives, deputy representatives, gender focal points, programme and operations staff), as well as **implementing partners**.

20 The purpose of the interviews with UNICEF staff will be to gain a nuanced understanding of the appropriateness, effectiveness, and efficiency of UNICEF’S response during COVID-19 and particularly from a gender lens, as well as assess the extent to which UNICEF has been able to advance equity issues. Interviews will allow the evaluation team to identify lessons learned and emerging ‘positives’ from the response in terms of gender integration. They will also help identify what should be done differently to better integrate gender into the COVID-19 response. Furthermore, lessons learned, and opportunities will be identified from the KIIs from which programmatic and institutional recommendations will be produced.

21 **A total of 54 interviews** will be carried out with UNICEF staff across the MENA COs. Theoretical sampling methods¹⁶ will be used to recruit these participants to ensure that the evaluation includes individuals who are most relevant to the evaluation. Table 1 provides an overview of suggested UNICEF staff for interviews.

¹⁶ See B. G. Glaser and A. L. Strauss, *The Discovery of Grounded Theory: Strategies for Qualitative Research* (Chicago: Aldine, 1967): “the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them in order to develop his theory as it emerges” (45).

22 At the **HQ and RO levels**, staff have been identified based on positions most relevant to this evaluation, and which focus on COVID-19 and gender integration in programming.

23 At **CO level**, selection of interview percipients will also be based on their relevance to the evaluation, and the information needed to address the evaluation questions. More specifically, the following inclusion criteria will be used:

- 1) Representatives and/or deputy representatives from Jordan, Lebanon and Yemen COs.
- 2) Key staff members with specific duties focusing on gender integration in programming across the MENA COs.
- 3) Key staff members related to the thematic areas that the programmes selected for this evaluation focus on (see table 1).
- 4) Key staff that can add input into the evaluation on specific issues relating to monitoring, evaluation, learning and accountability and gender integration in programme budgeting and HR.

The table below provides a list of suggested UNICEF staff for interviews based on the above selection criteria:

Table 2 Suggested UNICEF staff for interviews

| LEVELS/STAFF | HQ | RO | JORDAN | LEBANON | YEMEN | OTHER COUNTRY OFFICES | NOTES |
|--|----------|----|--------|---------|-------|-----------------------------|-------|
| AT HQ LEVEL | | | | | | | |
| Gender advisor equality | ✓ | | | | | | |
| SUB-TOTAL | 1 | | | | | | |
| AT RO LEVEL | | | | | | | |
| Regional Advisor Gender | | ✓ | | | | | |
| The Gender Specialist | | ✓ | | | | | |
| Risk Communication and Community Engagement (RCCE) and Communication for Development (C4D) personnel | | ✓ | | | | | |
| Advisor Child Rights | | ✓ | | | | | |
| WASH personnel | | ✓ | | | | | |
| Health personnel | | ✓ | | | | | |

| | | | | | | | |
|--|-----------|---|-----------|-----------|-----------|-----------|--|
| Education personnel | | ✓ | | | | | |
| SUB-TOTAL | 7 | | | | | | |
| AT CO LEVEL | | | | | | | |
| Country representative | | | ✓ | ✓ | ✓ | | |
| Deputy representative | | | ✓ | ✓ | ✓ | | |
| Gender experts and/or gender focal points | | | ✓ | ✓ | ✓ | ✓ | |
| Health and nutrition | | | ✓ | ✓ | ✓ | | |
| Education | | | ✓ | | | | |
| Child Protection | | | ✓ | ✓ | | | |
| WASH | | | ✓ | | | | |
| Social Policy | | | ✓ | ✓ | ✓ | | |
| Risk Communication and Community Engagement (RCCE) personnel | | | ✓ | ✓ | ✓ | | |
| Communication for Development (C4D) personnel | | | ✓ | ✓ | ✓ | | |
| Monitoring and Evaluation | | | ✓ | ✓ | ✓ | | |
| Budgets Focal Point | | | ✓ | ✓ | ✓ | | |
| Human Resources | | | ✓ | ✓ | ✓ | | |
| SUB-TOTAL | 46 | | 12 | 11 | 10 | 13 | |
| GRAND TOTAL | 54 | | | | | | |

24 Due to capacity, time and budget constraints, the evaluation team will not be able to interview representatives, deputy representatives and thematic experts across all of UNICEF’s MENA COs. However, the evaluation team will include all gender focal points across the MENA COs to ensure that this evaluation encompasses findings that are at a regional level. Moreover, the constraints previously mentioned also mean that the evaluation team will not be able to conduct interviews with staff from all the geographic areas of focus in each country. However, to address this challenge, UNICEF staff members selected for interviews should have sufficient knowledge of the interventions within their specific thematic areas at a nationwide level. The same applies to M&E, budget, and HR staff.

25 The evaluation team will also conduct **interviews with key informants (KIs)** and theoretical sampling methods¹⁷ will be used to recruit these participants to ensure that the evaluation includes individuals who are most relevant to this evaluation. More specifically, the KIs will include interviews with:

- 1) Donors funding the programmes selected for this evaluation.
- 2) Implementing partners involved in the programmes selected for this evaluation.
- 3) UN Agencies, (I)NGOs, government bodies and actors, and CSOs who are working within the thematic areas of UNICEF’s MENA COs in Jordan, Lebanon and Yemen.

26 The key informants will be selected across the three COs (Jordan, Lebanon and Yemen). This will allow the evaluation team to draw a more comprehensive understanding of the appropriateness of UNICEF’s CO response to gender-specific needs and produce recommendations to improve gender responsiveness of UNICEF’S COVID-19 response.

27 **A total of 55 KIIs** will be required of which 18 will be carried out in Jordan, 19 in Lebanon and another 18 in Yemen. The table below provides more details on key informants identified in each country and their expected level of involvement in this evaluation.

Table 3 Key informant identified and their engagement per country (Jordan, Lebanon and Yemen)

I. **Jordan**

¹⁷ B. G. Glaser and A. L. Strauss, *The Discovery of Grounded Theory: Strategies for Qualitative Research* (Chicago: Aldine, 1967): “the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them in order to develop his theory as it emerges” (45).

| Stakeholder | Programme/ Description | | | No. of interviews | Level of involvement | | |
|--------------------------|--|---|---|-------------------|----------------------|-----------------|--------------------------------------|
| | 1) MAKANI | 2) WASH Interventions | 3) DARSAK | | Inception phase | Data collection | Validation of findings ¹⁸ |
| I. JORDAN | | | | | | | |
| Donors | | | | | | | |
| UN Agencies | UNHCR | WHO, UNHCR, UN Women, UNDP | | 2 | | ✓ | ✓ |
| Government organizations | MoE , MoPIC, MoSD | Ministry of Awqaf, Ministry of Health, Municipalities, MoWI | MoDEE | 3 | | ✓ | ✓ |
| INGOs | IMC, JRF | | | 2 | | ✓ | ✓ |
| CSOs | Save the Children Jordan, JOHUD (Makani Steering Committee) | | | 1 | | ✓ | ✓ |
| Women and youth networks | Youth volunteers | Environmental clubs | | 2 | | ✓ | ✓ |
| Private sector | Zain, Unilever, Colgate-Palmolive | | Edraak, Abwa3 | 2 | | ✓ | ✓ |
| Other | - Makani staff (in/out of camp, ITS) - CP facilitators receiving training on identification and support to GBV cases - Learning support facilitators, - Shadow teachers, - - Core curriculum facilitators - Outreach team | - Refugees working in MAKANI centers receiving IPC training | - Teachers receiving professional development courses | 6 | | ✓ | ✓ |
| TOTAL KIIS JORDAN | | 18 | | | | | |

¹⁸ For each stakeholder one representative will be interviewed and invited to the validation of findings.

II. Lebanon

| Stakeholder | Programme/ Description | | | No. of interviews | Level of involvement | | |
|---------------------------|--|---|--|-------------------|----------------------|-----------------|------------------------|
| | 1) LAHA Project | 2) Child Protection Program | 3) Integrated Child Wellbeing Program | | Inception phase | Data collection | Validation of findings |
| I. LEBANON | | | | | | | |
| Donors | | | | | | | |
| UN Agencies | UN Women | UNFPA | WHO | 2 | | ✓ | ✓ |
| Government organizations | Ministry of Social Affairs, Ministry of Public Health, National Commission for Lebanese Women | Ministry of Education, Ministry of Social Affairs | Ministry of Social Affairs, Ministry of Education, Ministry of Public Health | 6 | | ✓ | ✓ |
| INGOs | MERATH, Kvinna till Kvinna, Plan International, Concern Worldwide, | Save the Children, Relief International, Terre des Hommes, Mercy Corps, AMURT, War Child Lebanon, International Rescue Committee, Taawon, R&R International | Save the Children, Relief International, Terre des Hommes, Mercy Corps, AMURT, War Child Lebanon, Concern Worldwide, Taawon, R&R International | 6 | | ✓ | ✓ |
| CSOs | ABAAD, KAFA, Yaduna - Women Heart Health Center, Justice Without Frontiers | ALEF | | 4 | | ✓ | ✓ |
| Women and youth networks | The Lebanese Women Democratic Gathering; Regional Coalition of Women Human Rights Defenders in MENA; | | | 1 | | ✓ | ✓ |
| Private sector | | | | | | | |
| TOTAL KIIS LEBANON | | | | 19 | | | |

II. Yemen

| Stakeholder | Programme/ Description | No. of interviews | Level of involvement | | |
|--------------------------|---|-------------------|----------------------|-----------------|------------------------|
| | 1) Jumpstart Package | | Inception phase | Data collection | Validation of findings |
| I. JORDAN | | | | | |
| Donors | World Bank, DFID, KSA, GAVI, EU | 1 | | | |
| UN Agencies | WFP, WHO, UNFPA, UNOPS, UNDP | 1 | | ✓ | ✓ |
| Government organizations | MoPHP, MoH, GHO, | 1 | | ✓ | ✓ |
| INGOs | RI, ADRA, IMC, Intersos, IRC, MdM, PU-AMI, SCI, ACF, FHI360. QRCS, | 2 | | ✓ | ✓ |
| CSOs | FMF, BFRD, Family care Association, BFD, IRY, YDN, ZOA, SOS, CSSW, MMF, YFCAVHI, TFD, IRY | 2 | | ✓ | ✓ |
| Women and youth networks | Community health and nutrition volunteers' networks | | | ✓ | ✓ |
| Private sector | | | | ✓ | ✓ |
| Other | Community health workers receiving trainings to enhance outreach capacity | 12 | | ✓ | ✓ |
| TOTAL KIIS JORDAN | | 19 | | | |

28 The KIIs in each country have been identified based on the stakeholder lists shared with the evaluation team as well as a review of documents provided by UNICEF. Selection was carried out in a manner that ensured a diverse range of stakeholders from each programme, including government entities, INGOs, CSOs, women/youth networks, and the private sector. No donors were selected for Jordan and Lebanon as this information was not available in the documentation provided to the evaluation team. The number of KIIs in each country was also defined by operational constraints related to capacities, time, and budget.

29 In the case of Yemen, the evaluation team have proposed conducting KIIs with community health workers receiving trainings to enhance outreach capacity, as this component was highlighted in the TOR as a good approach to maintain health and nutrition services in complex environments. A total of 12 KIIs will be conducted with female community health workers. This sample size will allow the evaluation team to reach data saturation¹⁹. The sample size is also defined by operational constraints related to capacities, time, and budget. The sample of community health workers will be stratified by geographic location, and the evaluation team will be responsible for randomly selecting 12 female participants for interviews. The stratification by geographic location will allow the evaluation team to assess the quality of trainings provided to community health workers across the different geographic locations targeted.

¹⁹ Hennink, M., & Kaiser, B. N. (2021). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, 114523.

2.5.3 Qualitative, semi-structured focus group discussions with rights holders (FGDs)

30 Qualitative, semi-structured focus FGDs will be carried out with direct beneficiaries of the programmes selected for this evaluation in Jordan and Lebanon. The objective of the FGDs is to better understand the appropriateness and effectiveness of the programmes as well as the extent to which UNICEF was able to advance equity issues for rights holders. They will also highlight examples of best practices in the case of gender integration in interventions as well as missed opportunities during the COVID-19 response.

31 No FGDs will be carried out in Yemen due to the security situation in the country and difficulty of obtaining ethical approval. Instead, data collection methods in Yemen will focus on remote individual interviews with UNICEF staff, partners, and other relevant stakeholders (See section 2.4.2).

32 In the case of the FGDs in Jordan and Lebanon, it is anticipated that a total of **18 focus groups** distributed between the two countries (9 in Jordan and 9 in Lebanon) will be carried out (with between 4-6 participants per FGD). The evaluation team recommends conducting the following FGDs in each country:

Jordan

The table below provides an overview of the activities and target groups identified:

Table 3 Activities and target groups identified

| Activities | Programme/ Thematic area | Geographic distribution ²⁰ | | Age distribution (years) | | | | Nationality | | Gender | |
|--|--------------------------|---------------------------------------|-----|--------------------------|-------|--------|-----|-------------|----|--------|---|
| | | In | Out | < 11 | 11-14 | 15- 17 | 18+ | HP | SR | F | M |
| Beneficiaries receiving COVID-19 messages on prevention and access to services | Makani/ Health and RCCE | X | X | X | X | X | X | X | X | X | X |
| Adolescent and youth receiving interactive homework support harmonized with the Jordanian formal online education platform | Makaini/ Learning | X | X | X | X | X | | X | X | X | X |
| Adolescent and youth receiving stress management skills; Makani life skills curriculum; and digital skills building (in 40 makani centers) | Makaini/ Learning | X | X | | X | X | | X | X | X | X |
| Children receiving case management | Makaini/ GBV | X | X | X | | | | X | X | X | X |
| Children and families receiving PSS and other counseling services through IMC and JRF | Makaini/ GBV | X | X | X | | X | | X | X | X | X |
| Parents/caregivers receiving referrals and remote PFA services | Makaini/ GBV | X | X | | | | X | X | X | X | X |
| Parents/caregivers receiving ECD services facilitated by ECD facilitators/ community volunteers | Makaini/ Learning | X | X | | | | X | X | X | X | X |
| Syrian refugees receiving IPC awareness campaigns and health information support | Makaini/ Health and RCCE | X | | X | X | X | X | | X | X | X |
| Refugee adults working in Makani centers and receiving IPC training | Makaini/ Health and RCCE | X | | | | X | X | | X | X | X |
| Parents/caregivers receiving critical hygiene and education materials and remote services (including case management, PSS and Infant and Young Child Feeding (IYCF)) | Makaini/ Health | X | X | | | | X | X | X | X | X |
| Parents/caregivers receiving Internet data bundles | Makaini/ Learning and SP | X | X | | X | | X | X | X | X | X |
| Children with disabilities receiving printed materials and home-support | Makaini/ Learning and SP | X | | X | | | | | X | X | X |
| Children with disabilities (in Azraq and Za'atari camps) receiving remote shadow teaching during COVID-19. | Makaini/ Learning and SP | X | | X | | | | | X | X | X |

²⁰ Geographic distribution

- In camps: Za'atari Camp (Mafraq), Zarqa Camp (Azraq) , King Abdullah (Governorate of Irbid), and Emirati (Zarqa) Jordanian camps
- Host communities: North, South and West and East (distribution across Makani centers)

| | | | | | | | | | | | |
|---|------------------|---|---|---|---|---|---|---|---|---|---|
| Parents/caregivers benefitting from the WASH infrastructure constructed in quarantine, isolation and COVID-19 treatment facilities and those benefitting from other WASH activities (hygiene kits, behaviour change programmes, etc.) | WASH | X | X | | | | X | X | X | X | X |
| Students from grades 1-12 from the schools targeted for the DARSAK programme | DARSAK/ Learning | X | X | X | X | X | | | X | | |

