



# Evaluation of Partnership with Nepal Red Cross Society for Humanitarian Action

Final Inception Report

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Prepared for // UNICEF Nepal

By // IOD PARC

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# Acronyms and Abbreviations

<b>CEA</b>	Cost Effectiveness Analysis
<b>CP</b>	Child Protection
<b>CICT</b>	Case investigation and contact tracing
<b>COVID-19</b>	Coronavirus disease 2019
<b>CMIS</b>	Crisis Management Information System
<b>DAC</b>	Development Assistance Committee
<b>DRR</b>	Disaster Risk Reduction
<b>ERG</b>	Evaluation Reference Group
<b>FCDO</b>	UK's Foreign Commonwealth and Development Office
<b>FGD</b>	Focus Group Discussion
<b>GDPR</b>	General Data Protection Legislation (European Union)
<b>GEEW</b>	Gender Equality and Empowerment of Women.
<b>GESI</b>	Gender, Equity and Social Inclusion
<b>GEROS</b>	Global Evaluation Reports Oversight System
<b>GoN</b>	Government of Nepal
<b>HML IRB</b>	Health Media Labs Institutional Review Board
<b>IFRC</b>	International Federation of Red Cross and Red Crescent Societies
<b>IPC</b>	Infection Prevention and Control
<b>ICRC</b>	International Committee of the Red Cross
<b>KII</b>	Key Informant Interviews
<b>MIS</b>	Management Information System
<b>NGO</b>	Non-Government Organisation
<b>NRCS</b>	Nepal Red Cross Society
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PAT</b>	Partnership Assessment Tool
<b>PoE</b>	Point of Entry
<b>PPT</b>	Partnering Process Tool
<b>QA</b>	Quality Assurance
<b>RCCE</b>	Risk Communication and Community Engagement
<b>ToR</b>	Terms of Reference
<b>ToC</b>	Theory of Change
<b>UAT</b>	Unit Action Team
<b>UKAID</b>	UK funded humanitarian and development aid
<b>UNEG</b>	United Nations Evaluation Group
<b>UNICEF</b>	United Nations Children's Fund
<b>VFM</b>	Value for Money
<b>VA</b>	Vulnerability Assessment
<b>WASH</b>	Water and Sanitation Hygiene



# 1. Background and Context

## 1.1 Introduction

This is the Inception Report for the evaluation of UNICEF's Partnership with Nepal Red Cross Society (NRCS) for Humanitarian Action, prepared by IOD PARC. The purpose of this Inception Report is to confirm the evaluation's purpose and scope and articulate the methodology with an emphasis on the evaluation questions, indicators, the methods for data collection and the approaches to sampling if relevant. The Terms of Reference (ToR) are provided as Annex 1. The Inception phase took place during January-March 2022 and included mobilising the evaluation team; reviewing the key Project documents; and holding scoping meetings and consultations with UNICEF Nepal staff in the Planning and Monitoring team and the Emergency team, and with NRCS staff.

## 1.2 Impact of COVID-19 in South Asia

The COVID-19 pandemic is one of the worst humanitarian crises in the post-World War II era, claiming over three million lives globally with the worst economic impact since the Great Depression of the 1930s (ILO, 2020; Gopinath, 2020). The pandemic is expected to push 400 million informal workers into extreme poverty and its economic fallout could increase global poverty by half a billion people (ILO, 2020). COVID-19 was declared a global public health emergency by the World Health Organization (WHO) on the 30<sup>th</sup> of January 2020. On the 11<sup>th</sup> of March, this was elevated to a global pandemic and, subsequently, countries started to close their borders and impose mobility restrictions. Globally, 3.5 million people died from COVID-19 in 2021, which is a higher death toll compared to combined deaths from HIV, malaria, and tuberculosis in 2020. Around 50,000 people died from COVID-19 every week (Devex, 2021).

South Asia, which is home to almost a quarter of the world's population, is disproportionately affected<sup>1</sup>. Across the region more than 14 million people have been infected with the virus and almost 200,000 have lost their lives (UNICEF, 2021). The impact across the region is exacerbated by high poverty rates, low levels of social protection, poor health infrastructure, and pre-COVID economic and social inequalities which pose huge challenges in implementing public health measures effectively. The pandemic has aggravated existing inequalities as the poor and vulnerable are disproportionately affected by shutdowns and loss of income. Women and children are suffering disproportionately, with rising neonatal and maternal death rates, rates of child stunting, adolescent pregnancies, child marriages, and 420 million children affected by school closures (UNICEF, 2021).

Allied to the human costs, the economic impacts of the pandemic in the region are severe. The World Bank predicts that the region is likely to experience its worst economic performance in the last 40 years (World Bank, 2020; ADB, 2020) and of the projected global half a billion facing extreme poverty, 132 million are

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<sup>1</sup> South Asia comprises Afghanistan, Pakistan, India, Nepal, Bhutan, Bangladesh, the Maldives and Sri Lanka

forecast to be in South Asia (UNESCAP, 2020). Loss of revenue from foreign remittances, and the collapse of tourism and labour-intensive industries such as garment making and fisheries, has caused widespread income and job losses. Micro, small and medium enterprises have been severely affected, with many at risk of permanent failure (Clare, 2020).

### 1.3 Impact of COVID-19 in Nepal

Nepal was the first country in South Asia to record a confirmed case of COVID-19, when a 31-year-old student who had returned from Wuhan, China to Kathmandu on the 9<sup>th</sup> of January 2020 tested positive on the 23<sup>rd</sup> of January. The Government of Nepal (GoN) first closed its Rasuwagadhi border, a trading point with China, on the 29<sup>th</sup> of January 2020. On the 7<sup>th</sup> of March 2020 Nepal took further measures by suspending on-arrival visas for Chinese, South Korean, Japanese, Italian and Iranian nationals. These measures were expanded on the 14<sup>th</sup> of March when Nepal suspended on arrival visas for travellers from all countries, with exception of diplomatic and official visas. The GoN suspended all international flights on the 22<sup>nd</sup> of March 2020. On the 23<sup>rd</sup> of March 2020, all long vehicular movement within the country was stopped. These increasing restrictions were eventually followed by a weeklong nationwide lockdown, announced by the GoN on the 24<sup>th</sup> of March 2020. This first lockdown lasted for 120 days, ending on 21<sup>st</sup> July 2020. This long lockdown was not anticipated by many officials within the GoN and resulted in the national economy and Nepali livelihoods being significantly disrupted. The timeline presented as Figure 1 provides an overview of C-19 in Nepal.

The impact of the first wave of COVID-19 on Nepal's poor and vulnerable groups has been severe, the government response often insufficient, and plans for a recovery need to ensure that new and previously vulnerable people are adequately included. Both 'previously vulnerable' groups such as women and girls, people with disabilities, and ethnic minorities, and 'newly vulnerable' such as agricultural, informal, and migrant workers have been strongly affected (IOD PARC 2021)<sup>2</sup> and saw their existing vulnerabilities increased due to (gender) discrimination and insufficient access to information and tailored support (IOD PARC op cit).

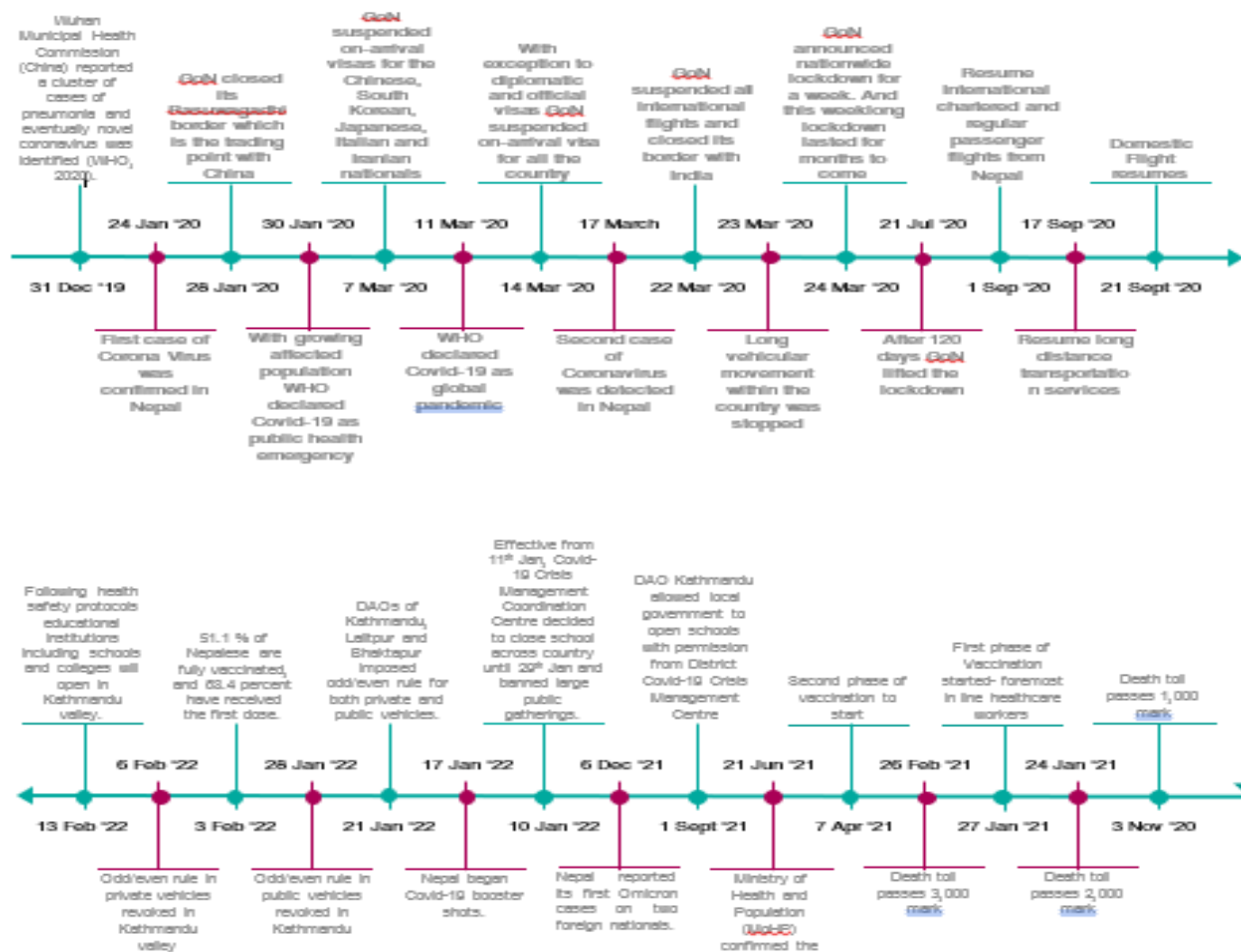
An estimated 3.7 million people are employed in sectors which were highly affected by the COVID-19 induced economic crisis (ILO 2020)<sup>3</sup>. Agricultural workers faced difficulties in selling their goods and buying inputs while prices increase (IOD PARC ibid) Informal workers often lacked access to safety nets while the lockdown meant (daily wage) workers no longer received an income. Similarly, labour migrants lost their jobs and either returned to Nepal jobless or were left jobless in the countries they had previously worked in, unable to send remittances home (Dan Church Aid 2020).

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<sup>2</sup> The Impact of COVID-19 on Poor and Vulnerable People in Nepal, 2021, IOD PARC - report by the Resilience Monitoring Evaluation and Learning Unit for the UK's Foreign Commonwealth and Development Office

<sup>3</sup> ILO (2020) COVID-19 labour market impact in Nepal. Available from: [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/briefingnote/wcms\\_745439.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/briefingnote/wcms_745439.pdf)

