

CONCEPT NOTE
FINAL EVALUATION OF THE BETTER REPRODUCTIVE HEALTH AND RIGHTS
FOR ALL IN INDONESIA (BERANI) PROGRAMME
(2018-2022)

I. INTRODUCTION

Approaching the end of the BERANI programme in March 2023, a final evaluation is required for accountability and learning purposes, measuring the programme relevance, effectiveness, efficiency, coherence, sustainability, coverage, and connectedness. This final evaluation will be build upon the results of the Mid-Term Review, and focus on the last 1.5 years of the programme implementation. It is expected to capture overall the programme achievements and contribution of the programme to the intended goals and highlight the collection of important lessons learned in relation to the above OECD-DAC criteria and/or best practices of the BERANI programme for future programming.

The primary audience and users of the final evaluation include program managers at the UNFPA and UNICEF Indonesia (Country Office), the Government of Indonesia, the Government of Canada (the donor of the programme), and relevant partners and stakeholders including, but not limited to, civil society organizations (CSOs), professional organizations (Indonesian Midwives' Association), and the UN-RCO (United Nations Resident Coordinator Office) in Indonesia

The final evaluation will be conducted by an external, independent team of evaluators (referred to as the Evaluation Team), in accordance with the ethical norms and the United Nations Evaluation Group (UNEG) standards, and UNFPA Guidance on Programme Evaluations.. The final evaluation will be managed by UNFPA and UNICEF Indonesia COs.

This Terms of Reference (ToR) set out the details of the final evaluation process, methodology, outputs and management arrangements, including quality assurance mechanisms.

II. CONTEXT

With the support from the Government of Canada, UNFPA and UNICEF, together with the Government of Indonesia as the national counterparts (including BAPPENAS, BKKBN, MOH and MOWECP) have been working since 2018 to improve sexual and reproductive health and rights (SRHR) for women and young people in Indonesia, through a joint programme called BERANI - Better Reproductive Health and Rights for All in Indonesia. The BERANI programme aimed to increase the quality of skilled birth attendance (SBA) and decreasing maternal mortality; increasing access to SRHR information and services to young people through comprehensive sexuality education (CSE) and a youth friendly services (UNALA); and decreasing harmful practices such as child marriage and female genital mutilation/cutting (FGM/C) and gender based violence (GBV) through advocacy, evidence-generation, and capacity building. The BERANI programme

was implemented through partnerships with parliamentarians, faith-based organizations, the private sector, philanthropists, and youth and women's networks.

Increasing universal access to sexual and reproductive health and rights (SRHR) is the centrality of the UNFPA's mandate. Given its close partnership with the Government of Indonesia, UNFPA is uniquely positioned to deliver the BERANI programme. Furthermore, not only has UNFPA advocated addressing SRHR issues with a broad array of stakeholders, UNFPA is co-leading the Family Planning 2030 country coordination, working to ensure that a rights-based approach is central to national and subnational family planning. The BERANI programme is implemented as a joint-programme with UNICEF Indonesia, that has been implementing multi-sectoral activities which aim to increase the knowledge and skills of girls in areas related to menstrual hygiene management (MHM), adolescent health, child marriage, competency-based life skills, and adolescent participation.

In November 2021, UNFPA and UNICEF Indonesia have conducted an independent Mid-Term Review of the BERANI Programme that served three main purposes, to: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the formulation of the 2022 work plans and possible BERANI continuation after 2022. Findings and results of the review have been disseminated to the stakeholders through a workshop, and follow up actions have been made to foster collaboration and engagement of relevant stakeholders, as well as improve the delivery of the BERANI programme.

Programme Overview

Health is a key determinant in a human being's quality of life, and for women and girls, sexual and reproductive health (SRH) plays a major role in overall health. In many situations, addressing SRH challenges goes beyond providing solutions for health, as it also addresses other development challenges in education, economic empowerment and equality and brings about poverty reduction through family planning. However, when we talk about SRH, it is not enough to improve access to quality services (including information). The denial of rights to women and girls becomes an impediment in getting services and limits choice, creating a vicious cycle that results in increasing the burden of disease, inequalities, and poverty. Despite the progress that Indonesia has made in addressing health challenges, there is much that needs to be improved on equitable SRH; reducing maternal deaths, ensuring rights-based family planning, preventing and responding to GBV, as well as fulfilling the needs of young people for SRH services and information—in and out of school.