Based on the above activities and target groups identified above, the following 9 FGDs are proposed

| FGD 1 | Description | Age group | Gender | Nationality |
|--|--|-----------|--------|-------------|
| | Beneficiaries receiving COVID-19 messages on prevention and access to services | 11-14 | Female | SR |
| | Beneficiaries receiving interactive homework support harmonized with the Jordanian formal online education platform | | | |
| | Adolescent and youth receiving stress management skills; Makani life skills curriculum; and digital skills building (in 40 makani centers) | | | |
| Students from grades 1-12 from the schools targeted for the DARSAK programme | | | | |

| FGD 2 | Description | Age group | Gender | Nationality |
|--|--|-----------|--------|-------------|
| | Beneficiaries receiving COVID-19 messages on prevention and access to services | 15-17 | Female | HP |
| | Beneficiaries receiving interactive homework support harmonized with the Jordanian formal online education platform | | | |
| | Adolescent and youth receiving stress management skills; Makani life skills curriculum; and digital skills building (in 40 makani centers) | | | |
| Students from grades 1-12 from the schools targeted for the DARSAK programme | | | | |

| FGD 3 | Description | Age group | Gender | Nationality |
|--|---|-------------|--------------------------|-------------|
| | Children receiving case management | <11 and 18+ | Female and male children | SR |
| | Children and families receiving PSS and other counseling services through IMC and JRF | | Female | |
| Parents/caregivers receiving referrals and remote PFA services | | | | |

| FGD 4 | Description | Age group | Gender | Nationality |
|--|--|-------------|--------------------------|-------------|
| | Children receiving case management | <11 and 18+ | Female and male children | HP |
| | Children and families receiving PSS and other counselling services through IMC and JRF | | Female | |
| Parents/caregivers receiving referrals and remote PFA services | | | | |

| FGD 5 | Description | Age group | Gender | Nationality |
|-------|--|-----------|--------|-------------|
| | Parents/caregivers benefitting from the WASH infrastructure constructed in quarantine, isolation and COVID-19 treatment facilities | 18+ | Male | SR |

| FGD 6 | Description | Age group | Gender | Nationality |
|-------|--|-----------|--------|-------------|
| | Parents/caregivers benefitting from the WASH infrastructure constructed in quarantine, isolation and COVID-19 treatment facilities | 18+ | Female | HP |

| FGD 7 | Description | Age group | Gender | Nationality |
|---|--|-----------|--------|-------------|
| | Syrian refugees receiving IPC awareness campaigns and health information support | 18+ | Female | SR |
| Refugee adults working in Makani centers and receiving IPC training | | | | |

| | | | | |
|--|---|--|--|--|
| | Parents/caregivers benefitting from the WASH infrastructure constructed in quarantine, isolation and COVID-19 treatment facilities and other WASH services/activities | | | |
|--|---|--|--|--|

| | Description | Age group | Gender | Nationality |
|-------|--|-------------|--------------------------|-------------|
| FGD 8 | Parents/caregivers receiving Internet data bundles | <11 and 18+ | Female and male children | HP |
| | Children with disabilities receiving printed materials and home-support | | | |
| | Children with disabilities (in Azraq and Za'atari camps) receiving remote shadow teaching during COVID-19. | | Female parents | |
| | Parents/caregivers receiving ECD services facilitated by ECD facilitators/ community volunteers | | | |

| | Description | Age group | Gender | Nationality |
|-------|--|-----------|--------|-------------|
| FGD 9 | Parents/caregivers receiving critical hygiene and education materials and remote services (including case management, PSS and Infant and Young Child Feeding | 18+ | Female | HP |

33 In total 9 FGDs will be carried out in Jordan. The distribution has been carried out to include a diverse range of age groups, as well as beneficiaries from Syrian refugee and host populations residing in and out camps. The evaluation team recommends distributing the FGDs with Syrian refugees across the four camps in which UNICEF works in, and the remaining five FGDs with host population beneficiaries by region (central, north, south, east and west). The stratification by geographic location will allow the evaluation team to assess the quality of trainings provided to community health workers across the different geographic locations targeted.

Lebanon

34 A total of 9 FGDs will be carried out in Lebanon. The FGDS will include beneficiaries of the following three projects:

1. Laha Project
2. Child Protection Program
3. Integrated Child Wellbeing Program

35 As For the distribution of FGDs, this will be according to the thematic areas of focus, age and gender (See table 3). At this point however, the evaluation team does not have sufficient information on the projects to provide more detailed information on the distribution of the FGDs in Lebanon.

Table 5: Distribution of FGDs in Lebanon

| Focus group discussions by age group and country | Lebanon | | |
|--|-------------|-----------------|----------|
| | Composition | Thematic sector | Comments |

| | | | |
|--|---|---|--|
| Aged under 11 years of age (4-6 participants) | Two FGDs with females, and one mixed FGD (Child Protection Program and Integrated Child Wellbeing Program) | Health, Education, protection. | |
| Aged 11-14 years old (4-6 participants) | Two FGDs with females, and one FGD with males (Child Protection Program and Integrated Child Wellbeing Program) | Health, education, protection. | |
| Aged 15-17 and 18+ years old (4-6 participants) | All three FGDs with females (LAHA) | Health, education, social protection, GBV, hygiene. | |
| TOTAL for Lebanon | 9 FGDs | | |

36 Stratified random sampling will be used to select participants for the FGDs in Jordan and Lebanon in order to improve precision, ensure inclusivity and provide better coverage of the population understudy, particularly among those that are ‘hard to reach’. The selection process will therefore be random, but stratification will be applied in order to be as inclusive as possible and obtain a sample that best reflects beneficiaries receiving diverse services/activities of programmes evaluated.

37 UNICEF and partner beneficiary lists will be used to identify potential FGD participants in each country. The lists will be anonymized to maintain security and confidentiality of participants. The recruitment and selection of participants will be the responsibility of the evaluation team.

Training and orientation of in-country evaluators

38 The document review has been used to inform the topics and questions guiding the interviews and FGDs (See Annex 5.6 for the interview/FGD guides).

39 The FGDs and KIIs will be carried out by the in-country evaluators (in the case of Jordan and Lebanon) who receive training on the tools, ethical protocols and safeguarding issues prior to implementation of data collection.

40 Ethical measures followed during the data collections are discussed in Section 4 of this Inception Report. All interviews/FGDs will be audio-recorded upon receiving consent from interviewees and their guardians (where required), and summative notes will be produced with quotes where possible (See Annex 5.4 for the ethical protocol and Annex 5.5 for the information sheet and consent form).

2.6 Analysis and reporting

41 For the analysis and reporting phase, the Development Assistance Committee (DAC) criteria specified in the TOR will be followed to assess appropriateness, efficiency, effectiveness, and child rights, equity, and gender, within an overall gender equality perspective - as set out in the evaluation matrix Annex 5.9.

42 A gendered approach will also be applied throughout the evaluation process, including its design and implementation phases. Within the analysis, focus will be placed on aspects such as adaptive, transformative and gender-focused changes in response during the COVID-19 at:

- The agency level (looking at factors such as empowerment and general well-being)
- relational level (by looking at aspects such as gendered barriers to accessing health, education and social protection services, issues of decision-making, support and bargaining with the household, as well as questions of gender-based violence), and
- structural level (by looking at broader level implications of UNICEF's COVID-19 response from a gender lens).

43 Moreover, a gender-mainstreamed descriptive analysis will be used during the evaluation, which will involve focusing on the following concepts:

- power dynamics
- boundaries
- relationships, and
- situatedness of the evaluator

44 The analysis will also examine outcomes (both intended and unintended) of UNICEF's COVID-19 response on girls and women across the MENA COs. It will explore best practices/lessons learned and missed opportunities to better integrate gender in the COVID-19 response in the different contexts. The capacities and resources of COs to integrate gender in the COVID-19 response will also be examined and factors that enabled and disabled this process highlighted. Furthermore, context will play a significant role in framing the analysis and in the identification of patterns to inform future programming.

45 Qualitative data produced from the interviews and focus groups will be analyzed thematically through a process that involves iterative cycles whilst at the same time reducing the volume of data. Quantitative data will be analyzed descriptively using excel. Gender will be a consistent variable that will be regularly investigated with other variables to better understand the gender dimension of UNICEF's COVID-19 response on rights holders in the MENA countries of focus.

46 Qualitative and quantitative data will be cross validated. Strategies used to improve the rigor of the evaluation will be applied, such as credibility, triangulation, transferability, and confirmability. Credibility refers to the confidence in the 'truth' of findings, which will be ensured through techniques such as triangulation and peer-debriefing. Transferability indicates that findings have applicability in other contexts, and this will be ensured through the use of thick description in the analysis. Confirmability refers to the degree of neutrality or the extent to which the findings of this evaluation are shaped by the participants and not evaluator bias, motivation, or interest. Techniques that will be used to establish confirmability include triangulation and reflexivity.

2.7 Projected limits to the evaluation

47 Limitation of the proposed methodology relates mainly to the availability of documentation and disaggregated data in the three selected countries: Lebanon, Jordan, and Yemen - particularly in hard-to-reach areas across Yemen. Also, while the evaluation will focus on being as inclusive as possible, there will be limitations in inclusivity, particularly in Yemen, where access to beneficiaries and data is difficult.

48 Although the evaluation team had initially suggested conducting extended individual interviews in the three countries, these have been replaced with a greater number of FGDs in order to cover a broader range of beneficiaries receiving different activities/services through the programmes selected for this evaluation. In the case of Yemen, primary data collection in Houthi controlled areas of the country will also not be possible as it will not be possible to obtain ethical approvals to conduct data collection in these regions. No FGDs will be carried out and access to beneficiaries will not be possible due to security reasons and difficulties in obtaining ethical approvals. Instead, remote individual interviews will be carried out with UNICEF staff and key informants by a researcher. The interviews with key informants will also be limited to donors, implementing partners, and community health workers benefiting.

49 Moreover, international travel will not be possible as the lead evaluator will not be able to travel to Jordan amid COVID-19 restrictions and emerging variants of the virus. The type of engagement expected with key stakeholders would justify a hybrid approach, involving a combination of remote and face to face interviews. In the event where face to face interviews/FGDs are not possible in Lebanon and Jordan, the evaluation team will conduct them remotely with the support of three additional researchers through RMTeam (See section 2.9 on Team Management).

50 It will also be difficult for this evaluation to encompass all 20 MENA countries that UNICEF operates in due to budget and time constraints. However, to address this challenge, the evaluators will make sure that interviews with gender focal points from all of UNICEF's MENA countries of operation take place. There are no language barriers associated with data collection or document/desk review. Evaluators collectively speak English, Arabic and French.

51 It will be difficult to attribute desired change to the interventions of the programme because we cannot compare directly to how conditions changed for those who were not part of the programmes included in this evaluation. The same is the case if desired changes have *not* occurred. The evaluation team will rely on qualitative data to make up (as much as possible) the lack of a control group and secondary data analysis carried out through a mixed methods approach.

52 While the evaluation will examine the extent to which gender capacities of CO staff members were adequate to achieve UNICEF's gender goals during the COVID-19 response, this will not involve measuring capacities of staff members nor will it entail conducting capacity assessments. Rather, it will seek to highlight illustrative examples of CO staff capacities to adapt and implement gender responsive interventions during the COVID-19 response.

53 Another limitation of the evaluation is the ability to resort to a deep dive into just three case studies across the region due to restrictions incurred as a result of COVID-19, as well as budgetary and resources constraints. While the three cases (Lebanon, Jordan, and Yemen) will provide an adequate glimpse into experiences from the MENA region at the level of COs, this sample will not serve as an adequate representation of the region at large.

54 It is likely that FGDs with beneficiaries (host population, refugees, etc.) across various regions across the country will be challenging due to the anticipated restrictions and nationwide lockdown across Lebanon (anticipated to be announced in the second week of January 2022), as well as the increase in daily cases across the country (4,500 cases daily). Due to the health threats associated with this, fieldwork may need to shift to remote entirely. In order to cater to the aforementioned, a shift in methodology (from hybrid to completely remote) might be necessary in order to complete fieldwork within the desired timeline.

55 Furthermore, in order to assess effectiveness of programme related interventions, as well as associated budgetary realities, the evaluation team will need additional project-related documentation for Lebanon, Jordan and Yemen. These include programme-specific documents such as quarterly indicator reports; quarterly/annual narrative reports (including those of partners); budget-related documents (indicated anticipated and actual spending), project proposals, and workplans.

2.8 Outline of final report

56 The final report will not exceed 60 pages (excluding Annexes) and will include: an executive summary, a background on each country and UNICEF's programming within each CO, the methodological approach/analytical products developed during the course of the evaluation, findings, gaps for improvement and lessons learned, and will conclude with recommendations at the regional and country levels.

2.9 Management of the Evaluation

2.9.1 Team structure and management

57 Our team includes a combination of international and national consultants with a broad range of expertise and more than 10 years of experience in the area of gender and monitoring and evaluation in the MENA region.

58 KonTerra will be partnering with RMTeam International to support in-country data collection in Jordan, Lebanon and Yemen. RMTeam²¹ aims to deliver gradual impact, positive change, and community development in conflict-affected and post-conflict settings through providing high-quality monitoring and evaluation and research services across a broad variety of sectors and focus areas in several countries of the region. Since 2013, RMTeam has built up a portfolio of over 140 successful projects across a range of sectors and thematic areas. This has led to RMTeam becoming widely recognized as one of the most reliable and trusted data collectors and M&E practitioners operating in the region. RMTeam's established reputation for carrying out projects with the highest regard for security, quality assurance, and sensitivity to local contexts has encouraged many prominent and donor agencies and INGOs to seek out its services for assessments, third-party monitoring, external evaluations, financial verification, and thematic research. This includes several long-term, multi-year contracts/partnerships with important clients such as **FCDO, EU, WFP, FAO, IOM, and Expertise France** in which RMTeam has consistently delivered quality results. Underpinning RMTeam's on-the-ground capacity is a highly skilled network of local researchers. A distinguishing strength of RMTeam is its proven ability to mobilize large numbers of experienced local

²¹ For more on RMTeam International, please refer to their website at <https://rmteam.com>

evaluators with in-depth local knowledge on short notice in challenging environments to collect reliable, validated, high quality data using remote management approaches. This also reflects the proven effectiveness of our innovative data collection and project management tools. With its geographic coverage now extending across **Syria, Turkey, Lebanon, Jordan, Iraq, and Yemen**, RMTeam currently has 35 full-time staff and a gender-balanced network of over 800 local evaluators based in the countries where we work.

59 Since the beginning of 2021, RMTeam has continued to grow and expand its operation. Another important development for RMTeam has been the expansion of its permanent presence **in Yemen** in 2019. This has involved establishing offices in Aden and Sanaa and building a highly qualified research network with diverse sectoral experience across the country. The Yemen team is now engaging with two local NGOs: National Foundation for Development and Humanitarian Assistance (NFDHR) and Solidarity Social Foundation for Development (SSFD) to conduct a midterm evaluation of the 'Food Security and Agricultural Project in Yemen – Hajja, and Hodeida Governorates', funded by Vision Hope International. RM Team International are actively growing our current network of over 60 highly qualified monitors across the country. In partnership with Kontera, Yemen team is preparing for an evaluation of UNICEF Emergency Response Mechanism covering six districts across the country.

60 Some of RM Team International's recent work includes the Third-Party Monitoring of the Conditional Cash Transfer Programme for Education of Refugee Children, funded by **UNICEF** and completed the inception phase of **FAO** funded Labor Market Impact Assessment in Turkey.

61 The profiles of the three in-country RMTeam evaluators are available below:

- **Hala Tizini - Lebanon**

Hala Tizini has more than six years of experience in protection and social service provision. As an Outreach Officer for SAWA for Development and Aid, Hala worked with individuals facing housing challenges and conducted surveys, interviews and focus group discussions to inform programming strategy. Now as a Team Leader with SAWA, she manages Housing, Land and Properties claims for Syrian Refugees in Lebanon where she oversees field teams, data collection and cleaning, and reporting. She has performed various freelance data collection activities such as one-on-one interviews with women in Syria for the report "The state of gender equality and women's rights in Syria" by Common Space Initiative. Hala is fluent in Arabic and English.