Figure 1: Timeline of the COVID-19 situation in Nepal

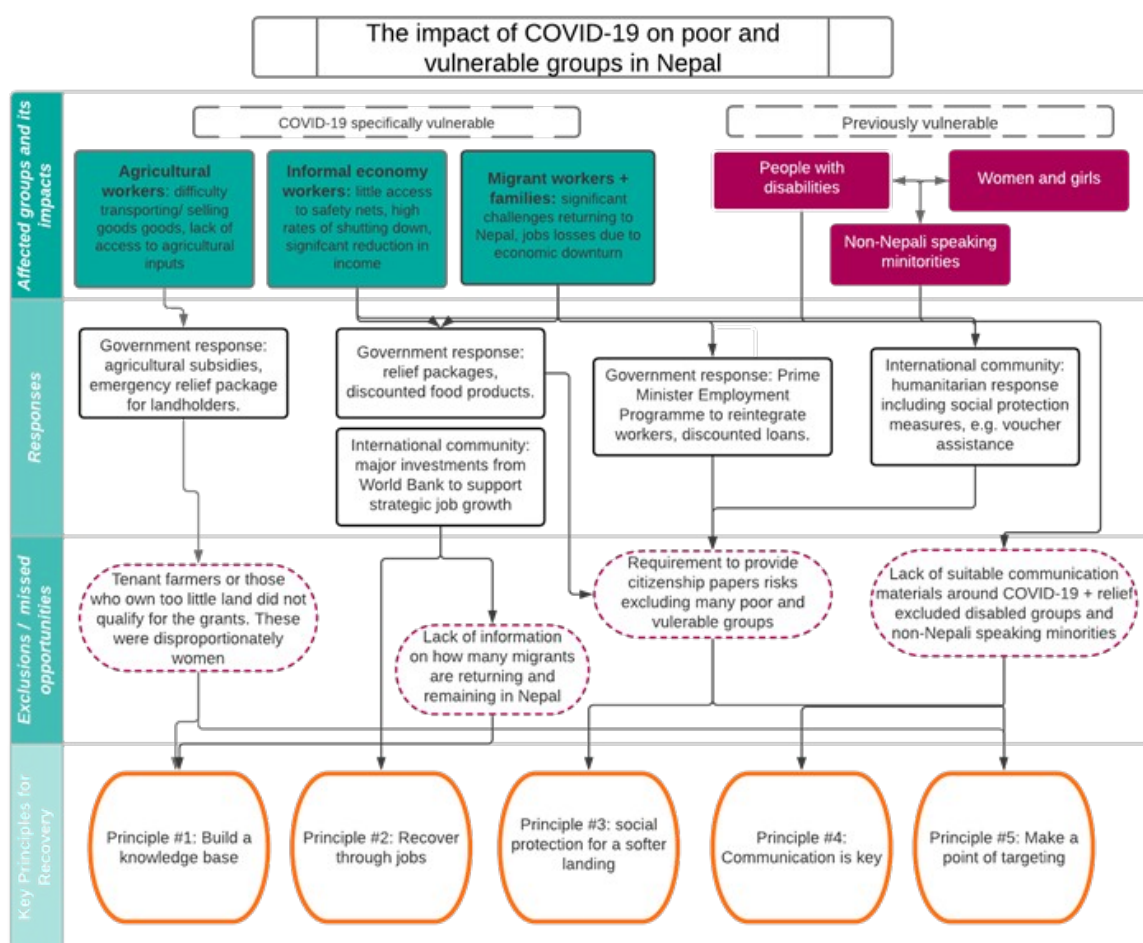


## 1.3 Government of Nepal and Development Partner Response

The response by the Government of Nepal and the international community has been varied. The federal government instituted several subsidies supporting agriculture and food consumption while local government provided people with immediate relief, and in some cases with livelihood support. The Prime Minister Employment Programme and discounted loans to businesses were meant to provide/support employment, but the impact of this support remains unclear. Meanwhile, the international community has responded by providing immediate relief, for example in the form of cash-based transfers and water, sanitation, and health support. The international community also provided high-level support (grants, loans, technical assistance) to support job creation and vaccination efforts.

Figure 2 visualizes the impacts of COVID-19 on poor and vulnerable groups in Nepal, together with challenges and GON and international responses, and five recommended key principles for recovery (IODPARC 2021)

Figure 2: The impact of COVID-19 on poor and vulnerable groups in Nepal



## 1.4 UNICEF Nepal

UNICEF's humanitarian response to the pandemic is part of the broader UN family response; UNICEF is a member of the UN Crisis Management Team, Humanitarian Country Team and Inter Cluster Coordination, co-leading with other UN agencies in preparedness and response across WASH, Education, Nutrition, and Social Protection clusters, and contributing to the Health Cluster and the Cash Coordination Group at Federal and Provincial levels. The organisation is working with 50 local governments in supporting COVID-19 Preparedness and Response Plans, and in establishing a COVID-19 Management Information System (MIS).

UNICEF's response to the pandemic entailed adaptation through detailed situation reporting and other surveys, a shift to remote working (from March 2020 onwards) and repurposing existing programmes to emphasise building the capacity of front-line workers and investing in COVID-19 messaging<sup>4</sup>.

The COVID-19 pandemic differed from previous humanitarian disasters in being more multi-faceted, complex, and taking place over a protracted, and ongoing, timeframe. This meant that experience and processes related to previous emergencies such as the 2015 earthquake, seasonal floods, landslides and political instability, were of limited relevance in informing the GoN's pandemic response.

UNICEF Nepal's response has been to further flexed to the demands of the pandemic through (1) enhancing coordination with external partners; (2) strengthening cross-sectoral programming; (3) scaling up the use of digital platforms and programmes; (4) increasing international procurement of supplies; and (5) the use of local solutions. These approaches have generally meant that UNICEF is succeeding to a large extent in meeting the needs of the most vulnerable (UNICEF ROSA 2021)

## 1.5 Nepal Red Cross Society (NRCS)

The Nepal Red Cross Society (NRCS) dates its existence back to 1963, becoming affiliated to the International Federation of Red Cross and Red Crescent Societies (IFRC) and recognised by the International Committee of the Red Cross (ICRC) in 1964. It is the largest humanitarian organisation in Nepal, with over a million members, 77 District Chapters supported by a network of 1508 sub-District organisations and seven Provincial Coordination Committees) established to align with the GoN's federal system introduced under the new Constitution of 2015.

NRCS works as an auxiliary to the GoN and has been working closely with the Ministry of Health and Population, other Government of Nepal Ministries, Departments and Agencies, Local Governments, the IFRC, and a range of humanitarian actors to deliver aid to local populations covering health and care, water, sanitation and hygiene (WASH), risk communication and community engagement, and social protection.

Life-saving activities have included supplying protective equipment for front line health workers, local level awareness raising and risk messaging, contact

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<sup>4</sup> [Real-Time Assessment of the UNICEF South Asia Response to COVID-19](#)

tracing, providing support to vulnerable populations for access to vaccinations, distribution of emergency health kits and dead body management bags to local hospitals, provision of psychosocial first aid to those in need, hygiene promotion, the provision of dignity kits to girls and women, and establishing and operating a COVID-19 ‘hotline’ helpdesk service.

## 2. Object of the evaluation: UNICEF and NRCS Partnership for Humanitarian Action

### 2.1 Overview

Against the background described in the section above and in response to the onset of COVID-19 in Nepal, UNICEF Nepal and the NRCS entered into a humanitarian partnership, signing an agreement in May 2020<sup>5</sup> to jointly implement a programme titled ‘COVID 19 Preparedness and Response’.

The five key intervention areas of the programme are<sup>6</sup>:

- Risk communication and community engagement (RCCE)
- Child protection
- WASH
- Disaster Risk Reduction (DRR)
- Health<sup>7</sup>

The duration of the partnership was originally envisioned to be six months, from May 2020-November 2020, but the partnership was extended three times to address the ongoing need posed by COVID-19 and urgent and lifesaving response required. The duration of the partnership was thus 20 months, from May 2020 to December 2021. The total value of the partnership was originally NPR 42,467, 090 (USD 348,892) with UNICEF contributing the majority of this, 81% and NRCS contributing 19%<sup>8</sup>.

The target population of the project was 100,000<sup>9</sup> children, youths and adolescents (through community engagement); 200 unaccompanied and separated children; 1500 people (for psychosocial support) and 21 860 (with hygiene and IPC support)<sup>10</sup>.

The programme was implemented, originally, in 48 palikas<sup>11</sup> of 24 districts within four provinces. These are shown in Table 1.

*Table 1: Provinces and Palikas*

Province	Palika
Madhesh Province	Tilathi Koiladi GP, Kanchanrup NP, Shahidnagar NP, Kamala NP, Janaknandini, Mukhiyapatti NP, Jaleswor NP,

<sup>5</sup> UNICEF and NRCS (2020) Humanitarian Programme Document with NRCS on COVID response – signed.

<sup>6</sup> NRCS (2021) Nepal Red Cross Society COVID-19 Preparedness and Response Programme 2021. Programme Reporting Period: December 2021. Progress report.

<sup>7</sup> This intervention area was added in January 2021

<sup>8</sup> UNICEF and NRCS (2020) Humanitarian Programme Document with NRCS on COVID response – signed. P1

<sup>9</sup> This was subsequently revised to 150,000

<sup>10</sup> UNICEF and NRCS (2020) Humanitarian Programme Document with NRCS on COVID response – signed. P2

<sup>11</sup> ‘Palika’ is the Nepali term for Municipality

	Loharpatti NP, Malangawa NP, Gaur NP, Ishanath NP, Kalaiya Submetro, Jagarnathpur GP, Pokhariya NP
Lumbini Province	Krishnangar NP, Shivaraj NP, Suddodhan GP, Siddharthanagar NP, Lumbini Sanskritik NP, Sammarimai GP, Pratappur GP, Palhinandan GP, Gulariya NP, Gadawa GP Narainapur NP, Nepalgunj SMP
Sudur Paschim Province	Jayaprithivi NP, Badimalika NP, Trivini NP, Sanfebagar, Dasharathchanda NP, Purchaudi NP, Dhangadi Sub NP, Bajhani NP, Lamki Chuwa NP, Bhimdatta NP, Mahakali NP, Parshuram NP, Mahakal NP, Kamalbazar Municipality, Dhangadhi Sub-metropolitan, Lamki Chuha Municipality
Karnali Province	Chhayanath Rara NP, Chandannath NP, Kanakasundari GP, Khadachakra, NP, Raskot NP, Simta Rural Municipality, Birendranagar NP

A review of programme documentation indicates that, since May 2020, three amendments were made to the programme<sup>12</sup> in the form of both cost (changes to the budget) and time extensions. The programme was also expanded to cover additional palikas/provinces (in Province 1 and Province 3/Bagmati) and to implement additional activities. A summary of amendments is presented in the Annex 2.

## 2.2 Outputs, intended results and activities

Whilst not articulated in the original Humanitarian Programme Document (HPD) the final HPD<sup>13</sup> and other programme documentation reviewed<sup>14</sup> states there are two main outputs of the programme; Support for RCCE, Child Protection and a Coordination Mechanism for COVID-19 preparedness and response (Output 1) and Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC) in schools and communities (Output 2).

The original HPD outlined five intended results of the programme and a further one was later added as per the final HPD. The six intended results of the programme are presented in Table 2.

*Table 2: Intended results of the programme*

#	Intended result
1	People including vulnerable and at-risk people with tailored preventive, protective and other social aspects of COVID-19 messaging reached, and ward monitoring mechanism developed with community-based platforms.
2	Coordination and information management on COVID 19 preparedness and response improved in focus palikas.
3	Children and their families affected by COVID-19 receive psychosocial services.
4	Unaccompanied, separated and vulnerable children identified and reintegrated with their families or referred to appropriate services. Monitoring of protection concerns for appropriate response, referrals and advocacy conducted.
5 <sup>15</sup>	Provision of Community-based surveillance for COVID related events of public health importance at ward and municipal levels and strengthening referral to

<sup>12</sup> UNICEF and NRCS (2020) Humanitarian Programme Document. Programme Document Amendment Form. 1<sup>st</sup> Amendment. 31/12/2020; UNICEF and NRCS (2021) Humanitarian Programme Document. Programme Document Amendment Form. 2<sup>nd</sup> Amendment. 30/06/2021; UNICEF and NRCS (2021) Humanitarian Programme Document. Programme Document Amendment Form. 3<sup>rd</sup> Amendment. 31/12/2021

<sup>13</sup> UNICEF and NRCS (2020) Final Humanitarian Programme Document with NRCS on COVID response Dec 2020.

<sup>14</sup> Indicator Tracking 2020-21. December 2021. Excel Book

<sup>15</sup> This result was added following the original HPD submission.

	health system to enable access to services for vulnerable groups.
6	Provision of critical water, sanitation and hygiene (WASH) supplies and improving infection prevention and control (IPC) in school and communities.

The main activities of the partnership, as outlined in the final HPD<sup>16</sup> are summarised in Table 3. The original HPD states Activity 1.3 as being ‘Provision of essential lifesaving relief materials and supplies, including dignity kits, to adolescent girls’ but this was subsequently removed from programme documentation.

*Table 3: Activities of the partnership by output and intervention area*

Activity #	Activity	Intervention area
<b>Output 1: Support for RCCE, Child Protection and Coordination Mechanism for COVID 19 Preparedness and Response</b>		
1.1	Setting up and activating Unit Action Teams to support Ward disaster committees	RCCE
1.2	Mobilising Unit Action Teams to implement the 4R approach	RCCE
1.4	Supporting palikas to develop COVID preparedness and response plans at the palika level	DRR/ Emergency
1.5	Supporting information management of COVID preparedness and response at palika level	DRR/ Emergency
1.6	Organizing regular coordination meetings with public and private sectors and media that can contribute towards a shared value engagement for preparedness and response	DRR/ Emergency
1.7	Programme review and supervision/monitoring	<i>Programme Management</i>
1.8	Identifying unaccompanied, separated, and other vulnerable children and support their integration with their families.	Child Protection
1.9	Monitoring of protection concerns	Child Protection
1.10	Promotion and support of cluster psychological interventions.	Child Protection
1.11	Transportation services for vulnerable returnees	DRR/ Emergency
1.12	Strengthen and mobilise unit action team (support group) to reach out individuals and families with preventive and protective including hygiene messages	C4D/RCCE
1.13	Household & Ward/Pallika level interventions (CBS, CT & VA and facilitation of service access / referral) by volunteers and their enabling & protection	Health
1.14	Documentation, special cased study of the each component of the COVID-19 preparedness and response programme	DRR/ Emergency
<b>Output 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC) in schools and communities</b>		
2.1	Strengthening WASH cluster coordination	WASH
2.2	Ensure WASH services (including assessment, supplies)	WASH
2.3	Continuum of services (capacity building of own staff, service providers/implementing partner at federal/provincial/local level)	WASH <sup>17</sup> ( <i>and cross cutting</i> )
2.4	Knowledge Management	WASH ( <i>and cross cutting</i> )
2.5	Orientation and training on post monitoring survey	WASH ( <i>and cross cutting</i> )

<sup>16</sup> UNICEF and NRCS (2020) Final Humanitarian Programme Document with NRCS on COVID response Dec 2020.