- **Yasser Motee – Yemen**

Yasser Motee, with more than 20 years (seven years within consultant companies and 13 years within INGOs), has strong leadership and technical skills in program management, administrative & financial management, business development, capacity-building, and report writing. Yasser is skilled in the development of methodologies and data collection tools as well as managing field teams for strong data collection, analysis and program assessment. With RMTeam Yasser has served as Project Manager and Data Analyst for evaluation and TPM projects for UNOCHA, USAID, FAO, DRC, Vision Hope International and more. Yasser is Yemeni, based in Sana'a and is fluent in English and Arabic.

- **Ashraf Omar Abu Al-Halaweh – Jordan**

Ashraf is a humanitarian professional with more than 20 years in the field, with extensive experience in refugee youth programming and camps management. As a Senior Project Manager at QUESTSCOPE for Social Development in the Middle East, he has built and established the NGO's

space in Zaatari camp, running 7 projects effectively since 2013, with a specialization in youth capacity building. He actively monitors project progress and is skilled in the development and customization of tools, data collection, and team management. He has received training on Gender Equality and Human Rights and holds a Master's degree in Special Education from the Amman Arab University. Ashraf is fluent in Arabic and English.

62 The evaluation team recommends having three researchers to support in data collection in the three countries and for RMTeam manage this process through oversight and QA provided by KonTerra. RMTeam have researchers who are experienced in conducting data collection in complex environments such as Yemen. RMTeam are also able to bring in researchers who are able to speak the dialect and who are familiar with the cultural and political complexities of the context. All interviews will be conducted remotely.

63 RMTeam will assign a focal point to liaise directly with KonTerra and provide regular updates on the progress of the data collection in each of the countries. In order to ensure smooth communication between team members, a WhatsApp and Skype group for the team will be set up. During the data collection period, daily meetings will be carried out with all team members, to update each other on the progress of the work and address/flag any challenges experienced. Minutes of meetings will be developed and shared with KonTerra. In addition, UNICEF will also be provided regular updates of the progress of work during the weekly meetings with KonTerra and the evaluators.

Table 6: The evaluation team members

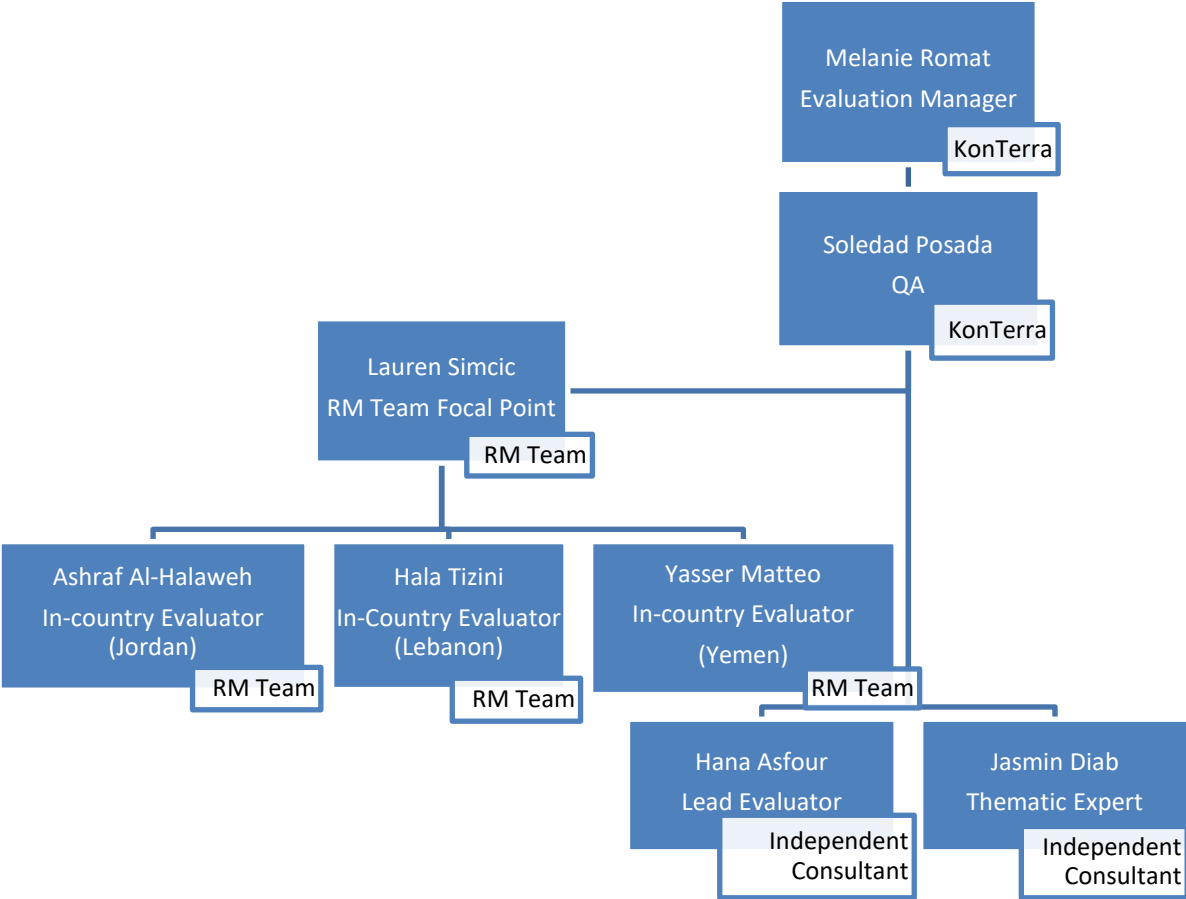
| Staff | Organization | Role | No. of days* | Tasks |
|---------------|----------------|---------------------|--------------|--|
| Melanie Romat | KonTerra Group | Evaluation manager | N/A | Evaluation manager Lead Communication with UNICEF Lead communication with RMTeam International Responsible for management of the evaluation and overall oversight Technical backstopping Input to the inception and draft and final reports |
| Lauren Simcic | RMTeam | RM Team Focal Point | 8 | Lead communication between RM Team in-country teams and KonTerra Ensure compliance of ethical procedures during data collection Provide QA on in-country data collected Ensure smooth implementation of data collection activities as planned Directly report to KonTerra of any issues faced in the field |

| | | | | |
|-----------------------------------|-------------------------------|--------------------------------|----|--|
| Dr. Hana Asfour | Independent Consultant | Lead Evaluator | 56 | <p>Co-Lead communication with KonTerra</p> <p>Lead communication and coordination with Thematic Expert</p> <p>Co-lead the desk review, planning, data collection, and data analysis and write up</p> <p>Conduct remote orientation session for in-country evaluators</p> <p>Conduct interviews with UNICEF staff and KIs</p> <p>Co-draft the inception and final reports</p> <p>Co-facilitate the oral presentation of findings to the UNICEF team</p> <p>Provide oversight of all activities, ethics, and outputs</p> |
| Dr. Jasmin Lilian Diab | Independent Consultant | Gender/ Thematic Expert | 39 | <p>Planning and desk review</p> <p>Conduct remote orientation session for in-country evaluators</p> <p>Conduct interviews with UNICEF staff and KIs</p> <p>Co-facilitate the oral presentation of findings to the UNICEF team</p> <p>Support in the analysis and write up (all versions and drafts)</p> <p>Other tasks as requested by Team Leader, KonTerra and UNICEF</p> |
| Hala Tizini | RMTeam | In-country evaluator | 12 | <p>In-country evaluator</p> <p>Responsible for participating in orientation session</p> <p>Responsible for conducting the focus groups within the thematic areas of focus (health, WASH, GBV and social protection) and KIs in Lebanon</p> <p>Responsible for supporting in the key informant interviews</p> <p>Responsible for producing comprehensive notes on interviews/FGDs carried out</p> |
| Ashraf Omar Abu Al-Halaweh | RMTeam | In-country evaluator | 12 | <p>In-country evaluator</p> <p>Responsible for participating in orientation session</p> <p>Responsible for conducting the focus groups within the thematic areas of focus (Education, WASH and social protection) and KIs in Jordan</p> <p>Responsible for supporting in the key informant interviews</p> <p>Responsible for producing comprehensive notes on interviews/FGDs carried out</p> |

| | | | | |
|-----------------------|-----------------------|---------------------------------|---|--|
| Yasser Motee | RMTeam | In-country evaluator | 9 | In-country evaluator Responsible for participating in orientation session Responsible for conducting remote KIIs. Responsible for producing comprehensive notes on interviews carried out |
| Soledad Posada | KonTerra Group | Quality Assurance Expert | 3 | Provide QA on Inception and Final Reports (FGDs and KIIs) |

*Number of days for RM Team might be slightly adjusted depending on the situation in the field for Data Collection.

Figure 1: Team organogram



2.10 Timeline and deliverables

64 KonTerra will complete the following tasks within the indicative timeframe:

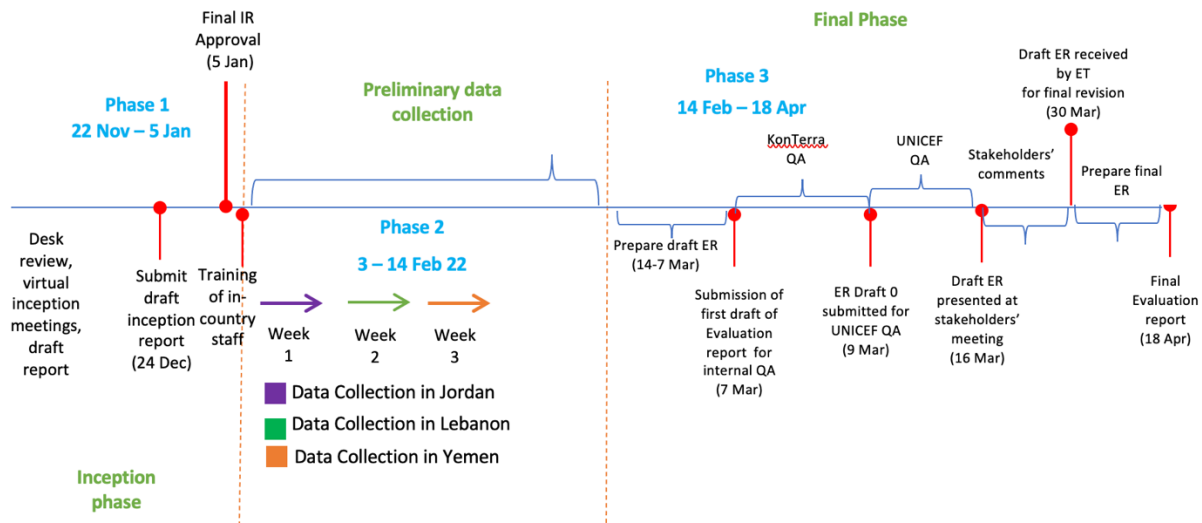
Table 7: Timeline and deliverables

| Tasks/Deliverables | | |
|---|--------------------------------------|--------------------------------|
| INCEPTION PHASE | | |
| Activity | Resp. | Expected delivery date |
| Signature of PO | EM | 22 November 2021 |
| Kick-off call | EM, ET | 25 November 2021 |
| Desk review | ET | 30 November – 15 December 2021 |
| Preliminary interviews | ET | 6 –15 December 2021 |
| Draft Inception Report | ET | 15-22 December 2021 |
| KonTerra internal QA | KT | 22 – 24 December 2021 |
| Submission of draft Inception Report | ET | 24 December 2021 |
| Approval of the Inception Report – can include an iteration with the team requiring some adjustments, if needed | EM, Steering Committee, Ethical body | 5 January 2022 |
| DATA COLLECTION PHASE | | |
| In-depth orientation session provided to in-country staff | KT | 3 – 7 January 2022 |
| Data collection preparation | ET | 3 – 7 January 2022 |
| Primary data collection (if possible) | ET | 10 January – 14 February 2022 |
| FINAL REPORTING PHASE | | |

| | | |
|---|-----------|----------------------------|
| Preparation of first draft of Evaluation Report | ET | 14 February – 7 March 2022 |
| KonTerra internal QA | KT | 7 – 9 March 2022 |
| Submission of first draft of Evaluation Report | ET | 9 March 2022 |
| Draft ER presented at stakeholders' meeting | EM | 16 March 2022 |
| Comments on draft ER shared with ET for final revisions | EM | 30 March 2022 |
| Preparing final ER | ET | 30 March – 13 April 2022 |
| Submission of final ER | ET | 13 April 2022 |
| Final ER approved | EM | 18 April 2022 |

65 The evaluation team will apply a phased approach in the fieldwork in Jordan, Lebanon, and Yemen in order to provide the required oversight and ensure that data collected in each country is in-par with the standards required. The figure below provides an overview of the key evaluation stages.

Figure 2: Timeline and deliverables for evaluation



2.11 Risks and mitigation plan

66 Table 8 below sets out an assessment of the key risks, challenges and foreseen difficulties associated with data collection and delivery of the contextual analysis. It includes an assessment of the likelihood of identified risks being realized, their potential impact and the mitigating steps we propose to put into place to ensure any risks are minimized.

Table 8: Risk register

| Risk | Likelihood | Impact | Mitigating Steps |
|---|------------|--------|--|
| Difficulties in accessing relevant documentation to inform the evaluation. | High | High | Relevant documentation will be discussed with UNICEF at the inception meeting and a number of key datasets will be identified. KonTerra will also maintain regular contact with UNICEF focal throughout the phases of the project to request for additional documentation where needed. The cut off phase for the collection of documentation will be the end of the inception phase. |
| Difficulties in defining the scope of the strategic review. | Medium | Medium | Relies on good cooperation and communication between KonTerra and UNICEF RO and CO prompt feedback. |
| Delays in agreeing evaluation tools resulting in delays to fieldwork and other elements of the evaluation. | Low | Medium | An updated timeline has been shared with UNICEF, which is regularly reviewed and discussed during weekly meetings between the evaluation team and UNICEF. Data collection tools (interview and focus group topic guides) have been developed and shared with UNICEF. UNICEF provides prompt feedback on draft data collection tools, so this risk can be effectively managed. |
| Difficulties agreeing on participants to be recruited for interviews. | Low | Medium | A sampling strategy for interviews/focus groups will be developed and shared with UNICEF to ensure representation and inclusivity. UNICEF should provide prompt feedback on sampling, so this risk can be effectively managed. |
| Sensitive nature of the data collected may place participants at risk. | Low | High | KonTerra and RMTeam have robust data protection procedures. The evaluation team will also take all precautions to protect the confidentiality of participants. For example, participant anonymization will be carried out, and password protected laptops used. An ethical protocol will be developed, and all evaluation team members trained will be trained on it. The evaluation team will also go through an in-depth review of UNICEF's and RMTeams' existing ethical protocols during the inception phase of the consultancy and make sure to train national evaluators involved in the data collection on all ethical issues. |

| | | | |
|--|---------------|---------------|---|
| <p>The rise in COVID-19 and/or Omicron cases does not allow face to face data collection from taking place.</p> | <p>High</p> | <p>Low</p> | <p>The evaluation team members are well experienced in implementing virtual data collection methods should face to face interviews/FGDs not be possible. KonTerra’s administrative staff also provide vital services to all evaluation teams including access to online tools to support virtual meetings and workshops (through for example Mural), and conference calls.</p> |
| <p>Face to face data collection places team members and/or evaluation participants at risk of contracting COVID-19.</p> | <p>High</p> | <p>Medium</p> | <p>Both KonTerra and RMTeam have strict COVID-19 protocols and procedures. All evaluation team members will be provided training on these protocols. For example, social distancing will be ensured during FGDs and interviews; both in-country evaluators and participants will be provided masks and hand sanitizer; FGDs/interviews will take place in well ventilated rooms with open space; and FGDs will comprise of between 4-6 persons with social distancing measures applied (See Annex 5.8 for more on RMTeam’s COVID-19 procedures).</p> |
| <p>Difficulties accessing participants for interviews/focus groups.</p> | <p>Medium</p> | <p>High</p> | <p>KonTerra works closely with UNICEF to facilitate the setting up of individual and focus group interviews. Ethical approval will also need to be provided by UNICEF prior to conducting the data collection.</p> <p>KonTerra will be in regular coordination with RMTeam to agree dates for the timely completion of individual and focus groups interviews. During the data collection phase, daily updates will be shared between RMTeam and KonTerra, and challenges directly flagged.</p> |
| <p>Difficulties in obtaining required approvals to conduct interviews in Yemen.</p> | <p>High</p> | <p>High</p> | <p>Primary data collection in Houthi controlled areas will not be possible for security reasons. However, various measures will be taken to overcome data limitations for this country.</p> <p>KonTerra will be working closely with RMTeam to assess the possibility of conducting primary data collection in non-Houthi controlled areas of Yemen.</p> <p>The evaluation team will also conduct remote KIIs in the event where approval to conduct FGDs with beneficiaries is not possible.</p> <p>The evaluation team will also rely on secondary data analysis from monitoring data as well as relevant publications and studies that can feed into the analysis. Furthermore, relevant key stakeholders who are not based in Yemen, but have been involved in UNICEF’s COVID-19 response in Yemen, will also be targeted for interviews.</p> |

| | | | |
|---|--------|--------|--|
| Failure to achieve target interview / focus group sample. | Medium | Medium | The aim of using individual and focus group interviews and the benefit of taking part in the evaluation will be clearly articulated to participants. Interviews/focus groups will be offered at a convenient time, date and location and/or platform (phone, WhatsApp, Skype, Zoom, etc.). Rapport/trust will be built with key contacts to ensure cooperation and timely completion of data collection. UNICEF will be informed of any difficulties with scheduling. |
| Difficulty in accessing hard to reach populations for FGDs. | High | Medium | Several measures will be taken to facilitate greater inclusivity of the FGD sample. For example, the evaluators will be flexible in arranging FGDs making sure that they are scheduled during times/days and locations that are suitable for participants. Gender considerations will also be taken into account, in the event where participants prefer to have FGDs with same sex interviewers, and cultural sensitivities respected. |
| Reluctance among participants to cooperate and contribute to the evaluation. | Medium | Medium | Participants will be approached at the earliest opportunity and briefed about the evaluation, its aim and objectives and the value of their contribution. The evaluation team will ensure that data collection does not interrupt participant's time too much by scheduling appointments at the individual's convenience. |
| Slippage in the timetable; failure to meet deadlines | Low | Medium | Regular updates will be provided to the UNICEF team regarding progress against the Inception Report & project timetable. A focal point from RM Team will be responsible for ensuring that the timeline is followed for the data collection, and any challenges will be directly flagged to KonTerra. Regular meetings will take place between KonTerra and UNICEF to ensure that difficulties in meeting milestones become apparent early, are discussed promptly and necessary corrective action is taken. |

3. Quality assurance (QA)

67 In-line with UNICEF's strategic agenda to harness innovation and deepen and widen the evidence base to drive and sustain global progress towards the realization of children's rights, ensuring ethical conduct in evidence generation is imperative to this evaluation. This is necessary both in its own right and as a significant contributor to ensuring quality and accountability in the evidence generation process – particularly when it involves outcomes upon children.

68 This evaluation will follow the United Nations Evaluation Group (UNEG) Norms and Standards²² as well as the UNEG Ethical Guidelines for Evaluation. More specifically, the principles of integrity,

²² UNEG (2021), Guiding Documents, Retrieved at: <http://www.uneval.org/document/guidance-documents>

accountability, respect, and beneficence will be adhered to throughout this evaluation. All data collection and analysis will also follow the guidelines provided by UNICEF’s ‘Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis’ (CF/PD/DRP/2015-001).²³

69 Furthermore, during the data collection, emerging themes will be tested and explored further, as the perspectives of various stakeholders become clearer. Various tools will be utilized to collect, triangulate, and validate the data, including Programme Logic; Maximizing Accountability and Learning Opportunities; and Quality of Evidence. This evaluation will ensure data quality through the application of the BOND Principles (Voice and Inclusion, Appropriate, Triangulation, Contribution, and Transparency)²⁴ and the ALNAP criteria (Accuracy, Representativeness, Relevance, Generalizability, Attribution, and Clarity around contexts and methods).²⁵ In the interviews, descriptive, normative, and impact questions will be used to ensure that past, present, and future conditions are described, with cause-and-effect relationships explored. As mentioned, quality assurance will be guided through utilizing UNICEF’s Procedure for Ethical Standards in Research, Evaluation, Data Collection, and Analysis (Document Number: CF/PD/DRP/2015-001) as a foundation.²⁶ It will also ensure quality is upheld by ensuring that data collection and analysis fall directly in-line with UNICEF’s Guidance Document for the Protection of Human Subjects’ Identities; UNICEF’s Guidance Document for the Protection of Human Subjects’ Safety; and UNICEF’s Guidance Document for Protection of Research Data.

70 The lead and senior evaluators will also be responsible for providing a remote orientation session to in-country staff members on the evaluation’s methodology and data collection tools, the ethical protocol, COVID-19 procedures (See Annex 5.8 RM Team COVID-19 procedures), as well as ‘do no harm’ and safeguarding issues.

71 Quality Assurance (QA) is also a critical component of the evaluation services offered by KonTerra and applied by all our partners and consultants. KonTerra’s “Quality System” consists of operational procedures and service delivery protocols used to meet and exceed QA requirements. All eight evaluations delivered by KonTerra between 2019-2021 that underwent a post-hoc quality assurance review rated good or excellent.

72 KonTerra’s system is generally based on the UNEG Norms and Standards for Evaluation and the Global Evaluation Reports Oversight System (GEROS).²⁷ KonTerra has assigned an internal evaluation manager, and quality assurance focal point responsible for reviewing deliverables using structured quality assurance templates and checklists. KonTerra places a great deal of importance on ensuring the delivery of high-quality deliverables. This is ensured at two levels:

²³ UNICEF’s ‘Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis’, Retrieved at: <https://www.unicef.org/media/54796/file>

²⁴ USERS (2019), Putting Users’ Voices at the Heart of Evaluation, Retrieved at: https://www.tsiconsultancy.com/wp-content/uploads/2019/05/TSIC_USERS-1.pdf

²⁵ ALNAP (2016), Evaluation Humanitarian Action Guide, Retrieved at: <https://www.alnap.org/system/files/content/resource/files/main/alnap-evaluation-humanitarian-action-2016.pdf>

²⁶ Ibid

²⁷ UNICEF (2021), Global Evaluation Reports Oversight System (GEROS), Retrieved at: <https://www.unicef.org/evaluation/global-evaluation-reports-oversight-system-geros>

Process Quality

73 KonTerra's main mechanisms to ensure efficient management are:

- Planning: Activities will need to be foreseen and agreed upon with all stakeholders (UNICEF CO, ET, etc.). Any changes to the agreed and planned activities and intermediate milestones that are necessary as the evaluation unfolds (and further clarifications are received from UNICEF) will be discussed and agreed upon.
- Engagement with all the stakeholders: Stakeholders' roles need to be well defined from the beginning of the evaluation, and a participatory approach will be adopted in order to ensure that each of these roles is incorporated into findings and recommendations.
- KonTerra's Evaluation Manager will support the Team Leader and oversee from KonTerra's side that stakeholders' interests are duly considered.
- Fluid and regular communication: A fluid and relevant communication flow will need to be established at the beginning of the evaluation. The communications will need to be timely, relevant, and with a clear indication of actions to be taken and by whom.

Product Quality

74 KonTerra as a company will hold ultimate responsibility for promoting and delivering quality assurance. The quality of deliverables will be ensured (validity, consistency, and accuracy) and necessary amendments made at KonTerra's own expense, to bring evaluation products to required quality levels in the case of any standards that are not met by the evaluation team.

75 For the optimal management of this evaluation, KonTerra's Director of Evaluation, the Team Leader, and the Quality Assurance Advisor will work closely and share responsibility for accomplishing the assignment. The Director of Evaluation will ensure the following dimensions: (a) compliance with UNICEF's procurement, coordination of contracting, budget monitoring and payments; (b) management of the evaluation resources available (cost, time and quality); (c) coordination, communication, and accurate and realistic planning – the Director of Evaluation will work closely with the Team Leader to ensure consistent and timely messages to UNICEF and key stakeholders throughout the evaluation; and (d) adequate engagement of stakeholders.

76 The quality (transparency, credibility, utility, efficacy) of the evaluation products will be ensured at two levels. The Team Leader occupies the first level, responsible (along with the rest of the team) for conducting the evaluation and producing high quality products. KonTerra's Quality Assurance Advisors represents the second level – they will critically review all evaluation deliverables (Draft Inception Report, Final Inception Report, Draft Evaluation Report, Final Evaluation Report) and provide written comments to the team to improve the drafts and final documents before submission to UNICEF.

4. Ethical requirements, safeguarding and safety and security

77 This evaluation will follow the UNEG ethical code of conduct and gender equality principles, as well as UNICEF's ethical standards in research. "Do No Harm",²⁸ protection and safety of participants (especially children and vulnerable adults), staff and consultants are the evaluation's guiding principles.

78 All interviews and other discussions will be conducted in accordance with best ethical practice in research, particularly with respect to ensuring participants' safety, anonymity, the protection of data, and risk mitigation. The consultants will adhere to all of UNICEF's associated policies, including the codes of conduct. Specifically, (1) UNICEF's 'Guidance Document for Informed Consent' as part of UNICEF's Procedure for Ethical Standards in Research, Evaluation, Data Collection, and Analysis (Document Number: CF/PD/DRP/2015-001); (2) UNICEF's Guidance Document for the Protection of Human Subjects' Identities; (3) UNICEF's Guidance Document for the Protection of Human Subjects' Safety; and (4) UNICEF's Guidance Document for Protection of Research Data.

79 These have already been provided by UNICEF. Data collection plans that are made may be required to shift with very little notice, in accordance with UNICEF and national security and safety protocols and processes. This is not only an access issue, but also an important ethical and safety issue. Our shared priority lies in ensuring that Do No Harm principles are followed, and that the safety and security of all parties involved is paramount.

80 In-line with UNICEF's 'Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis,' the evaluation will aim to establish minimum and binding standards for ethical research, evaluation and data collection and analysis processes in this evaluation; and to ensure effective processes and accountability for ethical oversight throughout fieldwork and write-up phases. Moreover, the Consultants will additionally adhere to the aforementioned procedure's guiding principles including Respect, Beneficence, Non-maleficence and Justice.²⁹

81 An informed consent will be obtained from every participant in order to mitigate any discomfort that may emerge. The data collector will read the consent to the participant in Arabic before taking his/her consent to overcome the barrier of various literacy levels among particular beneficiaries or groups. Oral consent will be obtained from all UN Staff, INGO and Government representatives prior to the in-depth interviews (this is namely due to the fact that these interviews will be completed remotely in-line with COVID-19 restrictions). The autonomy of all participants will be ensured through the voluntary participation and confidentiality of focus group discussions and anonymity of the data analysis process. No identifiers will be collected at the time of data collection nor at the time of the analysis. Gathered data will be kept on password-protected computers to ensure confidentiality, with only the research team having access to the data. No deception will be used, and participants will be recruited based on their voluntary free will. This is an evaluation representing minimal risk to participants.

²⁸ "Do no harm" is to avoid exposing people to additional risks through our action. "Do no harm" means taking a step back from an intervention to look at the broader context and mitigate potential negative effects on the social fabric, the economy and the environment. (ALNAP, 2021)

²⁹ UNICEF Procedures for ethical standards in research, evaluation, data collection and analysis. Document Number: CF/PD/DRP/2015-001; Effective Date: 01 April 2015; Issued by: Director, Division of Data, Research and Policy (DRP)

82 A semi-structured approach will be used for interviews. In this approach, predetermined open-ended questions (developed in the research tools, and approved by UNICEF) with corresponding probes will be used to guide the interviews. The research team will commence data collection upon the approval of UNICEF, and in-line with 'UNICEF's PROCEDURE FOR ETHICAL STANDARDS IN RESEARCH EVALUATION, DATA COLLECTION AND ANALYSIS.'

COVID-19 protection measures

83 Both KonTerra and RMTeam have strict COVID-19 precautionary procedures (See Annex 5.8 for RMTeam's COVID-19 procedures). This includes the provision of hand sanitizing liquid during FGDs; adhering to social distancing measures during interviews and FGDs; the requirement for evaluators and participants to wear masks and using hand sanitizer; and ensuring that interviews/ FGDs take place in open and well-ventilated spaces (with a reduced number of participants to ensure social distancing can be upheld).

5. Annexes

5.1 TOR

TERMS OF REFERENCE FOR SERVICE CONTRACTING

Assignment: Gender and the COVID-19 response in MENA. A regional/multi-country evaluation.

Location: Home-based + in countries field visits if possible.

Duration: 18 weeks / 4.5 months.

Estimate number of working days: 95 days (total for a team of two people)

Start date: 15th November 2021

End date: 30th March 2022

Reporting to: Regional Office Evaluation Specialist

JUSTIFICATION/BACKGROUND

Background

Gender in UNICEF

1. UNICEF puts gender equality at the heart of its mission, under the understanding that equal rights and opportunities for girls and boys help all children fulfil their potential. Girls and boys see gender inequality in their homes and communities every day – in textbooks, in the media and among the adults who care for them. Reducing inequality strengthens economies and builds stable, resilient societies that give all individuals – including boys and men – the opportunity to fulfil their potential. UNICEF builds partnerships across the global community to accelerate gender equality. In all areas of work, UNICEF integrates strategies that address gender-specific discrimination and disadvantages.
2. Aligned with UNICEF's Strategic Plan 2018-2021, the UNICEF Gender Action Plan (GAP) is UNICEF's roadmap for promoting gender equality in everything we do, as well as in support of achieving the Sustainable Development Goals.
3. UNICEF embeds gender results for girls, boys and women across all of UNICEF's programmes: including health, nutrition, HIV/AIDS, education, water, sanitation, and hygiene, child protection and social policy.

Gender Results in Programmes

Source: <https://www.unicef.org/gender-equality/gender-action-plan-2018-2021>

4. We prioritize the unique needs of adolescent girls (and youth) by focusing on five interlinked areas to tackle some of the most pressing challenges girls face.
5. Targeted, interlinked investments in these areas can transform vulnerability into opportunities, multiplying the positive effects for girls, their families, and the next generation.
6. UNICEF is also investing in doing gender better.
7. Our programming principles ensure we deliver results that are at-scale, innovative, evidence-based, expert-led and well-resourced.
8. We support governments and partners to undertake robust gender analysis so we can identify gender-related barriers to positive childhood outcomes and develop appropriate and fitting solutions.
9. Since data and evidence are the backbone of good programming, we not only disaggregate data by sex, but also promote increasingly sophisticated measurement of gender inequality.
10. UNICEF also recently (in 2020) released the new Core Commitments for Children for a predictable, effective and timely collective humanitarian action, which incorporated gender equality commitments and benchmarks.

11. UNICEF is guided by an understanding that while humanitarian contexts may exacerbate pre-existing gender inequality, there may also be an opportunity for transformational change. Therefore, in addition to gender equality being integrated into all CCC commitments as an organizational principle for collective responsibility and strategic results, the following are three overarching commitments designed to accelerate and catalyse our advocacy, coordination, and programming efforts:
12. The source is the CCC in humanitarian action – Gender equality overview, which contains also illustrative indicators.