<sup>17</sup> Activities 2.3, 2.4 and 2.5 are listed under WASH component, but are also cross-cutting.

Programme documentation including field reports<sup>18</sup> and HPD amendment forms indicate that additional activities were added such as Case Investigation and Contact Tracing (CICT), Vulnerability assessments (VA), community/event based surveillance, vaccination support and services for home isolation and quarantine.

## 2.3 Key achievements

At the end of the programme in December 2021, the programme had benefitted 2,184,774 people, including 209,076 children according to programme documentation<sup>19</sup> across the various results areas.

Inception scoping discussions with key NRCS staff suggested that all activities were successfully completed within the project time frame (aside from some of the later added health activities).

Throughout the programme's duration, a series of review and consultation meetings were held to ensure smooth implementation. NRCS held a final programme review and lessons learnt workshop on 29<sup>th</sup> December 2021 so that key stakeholders, including UNICEF, could critically review and reflect on the programme's activities, constraints and challenges, achievements and share lessons learnt and best practices for moving forward<sup>20</sup>. The work of Unit Action Teams (UAT) and volunteers are noted as being key contributors to the project's overall success as well as the technical support and coordination offered by UNICEF.

The workshop highlighted the following key achievements of the programme<sup>21</sup>:

- 1,372,145 people reached through community engagement
- 233 unaccompanied, separated and vulnerable children received NPR 5000 per children
- 1500 people received psychosocial support
- 571,807 people received follow up health services -Contact Tracing and Contact Follow up (CTCF)
- Prepared COVID 19 preparedness and response plan in 50 palikas and C-MIS system has also been established and updated in those palikas

The final programme progress report provides evidence that there was strong collaboration with stakeholders<sup>22</sup> throughout the programme including carrying out all the activities under the leadership of the local government, in close collaboration with district public health office (DPHO), different health offices for vaccination support, volunteer mobilization, antigen and PCR test and co-ordination with Nepal police, local government, different health offices and different stakeholders for awareness session, vaccination support, CTCF.

<sup>18</sup> UNICEF (2021) Programmatic Visit Report (2nd programmatic field visit report). 06/11/2021; UNICEF (2021) Programmatic Visit Report (3rd programmatic field visit report). 28/05/2021.; UNICEF (2021) Programmatic Visit Report (4th programmatic field visit report). 05/07/2021-09/07/2021.

<sup>19</sup> NRCS (2021) Nepal Red Cross Society COVID-19 Preparedness and Response Programme 2021. Programme Reporting Period: December 2021. Progress report. p.3

<sup>20</sup> NRCS (2021) Disaster Management Department COVID-19 Preparedness and Response Programme: Programme Review and Lesson Learnt Workshop. 29th December 2021. Workshop minutes.

<sup>21</sup> NRCS (2021) Disaster Management Department COVID-19 Preparedness and Response Programme: Programme Review and Lesson Learnt Workshop. 29th December 2021. Workshop minutes. p.3

<sup>22</sup> NRCS (2021) Nepal Red Cross Society COVID-19 Preparedness and Response Programme 2021. Programme Reporting Period: December 2021. Progress report. p11

In addition, key learning points were identified<sup>23</sup> as:

- The coordinated response through a multi-sector approach contributed to better results
- The close coordination between provincial government, district administrative office, district public health office (DPHO), palikas and wards contributed to the effectiveness and sustainability of the programme activities.
- Partnership between WHO, UNICEF and NRCS helped in capacity building of all to respond to COVID-19, and for different health emergencies at future
- Joint monitoring from NRCS, UNICEF and others would have been better
- Coverage of less districts but more palikas would have been better
- Recruitment of full-time staff with responsibility for the programme is important
- The flexibility of the project to address the emerging needs to save lives allowed a timely and effective response

As of December 2021, programme documentation indicates that all programme activities had been handed over to the local government to ensure sustainability of the programme<sup>24</sup>.

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<sup>23</sup> NRCS (2021) Disaster Management Department COVID-19 Preparedness and Response Programme: Programme Review and Lesson Learnt Workshop. 29th December 2021. Workshop minutes. p.3, p.8, p.9

<sup>24</sup> NRCS (2021) Nepal Red Cross Society COVID-19 Preparedness and Response Programme 2021. Programme Reporting Period: December 2021. Progress report. p5

## 3. Evaluation Purpose, Objectives and Scope

### 3.1 Evaluation Purpose

This evaluation is both a **summative and formative assessment** of the UNICEF and NRCS partnership, looking at implemented results since May 2020 (summative) in addition to operations and the overall management process of the partnership (formative). The purpose, as articulated in the ToR is to *contribute to strengthening UNICEF's partnership management and the delivery of results in cooperation with NRCS*.

The evaluation is predominantly for **learning** purposes; insights from this evaluation will be used to enhance UNICEF's operational and programmatic management of partnerships in emergency contexts. The **primary users** of the evaluation will therefore be UNICEF Nepal but also NRCS and other development partners and UN agencies as well as the Government of Nepal.

### 3.2 Evaluation Objectives

The **three specific objectives** of the evaluation, as per the Terms of Reference (ToR) are to:

- Evaluate the performance of partnership activities and the extent to which its intended results were achieved.
- Assess good and bad lessons learned
- Provide practical recommendations to improve the partnership management performance to deliver sustainable outcomes in the emergency situations in Nepal.

### 3.3 Evaluation Scope

The object of the evaluation, as discussed in Section 2, is the **partnership** between UNICEF and NRCS for Humanitarian action.

In line with requirements set out in the ToR, the evaluation will look at results since the start of the partnership in May 2020 to date. The time frame of the evaluation will therefore be May 2020-December 2021 which is when the partnership ended<sup>25</sup>.

The geographical scope of the evaluation is the 24 districts of four provinces: Madhesh (Province 2), Lumbini (Province 5), Sudur Paschim and Karnali as shown in Figure 3. The 48 municipalities within these are stated previously, in Table 1.

The evaluation shall cover Connectedness, Coherence, Coverage, Efficiency, and Effectiveness as its overarching evaluation criteria. An assessment of relevance (or appropriateness<sup>26</sup>) and impact are outside the scope of the evaluation as the rationale for the partnership within the context of COVID-19 is considered already to be clear, and the nature of the partnership is that it is short term and

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<sup>25</sup> The evaluation was delayed in commencing; therefore, it is being conducted after the partnership has finished.

<sup>26</sup> Criteria that often replaces relevance within the context of humanitarian interventions



## 4. Methodology

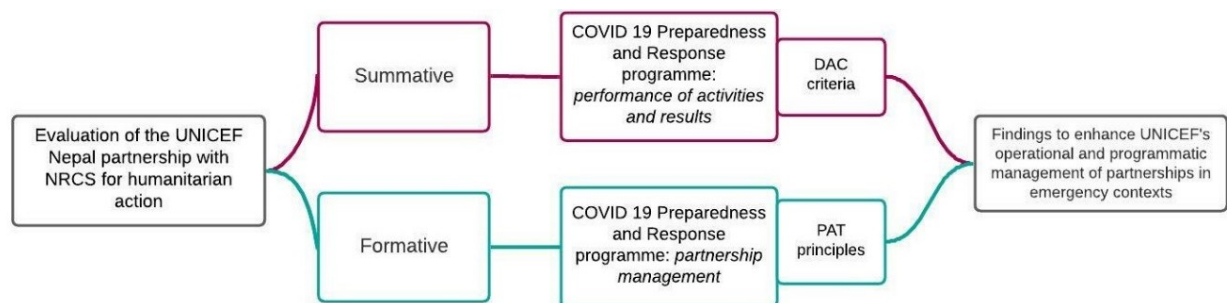
### 4.1 Methodological design

#### Approach

Partnership evaluations generally use two broad sets of criteria. The first is around how well the programme itself is working i.e., the development outputs, outcomes and results of the programme itself. The second is around organizational effectiveness and how well the partnership functions. Thus, the first is around results and the second around process<sup>27</sup>.

The dual purpose of this evaluation (both summative and formative) requires a two-pronged approach to the evaluation methodology as described in Figure 4. The summative side shall focus on the programme itself given that it has now ended, looking at the extent to which it met its intended outcomes and achieved results, considering the OECD DAC criteria outlined previously. The formative side shall focus on the programme management side of the partnership, specifically around the PAT principles.

Figure 4: Evaluation approach



#### Evaluation Framework

The summative part of the evaluation will respond to the OECD DAC criteria of Connectedness, Coherence, Coverage, Efficiency, and Effectiveness for assessing the programme. Table 4 includes the Evaluation Questions as outlined in the ToR. We note that gender and equity is considered under Connectedness in the proposed Evaluation Questions (Q2), and also under Effectiveness (Q11). Issues of sustainability i.e., links between intended results with recovery and development are also considered under Connectedness (Q1). The formative part of the evaluation shall consider the Partnership Assessment Tool (PAT) principles<sup>28</sup> in evaluating the partnership between UNICEF Nepal and Nepal Red

<sup>27</sup> Aghumian, A. (2014) Partnering for Evaluations: Seven guiding principles for evaluating partnership programs: An IEG note for the DAC

<sup>28</sup> <https://www.ppplab.org/tool/the-partnering-process-tool/>

Cross Society. To this end, we have proposed an additional EQ, (Q13) listed under Effectiveness to cover this. The seven principles of the PAT are shown in Table 5 and provide an underlying framework for this specific EQ.

*Table 4: Evaluation questions*

<b>Evaluation Criteria</b>	<b>Evaluation Questions</b>
<b>Connectedness</b>	1. What long-term consequences will the partnership have on the local government capacity to respond to the emergencies such as the pandemic caused by Covid-19?
	2. To what extent did the partnership support action that contributed to gender and equity focused interventions in humanitarian settings?
<b>Coherence</b>	3. To what extent did the partnership complement the national humanitarian policies relevant to the emergency situations such as the pandemic?
<b>Coverage</b>	4. To what extent did the partnership interventions cover all intended target groups?
	5. Did the partnership's interventions meet the target groups' emerging needs as intended?
<b>Efficiency</b>	6. Are the partnership's financial, human, technical and material resources sufficient to achieve its intended results? Could other alternatives have provided the same or better results with less financial?
	7. Is the partnership's operational management efficient in terms of time spent for financial and programmatic procedures? Were there delays and what caused them?
	8. How did monitoring of the partnership's interventions used to keep track of progress and address bottlenecks in a timely manner?
	9. Is multi programme partnership with the NRCS more efficient operationally and programmatically in comparison to single programme partnerships?
<b>Effectiveness</b>	10. To what extent were the partnership's intended results up to present achieved?
	11. How did the partnership make a difference in the target groups' lives within its intended results? How did it differently help women, men, girls and boys, especially from vulnerable and marginalized groups?
	12. Is multiple programme partnership with the NRCS more effective in delivering results in comparison to single programme partnerships?
	13. To what extent was the partnership between NRCS and UNICEF successful?

*Table 5: PAT principles (for EQ 13)*

	<b>Principle</b>
1	Acknowledge the need for partnership
2	Develop clarity and realism of purpose
3	Ensure commitment and ownership
4	Develop and maintain trust
5	Create clear and robust partnership arrangements
6	Monitor and learn
7	Reflect on progress

A full evaluation matrix is provided as Annex 3.

## Data collection methods and Sampling

The evaluation will be based on a **mixed methods** approach, to establish a robust evidence base. This will be informed by the evaluation matrix and will combine an in-depth document review as well as key informant interviews (KIIs).

The evaluation will use purposive sampling rather than a random sampling approach. Municipalities will be selected through consultation with UNICEF and NRCS ensuring representatives from all four project intervention provinces namely Madhesh, Lumbini, Karnali and Sudur Pashchim, ecological regions (mountain, hill and Terai) and urban and rural municipalities. Other criteria for the selection will be the municipalities which have implemented most of the project activities; which have achieved most of the output targets (most/least performing); and technologically reachable (for remote interviews) and representation of all programme sectors. The number of municipalities proposed within the provinces is shown in Table 6.

*Table 6: Proposed sampling of municipalities*

Province	Urban			Rural		
	Mountain	Hill	Terai	Mountain	Hill	Terai
Madhesh			✓			✓
Lumbini			✓			✓
Karnali	✓			✓		
Sudur Pashchim		✓			✓	

## Desk review

The evaluation will be primarily based on desk review of the relevant programme documents and financial data. The evaluation will review partnership policy/strategy, disaster risk reduction/management policy/strategy, capacity development strategy/plan and other relevant organisational policy and strategy documents. The desk review will also cover the emergency response programme, project proposal including result framework/M&E framework, periodic programme and financial progress reports, risk communication and community engagement reports, real time evaluation/review reports, post distribution monitoring reports and other study reports related to the project. A list of documents reviewed to date is provided as Annex 4.

## Key Informant Interviews

Key informant interview will be held with concerned Ministry of Federal Affairs and General Administration (MoFAGA) officials, Mayors/Deputy Mayors of the municipalities and Chairpersons/Deputy Chairpersons of the Rural Municipalities or focal person of Local Disaster Management Committees or COVID-19 Preparedness and Response Committee<sup>29</sup> as well as staff members of UNICEF and NRCS. Gender balance in KII respondents will be ensured. The draft checklist for Key Informant Interviews is presented with the data collection tools in Annex 5.

There will be total 15 interviews with Key Informants, as proposed in Table 7.