Five Actions for Gender Equality in the Coronavirus Disease (COVID-19) Response

13. UNICEF’s commitment to ensuring gender equality is at the heart of our COVID-19 response, especially as it relates to front-line service delivery, system-strengthening support, and advocacy and communications. We continue to work alongside our United Nations sister agencies, government partners, civil society collaborators and private-sector allies.
14. To that end, UNICEF prioritizes five core programmatic and advocacy actions that recognize the public health, social and economic consequences of this pandemic:
15. The background of the five actions is that under UNICEF’s Core Commitments for Children, every humanitarian response has gender equity at the core with a focus on: 1) An end to Gender-based Violence (GBV) 2); Community engagement with and for women and girls; 3) Gender-responsive programming, including a lens on adolescent girls (and youth). Consequently, the benchmarks identified in the “Five actions for gender equality in the COVID-19 response – UNICEF technical note” are:
 - All sectors’ frontline workers and personnel are trained and equipped with information on available
 - GBV response services and referral procedures to support GBV survivors.
 - Organizations representing adolescent girls (and youth), women’s rights, and youth are engaged in
 - programme design, delivery and monitoring.
 - Women and adolescent girls (and youth) are equitably represented in community feedback and complaints mechanisms

Regional Background

16. At the beginning of the COVID-19 response in the region, gender was not given core attention, because of the urgency and the focus on lifesaving interventions. But a gender differentiated impact has been observed, and it has been progressively realized that gender dimension cannot be ignored, globally as well (hence the global document with 5 actions for gender equality in the COVID-19 response has been released, but the momentum around gender programming built up after June).
17. In the region gender was part of the COVID-19 task force and developed a program guidance – what to do to strengthen gender dimension, in line the call for (the 5) actions. However, the implementation has been stagnant, with some countries taking some actions. Also, the gender focal points team has not been systematically engaged in the country response teams. As the response moved forward, more attention has been consecrated to gender programming, to make sure the region was doing well (this has been captured and documented in various knowledge products focusing on the country level, where also gaps have been identified – see the reference section at the bottom of this document, in particular the gender iterative review and the gender programmatic reviews).
18. The Regional Emergency Management Team (REMT) committed (in its November 2020 meeting) to strengthen gender and enforced a role of the gender focal points to influence country responses – with a focus on accountability: Cos must align to global commitments in terms of disaggregated data, budgeting and capacity. The push from management was influential in creating the momentum, making the Cos aware of commitments and accountability, and assuring compliance.
19. In preparation of the meeting, an analysis of country offices performances in terms of programming, budget, sex disaggregation and GE reporting was conducted to inform the REMT agenda.

Theory of Change

20. The gender Theory of Change for the region:

OBJECTIVE AND TARGETS

Purpose and Objectives

Purpose

21. With the COVID-19 pandemic having affected UNICEF work and humanitarian response for about a year and a half, and with the new CCC having been recently released, this evaluation is timely in looking back at how country offices in the region considered gender in planning and implementing the humanitarian response, and in looking forward at how gender considerations might be taken into account in preparedness plans and in future humanitarian responses.
22. The evaluation will be used mainly for learning, advocacy and for informing UNICEF's way forward in making sure gender is included in humanitarian responses.
23. Users are mainly UNICEF Cos, RO and HQ.

Objectives

24. The evaluation has the following objectives:
 - Assess how the country level response to COVID-19 aligned to the Gender Action Plan, to the gender benchmarks identified in the Core Commitments for Children and to the Five actions for gender equality in the COVID-19 response; the capacity response of the Cos' teams and the processes followed; and what has been the quality of the response;
 - Look into lessons learned and opportunities for improvement, across the gender benchmarks – especially in the context of the recent launch of the new CCC, and of the role that gender has in its roll out, in preparedness plans and in humanitarian response.
 - To distill two clear programmatic and two institutional recommendations at country level, and two for the regional office.

SCOPE OF THE WORK

Scope

25. The evaluation will focus on the integration of gender in the UNICEF COVID-19 response in the Middle East and Northern Africa region. The MENA Real Time Assessment of the COVID-19 response observed that gender related risks and vulnerabilities were not considered as cross cutting issues in all the sectors and programmes of the response; however, the assessment was not able to identify whether this has impacted the appropriateness of the response to gender-specific needs. This is what this evaluation intends to focus on, while at the same time looking at how overlooking gender related risks and vulnerabilities might have impacted sector results.

Focus countries

26. Although the evaluation has the ambition to be a regional evaluation, it would not be manageable to evaluate all the 20 countries of the region. For this reason, three countries have been identified as promising for a telling analysis during the evaluation. The countries proposed and the rationale for selection are in the table below, and they intend to represent examples of countries with good reporting of sex disaggregated results, good gender intentional programmes and effective implementation of COVID-19 response in a humanitarian context:

Countries Rationale for selection

Jordan: Jordan office across the different pillars presented a good model of gender intentional programmes with specific focus on WASH, social protection, education, and adolescent (and youth) skills building programmes, Jordan was also exemplary in reporting sex disaggregated results across all pillars.

Lebanon: Lebanon's (Laha) project to address the dignity and hygiene needs of women and girls in emergency is a good example for gender intentional programmes that are considered an intersectoral approach. While the evaluation intends to look closely into this project, the interlinkages with responses through other pillars will also be considered.

Yemen: Yemen's effective implementation of Jump start package (in the framework of the COVID-19 response) with the integration and empowerment of community health workers for outreach capacity is seen as a good approach to maintain health and nutrition services in complex environments.

Evaluation questions

27. The evaluation is expected to answer the following, preliminary questions (to be refined and confirmed during the inception phase).

Appropriateness

28. To what extent was the COVID-19 response gender appropriate/transformational and rightly focused on what was needed?
29. To what extent have guidance, benchmarks, analyses and capacity building from HQ and RO translated into better gender response in Cos?
30. To what extent have the needs of girls, women, and the community been taken into consideration in the response? Have existing women's networks, social and community platforms and youth networks been heard and included in the response interventions?

Efficiency

31. Were gender resources (both human and financial) efficiently allocated and spent? Were the financial resources clearly (gender) coded? What was the power of the gender focal point at CO level and how was s/he associated with decision making?
32. Are COVID-19 related (disaggregated) data and mechanisms in place to analyze data with a gender lens and for real-time feedback loops to programming?
33. Do the timing of gender (staff) inputs coincide with more gender sensitive/transformational outputs/outcomes? Is progress on track?

Effectiveness

34. How did the COVID-19 response align/contribute to results along the gender programmatic (5 actions) and institutional benchmarks – i.e. did we do it right?
35. To what extent have specific gender considerations been integrated in ensuring the continuity of core and quality education, health and protection services? Have efforts for preparedness for increased GBV stepped up?

Child rights, equity and gender

36. The evaluation will also look at whether UNICEF has been able to advance equity issues.

Stakeholders

37. The stakeholders whose perceptions of the UNICEF MENA COVID-19 response gender sensitiveness are relevant for the evaluation and who should be included in the evaluation process, its findings and recommendations are the following:

- Regional level actors
- Government bodies and actors
- Civil Society Organizations, including women, girls and community groups
- Donors
- UN agencies
- UNICEF staff (Chiefs/heads, reps, depreps, gender focal point, program and ops staff)
- Rights holders
- Service providers / vendors

Methodology

38. As far as possible, existing data and analyses will be utilized. A list with available resources will be available with inputs from country offices and from the gender section in MENARO. In particular, monitoring data will be made available to the evaluation team for further analysis – ideally gender disaggregated data will be made available.

39. Global and regional resources (UNICEF Technical Note: Five Actions for Gender Equality in the COVID19 Response, Core Commitments for Children, GAP, RTA – to mention few) will be used by the evaluation team, together with CO level processes, programmes and resources, for assessing alignment and compliance.

40. The literature review and data triangulation will utilize a participatory approach and be complemented by key informant interviews. People to be interviewed would be typically the gender focal points, but also other program and ops staff involved in the humanitarian response to COVID-19, and ideally the Cos top management (Representatives and Deputy Representatives Program and Operations). They might subsequently indicate other KIs.

Ideally, few other stakeholders should be identified – in each of the three focus countries selected for the evaluation – for being interviewed, among Government counterparts, donor community, civil society, and other categories of stakeholders.

41. The data collected through KIIs are typically qualitative and will be analyzed accordingly, although a core set of items might be considered for a quantitative survey of KIs. The evaluator(s) will make sure to have enough data to triangulate and verify information before reaching conclusions.

42. The methodology will be refined during the inception phase and reviewed by the evaluation steering committee and ethical review board.

43. In the interest of time and timeliness, the data collection phase will be rather short and, in order to contribute to make it successful, the client and the evaluation manager will work together well ahead of time to make sure that all the materials will be available ahead of time and that the KIIs are ready to make themselves available to be interviewed.

Sources of Data

44. Existing data will be made available to the evaluation team, while primary data will be collected mainly through Key Informants Interviews (KIIs) and possibly Focus Group Discussions (FGDs).

Limitations

45. Limitation of the proposed methodology related mainly to the availability of documentation and disaggregated data. Also, observation might not be possible as evaluators might not be able to travel to the countries. The type of engagement expected with key stakeholders would justify remote interviews. The official

language in the selected countries is Arabic, so the evaluation team should be able to rely on Arab speaker members or on translation service.

EXPECTED DELIVERABLES

Deliverables

46. The contract will have the following deliverables: Inception Report, Presentation of Preliminary Findings and Recommendations, Draft Report, Final Report, Response to the Comments Matrix. In the table below a preliminary timeline is laid out. In several of the stages more than one person would work on the deliverable in parallel.

| Task (in weeks) | Expected duration Deliverables | Expected duration Responsibility | Tentative timeline after contract signature | Tentative evaluation |
|--|-----------------------------------|-------------------------------------|---|---|
| Kick off | Two hours | One week | - | Evaluation manager with evaluation team |
| Inception report | Three weeks | Four weeks | 3 | Report Consultants |
| Acceptance of inception report / steering committee | 1 | Two weeks | Six weeks | Evaluation manager |
| Field work | Four weeks | Ten weeks | 4 | Consultants |
| Presentation of preliminary findings | One day | | | Presentation Consultants |
| Draft report | Three weeks | 13 weeks | 3 | Draft report Consultants |
| Quality assurance. | One week | 14 weeks | | Evaluation manager |
| Commenting process to coordinate | Two weeks | 16 weeks | | Evaluation manager |
| Final report / response to the comments Consultants | | Two weeks | 18 weeks | 2 Final report |
| | 10 weeks | | | |

47. The Report will follow the UNICEF guidelines and be cognizant of relevant UNICEF and UNEG guidelines for evaluation.

5. REALISTIC DELIVERY DATES AND DETAILS ON HOW THE WORK MUST BE DELIVERED

| Key Deliverables/Milestones | Indicative Timelines | Payment schedule in % |
|---|--|--------------------------|
| 1. Inception Report | Four weeks after signing of the contract | 20 percent |
| 2. Presentation of Preliminary findings and Recommendations | Ten weeks after signing of the contract | 30 percent |
| 3. Final Report | 18 weeks after signing the contract | 50 percent |

(Total no. of days or weeks) 100%

6. PAYMENT SCHEDULE

48. The assignment is to be carried out between November 2021 till March 2022, for approximately four months and a half. One month will be added for administrative and payment purposes. Payment schedule is provided above which is according to the deliverables mentioned in the previous section.

7. OFFICIAL TRAVEL INVOLVED

49. Ideally the team of consultants will travel to the three countries of the multi-country evaluation for the data collection phase.

Travel will be under responsibility of the contractor in accordance with UNICEF's rules and tariffs. All travel costs should be planned properly in the technical proposal and included in

1 In case the report is not accepted, an additional commenting process might be necessary.

The financial proposal. Please note that if selected, the contract can be a supporting document to obtain entry visa (if necessary). UNICEF will be unable to secure travel visas. Flight costs will be covered at economy class rate as per UNICEF policies.

Travel costs should be included as a separate component on cost proposal and the contract and paid against actual travel undertaken. There could be a situation where is not possible due to the pandemic.

8. DESIRED QUALIFICATIONS, SPECIALIZED KNOWLEDGE OR EXPERIENCE

Team composition

50. The below sets out the tentative workload of the different specialist, as well as the required skills for the different team members. Ideally the team is mixed in terms of gender and cultural backgrounds. The team should have experience covering evaluation, gender,

| | |
|-----------------|---------|
| Team leader | 50 days |
| Thematic expert | 45 days |

Team leader • Relevant master's degree (evaluation, development studies economics, social and/or gender studies, public health etc.)

- Experience in leading evaluation teams in political environments
- Experience in managing evaluations in the UN system
- Experience in regional evaluations
- Been evaluation team leader of at least 7 evaluations
- Good understanding of the child rights agenda
- Good understanding of integrating gender and human rights into evaluations
- Experience in evaluating gender (mainstream, sensitive, transformative) programmes.
- Strong interpersonal skills

- Ability to work with senior officials
- Cultural sensitivity
- Language skills (Proficiency in English; Arabic desirable)

Thematic expert

- Relevant master's degree (gender studies, public health, qualitative and quantitative methods)
- Experience in analyzing UN strategies
- Experience in working on gender
- Strong interpersonal skills
- Ability to work with senior officials
- Cultural sensitivity.
- Language skills (proficiency in English and Arabic)

9.CONTRACT MANAGEMENT

Governance

51.The evaluation will be guided by a steering committee that will discuss the terms of reference and endorse the inception report. It might also be guiding the evaluation should

any unforeseen challenges. The direct management of the evaluation will be done by the regional evaluation specialist. The gender regional office advisor and the country offices part of this regional evaluation will ensure that all relevant documentation is available to the consultants and support the arrangement of meetings with relevant stakeholders (partners, UNICEF staff).

52.The team leader will coordinate the inputs of the team and be responsible for the quality of the deliverables. The company will support the evaluation team and backstop the team where required.

Technical proposal

53.Considering that LTAs will be used for procuring an evaluation service provider, for the technical proposal only a brief description of the understanding of assignment and suggested approach is required (maximum 4 pages), while the curriculum of the proposed candidates will be the most important part of the proposal (with an emphasis on demonstrated capacity to carry on this regional evaluation).

Sources/biblio

54. UNICEF Gender Action Plan
55. UNICEF Technical Note: Five Actions for Gender Equality in the COVID19 Response (March 2020)
56. UNICEF, Core Commitments for Children in humanitarian action (2020)
57. CCC and gender equality – <https://www.corecommitments.unicef.org/cc-2-4-1>; https://aa9276f9-f487-45a2-a3e7-8f4a61a0745d.usrfiles.com/ugd/aa9276_b45dd9d06de04c9da5049c0cb691c25e.pdf;
58. Gender integration in Covid-19 response plans – Middle East and North Africa Region
59. Situation analysis of women and girls in MENA and Arab State Region. Regional report. January 2021
60. Overview of gender implications of MENA humanitarian action
61. Gender iterative review
62. Gender Programmatic reviews
63. <https://www.unicef.org/mena/coronavirus>

64. MENA Real Time Assessment of the COVID-19 response
<https://www.unicef.org/evaluation/reports#/detail/17509/real-time-assessment-of-the-covid-response>

10.PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

All tasks have been delivered in a timely manner as indicated in the TOR/Contract. High quality of work and results achieved correspond to the specification of the TORs.

Deliverables are submitted on time and the quality of work should be acceptable to UNICEF. Overall performance at the end of the contract will be evaluated against the following criteria: timeliness (as per the timelines agreed with UNICEF), responsibility, initiative, communication, and quality of the services delivered.

11.FREQUENCY OF PERFORMANCE REVIEWS

A formal performance review will be performed at the end of the contract. The quality of the deliverables will be assessed, and when satisfactory instalments will be paid.

12.CALL FOR PROPOSALS

A two-stage procedure shall be utilized in assessing the proposals, with assessment of the technical proposal being completed prior to any price proposal being compared. Applications shall therefore contain the following required documentation:

A.Technical proposal

Applicants shall prepare a technical proposal as an overall response to ToR ensuring that the purpose, objectives, and deliverables of the assignments are addressed. All proposals to include (but not limited to):

A brief cover letter and understanding of the assignment is required (1 page).

Based on the proposed timetable laid down in the TOR, a proposal of the methodology, tentative work plan and time schedule is required (4 pages).

Updated profiles/ CVs of the team members listing similar experiences/assignments and highlighting those focused-on evaluation and gender.

B.Financial Offer

A financial proposal with a breakdown of all costs that are to be charged to UNICEF and based on deliverables. This includes estimated number of working days, consultancy fees, all office administrative costs, international and local travel costs, as well as any additional requirements needed to complete project or that might have an impact on cost or delivery of products. Travel expenses should be based on the most direct route and economy fare. Quotations for business class fare will not be considered.