<sup>29</sup> Mayors/Chairpersons of the municipalities are ex-officio chairpersons of Local Disaster Management Committee; not in all municipalities have separate COVID-19 Preparedness and Response Committee

Table 7: Proposed Key Informant Interviews

Provinces	# of municipalities	KII with mayor/ chair or focal person of the Local Disaster Management Committee or C-19 Response Committee	KII with NRCS staff	KII with UNICEF	KII with Federal Govt official
Madhesh	2	1	1		
Lumbini	2	1	1		
Karnali	2	1	1		
Sudur Pashchim	2	1	1		
National level			1	1	1
		8	5	1	1

### Focus Group Discussions

Focus group discussions will be held with the beneficiary/project target groups including women, men and vulnerable groups (such as persons with disabilities, elderly people, Dalit and other excluded castes). Rights holders under 18 will not be included, as agreed with the UNICEF Country Office and Evaluation Review Group, as children/under 18 individuals, although intervention beneficiaries, are unlikely to be provide evidence and perceptions of the partnership's effectiveness. Groups will be finalised in consultation with UNICEF/NRCS. Each group will consist of 6 to 8 members. Focus Group Discussions with female groups will be facilitated by a female facilitator and male groups by a male facilitator. Facilitators will be identified from the local community who speak/understand local language and who have prior experience/engagement with IOD PARC for similar assignments. Discussions will be recorded on paper and/or audio device with consent from the participants.

Orientation will be provided to the facilitators on interview techniques, research ethics and FGD/KII tools. Participants will be provided contact details of UNICEF/NRCS focal person who can be contacted for any support/clarification needed about and during interviews. The safety and privacy of the participants will be ensured; further information on ethical considerations is provided in Section 4.2. The draft checklist for FGD is presented with the data collection tools in Annex 5. The purpose of the FGD's will be to elicit perceptions of the partnership between UNICEF Nepal and NRCS in carrying out Covid-19 preparedness and response interventions, as distinct from perceptions of interventions *per se*. The team will coordinate with NRCS to identify groups and informants who are most likely to give informed views and evidence on the partnership's functioning. There will be total 12 focus group discussions. FGDs will be held in one of two municipalities in each province, as per the breakdown provided in Table 8.

Table 8: Proposed FGDs

Provinces	# of municipalities	FGD with men	FGD with Women			FGD with other vulnerable group	
Madhesh	1 x	1	1			1	
Lumbini	1 x	1	1			1	
Karnali	1 x	1	1			1	
Sudur	1 x	1	1			1	

Pashchim							
National level							
		4	4			4	

## Data analysis

Data from documentation, interviews, and debriefing workshop will be cross-referenced against our data analysis framework and coded. This will enable the team to examine key themes from different perspectives.

## Efficiency

Efficiency under the Value for Money (VfM) is the quantitative metrics that offers insights into partners cost management contributing to measurable impacts from input to output levels. The general scope of VfM analysis is to understand the impact created by a unit of money spent to improve the life of a unit of population with any programmatic intervention.

Within the scope of Value for Money assessment, the input/first stage of any intervention is called Economy which is the first step for VfM. General understanding on the first stage of intervention is drawn from quantitative and qualitative information available from the input stage, in reference to how the resources are purchased/shared and used in the right place. This is the foundation to a good VfM as the early process within the system ensures the following stages of work are carried out with a potential to achieve the programme objectives better. In VfM terms, input stage is termed as ‘Economy.’ Efficiency which examines intervention processes and activities and determines the linkage between inputs and outputs; and how well the programme or the partners convert inputs into outputs.

The ToR for this evaluation states a focus will be on the light touch of efficiency assessment with available financial data related to the Partnership and outputs generated. This will entail consideration of output, key interventions, financial and beneficiary data, and some basic qualitative analysis of the economy VfM with the existing reports on the partnership and the programme. This efficiency assessment will present a relationship emerging through the partnership and the output generated to benefit the target population.

A basic reporting format for the efficiency analysis would have relevant data and reporting, as following. The “Yellow” titles are directly extracted from the Final Budget document, whereas “Blue” titles are the data requirements, which can be received on request with UNICEF.

*Table 9: VfM Analysis table*

Activity	Activity details	Section wise Total budget					Other required variables	
		CP	Health	WASH	RCCE	DRR	Beneficiary (K)	Total Budget (\$K)

								example)
Output 1								
Activity 1.1								
Activity 1.2								
Output 2								
Activity 2.1								
Activity 2.2								
Output 3								
Activity 3.1								
Activity 3.2								

## 4.2 Evaluation Norms and ethical considerations

The evaluation will adhere to UNEG Norms and Standards, and its overall approach will be grounded based on being impartial, credible, responsible, honest, and demonstrating integrity at all stages to foster an independent evaluation of the highest quality standards. The evaluation team will respect the following principles<sup>30</sup> throughout its engagement with UNICEF and other stakeholders: (i) Respect for dignity and diversity; (ii) Fair representation; (iii) Compliance with codes for vulnerable groups (e.g., ethics of research involving young children or vulnerable groups); (iv) Redress; (v) Confidentiality; and (vi) Avoidance of harm.

### Gender, equity, human rights

The evaluation takes the UNICEF GEROS GEEW guidance on mainstreaming and integrating gender, equity and social inclusion (GESI) equity and human rights into the Methodology and subsequent analysis. Specifically, we have explicitly focused on gender, equity and human rights in Questions 2,4, 5 and 11 of the Evaluation Framework and in identifying target respondents in the sampling.

<sup>30</sup> As per UNEG Ethical Guidelines for Evaluation (2008)

## Ethical considerations

The evaluation will observe the ethical principles and standards set by both UNICEF<sup>31</sup> and IOD PARC. Throughout the evaluation we will ensure that ethical considerations are considered, and specific safeguards are put in place to protect the safety (both physical and psychological) of both the consultant team and anyone with whom they come into contact. Furthermore, the Evaluation Team’s ethical approach will be informed by UNICEF’s Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis and in accordance with the UNICEF Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research and UNICEF’s Child Safeguarding Policy. Table 10 details further our approach to ethical considerations.

Table 10: Ethical Considerations

Our Approach	Obligation to Participants as per UNEG Guideline
<p><b>Adherence to international guidelines and standards:</b> It is not envisaged that during primary data collection, the consultants will come into contact with children, however FGDs will be conducted with ‘vulnerable groups’, Therefore the consultant team will ensure the research process will adhere to international standards and guidelines on working with children and vulnerable groups. In addition, if sensitive issues such as violence or abuse arise in the research processes, the Evaluation Team will ensure that the evaluation adapts and applies the WHO guidelines on the safety and ethics in studies of violence.<sup>32</sup></p>	<ul style="list-style-type: none"> <li>• Compliance with codes for vulnerable groups</li> <li>• Avoidance of harm</li> </ul>
<p><b>Privacy and confidentiality:</b> Any UNICEF staff, stakeholders or others who are included in the research process will be assured that their confidentiality will be protected, and research information kept private to the fullest extent allowable by law. If participants take part in group consultative activities, they will be supported to understand the importance of their role in respecting the privacy of other participants.</p>	<ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• Avoidance of harm</li> <li>• Fair representation</li> </ul>
<p><b>Anonymity:</b> The names and other identifiable features of project beneficiaries/vulnerable groups involved with the research/methodology will not be used in the final report, and participants will be made aware of this.</p>	<ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• Avoidance of harm</li> </ul>
<p><b>Consent:</b> Prior verbal consent will be sought from all participants in this evaluation regarding their participation or involvement and participants shall be provided with an information sheet and consent form, provided as Annex 6.</p>	<ul style="list-style-type: none"> <li>• Respect for dignity and diversity</li> <li>• Fair representation</li> </ul>
<p><b>Compensation:</b> Participants will not be provided with financial compensation for participation but shall be made aware of the uses of the evaluation and given acknowledgement (by stakeholder group) in the final report as well as having access to the final report. We will ensure our information is produced in formats that are accessible, e.g., large print, suitable language, audio if needed. We will also ensure that the timing and length of focus groups meets people’s needs, for example, if there is a requirement to include carers or family members in focus groups or interviews, we will accommodate this.</p>	<ul style="list-style-type: none"> <li>• Redress</li> </ul>
<p><b>Referral process and post-interview support:</b> If the nature of any discussion or engagement is sensitive and has the possibility of raising difficult issues among participants (e.g., related to violence, abuse, or trauma), the consultant will ensure that a referral process is in place. The Evaluation Team will seek further guidance from UNICEF on whether this will be likely and what will be appropriate or feasible to employ</p>	<ul style="list-style-type: none"> <li>• Avoidance of harm</li> <li>• Confidentiality</li> </ul>

<sup>31</sup> Including the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System, 2016; UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis, 2021 and UNEG Ethical Guidelines for Evaluation, 2020

<sup>32</sup> WHO (2021). Putting women first: Ethical and safety recommendations for research on domestic violence against women

beforehand.	
<p><b>Team composition and roles:</b> All the consultants undertaking this assignment are experienced in collecting data around sensitive issues and working with vulnerable groups. They are thus in a good position to ensure data collection tools are designed in such a way that they are culturally appropriate and do not cause distress for participants.</p>	<ul style="list-style-type: none"> <li>• Compliance with codes for vulnerable groups</li> <li>• Respect for dignity and diversity</li> <li>• Avoidance of harm</li> </ul>

Furthermore, the Evaluation Team’s ethical approach is informed by UNICEF’s Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis and in accordance with the UNICEF Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research and UNICEF’s Child Safeguarding Policy. For external ethical protocols, the Evaluation Team will abide by UNICEF’s guidance on ethical principles and requirements. The evaluation will follow a standard level ethical review as the evaluation will not engage directly with rights-holders under 18 years of age.

Finally, the Evaluation Team will also abide by IOD PARC’s Ethical Code of Conduct which is a comprehensive document which sets a standard to which all IOD PARC staff, consultants and partners adhere when working on IOD PARC-managed evaluations. The Code of Conduct is available on request. As a *minimum*, IOD PARC’s teams always operate in accordance with international human rights conventions and covenants to which the United Kingdom is a signatory, whilst also taking into account local and national laws. Furthermore, IOD PARC adheres to the following within all contexts:

- UNEG Ethical Guidelines for Evaluation, UNEG, March 2008
- UNEG Code of Conduct for Evaluation in the UN System 2007
- Department of International Development (DFID) Ethics Principles for Research and Evaluation 2011
- Economic and Social Research Council Framework for Research Ethics principles 2012

## Data Management

Effective data management is essential to ensure confidentiality of data, and consistency and quality across the lifetime of the project. We take a Responsible Data Lifecycle (Oxfam 2017 and USAID 2019 ) approach to managing client and evaluation participant data. This applies to both personally identifying information, as well as the content of interviews, focus group discussions and surveys. In line with our Data Protection Policy and Ethical Code of Conduct, we avoid collecting any data that is personally identifying unless absolutely necessary, and if we have a reason to collect it, we protect individuals by holding the data on encrypted hardware and anonymizing it at the earliest opportunity. We understand that personally identifiable information refers to data such as someone’s name, address and contact details; but it also refers to combined data such as a job title within an organization or descriptive characteristics of individuals and their circumstances. Our data is kept secure on our servers and once analyzed, all data is anonymized. We destroy all personal data within six months of the completion of a project.

As regular procedure in the Nepal Office, only team members will have access to password-protected folders containing the data of the participants for the

duration of the project. Raw data (for example interview transcripts) is stored in a protected folder in IOD PARC's document sharing site on the secure server. This folder is accessible only by the evaluation team. The evaluation team and all users of the shared folders have signed confidentiality and data protection agreements.

## 5. Quality Assurance and Management

### 5.1 Quality Assurance

We shall prepare deliverables as per UNEG Report Standards and GEROS guidelines. After drafting deliverables our own named Quality Assurer (QA) (see below) will review and comment on documents before they are submitted. This will ensure our first draft submissions are high quality professional documents and meet expectations. We will also seek to agree the process for feedback and finalization to ensure all deliverables are submitted on time.

Our essential QA mechanisms include:

1. A named senior IOD PARC consultant with specific relevant contextual, methodological and organisational experience who cross references progress and quality standards. For this evaluation we include Naomi Blight in the role of Quality Assurance and oversight.
2. A progress review at key points with the Evaluation Management Team to confirm progress and document changes, decisions and client feedback during the evaluation.
3. Agreed reporting standards and assessment criteria for clients to assess the standard and quality of reports.
4. Transparent and systematic responses to client feedback on outputs through a comments tracker for documenting product (report) commentary processes.
5. An internal post-project review process to further interrogate our use of QA.
6. In addition to seeking feedback from the Reference Group during the evaluation, for our formal close-out of the project we also request feedback post-project from our clients to ascertain further lessons for ourselves and ways of working.

### 5.2 Evaluation Management

#### Evaluation Team

The evaluation team consists of mixed-level, gender balanced individuals, predominantly based in Nepal. Joel Cutting is the team leader and will hold overall responsibility for managing and conducting the evaluation from start to finish, secondary data collection and overall data analysis and drafting of deliverables. He will be the main point of contact for our national team members and lead in communicating and disseminating findings. Joel will be supported by Sonia Pérez, qualitative expert, who has extensive experience working with UNICEF and shall offer back hand support to Joel as well as working closely with team colleagues. Sushil Joshi is the the data analyst who will in addition to leading on quantitative data collection and analysis, provide support to data

visualisation and Diksha Mahara will contribute as efficiency and VfM specialist. Quality assurance will be provided by IOD PARC staff member Naomi Blight who will focus on the evaluation process and outputs. Additional support from the IOD PARC Nepal Office can be drawn on for field work/data collection in local languages where needed.

## UNICEF ERG

The evaluation team will be supervised by the UNICEF Nepal Evaluation Specialist. As required by the TORs, an Evaluation Reference Group (ERG) has been formed and the evaluation team will work closely with and under the guidance of the ERG, with periodic updates and check-ins during the course of the evaluation.

# 6. Workplan and Deliverables

## Phase 1: Inception

The Inception Phase has included a pre-Inception online kick off meeting with the UNICEF Evaluation Specialist on the 3<sup>rd</sup> of December 2021, including representatives from the Planning and Monitoring Team, and DRR/Emergency Team. The Inception Phase began on the 10<sup>th</sup> of January 2022 after approval of the revised workplan following the delayed contracting process of the evaluation and taking into account the Christmas and New Year seasonal holiday. The main activity for the Inception Phase was document review; a list of documents reviewed during this inception phase is provided in Annex 4.

A virtual meeting was held on the 21<sup>st</sup> of January 2022 with the NCRS team comprising Programme Coordinator, WASH Coordinator, and Finance Officer to introduce the evaluation team, and with full support offered by the NRCS colleagues. Other NRCS team members were unable to attend this meeting but communicated with the evaluation team in the provision of documentation. A list of people consulted in provided as Annex 7.

The draft Inception Report was submitted for UNICEF input on the 16<sup>th</sup> of February. Comments from UNICEF Country Team were received on the 2<sup>nd</sup> March, with the UNICEF Research Ethics Review Board providing feedback on the 3<sup>rd</sup> March. An Inception Meeting with the Evaluation Review Group was held on the 14<sup>th</sup> March, with additional inputs. Finally internal IODPARC QA was carried out on the 21<sup>st</sup> March with the Final IR submitted to UNICEF on the 1<sup>st</sup> April 2022 (agreed with the Evaluation Manager).

## Phase 2: Data Collection and Analysis

It is envisaged that the data collection Phase will take place over 3 weeks from the week beginning 8<sup>th</sup> April (giving time for Research Ethics review and UNICEF sign off) after submission of the IR) to the 26<sup>th</sup> April. During this phase the team will conduct primary data collection activities as described in the Methodology section of this report, including FGDs and KIIs with UNICEF, NRCS, local government key informants, partnership stakeholders, and selected beneficiaries. Efficiency/VfM data collection and a more detailed review of partnership documentation will also be conducted.

Primary and secondary data will be analysed in line with the framework set out in this report, in terms of formative Partnership Assessment Tool (PAT) Principles and summative DAC criteria.

### Phase 3: Combining Analysis and Reporting

The final stage of the evaluation will take place from the 29<sup>th</sup> of April to the 20<sup>th</sup> May which is the newly agreed due deadline for the final Evaluation Report. In the week beginning 29<sup>th</sup> of April to the 6<sup>th</sup> of May, analyses conducted during the Second Phase will be triangulated and combined/integrated, with then preparation of the draft Final Report over the period 6<sup>th</sup> May to the 13<sup>th</sup> of May with one week for ERG review, and submission of the final report on or before the 20<sup>th</sup> May as per the approved workplan.

Once the draft Final Report has been reviewed, we propose an optional presentation of the evaluation findings to the ERG, together with external stakeholders identified by UNICEF and NCRS. The workplan is shown in Figure 5. Note that now completed Inception activities are not included, only future stage activities.

*Figure 5: Evaluation Workplan*

Stage	Activity	01/04/2022	08/04/2022	15/04/2022	22/04/2022	29/04/2022	06/05/2022	13/05/2022	20/05/2022
Inception (completed)	1.1 Final inception report								
	1.2 UNICEF Ethics Review & sign off								
Data collection and analysis	2.1 Interviews with UNICEF staff								
	2.2 Interviews with partners								
	2.3 Primary data collection								
	2.4 Detailed desk review of budgets and programme documentation								
Report Writing	3.1 Triangulating findings and combining analysis								
	3.2 Draft evaluation report								
	3.3 Final Evaluation Report								

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## Annex 1: Evaluation ToR

### UNICEF Nepal Country Office (NCO)

#### Terms of Reference for

#### Evaluation of Partnership with Nepal Red Cross Society for Humanitarian Action

### 1. BACKGROUND

Amid the pandemic caused by Covid-19, Nepal went into prolonged lockdown in May 2020. More than 60% of families with children lost income and livelihood in the first two months of lockdown<sup>1</sup>. The inevitable pause in the private and public sectors, and agricultural industries deepened poverty shifting income distribution of the population downward, and mostly affecting people who depend on daily wages. The economic impacts of Covid-19 directly affected children, women and vulnerable population. Particularly, households with more than 2 children and those with members who have a disability, female headed households, and those who belong to vulnerable and marginalized ethnic groups were affected more than others.

The economic growth was estimated to fall to a range between 1.5 % and 2.8 % in FY2020 and the World Bank's projections did not predict a significant economic growth in 2021.<sup>2</sup> Over 20 million people in Nepal are of the working age, and the employment rate is 11.4 %.<sup>3</sup> More than 60% of Nepali people work in the informal sector, 17.5 % in trade industry, 14 % in construction, 24 % in service and sales and 20 % in elementary occupations.<sup>4</sup> More than 8 billion remittances accounting for 28% of GDP were recorded in FY2018/2019 and women account for 8.5 % of the migration flows.<sup>5</sup> Most Nepali migrants work in India, and countries in the Middle East, including Malaysia. The majority of Nepalis work in the service sector of India, more than 80% of them depend on daily wages.<sup>6</sup> Due to the protracted pandemic, however, hundreds of thousands of migrants lost jobs and have been returning to Nepal. Covid-19 in the country led to significant economic losses with declining imports and exports, and halting tourism and agricultural industries.

Women, single mothers and female headed households are among those who are the most affected by unemployment.<sup>7</sup> Children living in the poorest households, female-headed households and marginalized ethnic groups barely took advantage of remote learning during lockdowns. Children in only 29% of surveyed households had access to distant learning, yet only half of them, mostly children living in high-income households, were able to take advantage of it. In 2020, Children in more than 20% of households had to compromise with their diets, changing the number and quality of food intake due to the economic losses of their families.

The pandemic's economic impacts will continue until it ends effectively, but it is not possible to stop it without responding to emerging issues and public health safety measures which heavily depend on people's behavior. In mid-2020, less than 50% of caregivers with children felt that they were at risk of catching Covid19 in Nepal. While handwashing frequently for 20 seconds and wearing a mask in public remained above 70% among caregivers with children, other safety measures such as maintaining distance from others and staying at home remained low and varied by provinces.<sup>8</sup>

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<sup>1</sup> UNICEF. 2020. "Child & Family Tracer" <https://www.unicef.org/nepal/reports/covid-19-child-and-family-tracker-findings>

<sup>2</sup> *Nepal at a glance*, World Bank (<https://www.worldbank.org/en/country/nepal/overview>)

<sup>3</sup> *Labour Force Survey (NLFS III)*, National Planning Commission, Central Bureau of Statistics, International Labour Organization (Nepal, 2018)

<sup>4</sup> Ibid.

<sup>5</sup> *Impact of COVID-19 on Nepali Migrant Workers: Protecting Nepali Migrant Workers during the Health and Economic Crisis*, International Labour Organization, (Nepal, 2020).

<sup>6</sup> *NLFS III*.

<sup>7</sup> CFT 2020

<sup>8</sup> UNICEF CFT 2020

To respond to children's needs emerging due to Covid-19 and to raise public awareness, UNICEF Nepal and Nepal Red Cross Society (NRCS) established a humanitarian partnership in May 2020. The partnership's main activities included reaching out to communities through risk communication and community engagement (RCCE) and advocacy activities; improving coordination and information management on COVID 19 preparedness and response in target municipalities; strengthening referral to health system and enable access to services for vulnerable groups; monitoring and responding to child protection concerns; providing critical water, sanitation and hygiene (WASH) supplies and improving infection prevention and control (IPC) in school and communities; and, support in community-based surveillance on public health events related to Covid-19 at the ward and municipal levels.

The partnership's specific activities include:

- WASH, health, hygiene promotion
- Case investigation and contact tracing (CICT)
- Vulnerability assessment, community/event-based surveillance
- Support in vaccination, and services for home isolation and quarantine
- Support in system strengthening on COVID preparedness and response plan
- Information management with federal CIMS system and coordination mechanism
- Supporting Unit Action Team to reach out communities on RCCE of HR at the NRCS HQ and field level offices for effective and timely program implementation.
- Identify unaccompanied, separated and other vulnerable children and support their integration with their families
- Transportation services for vulnerable returnees

As the pandemic continues, the partnership between UNICEF and NRCS was extended until December 2021. The partnership's core activities will continue, but also include the provision of support at points of entries (PoE), holding and isolation centers and transportation for vulnerable people and those who tested positive for Covid-19.

The partnership's intended results:

- Unaccompanied, separated and vulnerable children identified and reintegrated with their families or referred to appropriate services.
- Monitoring of child protection concerns for appropriate response, referrals and advocacy conducted.
- Children and their families affected by COVID-19 receive psychosocial services.
- Vulnerable and at-risk people reached with awareness raising messages on preventive, protective and social aspects pertaining to Covid-19.
- Ward monitoring mechanisms developed with community-based platforms.
- Coordination and information management on COVID 19 preparedness and response improved in target municipalities.
- Water, sanitation and hygiene (WASH) supplies are provided and contribute to improving infection prevention and control (IPC) in school and communities.
- Community-based surveillance of public health related events on Covid-19 is established in wards and municipalities.
- Strengthened health referral systems and increased access to services for vulnerable groups.

The partnership's budget is USD 348,892 with more than 70% of contribution from UNICEF.

Beneficiaries of the partnership are:

- 100,000 children, youths and adolescents through community engagement
- 200 unaccompanied, separated and vulnerable children
- 1,500 people for psychosocial support
- 21,860 beneficiary households of hygiene and IPC support

To learn from this partnership's performance during unprecedented pandemic, UNICEF commissioned its evaluation, which will primarily focus on its programmatic results, operations and overall, the management process. The evaluation results will be used to enhance UNICEF's operational and programmatic management of partnerships in the emergency contexts.

The audience of this evaluation are the Government of Nepal, development partners, UNICEF, UN Agencies, implementing partners and other stakeholders who will make use of the evaluation evidence to deliver better results for children and women.

## 2. EVALUATION PURPOSE AND OBJECTIVES

The evaluation purpose is to contribute strengthening UNICEF's partnership management and the delivery of results in cooperation with NRCS. The evaluation objectives are to:

- Evaluate the performance of partnership activities and the extent to which its intended results were achieved.
  - Assess good and bad lessons learned.
  - Provide practical recommendations to improve the partnership management performance to deliver sustainable outcomes in the emergency situations in Nepal.
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## 3. EVALUATION SCOPE

The evaluation scope will include the review of the partnership's progress reports on 48 municipalities in Provinces, 2,5, Karnali and Sudurpaschim. Specifically, the key geographical locations are:

- Lumbini Province (Province 5): Krishnangar NP, Shivaraj NP, Suddodhan GP, Siddharthanagar NP, Lumbini Sanskritik NP, Sammarimai GP, Pratappur GP, Palhinandan GP, Gulariya NP, Gadawa GP Narainapur NP, Nepalgunj SMP
- Karnali Province: Chhayanath Rara NP, Chandannath NP, Kanakasundari GP, Khadachakra NP, Raskot NP, Simta Rural Municipality, Birendranagar NP
- Sudur Paschim Province., Jayaprithivi NP, Badimalika NP, Trivini NP, Sanfebagar, Dasharathchanda NP, Purchaudi NP, Dhangadi Sub NP, Bajhani NP, Lamki Chuwa NP, Bhimdatta NP, Mahakali NP, Parshuram NP, Mahakal NP, Kamalbazar Municipality, Dhangadhi Sub-metropolitan, Lamki Chuha Municipality
- Madhesh Province (Province 2): Tilathi Koiladi GP, Kanchanrup NP, Shahidnagar NP, Kamala NP, Janaknandini, Mukhiyapatti NP, Jaleswor NP, Loharpatti NP, Malangawa NP, Gaur NP, Ishanath NP, Kalaiya Submetro, Jagarnathpur GP, Pokhariya NP

The evaluation scope will include primary and secondary data collection and analysis. Virtual focus group discussions and interviews with stakeholders and beneficiaries of the partnership will be conducted.

The evaluation scope will be based on mixed-methods approach and cover analysis through the lenses of equity, gender and human rights. The key evaluation criteria are efficiency, effectiveness, connectedness, coherence, and coverage. In the evaluation of the partnership's efficiency and effectiveness, the evaluation will include brief comparison analysis between multiple and single programme partnerships. The evaluation scope will not include relevance as the partnership rationale in the context of Covid-19 is clear. It will also not include impact due to the intervention's purpose and nature, as it is a short-term partnership to respond to the emergency. The evaluation will not assess the partnership's sustainability, as the criterion of connectedness will cover its intended results and their connections between recovery and development in the long run.

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## **4. EVALUATION FRAMEWORK AND METHODS**

The partnership's evaluation will be formative and summative, looking at implemented results since May 2020. The evaluation framework will include the following criteria:

### **4.1. Connectedness:**

- 4.1.1. What long-term consequences will the partnership have on the local government capacity to respond to the emergencies such as the pandemic caused by Covid-19?
- 4.1.2. To what extent did the partnership support action that contributed to gender and equity focused interventions in humanitarian settings?