The Financial Proposal shall be submitted in a separate file, clearly named Financial Proposal. No financial information should be contained in the Technical Proposal.

C.Timetable (Schedule)

This section should include a proposed time/delivery schedule. An action plan specifying the timeframe with various milestones and activities should be included under this section.

13.UNICEF RECOURSE IN CASE OF UNSATISFACTORY PERFORMANCE

UNICEF reserves the right to withhold payment on each individual and consolidated output until the consultant provide satisfactory quality output as reviewed by the project supervisor. In case of unsatisfactory performance, the payment will be withheld until quality deliverables are submitted.

14.REQUEST FOR PROPOSAL EVALUATION AND WEIGHTING CRITERIA 70% technical
30% financial

100% total

Submitted proposals will be assessed using Cumulative Analysis Method. All request for proposal will be weighed according to the technical (70 points) and financial considerations (30 points). Financial proposals will be opened only for those application that attained 70% or above on the technical part (49 out of 70 points). Below are the criteria and points for technical and financial proposals.

A.Technical Proposal

Given that the company will be procured among UNICEF Gender LTAs' holders, the technical assessment of the proposals will be limited. The assessment will be done mainly on the CVs of the proposed team members for the Country Programme Evaluation matching the requirements, the availability and the price – and on understanding of the assignment and proposed approach.

- 1) Overall understanding and approach (20 points)
 - general adherence to Terms of Reference and tender requirements and understanding of scope, objectives and overall assignment;
 - Sound methodology and approach; deliverables are addressed as per TOR and proposed timelines are met.
- 2) Key Personnel (50 points)

| | |
|--------------------|--|
| CV team leader | Not Pass (0 points) / Pass (30 points) |
| CV thematic expert | Not Pass (0 points) / Pass (20 points) |

Minimum technical score: 70% of 70 points = 49 points

B.Financial Offer

A separate Financial Offer detailing all activity expenses and logistics should be submitted under this section. The financial offer (this section) should be submitted on a separate page from the Technical Capability and Schedule information. Only those financial proposals will be opened which have been technically accepted according to the above criteria. Financial proposal will be weighted based on the clarity and appropriateness.

Total Financial 30 points

The Contract shall be awarded to a bidder obtaining the highest combined technical and financial scores. Proposals not complying with the terms and conditions contained in this ToR, including the provision of all required information, may result in the Proposal being deemed non-responsive and therefore not considered further.

15.CONDITIONS

- The contractor will work on its own computer(s) and use its own office resources and materials in the execution of this assignment. The contractor's fee shall be inclusive of all office administrative costs
- Local travel and airport transfers (where applicable) will be covered in accordance with UNICEF's

rules and tariffs.

- Flight costs will be covered at economy class rate as per UNICEF policies.
- Any air tickets for travel will be authorized by and paid for by UNICEF directly, and will be for the attendance of meetings and workshops.
- Please also see UNICEF's Standard Terms and Conditions attached.

Enquiries:

Please direct any enquiries to the below dedicated email address indicating the bid reference.

UNICEF Jordan procurement team: JCO-Procurement@unicef.org

Proposals with all supporting documents should be addressed to:

UNICEF Jordan Country office Bids jordanbids@unicef.org

5.2 Documents shared

The list of documents is available [here](#).

5.3 Inception phase interviews

List of individuals provided by UNICEF to sample from for inception interviews.

| # | Name | Position | Office | Role in the Evaluation | Email | Interviewed | Interview Date/Time |
|---|-------------------|------------------------------|-----------------------|-----------------------------|------------------------|-------------|-------------------------------------|
| 1 | Eleonor Lefvert | Gender Specialist | Regional Office | Regional Office focal point | elefvert@unicef.org | Yes | Tuesday 14 Dec @ 11:00 a.m. UK time |
| 2 | Hanan Al-Medhwahi | Gender & Development Officer | Yemen Country Office | Yemen CO focal point | halmedhwahi@unicef.org | No | |
| 3 | Safia Jobara | Gender Expert | Jordan Country Office | Jordan CO focal point | sjobara@unicef.org | Yes | Tuesday 14 Dec. @ 2:00 p.m. UK time |

| | | | | | | | |
|---|------------------|---|------------------------|--|----------------------|-----|--------------------------------------|
| 4 | Mary Abi Samra | Programme Specialist | Lebanon Country Office | Lebanon CO focal point and Steering Committee member | mabisamra@unicef.org | No | |
| 5 | Shoubo Jalal | Regional Adviser Gender | Regional Office | Steering Committee member | sjalal@unicef.org | Yes | Sunday 12 Dec. at 11:00 a.m. UK time |
| 6 | Boniface Kalanda | Chief Planning, monitoring and Evaluation | Yemen Country Office | Steering Committee | bkalanda@unicef.org | No | |
| 7 | Shreyasi Jha | Gender Advisor Equality | HQ | Steering Committee | sjha@unicef.org | Yes | Thursday 16 Dec. @ 2:00 p.m. UK time |
| 8 | Esmail Ibrahim | Water & Env. Sanitation Specialist | Regional Office | Steering Committee | eibrahim@unicef.org | No | |

5.4 Ethical protocol

The evaluation team will be guided by UNICEF’s ‘Guidance Document for Informed Consent’ as part of UNICEF’s Procedure for Ethical Standards in Research, Evaluation, Data Collection, and Analysis (Document Number: CF/PD/DRP/2015-001) to support the ethicality of the project. This will be in addition to UNICEF’s ‘Procedures Specifically Relating to Harms and Benefits’ (Annex B). Some specific areas that will be included are outlined below.

Informed Consent

Prior to any data collection, Consultants will inform all potential interviewees/participants in focus group discussions of the evaluation including its nature and purpose and, in addition, explain the informed consent form prior to commencing fieldwork. The Informed Consent Form is developed in-line with (1) UNICEF’s Guidance Document for the Protection of Human Subjects’ Identities; (2) UNICEF’s Guidance Document for the Protection of Human Subjects’ Safety; and (3) UNICEF’s Guidance Document for Protection of Research Data.

The purpose of the interviews will be explained to all participants which is to provide feedback to the project teams and evaluate the strengths and weaknesses of UNICEF responses to COVID-19 in the MENA region through a gendered lens. It will be clearly explained that the information they provide will be incorporated into the final evaluation report, which will feed into the improvement and tailoring of UNICEF’s programming and responses in the region.

Participants in the fieldwork (whether in KIIs or FGDs) will be informed that the information they give will not be included in the report in a way that will enable anyone to identify their identity. Informed consent to participate will be required from each individual participant. All consent processes will be followed in the first language of the participant and comply with the aforementioned Guidance Documents provided by UNICEF. Under normal circumstances it would be usual for signed consent to be required. However, due to COVID-19 restrictions, all ethical procedures will now, by necessity, involve requiring only verbal consent from participants. The structured interviews with adults will only take place if the participants have given their verbal consent which will then be recorded on the questionnaire by the interviewer. If consent is not given, the interview will not take place.

Group discussions with child beneficiaries will be conducted remotely (where deemed necessary and if possible) in compliance with UNICEF's pre-existing 'Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research,' and the 'Evaluation Technical Note No. 1, Children Participating in Research, Monitoring and Evaluation'. These FGDs will also take place in compliance with UNICEF & Child Watch International Research Network (et al)'s 'Ethical Research Involving Children' – specifically, in the areas of 'Harms and Benefits' (pp 29-51). These interviews will take place via remote communication applications such as Zoom, Teams or Skype.

All transcripts and KII/FGD notes will be stored on a password protected shared folder accessed only by Dr. Hana Asfour (Team Leader) and Dr. Jasmin Lilian Diab (Thematic Expert), and then deleted six months after the close of this contract. During the analysis process, names will not be used, rather coding or identification numbers will be resorted to as an alternative where needed.

Confidentiality and Anonymity

Confidentiality and anonymity of participants will be assured and maintained throughout the fieldwork and in the analysis, all the way up to the completion of the project. To ensure that ethical considerations in this area are upheld, Consultants will ensure that confidentiality and anonymity considerations uphold the guidelines outlined in UNICEF's 'Guidance Document for the Protection of Human Subjects' Identities'; and 'UNICEF's Guidance Document for the Protection of Human Subjects' Safety.'

5.5 Information sheet and informed consent form

Information Sheet: The following information sheet will serve as a means to disaggregate data, and will be administered alongside the Informed Consent Form (below)

Personal Information

First Name:

Last Name:

Date of Birth:

Sex/Gender:

Contact Number:

Contact Email:

Address:

Country of Residence:

Professional Information

Organization:

Title within Organization:

Years of Work in Organization:

Organization Address/Mailing Address:

Professional Phone:

Professional Email:

Informed Consent Form:

Informed Consent Form: The following Informed Consent Form has been developed in-line with: (1) UNICEF's 'Guidance Document for Informed Consent' as part of UNICEF's Procedure for Ethical Standards in Research, Evaluation, Data Collection, and Analysis (Document Number: CF/PD/DRP/2015-001); (2) UNICEF's Guidance Document for the Protection of Human Subjects' Identities; (3) UNICEF's Guidance Document for the Protection of Human Subjects' Safety; and (4) UNICEF's Guidance Document for Protection of Research Data.

Hello, my name is Dr. Jasmin Lilian Diab/ Dr. Hana Asfour, and I am currently working as part of a team of Evaluation Consultants on behalf of UNICEF. We are conducting a evaluation about UNICEF's Gender and COVID-19 Programming in the MENA Region.

We would very much appreciate your participation in this Key Informant Interview/Focus Group Discussion. Participation involves an interview with you about your experiences with gender-related implications of COVID-19 under UNICEF's programming in your country.

If you are taking part as a Key Informant, interviews will take about 45-60 minutes to complete. If you are taking part in a Focus Group Discussion, the discussion will take 90 minutes to complete.

The information you provide will be strictly confidential and never connected to you. Outside the UNICEF and evaluation teams, no one will not know if you take part in this evaluation or what you have said. We will put information we learn from you together with information we learn from other people we interview. No one will be able to tell what information came from you. When we tell other people about this evaluation, we will never use your name, and no one will ever know what answers you gave. Only a few evaluators will have access to this information, and all information will be stored safely under the care of the Team Leader, Dr. Hana Asfour and the Gender/Thematic Expert, Dr. Jasmin Lilian Diab.

Your participation in this evaluation will not benefit you directly, but it may benefit others in the future, as your responses may improve our understanding of the gendered-implications of COVID-19, and our

understanding about how to improve UNICEF’s programming, targeting and overall services and approach – particularly in the MENA region.

Your participation in this evaluation is voluntary. This will be the only time that we will ask you questions as part of this interview/focus group. If you do not want to be part of this evaluation, you can decline to take part now. If you agree to participate, you can decide not to answer any question and can stop the interview at any time. Your decision about whether to participate in this evaluation or to answer any specific questions will in no way affect any services that you receive, nor will it affect your professional standing. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and adequately inform the evaluation in the areas of gender-sensitive approaches, gender realities, and their linkages to COVID-19 and UNICEF’s overall response.

Before you say yes or no to being in this evaluation, we will answer any questions you have. If you join the evaluation, you can ask me questions at any time during the interview. You may also contact KonTerra Group, at bdiaz@konterragroup.net , telephone: +34-679933517 if you have any questions or concerns.

Do you have any questions now?

Do you understand everything I have explained? Yes or No

Do you agree to participate in this interview? Yes or No

Signature: _____

Date: _____

Parental Consent Form

Part 1: Completed by the Parent/Legal Guardian

Your child has been selected to take part in a study on Gender and COVID-19 as part of an ongoing evaluation of UNICEF’s programming in the MENA Region. As the legal guardian/parent of your child you are permitted to accompany your child to the focus group discussion, assist your child in answering questions, as well as inquire about anything in particular throughout the questioning process. Your child is not required to respond to any questions they are uncomfortable with.

This consent form signed by legal guardians or parents is required alongside the consent and signals that the child is willing to take part in the study.

Parental/Guardian Consent Form for [Name of the Child]

(This consent form is for children between the ages of [insert age range] who were invited by research team appointed by UNICEF to complete the study [insert study number/name])

You will be given a copy of this Consent Form once you sign it. The interview with your child will take place as follows:

- Introduction of interviewer and purpose of the project
- Overview of why your child was selected for this research
- Assurance your child can refuse to take part, or leave the interview at any point
- Assurance that there are no risks related to their taking part in this study (on both the child and their parent/guardian).
- Line of questioning.

Text for children:

“Hello, my name is [insert name]. I am working with UNICEF on a project about COVID-19. We want to ask you some questions about your experience and your opinion of UNICEF’s work. You can answer as many questions as you’d like, you can leave whenever you want, and you can also ask your parent/guardian to explain anything you need. You can also ask me as many questions as you please.”

I have read this information (or had the information read to me). I have had my questions answered and know that I can ask questions later if I have them.

I agree to take part in the research.

OR

I do not wish to take part in the research and I have not signed the assent below.

Only if child consents:

Print name of child _____

Signature of parent/guardian: _____

Date: _____

day/month/year

Part 2: Statement by the researcher/person taking consent:

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the child understands the process and outcomes of this research.

I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this consent form has been provided to the participant.

Print Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the assent _____

Date _____

Day/month/year

5.6 Interview guides

5.6.1 Interviews with UNICEF staff (HQ/RO/ CO) and implementing partners

Preliminary Form

Name of interviewer:

Location:

Date of interview:

Individual interviewed:

Title:

HQ/RO/CO:

Female/Male:

Consent to being recorded:

Start time of interview:

End time of interview:

| Interview Questions (Open-ended) | HQ | RO | CO | Budget | M&E | HR |
|--|----|----|----|--------|-----|----|
| Appropriateness | | | | | | |
| 1. To what extent has the intersection between gender and UNICEF’s COVID-19 response influenced policy at the national level in the areas of health and nutrition, child protection, education, WASH, and GBV (amid COVID-19 especially) (if it has)? | ✓ | ✓ | ✓ | | ✓ | |
| 2. To what extent are UNICEF’s health and nutrition, child protection, education, WASH, and GBV programmes in [country] aligned with international and national strategies addressing the COVID-19 response (<i>strategies by national Ministries of Health, the WHO regional offices, INGO networks and targeted responses, etc.</i>), particularly in relation to women and girls and the most vulnerable (<i>i.e. women and girls from rural areas, from the refugee, stateless and displaced community, etc.</i>)? | ✓ | ✓ | ✓ | | ✓ | |
| 3. How relevant and inclusive have the programmes implemented during the COVID-19 response been to changes in the contexts in your country? | ✓ | ✓ | ✓ | | ✓ | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4. What evidence is there to show that UNICEF guidance, benchmarks, and analysis, improved the COVID-19 response at the country level from a gender perspective? Can you give examples of good practices? How can this be improved? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5. What evidence is there to show that the capacity building provided to Cos from HQ and RO improved the COVID-19 response at the country level from a gender perspective? What are best practices and areas where improvement is needed at CO level? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 6. How does UNICEF's programming in [Country] compliment already-present COVID-19 interventions targeted through gendered lenses by other entities (national/international)? | ✓ | ✓ | ✓ | | | |
| 7. What steps have implementing partners taken to ensure that the needs of girls, women, and the broader community have been taken into consideration in the response? | ✓ | ✓ | ✓ | | ✓ | |
| 8. How did UNICEF make sure to address the needs of the most vulnerable in its programmes (health and nutrition, child protection, education, WASH, and GBV) during the COVID-19 response? | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 9. What measures were taken to ensure that interventions adapted to the changing needs of girls, women, men and boys and other vulnerable groups during the COVID-19 response? What are best practices and lessons learned? What more could have been done? | ✓ | ✓ | ✓ | | ✓ | |
| Efficiency | | | | | | |
| 1. How efficiently has the distribution of resources and capacities been made to address the COVID-19 response in your country and/or region? How has gender been factored in the way resources and capacities are distributed? What are best practices? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2. What more could have been done to improve gender responsiveness of resources and capacities during the COVID-19 response in your country and/or the region? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3. To what extent have interventions implemented during the COVID-19 response met agreed timelines and budgets? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4. How did the CO mainstream gender into its M&E and accountability systems? What challenges were faced? How were they dealt with? What are best practices? What more could have been done? | ✓ | ✓ | ✓ | | ✓ | |
| 5. How are lessons learned and best practices shared within CO and across Cos to improve the extent to which gender is mainstreamed into data analysis? How was this used to inform decision making during the COVID-19 response? What are best practices? What more could have been done? | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 6. What feedback and complaints mechanisms are available for rights holders during the COVID-19 pandemic? How was inclusivity ensured within these systems during the Pandemic? Were any changes made to programming based on feedback/complaints received? Is there any follow up on beneficiary complaints (AAP)? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Effectiveness | | | | | | |
| 1. Can you please provide me with a brief overview of the main health and nutrition, child protection, education, WASH, and GBV interventions implemented by your CO during the COVID-19 response in your country? | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 2. What measures were taken to prioritise care for caregivers in programming? What gender considerations were taken into account? What are best practices in this respect? What are missed opportunities? | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 3. What measures were taken to increase UNICEF's GBV throughout the outbreak? What are best practices in this respect? What about missed opportunities? | ✓ | ✓ | ✓ | | ✓ | |
| 4. What measures were taken to maintain core health and education services and systems during the Pandemic? How were gender considerations taken into account? What are best practices in this respect? What about missed opportunities? | ✓ | ✓ | ✓ | | ✓ | |
| 5. What measures were taken to ensure flow of vital information during the COVID-19 response, particularly to those that are hard to reach? How were gender considerations taken into account? What are best practices in this respect? What about missed opportunities? | ✓ | ✓ | ✓ | | ✓ | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 6. What were the main challenges faced to integrating gender into COVID-19 response? How were these addressed? What more could have been done to better integrate gender into the COVID-19 response? | ✓ | ✓ | ✓ | | ✓ | |
| 7. What kind of changes were made in the interventions implemented in your country during the COVID-19 response? | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 8. How did these changes affect quality, accessibility, and availability of services/activities to girls and women (if at all)? | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 9. What measures were taken to ensure that women and girls, and other vulnerable groups were able to access UNICEF's services in an equitable manner, particularly emergency services? What are best practices? What more could have been done? | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 10. To what extent were gender-based barriers to accessing services during the COVID-19 pandemic explored in order to improve gender responsiveness of UNICEF's support? Can you give examples of good practices highlighting how this was done? Were there any missed opportunities? | ✓ | ✓ | ✓ | | ✓ | |
| 11. How did UNICEF's interventions contribute to reduced negative coping for women, girls and families during the COVID-19 pandemic? | ✓ | ✓ | ✓ | | ✓ | |
| 12. What are external/internal factors that facilitated the continued provision and non-disruption of quality [education/health/ social protection] services in your country? What are best practices? What are missed opportunities? | ✓ | ✓ | ✓ | | ✓ | |
| 13. How did UNICEF avoid duplication of efforts with other stakeholders and create synergies with other stakeholders? Can you give examples of good practices? How can this be improved? | ✓ | ✓ | ✓ | | ✓ | |
| 14. Have there been any positive effects resulting from the COVID-19 pandemic? (increased opportunities for synergies, etc.) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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| 15. Has there been any unexpected positive or negative results in the areas of improving gender realities beyond the COVID-19 paradigm that can be contributed to UNICEF's work at a country and/or at a regional level? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Child rights, equity and gender | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1. What are the underlying causes of gender inequality and discrimination in the particular country settings? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2. To what extent and how did UNICEF CO have they been addressed through UNICEF'S interventions during the COVID-19 response? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3. To what extent have girls and boys been actively involved in discussions, activities, and decision-making processes during the COVID-19 response? What are best practices? What are missed opportunities? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 4. How have Cos contributed to changing gender discriminatory behavior and attitudes of women and men in society during the COVID-19 response? What are best practices? What are missed opportunities? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5. To what extent did the Cos conform to the principle of 'leave no one behind' during the COVID-19 response? What are best practices? What are missed opportunities? What worked? What more could have been done? | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

5.6.2 KIIs

Preliminary Form

Name of interviewer:

Location:

Date of interview:

Individual interviewed:

Organisation:

Title:

Female/Male:

Consent to being recorded:

Start time of interview:

End time of interview:

Interview Questions (Open-ended)

Appropriateness

2. Can you tell me more about the main health and nutrition, child protection, education, WASH, and GBV needs of women and girls in your country during the COVID-19 response?
3. Who are the key stakeholders involved in gender and the COVID-19 response in your country?
4. How responsive and inclusive have stakeholders been – during the implementation of their interventions – to the changing context in your country? How does UNICEF compare to these stakeholders in this regard? What are examples of good practices and missed opportunities?
5. How did stakeholders avoid duplication and synergize their work to better address the needs of girls and women during the COVID-19 response? What about in the case of UNICEF specifically?
6. How does UNICEF compliment already-present COVID-19 interventions targeted through gendered lenses by other entities (national/international)? Please give examples relating to your organization if available/applicable.

Effectiveness

1. Can you give me examples of good practices of gender integration in COVID-19 response, and specifically in the thematic areas of health and nutrition, education, WASH, and/or social protection in your country? What have been the missed opportunities?
2. How does UNICEF's efforts compare to other stakeholders in these thematic sectors? Can you give examples of good practices specific to UNICEF?
3. What are good examples in the way in which stakeholders delivered services in these thematic sectors to ensure that they reach out to hard to reach populations? Can you give examples of good practices specific to UNICEF?
4. Has there been any unexpected positive or negative results in the areas of improving gender realities beyond the COVID-19 paradigm that can be contributed to UNICEF's work at a country and/or at a regional level?

Child rights, equity and gender

1. What are the underlying causes of gender inequality and discrimination in the particular country settings?
2. In your opinion, how has UNICEF contributed to addressing the challenges to providing equitable services to rights holders – and particularly women and girls – during the COVID-19 response?
3. What are examples of good practices of stakeholders that have contributed to changing gender discriminatory behavior and attitudes of women and men in society during the COVID-19 response? What about in the case of UNICEF – can you give examples of good practices? What about missed opportunities?
4. To what extent did the Cos conform to the principle of 'leave no one behind' during the COVID-19 response? What more could have been done?

5.6.3 Donor interviews

Preliminary Form

Name of interviewer:

Location:

Date of interview:

Individual interviewed:

Donor Agency:

Female/Male:

Consent to being recorded:

Start time of interview:

End time of interview:

Interview Questions (Open-ended)

1. Tell me about your agency, its scope of work, and its areas of interest. What sectors are you interested in? Which factors influence your agency's sector priorities for gender equality?
2. Are there particular regions your agency is interested in? If so, why?
3. How long have you served as a donor to UNICEF? What is the extent of your working relationship with the UN Agency?
4. What particular lines of programming do you fund and why? Does this align with the mission and vision of your donor agency?
5. What are the advantages of funding UNICEF in gender issues compared to others? What is UNICEF's added values in the areas of gender?
6. To what extent is a gendered lens required from your agency when proposals are submitted to you for funding? Are there any gender-specific standards and protocols that you uphold?
7. In donating to COVID-19 related programming and projects, to what extent have the gendered dimensions of COVID been factored into how you provide funding?
8. To what extent have you placed gender dimensions in your list of priorities? And how does this factor into how you fund projects?
9. How do you find that your agency's investments demonstrate impact in narrowing gender gaps during and beyond COVID-19?

5.6.4 FGDs with rights holders

- **Rights holders aged 9 to 14**

Preliminary Form

Name of interviewer:

Location:

Date of interview:

Age range of children's group:

Number of girls attending:

Number of boys attending:

Start time of interview:

End time of interview:

Before the Discussion (Yes or No questions)

1. Questions issued to and approved by UNICEF staff.
2. Child beneficiaries are identified according to age-groups, gender and target numbers as listed in the Inception Report.
3. Schedule for date, time, venue and staffing for the group discussions arranged through coordination with and approval of UNICEF team.
4. Schedule of group discussions sent by UNICEF to Team Leader and Gender/Thematic Expert.
5. Parents/legal guardians of child participants are contacted and receive information about the purpose of the evaluation and the informed consent process.
6. Informed consent obtained from parents/legal guardians and recorded on appropriate form.
7. Parents/legal guardians informed of date, time and location of group discussions.

During the Discussion (Yes or No questions)

1. If interviews are completed remotely, data collectors organize the online room in which the discussion will take place, open their camera, and ensure participants can hear and see the data collector.
2. In the event where FGDs are face to face, checks are made to ensure that COVID-19 preventative measures are followed (see annex 5.8)
3. Children's parents/guardians are welcomed into the virtual room and informed of the purpose of the group discussion and why their children have been chosen.
4. Reminders are given that any child can leave the call if they do not want to continue and that their parents/legal guardians can help them at any point if needed.
5. Child beneficiaries informed of the group discussions and why they have been chosen.
6. Informed consent obtained from child beneficiaries and recorded on appropriate form.
7. Parents informed that should they wish to attend; it will need to be in non-participatory form. Emphasis will be made that the FGD will involve participation of children only.
8. Begin discussion using the question schedule already provided.
9. When all the questions have been discussed, ask the group if they have anything else to say. Thank the children and parents/guardians for their attendance.

Interview Questions (Open-ended)

1. What kind of activities/services did you take part in and/or receive through [project name] when there was COVID-19?
2. What did you like most and why?
3. What about the way these activities/services were provided – what did you like most about this? Why? What did you like least? Why?
4. Did you learn anything new after taking part in these activities and/or receiving services?
5. Did you learn anything new about COVID-19 after taking part in these activities and/or receiving services?

6. Did you change the way you do things after taking part in these activities and/or receiving services?
7. Did you change the way you do things to better protect yourself from COVID-19 after taking part in these activities and/or receiving services?
8. If you weren't happy or wanted to change something about the activity/service you took part in/received, is there a way to do so? If yes, what are they?
9. Did your daily chores change during COVID-19? If so, how did they change? Have these changes been different from your brothers/sisters? If so, how?
10. Is there anything you would like to say that we haven't talked about today?

- **Rights holders aged 15 and above**

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Preliminary Form

Name of interviewer:

Location:

Date of interview:

Age range of children's group:

Number of girls attending:

Number of boys attending:

Start time of interview:

End time of interview:

Before the Discussion (Yes or No questions)

1. Questions issued to and approved by UNICEF staff.
2. Child beneficiaries are identified according to age-groups, gender and target numbers as listed in the Inception Report.
3. Schedule for date, time, venue and staffing for the group discussions arranged through coordination with and approval of UNICEF team.
4. Schedule of group discussions sent by UNICEF to Team Leader and Gender/Thematic Expert.
5. Parents/legal guardians of child participants are contacted and receive information about the purpose of the evaluation and the informed consent process.
6. Informed consent obtained from parents/legal guardians and recorded on appropriate form.
7. Parents/legal guardians informed of date, time and location of group discussions.

During the Discussion (Yes or No questions)

1. If interviews are completed remotely, data collectors organize the online room in which the discussion will take place, open their camera, and ensure participants can hear and see the data collector.
2. In the event where FGDs are face to face, checks are made to ensure that COVID-19 preventative measures are followed (see annex 5.8)
3. Children's parents/guardians are welcomed into the virtual room and informed of the purpose of the group discussion and why their children have been chosen.

4. Reminders are given that any child can leave the call if they do not want to continue and that their parents/legal guardians can help them at any point if needed.
5. Child beneficiaries informed of the group discussions and why they have been chosen.
6. Informed consent obtained from child beneficiaries and recorded on appropriate form.
7. Parents informed that should they wish to attend; it will need to be in non-participatory form. Emphasis will be made that the FGD will involve participation of children only.
8. Begin discussion using the question schedule already provided.
9. When all the questions have been discussed, ask the group if they have anything else to say. Thank the children and parents/guardians for their attendance.

Interview Questions (Open-ended)

1. Can you please tell me what activities you participate in under [name of programme/project] during the COVID-19 Pandemic?
2. What activities/interventions did you like best? Can you say why you liked them?
3. Were you comfortable with the way they were provided to you? Why? What could have made it better for you?
4. Have you learned anything from doing UNICEF's COVID-related activities? What have you learned?
5. What else would you like to have learned? Was there anything you thought was missing in their COVID-related activities/services?
6. Did you feel like your participation in the project activities helped change practices or you and/or your family members in everyday life? If so, please explain them? Do you/your family members continue with these practices today?
7. Would you like to have done and/or received other things? If so, what might they have been and why?
8. Did you have an opportunity to share your views or any feedback you had on the activities you took part in as part of the project? If so, how did you share them? Were any changes made based on your feedback?
9. What kind of COVID-19 related information were you provided through the [name of project] (if at all)? How were you provided this information? Were you comfortable with the way it was provided to you? Why? How useful was the information to you? Why and how? What more would you have wanted?
10. How have the project activities helped you to talk about how you feel during COVID-19? What activities helped you do this?
11. How have the project activities helped to keep you safe? What activities helped you do this?
12. How did you feel during the COVID-19 pandemic?
13. Are you aware that boys and girls experience COVID-19 differently? If so, give an example.
14. How safe did you feel from the virus? Can you give examples of what made you feel safe or unsafe while you were involved in any of UNICEF's activities?
15. During the lockdown, have you had additional chores to complete at home? What were the chores you were involved in?
16. Is there anything you would like to say that we haven't talked about today?

5.7 Stakeholders' list

Stakeholder list has not been provided.

5.8 RMTeam COVID-19 procedures

In response to the coronavirus pandemic, RMTeam has introduced a stringent set of policies and measures designed to offset disruptions in the field and protect both staff and respondents/participants. These measures include:

- Replacing in-person interviews/surveys with remote interviews (i.e., online or phone-based) when possible, in coordination with the client.
- Replacing FGDs with KIIs or IDIs where possible or conducting them remotely
- If in-person FGDs do take place, ensuring that they occur with a reduced number of participants in a well-ventilated venue where appropriate distance between individuals can be maintained between individuals.
- Training all field staff on protection measures (i.e., wearing facemasks and gloves, sterilizing equipment, maintaining a safe distance from others, and avoiding physical contact, using hand sanitizer regularly etc.)
- Contacting respondents prior to interviews to ensure they are not displaying symptoms and/or have not been in close contact with someone who has.
- Distributing face masks and gloves to respondents.
- Discontinuing interviews/surveys/FGDs if a respondent is displaying symptoms.

These measures and other considerations have implications for the methodology and tool design process, which will need to be discussed in detail during the conceptualization and design phase of the assignment based on the situation in the target areas. For example, based on recent experience, we have begun to add more prompts and explanations to the data collection tools to ensure in-depth answers are gathered as respondents in telephonic interviews tend to provide shorter answers.

5.9 Evaluation matrix

| Evaluation Questions | Sub Questions | Evidence to be Collected | Sources of Verification | Means of Verification |
|---|---|---|--|---|
| Appropriateness | | | | |
| <p>To what extent was the COVID-19 response gender appropriate/transformational and rightly focused on what was needed?</p> | <ul style="list-style-type: none"> How did UNICEF’s COVID-19 response influence policies at the national level in the areas of health and nutrition, child protection, education, WASH, and GBV (amid COVID-19 especially) (if it has)? How did UNICEF contribute to these policies from a gendered perspective? How did UNICEF make sure that its health and nutrition, child protection, education, WASH, and GBV programmes in [country] are aligned with international and national strategies addressing the COVID-19 response (<i>strategies by national Ministries of Health, the WHO regional offices, INGO networks and targeted responses, etc.</i>), particularly in relation to women and girls and the most vulnerable (<i>i.e., women and girls from rural areas, from the refugee, stateless and displaced community, etc?</i>) How relevant and inclusive has the program been to changes in the contexts? | <p>UNICEF staff and other stakeholders’ views on the project’s effects at a meso and macro level.</p> | <ul style="list-style-type: none"> Project related documents from UNICEF country offices, and other implementing entities Stakeholders' inputs on policy impact at the national level. Governmental/Ministerial decisions at the intersection of gender and COVID-19. | <ul style="list-style-type: none"> Document review Literature review In-depth interviews with UNICEF staff KIIs FGDs |
| <p>To what extent have guidance, benchmarks, analyses and capacity building from HQ and RO</p> | <ul style="list-style-type: none"> What evidence is there to show that guidance, benchmarks, analysis, and capacity building provided to COs from HQ and RO improved response at the country level? | <p>UNICEF staff and other stakeholders’ views on the improvement of the quality, and frequency of</p> | <ul style="list-style-type: none"> Project related documents from UNICEF country offices, and other implementing | <ul style="list-style-type: none"> Document review In-depth interviews with |

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| <p>translated into improved gender responses in COs?</p> <p>And to what extent was a human rights-based approach and gender equality incorporated in the design and implementation of the program?</p> | <ul style="list-style-type: none"> • What are some of the key success stories/ challenges of the program experienced by COs? • What is the likely impact of the project beyond the primary beneficiaries according to each CO's experience? • Has there been any unexpected positive or negative results in the areas of improving gender realities beyond the COVID-19 paradigm? • Has the program led to changes in perceptions related to the gendered impacts of COVID-19? • Who was involved in the design and implementation of the program? Were gender focal points/staff involved in the development and inception processes in order to ensure gender/human rights principles were upheld? | <p>gender responses at the level of COs.</p> | <p>entities (including evaluations, assessments, monitoring data, etc.) on design and implementation aspects of the program</p> <ul style="list-style-type: none"> • UNICEF staff inputs (HQ, RO, CO and budget, M&E and HR staff) and key informants (including partners) on design and implementation aspects of the program • Inputs of rights holders on the value of services/ activities | <p>UNICEF staff and partners</p> <ul style="list-style-type: none"> • KIIs • FGDs |
| <p>To what extent have the needs of girls, women, and the community been taken into consideration in the response?</p> | <ul style="list-style-type: none"> • How did interventions contribute to developing an enabling environment for more gender-focused responses according to COs? • How does UNICEF's programming complement already-present COVID-19 initiatives targeted through gendered lenses by other entities? • What steps have implementing partners taken to ensure that the different needs of | <ul style="list-style-type: none"> • Evidence of participatory approaches in the manner through which activities and interventions are developed. • Evidence of appropriateness | <ul style="list-style-type: none"> • A review of documents such as narrative reports, partner reports, evaluations, as well as monitoring data and accountability mechanisms/ data | <ul style="list-style-type: none"> • Document review • In-depth interviews with UNICEF staff and partners • KIIs • FGDs |

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| <p>And have existing women's networks, social and community platforms and youth networks been heard and included in the response interventions?</p> | <p>girls, women, and the broader community have been taken into consideration in the response?</p> <ul style="list-style-type: none"> • What measures were taken to ensure that interventions adapted to the changing needs of girls, women, men and boys and other vulnerable groups during the COVID-19 response? What are best practices and lessons learned? What more could have been done | <p>and adequate targeting of programming.</p> | <ul style="list-style-type: none"> • Literature review on good practices in gender integration in the COVID-19 response • Inputs from implementing partners on the considerations taken to integrate gender during the COVID response • Inputs from other stakeholders (including women and youth networks) on the considerations taken to integrate gender during the COVID response • Inputs from rights holders on quality of services/ activities | |
| <p>Efficiency</p> | | | | |

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| <p>To what extent were the gender capacities of CO staff members adequate to achieving UNICEF'S gender goals during the COVID-19 response? What is the level of power of the gender focal point at CO level and their involvement in decision-making processes?</p> | <ul style="list-style-type: none"> • How have resources (financial and human resources) been distributed among the different programme activities? • How efficiently has the distribution been made? Has gender been factored in the way resources are distributed? • What more could have been done to improve gender responsiveness of resources and capacities during the COVID-19 response? • Was the response implemented according to agreed timelines and budgets? | <ul style="list-style-type: none"> • UNICEF staffs' views on efficiency from UNICEF. • Monitoring Reports. • Shifts in the areas of intended beneficiaries. • Beneficiaries' views of efficiency in delivery of services from UNICEF. • Stakeholders' views on financial allocation of resources (whether equally across genders or not). • Beneficiaries' views on financial allocation of resources (whether equally across genders or not). | <ul style="list-style-type: none"> • Project related documentation and financial reporting provided by UNICEF, project partners, and other key stakeholders where applicable. • Input from UNICEF staff members on resources distribution, capacities, and implementational issues • Input from rights holders on suitability of services/ activities | <ul style="list-style-type: none"> • Document review • In-depth interviews with UNICEF staff and partners • KIIs • FGDs |
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| <p>What was the role of the Gender Focal Point (GFP) at CO level and to what extent was s/he associated with decision making?</p> | <ul style="list-style-type: none"> • Was the GFP consulted to ensure measures were in place to maintain that the program adapted to the changing needs of girls, women, men and boys and other vulnerable groups? • Were feedback and complaints mechanisms shared with the GFP, and used to improve programming? • How flexible was UNICEF in adapting to the evolving needs of girls, women, men and boys and other vulnerable groups, and how involved was the GFP in emerging realities and needs for change? | <ul style="list-style-type: none"> • UNICEF Staff and stakeholders' input on the role of the GFP in informing shifts in programming and approaches as a result of emerging contexts. • Internal procedures at UNICEF for making these changes, as well as chains of command and consulted parties. | <ul style="list-style-type: none"> • Project related and procedural documents from UNICEF. • Input from HQ, RO and gender focal experts on their roles, and decision-making powers • Input from CO level staff on gender integration in the programmes they are involved in • Input from rights holders on changes according to their needs | <ul style="list-style-type: none"> • Document review • In-depth interviews UNICEF Staff and UNICEF GFPs. • FGDs with rights holders |
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| <p>Are COVID-19 related (disaggregated) data and mechanisms in place to analyze data with a gender lens and for real-time feedback loops to programming?</p> <p>And does the timing of gender (staff) inputs coincide with more gender sensitive/transformative outputs/outcomes, and is progress on track?</p> | <ul style="list-style-type: none"> • What kind of tools do you have in place to monitor progress of the project? • Were they effective in tracking the progress and quality of the project activities? • How often are these tools reviewed and revised? Have there been modifications to the tools to improve their compliance with gender standards and protocols? • How is gender mainstreamed in these mechanisms? • How are lessons learned and best practices shared in order to improve the extent to which gender is mainstreamed into data analysis? • Do gender experts analyze the data? • How is the data being used in decision making and improving interventions' gendered approach? | <ul style="list-style-type: none"> • Reports of UNICEF, partners, and other program-implementing entities on mechanisms in place to analyze data. • Reports of UNICEF, partners, and other project-implementing entities on mechanisms in place to submit real-time feedback. • Baseline and mid-term M&E data/reporting. | <ul style="list-style-type: none"> • Project related documents from UNICEF country offices, and other implementing entities. • Input from UNICEF Staff (including M&E), implementing partners • Third party monitors' input on internal M&E and feedback procedures. | <ul style="list-style-type: none"> • Document review • In-depth interviews with UNICEF Staff |
|---|--|--|---|---|
| Effectiveness | | | | |
| Evaluation Questions | Sub Questions | Evidence to be Collected | Sources of Verification | Means of Verification |
| <p>How did the COVID-19 response aligned/contributed to results along the gender</p> | <ul style="list-style-type: none"> • Were the capacities of CO staff teams adequate to achieve UNICEF's gender goals during the COVID-19 response? What enabled / hindered this process? • What was the quality of support provided to female frontline workers by COs and ROs during the COVID-19 | <ul style="list-style-type: none"> • UNICEF staffs' views on the capacities of CO teams and challenges to integrating gender | <ul style="list-style-type: none"> • Document review • Input from UNICEF staff on programme implementational issues | <ul style="list-style-type: none"> • Document review • Interviews with UNICEF staff • KIIs • FGDs |

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| <p>programmatic (5 actions) and institutional benchmarks - i.e. did we do it right?</p> | <p>response? What are best practices? What are the missed opportunities?</p> <ul style="list-style-type: none"> • What is the quality of parenting and caregiving support provided to parents and caregivers by COs during the COVID-19 response? What are best practices? What are the missed opportunities? • What measures were taken to prioritise care for caregivers in programming? What gender considerations were taken into account? What are best practices in this respect? What are missed opportunities? • What measures were taken to increase UNICEF's GBV throughout the outbreak? What are best practices in this respect? What about missed opportunities? • What measures were taken to maintain core health and education services and systems during the Pandemic? How were gender considerations taken into account? What are best practices in this respect? What about missed opportunities? • What measures were taken to ensure flow of vital information during the COVID-19 response, particularly to those that are hard to reach? How were gender considerations taken into account? What are best practices in this respect? What about missed opportunities? • How were partnerships (including interagency partnerships, private sector partnerships, and those with girls' and womens' networks) used to advance gender results during the COVID-19 | <p>into the COVID-19 response</p> <ul style="list-style-type: none"> • Beneficiaries' views on the quality of support provided to them by UNICEF during the COVID-19 response • Evidence on partnerships' contribution to improving gender integration in the COVID-19 response • Review of the degree to which the COs relied on partnerships during the COVID-19 response | <ul style="list-style-type: none"> • Input from KIs (Implementing partners, CSOs, girls/youth networks, (I)NGOs, government bodies, private sector, etc.) • Input from rights holders on quality of service received and/or activities involved in | |
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| | <p>response? What are best practices? What are the missed opportunities?</p> <ul style="list-style-type: none"> • What kind of feedback and complaints mechanisms do you have in place? • How inclusive were the feedback and complaints mechanisms used by COs? • How did the COs use feedback/complaints to better integrate gender in the COVID-19 response? | | | |
| <p>To what extent have specific gender considerations been integrated in ensuring the continuity of core and quality education, health and protection services? Have efforts for preparedness for increased GBV stepped up?</p> | <p>Health</p> <ul style="list-style-type: none"> • How did UNICEF COs facilitate access to quality health and nutrition services for women and girls during the COVID-19 response? What are best practices? What are missed opportunities? • How did COs prevent disruptions in the access to quality health and nutrition services for women and girls during the COVID-19 pandemic? • How were fathers equally encouraged by health care workers to participate in childcare? • What measures were carried out by COs to align their health work with other programmatic interventions to achieve gender equality the COVID-19 response? • How did COs ensure that COVID-19 health related information was disseminated through inclusive measures? • Were front liners adequately equipped and provided sufficient trainings to implement activities/services while maintaining COVID-19 safety protocols? | <ul style="list-style-type: none"> • Reports of UNICEF staff, partners and other KIs on quality of services provided • Beneficiaries' views on the quality of services provided • Monitoring data | <ul style="list-style-type: none"> • Document review (including gender assessments, evaluations, gender programming checklists, guidelines, RAM reports, etc.) • Monitoring data • Input from UNICEF staff • Input from KIs (Implementing partners, CSOs, girls/youth networks, (I)NGOs, government bodies, private sector, etc.) • Input from rights holders on the quality of service received and/or activities involved in | <ul style="list-style-type: none"> • Document review • Interviews with UNICEF staff • KIIs • FGDs |

Education

- Are there unexplored gender-discriminatory attributes within the education interventions implemented by COs during the COVID-19 response that lead to unequal outcomes?
- How did COs mitigate gendered barriers to learning during the COVID-19 pandemic, to ensure equal access to education for vulnerable girls and boys? What are best practices? What are missed opportunities?
- What measures were taken by COs to ensure vulnerable girls and boys continue their learning during the COVID-19 pandemic?
- What measures were carried out by COs to align their education work with other programmatic interventions to achieve gender equality the COVID-19 response?
- What measures were in place to ensure that especially vulnerable girls and boys were able to continue their learning?
- What types of parenting interventions were provided to mitigate gender blind and negative practices within the household during lockdown?

Social protection

- What type of social protection schemes were provided to rights holders?
- What measures were taken by COs to ensure that the immediate needs of beneficiaries were addressed during the

COVID-19 pandemic, particularly to those most vulnerable?

- What measures were carried out by COs to align their social protection work with other programmatic interventions to achieve gender equality the COVID-19 response?
- What measures were taken to ensure vital flow of vital information (such as hotline and emergency services) to women and girls and other vulnerable groups?
- How did COs ensure that information and delivery mechanisms were equally and safely accessible to women and girls?
- Have facilitators and other social protection staff been provided adequate training to deliver services in line with international guidelines?

GBV

- What measures were taken by COs to ensure that quality GBV services continued during the COVID-19 pandemic, particularly to those most vulnerable?
- What measures were carried out by COs to step up their GBV interventions to be able to reach those in most need during the Pandemic?
- How inclusive were these efforts?
- How well coordinated, survivor-centred and age appropriate was the response at CO level? What kind of measures were in place?

- How have communication efforts changed (if at all) to prevent VAW and girls during the Pandemic?
- How was safeguarding and 'do no harm' principles ensured during referrals of survivors?
- Have facilitators and other GBV staff been provided adequate training to deliver services in line with international guidelines?
- Were gender-based barriers in accessing violence prevention and response services during the COVID-19 adequately explored to inform programming? How were these barriers overcome?
- How did COs prevent disruptions in the access of quality GBV services for women and girls?
- How did the COs support vulnerable populations from resorting to negative coping mechanisms during the COVID-19 pandemic?
- What evidence is there of UNICEF taking into account underlying discriminatory gender norms to ensure that children are protected from violence and exploitation during the COVID-19 response?

WASH

- How was gender mainstreamed into UNICEF's WASH initiatives?

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| | <ul style="list-style-type: none"> • What type of trainings did UNICEF staff receive to ensure that WASH activities/ services were gender inclusive? • How did UNICEF facilitate access to WASH services /activities for women and girls? • How did the Cos ensure that WASH services/ activities addressed the specific needs of women and girls? <p>How did COs ensure that kits responsive to the gendered needs of rightsholders?</p> <ul style="list-style-type: none"> • What efforts did COs make to ensure that WASH services activities were provided in a gender responsive manner? | | | |
|--|---|--|--|--|

Child rights, equity and gender

| Evaluation Questions | Sub Questions | Evidence to be Collected | Sources of Verification | Means of Verification |
|--|--|---|---|---|
| <p>The evaluation will also look at whether UNICEF has been able to advance equity issues.</p> | <ul style="list-style-type: none"> • What are the underlying causes of gender inequality and discrimination in the particular country settings? • How have they been addressed through UNICEF’S interventions during the COVID-19 response? • What measures were taken to actively engage girls and boys in discussions, activities and processes during the COVID-19 response? What are best practices? What are missed opportunities? • How have COs contributed to changing gender discriminatory behavior and attitudes of women and men in society during the COVID-19 response? What are | <ul style="list-style-type: none"> • Evidence and data on gender inequality and discrimination structural barriers to improving these • Stakeholder views on the appropriateness of UNICEF’S interventions to advancing equality issues | <ul style="list-style-type: none"> • Document review • Monitoring data reflecting inclusive practices • Input from UNICEF staff and key informant views • Input from rights holders on their involvement and changes in practices and learnings | <ul style="list-style-type: none"> • Document review • In-depth interviews with UNICEF staff and key informants • FGDs with rights holders |

best practices? What are missed opportunities?

- How have COs contributed to changing women and men's perceptions of gender roles in society during the COVID-19 response? What are best practices? What are missed opportunities?
- What measures were taken by COs to ensure that the principle of 'leave no one behind' was followed during the COVID-19 response? What are best practices? What are missed opportunities?
- During the COVID-19 response, how well did COs fare in the implementation of periodic, good quality, sex- and age-disaggregated data on the impact of health, HIV and nutritional interventions among girls and boys, women and men and people of diverse gender identities during the COVID-19 response? How was the data collected used to inform and enhance the design and delivery of interventions so that they are more gender responsive?
- What measures were taken by COs to ensure that information on COVID-19 was disseminated in an inclusive and accessible manner?
- What measures have been taken by COs to ensure that gender data collected is available, analysed and actionable? What are best practices? What are missed opportunities?

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