### **4.2. Coherence:**

- 4.2.1. To what extent did the partnership complement the national humanitarian policies relevant to the emergency situations such as the pandemic?

### **4.3. Coverage:**

- 4.3.1. To what extent did the partnership interventions cover all intended target groups?
- 4.3.2. Did the partnership's interventions meet the target groups' emerging needs as intended?

### **4.4. Efficiency:**

- 4.4.1. Are the partnership's financial, human, technical and material resources sufficient to achieve its intended results? Could other alternatives have provided the same or better results with less financial?
- 4.4.2. Is the partnership's operational management efficient in terms of time spent for financial and programmatic procedures? Were there delays and what caused them?
- 4.4.3. How did monitoring of the partnership's interventions used to keep track of progress and address bottlenecks in a timely manner?
- 4.4.4. Is multi programme partnership with the NRCS more efficient operationally and programmatically in comparison to single programme partnerships?

### **4.6. Effectiveness:**

- 4.6.1. To what extent were the partnership's intended results up to present achieved?
- 4.6.2. How did the partnership make a difference in the target groups' lives within its intended results? How did it differently help women, men, girls and boys, especially from vulnerable and marginalized groups?

4.6.3. Is multiple programme partnership with the NRCS more effective in delivering results in comparison to single programme partnerships?

*Data collection methods and analysis*

The evaluation will be primarily based on desk review of the programme documents, financial data, and monitoring reports.

*Interviews:*

The list of organizations and key informants where relevant staff members will be interviewed:

- 1. NRCS
- 2. Ministry of Federal Affairs and General Administration (MOFAGA)
- 3. Municipalities Mayor, chairperson and vice chair
- 2. Children, youths and adolescents through community engagement
- 3. People who received socio-psychological support
- 4. Households who received hygiene and IPC support

*Desk review:*

- 1. Budget and expenditures
- 2. Programme documents
- 3. Monitoring and progress reports
- 4. Studies
- 5. Assessment reports

*Sampling*

The evaluation team is welcome to propose a sampling strategy for the partnership’s locations and target groups. In the current context, a representative sample size would be ideal, but not entirely possible for data collection.

*Evaluability and Limitations*

The partnership’s interventions are evaluable to a limited extent as the fieldwork in the context of Covid-19 is not recommended due to public health safety concerns.

**5. TASKS, PAYMENT PLAN AND DELIVERABLES**

#	Item	Duration	Payment
<b>1</b>	<b>Inception Phase</b>		
1.1	Programme documents review	5 days	<b>30 %</b>
1.2	Consultations with Planning and Monitoring Team; Emergency Team.	2 days	
1.3	Consultations with partners	3 days	
1.4	Draft inception report with data collection tools	5 days	
1.5	Final inception report and data	5 days	

	collection tools		
<b>Total number of days for inception phase</b>		<b>20 days</b>	
<b>2</b>	<b>Data Collection and Analysis Phase</b>		
2.1	Interviews with UNICEF staff	15 days	<b>30%</b>
2.2	Interviews with partners		
2.3	Primary data collection		
2.4	Detailed desk review of budgets and programme documentation (preferably to be conducted simultaneously at the same time with interviews)		
<b>Total number of days for data collection and analysis</b>		<b>15 days</b>	
<b>3</b>	<b>Report Writing</b>		
3.2	Triangulating findings and combining analysis	10 days	<b>40 %</b>
3.3	Final evaluation report	10 days	
<b>Total number of days for evaluation report</b>		<b>20 days</b>	

## 6. DELIVERABLES:

<b>1</b>	<b>Inception Report</b>
<p>The inception report is the deliverable of the research findings, interviews with UNICEF and stakeholders, and the review of the programme documents. The report must present the overall evaluation approach, detailed evaluation methodology, theory of change, evaluation matrix, process monitoring framework, final evaluation questions, data collection and sampling approach for the different data collection stages and types (including statistical power calculations for the household surveys) and timeframe for each proposed data collection method. The evaluation team must submit the first draft report by a required deadline. The draft report will be reviewed by UNICEF and the detailed list of comments, if any, will be shared with the evaluation team in 7 days. The evaluation team is expected to respond to the comments and revise the report in 7 days. Depending on the quality of the inception report, the evaluation team may be required to revise it more than once until it meets the UNICEF standards. The entire inception phase is the time when the Evaluation Team and UNICEF verify that the inception report covers every detail and clarify expectations.</p>	
<b>2</b>	<b>Data collection tools</b>
<b>3</b>	<b>Summary of Initial Findings from the Interviews, Desk Reviews and Secondary Data Analysis</b>
<b>4</b>	<b>Copies of the Data Files and Analysis</b>
<b>5</b>	<b>Evaluation Report</b>
<p>The first draft evaluation report submitted to UNICEF will be reviewed and it usually takes from 7 to 10 working days to provide the Evaluation Team with comments. The Evaluation Team will be responsible for revising the report and resubmitting it within the requested timeline. Similarly, to the inception phase procedures, the writing phase of the evaluation report will include reviews and feedback by UNICEF. The timeline for the review and feedback on the first and second draft reports will take about 7 and 10 working days. The evaluation team must respond to all comments and revise the report in a required timeframe by UNICEF. The report should include</p>	

background, detailed description of methodology, analysis of data which address each of the key evaluation questions and conclusions. Comments and suggestions gathered during the meeting shall be integrated into the draft final report. The length of the evaluation report must be between 30-40 pages. TOC, evaluation matrix, data collection tools, tables and graphs illustrating evaluation findings must be included in the report as annexes.

**6 Presentation of the evaluation findings to UNICEF and partners**

The evaluation findings will be presented to UNICEF, and deliverables will include a PowerPoint presentation summarizing the evaluation process and findings.

**7. DURATION: 25 August 2021 - 30 November 2021 (55 days) with a possibility of extension**

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**8. WORKING LOCATIONS: FIELDWORK (LOCATIONS ARE TBD), REMOTE WORKING**

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**9. PROPOSED PAYMENT SCHEDULE:**

<i>No</i>	<b>Payment schedule</b>	<b>Percentage</b>	<b>Estimated Date</b>
1	Inception Report	30 %	30 September 2021
2	Data collection and analysis	30 %	30 October 2021
3	Evaluation Report	40 %	30 November 2021

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**10. CONTRACT SUPERVISION:**

The evaluation team will be supervised by Evaluation Specialist. Evaluation Reference Group (ERG) will be formed and consisted of experts from the Government, NRCS, UNICEF and other relevant partners. ERG members will provide support in quality assurance of deliverables through providing expert advice on the course of the evaluation direction, contents in the analysis, verification of findings and applicability of recommendations to the context of Nepal.

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**11. QUALIFICATIONS AND EXPERIENCE REQUIRED**

A consultancy company must have a local partner or a team member fluent in Nepali; extensive experience in evaluations of humanitarian actions implemented between UN agencies, government and nongovernmental organizations.

- Strong track record in robust evaluations and research
- Extensive experience and strong track record in translating evaluation findings into actionable recommendations, as demonstrated by previous work.
- Demonstrated capacity to communicate evaluation findings to diverse audiences.
- Previous work with UNICEF or other development agencies in a similar area is desirable, but not essential.

The team should be composed of one Team Leader and a sufficient number of team members to ensure the successful implementation of the assignment. Team members proposed in any bidding document must be available for the duration of their assigned tasks.

The data collection team must be fluent in Nepali and play a facilitating role vis-à-vis non-Nepali-speaking team members. Where necessary, interpretation services will need to be subcontracted.

Team Leader will be the principal evaluation expert with an extensive experience in evaluating a humanitarian action. The Team Leader will carry out interviews and data analysis and oversee the entire process and be responsible for deliverables of excellent quality. The Team Leader must have:

- a. Advanced degree in international affairs and other social sciences related field.
- b. At least ten years' experience in managing, designing and conducting evaluations of humanitarian interventions.
- c. In-depth knowledge of and experience in the work of UNICEF and/or other similar UN organizations or development agencies.
- d. In-depth knowledge of human rights, equity and gender-based approaches to programming, policies and strategies.
- e. Demonstrated ability to deliver high-quality written reports in English and to engage effectively with stakeholders at all levels.

The Evaluation Team Members will support the Team Leader in interviews, desk research and secondary data analysis. They will be responsible for timely and accurate delivery of results.

- a. Members of the Team should have master's or bachelor's degree in international affairs, sociology, statistics and other social science related field.
- b. Data analyst must also be responsible for financial data evaluation and have at least 5 years of experience in statistical analysis.
- c. Qualitative expert must have at least 5 years of experience in conducting interviews and focus group discussions, including in qualitative data analysis and visualization.
- d. Team must be gender balanced.
- e. Fluency in English is essential.
- f. Fluency in Nepali and other languages in Nepal is essential.

## 12. APPLICATION AND EVALUATION PROCESS:

In making the final decision, UNICEF considers both technical and financial aspects. The proposal that offers the best value for money will be recommended for award of the contract.

### **The Technical Proposal should include but not be limited to the following:**

- **Company Profile**  
*Ensure to include information related to the experience of the company as required and outlined in item 10 of this document. Details of similar assignments undertaken in last three years including the following information*
- **Work Plan**  
Proposed work plan showing detailed sequence and timeline for each activity and man days of each proposed team member
- **Team Composition**  
Title and role of each team member
- **CV's**  
CV of responsible officers and field coordinators (including qualifications and experience)  
  
Ensure to include information related to the qualifications and experience of each proposed team member as required and outlined in item 10 of this document.
- Any project dependencies or assumptions

### **The Financial Proposal should include but not be limited to the following:**

Bidders are expected to submit a lump sum financial proposal to complete the entire assignment based on the terms of reference. The lump sum should be broken down to show the detail for the following:

- **Human Resource cost:** This should include the cost related to project planning and coordination operational cost.
- **Data Entry Cost:** The data on Social Protection beneficiaries are collected by the local government and the firm should make data entry into the MIS system closely with the local government. This should include the cost of data entry per beneficiaries as the estimated number of data entry may vary.
- **Data verification cost:** It is recommended to provide per beneficiaries' data verification cost as exact number of entry may vary from estimation.
- **Travel Costs**

All travel costs should be included as a lump sum fixed cost.

For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal. A breakdown of the lump sum travel costs should be provided in the financial proposal.

- **Any other costs (if any)** Indicate nature and breakdown
- **Copy of the company registration**
- **Recent Financial Audit Report**
- Report should have been carried out in the past 2 years and be certified by a reputable audit organization.

**Technical evaluation criteria:**

<p>A consultancy company must have a local partner or a team member fluent in Nepali; extensive experience in evaluations of humanitarian actions implemented between UN agencies, government and non-governmental organizations.</p> <ul style="list-style-type: none"> <li>• Strong track record in robust evaluations and research</li> <li>• Extensive experience and strong track record in translating evaluation findings into actionable recommendations, as demonstrated by previous work.</li> <li>• Demonstrated capacity to communicate evaluation findings to diverse audiences.</li> <li>• Previous work with UNICEF or other development agencies in a similar area is desirable, but not essential.</li> </ul>	10
<p>. The Team Leader must have:</p> <ol style="list-style-type: none"> <li>a. Advanced degree in international affairs and other social sciences related field.</li> <li>b. At least ten years’ experience in managing, designing and conducting evaluations of humanitarian interventions.</li> <li>c. In-depth knowledge of and experience in the work of UNICEF and/or other similar UN organizations or development agencies.</li> <li>d. In-depth knowledge of human rights, equity and gender-based approaches to programming, policies and strategies.</li> <li>e. Demonstrated ability to deliver high-quality written reports in English and to engage effectively with stakeholders at all levels.</li> </ol>	15
<ol style="list-style-type: none"> <li>a. Members of the Team should have master’s or bachelor’s degree in international affairs, sociology, statistics and other social science related field.</li> <li>b. Data analyst must also be responsible for financial data evaluation and have at least 5 years of experience in statistical analysis.</li> <li>c. Qualitative expert must have at least 5 years of experience in conducting interviews and focus group discussions, including in qualitative data analysis and visualization.</li> <li>d. Team must be gender balanced.</li> <li>e. Fluency in English is essential.</li> <li>f. Fluency in Nepali and other languages in Nepal is essential.</li> </ol>	15

Technical proposal: a. Comprehensive workplan b. Risk mitigation measures and contingency planning c. Ethic procedures d. Clear and precise evaluation approach and methods	30
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Page	
<b>Total</b>	<b>70</b>
Only proposals which receive a minimum of 49 marks will be considered further for financial evaluation	

Bidders are required to estimate travel costs in the Financial Proposal. Please note that i) Air travel costs shall be calculated based on economy class fare regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed the applicable daily subsistence allowance (DSA) rates, as propagated by the International Civil Service Commission (ICSC).

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## Annex 2: Amendments to programme

Amendment #	Date of amendment	Summary of changes
Amendment 1 <sup>33</sup>	July 2020	<ul style="list-style-type: none"> <li>• Time extension to December 2020</li> <li>• Expansion of the programme in six municipalities in province 1</li> <li>• Budget/cost extension (specific figures not indicated)</li> <li>• Revised results framework including:               <ul style="list-style-type: none"> <li>- WASH interventions at the point of entry (POE)</li> <li>- WASH services including hygiene promotion in school/QC/isolation centre</li> <li>- Transportation of vulnerable returnees from POEs and holding centres</li> <li>- Adjustment of HR at NRCS HQ and field level for effective and timely programme implementation.</li> </ul> </li> </ul>
Amendment 2 <sup>34</sup>	December 2020	<ul style="list-style-type: none"> <li>• Time extension to June 2021</li> <li>• Extension of the interventions in province 3, especially Kathmandu valley in 6 municipalities</li> <li>• Budget/cost extension: Rs 84,164, 567 plus added 66865715 totalling Rs 151,030,282 (cash plus surplus)</li> <li>• Revised results framework including:               <ul style="list-style-type: none"> <li>- WASH and health care interventions as part of IPC including hygiene promotion</li> <li>- Case investigation and contact tracing (CICT)</li> <li>- Vulnerability assessment and mapping</li> <li>- Services for home isolation and quarantine</li> <li>- Follow up support for system strengthening on COVID preparedness and response plan</li> <li>- Info management linking with federal CIMS system including coordination mechanism</li> <li>- Supporting unit action team to reach out community on risk communication</li> <li>- Adjustment of HR at NRCS HQ and field level for effective and timely programme implementation.</li> </ul> </li> </ul>

<sup>33</sup> UNICEF and NRCS (2020) Humanitarian Programme Document. Programme Document Amendment Form. 1<sup>st</sup> Amendment. 31/12/2020

Amendment 3 <sup>35</sup>	June 2021	<ul style="list-style-type: none"> <li>• Time extension to December 2021</li> <li>• Budget revision (Rs 151,030,282) and amendment added Rs 30,822,450</li> <li>• Revised results framework including: <ul style="list-style-type: none"> <li>- Additional support at POE, holding centres and isolation centres</li> <li>- Transportation support of vulnerable people to their destination and positive cases from POE to isolation centres to access timely cases</li> <li>- Continuous support in key programmatic areas of WASH and health care interventions as part of IPC including hygiene promotion, Case investigation and contact tracing (CICT), Vulnerability assessment, community/event based surveillance support in vaccination, services for home isolation and quarantine, Follow up support for system strengthening on COVID preparedness and response plan, Info management linking with federal CIMS system including coordination mechanism, Supporting unit action team to reach out community on risk communication</li> <li>- Adjustment of HR at NRCS HQ and field level for effective and timely programme implementation.</li> </ul> </li> </ul>
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## Annex 3: Evaluation Matrix

### Summative: DAC criteria (EQ 1-12) and Formative: PAT Principles (EQ 13)

Evaluation question	Judgment	Indicators /checklist	Sources of	Collection
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<sup>35</sup> UNICEF and NRCS (2021) Humanitarian Programme Document. Programme Document Amendment Form. 2<sup>nd</sup> Amendment. 30/06/2021

		criteria	information	methods	
<b>Connectedness</b>					
1	What long term consequences will the partnership have on the local government capacity to respond to the emergencies such as the pandemic caused by COVID-19?	<ul style="list-style-type: none"> <li>• System / Mechanism Preparedness and Response Plan</li> <li>• Disaster Management and Response Committees Capacity Development</li> </ul>	<ul style="list-style-type: none"> <li>• Local Governments have developed and implemented disaster preparedness and response plan with support from NRCS</li> <li>• Local Disaster Management Committees have received Disaster Management and Response Training</li> <li>• Local Disaster Management Committees have formed / trained / mobilized local community groups for Rapid Need Assessment, Search Rescue and Relief Distribution</li> </ul>	<ul style="list-style-type: none"> <li>• NRCS periodic report</li> <li>• NRCS officials municipality/Local Disaster Management Committee focal persons</li> </ul>	<ul style="list-style-type: none"> <li>• NRCS periodic report review</li> <li>• KII with NRCS officials</li> <li>• KII with municipality focal persons Local Disaster Management Committee members</li> </ul>
2	To what extent did the partnership support action that contributed to gender and equity focused interventions in humanitarian settings?	<ul style="list-style-type: none"> <li>• Situation assessment</li> <li>• Gender sensitive and equity focussed humanitarian support</li> <li>• Gender programming</li> <li>• Participation</li> <li>• Gender disaggregated monitoring</li> <li>• GBV</li> </ul>	<ol style="list-style-type: none"> <li>1. Situation assessment (Rapid and Detail Needs Assessment) has analysed situation and need of women, girls, disabled, elderly, pregnant women, lactating mothers and other vulnerable people</li> <li>2. Response programme is gender sensitive (quantity, timing, material types)</li> <li>3. Community Engagement has included women, girls, disabled, elderly, pregnant women, lactating mothers and other vulnerable (sharing information, collecting feedback, involving in project design and implementation)</li> </ol>	<ul style="list-style-type: none"> <li>• NRCS periodic report</li> <li>• NRCS officials</li> <li>• Municipality gender focal persons</li> <li>• Women, girls and persons with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• KII with NRCS officials</li> <li>• KII with municipality gender focal persons</li> <li>• FGDs with women, girls and persons with disabilities</li> </ul>

Coherence					
3	To what extent did the partnership complement the national humanitarian policies relevant to the emergency situations such as the pandemic?	<ul style="list-style-type: none"> <li>• Coordination with government agencies</li> <li>• Participation in government forums</li> <li>• Advocacy Collaboration with others - in policy / strategy</li> </ul>	<ul style="list-style-type: none"> <li>• The project/plan is aligned with the Government Policy, Strategy, Plan (DRR/COVID-19)</li> <li>• Coordination, collaboration in national, provincial and local government forums / clusters</li> <li>• Project's effort to avoid the duplication of effort with other actors in project districts</li> </ul>	<ul style="list-style-type: none"> <li>• NRCS officials</li> <li>• Municipality focal persons</li> <li>• MOFAGA</li> </ul>	<ul style="list-style-type: none"> <li>• KII</li> <li>• Document review</li> </ul>
Coverage					
4	To what extent did the partnership interventions cover all intended target groups?	<ul style="list-style-type: none"> <li>• Situation assessment</li> <li>• Gender programming</li> <li>• Disaggregated information</li> <li>• Participation in the process</li> </ul>	<ul style="list-style-type: none"> <li>• Project has reached the most marginalised / vulnerable communities (geographically isolated, economically poor, persons with disabilities, women/child headed families, Dalit and other ethnic minorities, pregnant women, lactating mothers)</li> <li>• Project has adopted strategy/approach to reach the most marginalised/vulnerable/unreached group</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary report</li> <li>• NRCS report</li> <li>• Community people</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• FGD with women, girls and other vulnerable people</li> </ul>
5	Did the partnership's interventions meet the target group's emerging needs as intended?	<ul style="list-style-type: none"> <li>• Post distribution monitoring</li> <li>• Relevance</li> <li>• Timeliness</li> </ul>	<ul style="list-style-type: none"> <li>• The project has met the priority needs of the target beneficiaries (types, quality, quantity, timing).</li> </ul>	<ul style="list-style-type: none"> <li>• Post Distribution Monitoring Report</li> <li>• Community people</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Post Distribution Monitoring report</li> <li>• FGDs or HHS with community people</li> </ul>
Efficiency					
6	Are the partnership's financial, human, technical	<ul style="list-style-type: none"> <li>• Efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Project has met the scope (quality, quantity, time) with</li> </ul>	<ul style="list-style-type: none"> <li>• NRCS officials</li> <li>• Financial reports</li> </ul>	<ul style="list-style-type: none"> <li>• KII</li> <li>• FGDs</li> </ul>

	and material resources sufficient to achieve its intended results? Could other alternatives have provided the same or better results with less financial?		the planned financial, human, technical and material resources. <ul style="list-style-type: none"> <li>The project has considered the value for money in project design and implementation.</li> </ul>		<ul style="list-style-type: none"> <li>Cost Effectiveness Analysis (VfM)</li> </ul>
7	Is the partnership's operational management efficient in terms of time spent for financial and programmatic procedures? Were there delays and what caused them?	<ul style="list-style-type: none"> <li>Procurement policy (request, approval)</li> <li>Quality assurance, stock management mechanism</li> <li>Waiver mechanism (if any)</li> </ul>	<ul style="list-style-type: none"> <li>The project has developed and/or implemented the effective warehouses management system</li> <li>The project has adopted internal policies, procedure (such as procurement, HR, financial, programme) according to needs, situation and government policies</li> </ul>	<ul style="list-style-type: none"> <li>Internal policies, guidelines, rules</li> <li>Project team</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KII</li> </ul>
8	How did monitoring of the partnership's interventions used to keep track of progress and address bottlenecks in a timely manner?	<ul style="list-style-type: none"> <li>Stock piling</li> <li>Inventory management</li> <li>Distribution records</li> <li>Issue management</li> </ul>	<ul style="list-style-type: none"> <li>The project has developed and implemented M&amp;E framework</li> <li>Project has collected/analysed and used progress reports on inputs/process, outputs and outcomes level periodically</li> <li>The project has organised review/reflections among project stakeholders on a regular basis</li> <li>Recommendations/issues are documented/responded/tracked on a regular basis</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E framework, forms/formats</li> <li>Meeting minutes</li> <li>Issue log</li> <li>NRCS officials</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> </ul>
9	Is multi programme partnership with the NRCS more efficient operationally and programmatically in comparison to single programme partnerships?	<ul style="list-style-type: none"> <li>Synergy effect</li> </ul>	<ul style="list-style-type: none"> <li>Multi-programme project has benefits (and challenges) in terms of programmatic and operational efficiency.</li> </ul>	<ul style="list-style-type: none"> <li>Project team</li> </ul>	<ul style="list-style-type: none"> <li>KII</li> </ul>

Effectiveness					
10	To what extent were the partnership's intended results up to present achieved?	<ul style="list-style-type: none"> <li>Planned vs Actual</li> </ul>	<ul style="list-style-type: none"> <li>The project has achieved the project results within the planned timeframe and resources.</li> </ul>	<ul style="list-style-type: none"> <li>Periodic report</li> <li>Project team</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>KII with NRCS and UNICEF officials</li> </ul>
11	How did the partnership make a difference in the target groups' lives within its intended results? How did it differently help women, men, girls and boys, especially from vulnerable and marginalized groups?	<ul style="list-style-type: none"> <li>Impact on vulnerable people</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of changes in target group/community as a result of project intervention</li> <li>Project has implemented specific intervention/approaches to address the need of women, men, girls, boys, disabled, pregnant, lactating mothers, elderly people during emergency.</li> </ul>	<ul style="list-style-type: none"> <li>Project team</li> <li>Community people</li> <li>Project progress report</li> </ul>	<ul style="list-style-type: none"> <li>KII</li> <li>FGD</li> </ul>
12	Is multiple programme partnership with the NRCS more effective in delivering results in comparison to single programme partnerships?	<ul style="list-style-type: none"> <li>Synergy effect (more clarification needed)</li> </ul>	<ul style="list-style-type: none"> <li>Multi-programme projects has benefits (and challenges) in achieving project results</li> </ul>	<ul style="list-style-type: none"> <li>Project team</li> <li>Document</li> </ul>	<ul style="list-style-type: none"> <li>KII</li> </ul>
13	To what extent was the partnership between NRCS and UNICEF successful?	<ul style="list-style-type: none"> <li>Partnership strategy/approach</li> </ul>	<ul style="list-style-type: none"> <li>Strong factors exist that enable partnership (principle 1)</li> <li>There are clear collaborative advantage / incentives in partnership (principle 2)</li> <li>Effective project governance (project board/sponsor) and change management in place (principle 3)</li> <li>Contribution of each partner (technical, financial, coordination, etc) is well recognised (principle 4).</li> <li>5Partners are clear on their</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF and NRCS staff</li> </ul>	<ul style="list-style-type: none"> <li>FGD (workshop?) using Partnership Assessment Tool (Partnering Process Tool?)</li> </ul>

			<p>roles, responsibilities and accountable on their actions (principle 5).</p> <ul style="list-style-type: none"><li>• Effective mechanism is in place to assess the success of partnership (principle 6).</li><li>• Regular review and reflections between partners are conducted and followed.</li></ul>		
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# Annex 4: List of Documents Reviewed

## Background documents

- The Government of Nepal and UNICEF (2018) Country Programme Action Plan (CPAP) 2018-2022
- UNICEF (2021) Nepal Humanitarian Situation Report No.1. Reporting Period: 1 January-31 May 2021.
- UNICEF (2021) Nepal Humanitarian Situation Report No.2. Reporting Period: 1 January-30 June 2021.
- UNICEF (2021) Nepal Humanitarian Situation Report No.3. Reporting Period: 1 July-31 July 2021.
- UNICEF (2021) Nepal Humanitarian Situation Report No.4. Reporting Period: 1 August-31 August 2021
- UNICEF (2021) Nepal Humanitarian Situation Report No.5. Reporting Period: 1 September-31 October 2021.
- UNICEF (2021) Nepal Humanitarian Situation Report No.6. Reporting Period: 1 January-31 December 2021.

## Partnership agreements and documents

- UNICEF and NRCS (2020) Humanitarian Programme Document with NRCS on COVID response – signed.
- UNICEF and NRCS (2020) Humanitarian Programme Document. Programme Document Amendment Form. 1<sup>st</sup> Amendment. 31/12/2020
- UNICEF and NRCS (2020) Final Humanitarian Programme Document with NRCS on COVID response Dec 2020.
- UNICEF and NRCS (2021) Humanitarian Programme Document. Programme Document Amendment Form. 2<sup>nd</sup> Amendment. 30/06/2021
- UNICEF and NRCS (2021) Humanitarian Programme Document. Programme Document Amendment Form. 3<sup>rd</sup> Amendment. 31/12/2021
- UNICEF Nepal and Nepal Red Cross Society (2014) MoU between UNICEF Nepal and NRCS for Emergency Preparedness, Response and Early Recovery.
- NRCS (no. date) NRCS areas of collaboration for COVID preparedness and response.
- NRCS (2020) Nepal Red Cross Society Covid-19: Contingency Plan.
- UNICEF Nepal (2020) HACT Audit and Spot Check Recommendations Follow up. Name of IP: Nepal Red Cross Society.

## Programme Documents and reporting

UNICEF (2021) Programmatic Visit Report (2nd programmatic field visit report). 06/11/2021

UNICEF (2021) Programmatic Visit Report (3rd programmatic field visit report). 28/05/2021.

UNICEF (2021) Programmatic Visit Report (4th programmatic field visit report). 05/07/2021-09/07/2021.

NRCS (2021) Nepal Red Cross Society COVID-19 Preparedness and Response Programme 2021. Programme Reporting Period: December 2021. Progress report.

NRCS (2021) Disaster Management Department COVID-19 Preparedness and Response Programme: Programme Review and Lesson Learnt Workshop. 29th December 2021. Workshop minutes.

NRCS (2020) Final Budget. 9 May 2020. Finance approval. Excel sheet.

NRCS and UNICEF? (2021) Annex December 2021. Annex 1: Beneficiaries (direct and indirect tracking) details by mobilising Unit Action Team (UAT) members and NRCS volunteers; Annex 2 : Unit Action Team (UAT) mobilisation details; Annex 3: Conduction of vulnerability assessment. Excel Book.

NRCS and UNICEF? (2021) Indicator Tracking 2020-21. December 2021. Excel Book

## Other

Clare, A (2020) Covid-19 in South and Southeast Asia: A Quick Guide, Parliament of Australia Research Paper Series 2020-21 [COVID-19 in South and Southeast Asia: a quick guide \(aph.gov.au\)](https://aph.gov.au/Research-Papers-and-Reports/COVID-19-in-South-and-Southeast-Asia-a-quick-guide)

Dan Church Aid. (2020). "Covid-19 Impact on Migrant Workers" in Sudurpaschim Pradesh. DCA.

Gopinath, G. (2020), "The Great Lockdown: Worst Economic Downturn Since the Great Depression", available at: <https://blogs.imf.org/2020/04/14/the-great-lockdown-worst-economic-downturn-since-the-great-depression/>

Hardy B, Hudson B, Waddington E: (2003). Assessing Strategic Partnership: the Partnership Assessment Tool: Nuffield Institute

ILO Monitor: COVID-19 and the world of work. Second edition (2020), available at: [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_740877.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_740877.pdf)

IOD PARC (2021). Study on Local Government Bounce-back from Covid-19: Phase 1 Context (Resilience MEL Unit UK FCDO)

IOD PARC (2021) The Impact of Covid-19 on Poor and Vulnerable Groups in Nepal (Resilience MEL Unit UK FCDO)

Lowy Institute (2020) [Covid-19: The need to aid Asia to open up | The Interpreter \(lowyinstitute.org\)](https://www.lowyinstitute.org/insights/covid-19-the-need-to-aid-asia-to-open-up)

UNICEF (2021) COVID-19 Response and WASH lessons learned in Nepal

UNICEF (2021) Real Time Assessment of UNICEF's COVID-19 Response in South Asia, Regional Office for South Asia (ROSA) Evaluation Section

UNCDF (2020) Covid-19 Emergency Response: Local Government Finance [covid guidance-edition 4 supplement-english .pdf](#)

UNICEF (2021) *Direct and Indirect Effects of COVID-19 Pandemic and Response in South Asia* [4-page Summary Report.pdf \(unicef.org\)](#)

UNESCAP (2020) Covid-19 and South Asia: National Strategies and Sub-regional Cooperation for Accelerating Inclusive, Sustainable and Resilient Recovery [South Asia Covid-19 Paper\\_5.pdf \(unescap.org\)](#)

World Bank. (2020), The Economic Impact of COVID-19 on South Asia: The Cursed Blessing of Public Banks, Spring, Washington DC.

# Annex 5: Data Collection Tools

## KII Checklist (UNICEF officials)

1. How did the partnership contribute to UNICEF's global/country strategy?
2. How did the partnership contribute to Government's long-term strategy?
3. How did the partnership select project interventions? Is there any evidence of the effectiveness of the partnership in project interventions?
4. Did partnership experience any shortfalls that affected project scope (quality, quantity, time)? How did you manage it?
5. How has the partnership helped to manage such issues?
6. What mechanism did you have to discuss progress and bottlenecks?
7. How frequently did partnership stakeholders meet to discuss on progress?
8. How did you track/manage the partnership achievements (achievement of outcomes, under achievements, unforeseen positive or negative impacts/outcomes, quality concerns, people's perception/feedback)? What mechanisms are there to address issues?
9. How has the project strengthened the capacity of the government (central and local) in humanitarian response?
10. How has the project contributed to gender equality and social inclusion? What mechanism do you have to ensure the project is gender sensitive?
11. What benefits and challenges did you face in multi programme partnership?
12. To what extent the project has met its scope (people reach, outcomes/outputs, cost)?

## KII Checklist (NRCS officials)

1. What was NRCS's contribution to the partnership?
2. How sustainable have the partnership's interventions been? How is this sustainability assessed?
3. How inclusive was the project team? (in terms of gender, caste/ethnicity and disabilities)
4. How has the project contributed to gender equality and social inclusion?
5. What is your approach in strengthening capacity of the project staff and volunteers (at central and field level) in gender equality and social inclusion?
6. How do you rate partnership activities from a GESI perspective (gender blind - activities that do not recognize gender issues, gender neutral - activities that recognises gender issues but the activities do not address them and therefore reinforce inequalities, gender aware - addresses practical needs/issues by improving the conditions of women and girls, gender transformative - addresses strategical needs/issues by improving the social position to transform unequal power relations)?

7. How did you analyse the specific needs of vulnerable people? How did you ensure they benefitted from partnership interventions?
8. What support / feedback did you get from UNICEF in ensuring GESI was addressed in in interventions?
9. How does the project contribute to the LG's disaster preparedness and response plan?
10. Did the LG's plan include the partnership's interventions?
11. What are the contributions from the partnership in developing government policies and systems at provincial and local levels? How did local and provincial government policies and systems affect the partnership and its interventions?
12. What were the partnership's contributions in central and local forums (cluster meetings, NGO forums)?
13. What were the mechanisms at central, provincial, and local level to avoid duplication of effort by different stakeholders?
14. How did you set the beneficiary targets?
15. What different approaches did you adopt to benefit different groups of people?
16. How did the partnership select project interventions? Is there any evidence of the effectiveness of the partnership and its interventions?
17. Did the partnership experience any shortfalls that affected intervention scope (quality, quantity, time)? How were shortfalls managed?
18. Did the partnership have a role in managing such issues? Please describe/ elaborate
19. How supportive are internal policies/procedure/systems to implement humanitarian programmes? Did project experience any difficulty in implementing projects due the internal policies, decision making process?
20. Were there specific internal policies/procedures/systems agreed between UNICEF and NRCS for managing the partnership? Were there significant differences between UNICEF and NRCS policies/processes/procedures that led to challenges/difficulties in managing the partnership and its interventions? Or did UNICEF and NRCS processes harmonise?
21. What would you change in a future partnership?
22. Do you have warehouse management system? How informative is it? Did it provide the information that was needed for management decisions?
23. What mechanism did you have to discuss on the progress and bottleneck?
24. How frequently did project stakeholders meet to discuss on progress?
25. How did you track/manage the project achievements (achievement of outcomes, under achievements, unforeseen positive or negative impacts/outcomes, quality concerns, people's perception/feedback)?
26. What mechanisms were there to address issues?

## Key Informant Interview (KII) checklist (focal person of Disaster Management Committees/COVID Preparedness and Response Committees)

1. Did the Committee prepare a disaster preparedness and response plan? How was the disaster preparedness and response plan developed?
2. What was the process followed to identify the needs of the plan?
3. Who was involved in the DRR planning, design, and drafting processes?
4. What were your responsibilities? What were others' responsibilities?
5. Who was in the committees? How frequently did you meet? What was generally discussed in the meeting? How did you make decisions?
6. What was/is the capacity development activities Who supported it? What was the changes observed in the committee?
7. To what extent has UNICEF/NRCS partnership supported the development of capacity of the local government / committees in disaster risk reduction / management / humanitarian responses? How has it benefitted the government?
8. How were you implementing the plan? What were the challenges? How to you address the challenges?
9. Does the municipality have a GESI strategy / Plan? Would you please describe in brief what does it cover?
10. What support did you get from the UNICEF and NRCS partnership?
11. How did the project contribute to the LG's disaster preparedness and response plan? Were the project activities part of the LG's disaster preparedness and response plan?
12. Was there any contribution from the project in developing government policy, system?
13. What have been the project contributions to central and local forums (cluster meetings, NGO forums)?
14. What were the mechanisms in the central and local level to avoid the duplication of effort by different agencies?
15. How timely has the project provided information to the LGs?
16. How beneficial was the Management Information System to the municipalities that was developed from this project?

## FGD checklist (beneficiaries)

1. Are you aware of province level, municipality level and ward level Disaster Management Committees?
2. Are you aware of COVID preparedness and Response Committees?
3. What are their responsibilities?
4. What are the positive (negative) outcomes from the activities implemented by above committees?
5. Are you aware about the preparedness and response plan?
6. Did you participate in developing and implementing the plan? How?
7. How has the UNICEF-NRCS partnership project addressed your specific needs?

8. Were there any difficulties / was it easy to approach the project team In Getting the project benefits? and providing the feedback?
9. How have you benefitted from the project? What changes do you observe in your family? community?
10. Are there any groups which needed project support but have not benefitted from the project? Why? What were the obstacles?
11. How did the partnership reach them?
12. How well was the project designed/implemented to meet the needs of each of vulnerable groups?
13. What changes (intended/unintended) were observed in their lives?
14. Did the project support you in time of your need? How? If not, why not?
15. Did the project support address your need? Were there any activities that were not relevant to you?
16. Do you have any suggestions/feedback to the UNICEF-NRCS for betterment of the project (design, implementation)?

## Annex 6: Participant Information Sheet and Informed Consent Form

### Acknowledgments and Presentation of the Team:

Hello, my name is \_\_\_\_\_, and I work with IOD PARC. We want to thank you for accepting the invitation to participate in this conversation, which will be of great importance for the evaluation we are conducting.

The interview with you will take about *[insert time]* to complete.

### Presentation of the Evaluation

IOD PARC, a UK-based consulting company, has been contracted by UNICEF Nepal to conduct an evaluation of the UNICEF and NRCS partnership, looking at implemented results in addition to operations and the overall management process of the partnership. The evaluation is predominantly for **learning** purposes.

The **three specific objectives** of the evaluation are to:

- Evaluate the performance of partnership activities and the extent to which its intended results were achieved.
- Assess good and bad lessons learned
- Provide practical recommendations to improve the partnership management performance to deliver sustainable outcomes in the emergency situations in Nepal.

### Presentation of the Interview and Work Methodology

We would like to clarify that there will be no immediate benefit of your participation in this evaluation, although in the long term it is expected that the results of the evaluation may improve the working of UNICEF and NRCS in future partnerships, especially in their response to future emergency situations. No incentive be offered for participating in this interview.

All interviews are confidential. The information will be used only in an aggregate form in our report and cannot be attributed to the people interviewed. No interviewee will be identified, except as part of a relationship or list of people interviewed, which will be included at the end of the evaluation document.

Participation is completely voluntary. You have every right to decide to participate or not. You will be provided with two copies of this Consent Form and asked to sign both and keep one for your records. You can ask to have the form read out to you and then sign. By signing you are indicating that you have understood your rights as a participant and that you agree to take part.

---

Participant's name

---

Participant's organisation

---

Participant's signature

---

Date

---

Name of person obtaining consent

---

Signature of person obtaining consent

---

Date

"I agree to participate in this research project"  
NO

YES

"I agree to the use of anonymous extracts from my interview  
in reporting"

YES

NO

"My views can be taken as representing my organisation"  
NO

YES

In case of questions or complaints about this evaluation, you can contact UNICEF through [Sevara Hamzaeva; Phone: 9802327205 Phone: or IOD PARC through Vijay Shresthra; Phone: 9851034719

I have some questions to guide our conversation. In the case that there is something that you feel is beyond your experience or knowledge, please let me know. To help the evaluation team remember our conversation today, I will be taking some handwritten notes. However, I will not be recording (audio) the meeting and will not take any photos.

Before we begin, do you have any questions or concerns related to the assessment or this interview?

## Annex 7: List of People Consulted

Sevara Hamzaeva	UNICEF Evaluation Specialist	shamzaeva@unicef.org
Sunita Kayastha	UNICEF Nepal DRR Emergency Team	skayastha@unicef.org
Toya Nath Subedi	UNICEF Planning and Monitoring Team	tsubedi@unicef.org
Amadou Seck	UNICEF Planning and Monitoring Team	aseck@unicef.org
Rajendra Rokaha	NRCS Programme Coordinator	
Dinesh Kushwaha	NRCS Finance Officer	
Manbadr Singh	NRCS Programme Officer	manbdr.singh@nrcs.org
Sirjana Devkota	NRCS Programme Officer	sirjana.devkota@nrcs.org
Tikaraj Poudyal	NRCS Programme Officer	tikaraj.paudyal@nrcs.org
Kshitiz Acharya	NRCS WASH Coordinator	kshitiz.acharya@nrcs.org