UNFPA and UNICEF support the government and other national partners in reaching Indonesia's development objectives to better the lives of women and girls. To significantly improve the quality of integrated SRH services, UNFPA contributes to increasing the capacity of health workers in order to provide the best possible care for all. To promote integrated maternal health care and safe childbirth, UNFPA works to strengthen and enforce the standards and regulations pertaining to midwifery education

together with the Ministry of Health and the Indonesian Midwives Association. Midwives are at the frontline of healthcare, often they are the first point of engagement for maternal and reproductive health prior to referrals to state health care. Making sure that the midwives deployed to communities have the highest standards of skills in their practice will lead to positive results in SRH. Through BERANI, UNFPA has been supporting the establishment of five centers of excellence for midwifery education by adopting the International Confederation of Midwives (ICM) and WHO gold standards for midwifery education. Centers will be selected to represent variation of the schools (public, private, diploma, profession), and geographical/regional spread. To promote evidence-based policy making, UNFPA has been carrying out studies on SRHR, covering the areas of midwifery, family planning and maternal health, including within the context of Indonesia's Health Insurance Scheme – providing the basis for policy dialogue with national stakeholders. Together with BKKBN, partnerships fostered through the FP 2020 Country Committee involving government, donors, CSOs, faith-based organizations, and the private sector, will provide results in reaching data consensus, in ensuring rights-based family planning, and in overcoming challenges in the implementation/ operationalization of the national family planning programme. The outputs to achieve this immediate outcome are:

- Output 1.1.1.1: Technical assistance provided on the establishment of 5 centers of excellence for midwifery education
- Output 1.1.1.2: Trainings and technical advice provided to the Indonesian Midwife Association to implement and provide quality assurance on midwifery
- Output 1.1.1.3: Studies and analysis on SRHR conducted to provide evidence for decision-making (strengthening health systems)
- Output 1.1.1.4: Partnerships established and strengthened to achieve FP2020 goals

In further promoting integrated and rights-based SRH care, UNFPA has been working together with Ministry of Health (MOH) and Ministry of Women's Empowerment and Child Protection (MOWECP) to better respond to GBV cases at health service points, ensuring the protection of rights of survivors of violence including women and girls with disabilities through the health sector, psychosocial counsellors and law enforcement. UNFPA will ensure the inclusion of the most vulnerable group including women and girls with disabilities will be integrated as part of beneficiaries of the programme on the piloting area and will be reflected through the baseline, monitoring, and evaluation exercises. The outputs to achieve this outcome are:

- Output 1.1.2.1: Technical assistance to Ministry of Health to strengthen the health sector institutional capacity and coordination in GBV
- Output 1.1.2.2: Technical assistance provided on handling GBV cases in health service points in one selected district

UNFPA, through BERANI, actively supports the promotion of universal and equitable SRH services through an innovative model called UNALA. The model works to generate the demand from young people for accurate information on SRH and to improve SRH services that are high quality, youth-friendly, stigma-free and that cater to the specific needs of young people. With a space to safely get information on SRH, young people will be better equipped to make informed decisions on their well-being, preventing

unwanted pregnancies, sexual violence, HIV and STIs, and in increasing their knowledge on their SRH. High quality services and the establishment of referral networks with state health service points will ensure that young people receive the SRH care they need.

It is equally important that the initiative reach out to vulnerable young people who are most in need, including young people with disabilities. Therefore, UNFPA and our implementing partners have been working together with institutions who work/have networks with marginalized young people, particularly young people with disabilities. The initiative uses an approach where youth could assist their peers with disabilities in accessing information, by making a short information videos and voice recording if IEC materials through YouTube that have been uploaded in the UNALA website and mobile application (young people with hearing impairments can watch, and those with vision impairments will be able to listen). UNALA works with institutions that have expertise in dealing with youth with disabilities to strengthen the capacity of health care providers in delivering services for youth with specific needs. Furthermore, UNFPA will ensure that UNALA reflects this within its reporting and monitoring tools.

The results of this model will be used to continue the advocacy for policies that support universal access to SRH services and information. The outputs to achieve this outcome are:

- Output 1.1.3.1: Youth-friendly SRH information and services model (UNALA) established in private sector clinics in Yogyakarta

From the rights point of view, UNFPA and UNICEF have been working together to increase the capacity of duty-bearers to protect sexual and reproductive rights at both national and subnational levels as well as increase the knowledge of rights-holders regarding their sexual and reproductive rights to increase the demand for better protection and services from the state. From the duty-bearers perspective UNFPA has been supporting MOWECP to advance issues of GBV and harmful practices as a priority state-funded agenda of the Ministry. Continued technical expertise to the Ministry will enable them to develop, implement and coordinate multi-sector advocacy strategies and national action plans to prevent and respond to GBV and prevent FGMC and child marriage by integrating approaches to engagement with men and boys in prevention of GBV and harmful practice within the pilot districts. On the legislative side, exposing parliamentarians with the evidence on harmful practices will complement advocacy efforts from the executive side, pushing forward necessary policies for prevention as well as reaching out to parliamentarian constituents. UNICEF has been engaging religious and community leaders as well as women’s prayer groups on adolescent girls’ rights including MHM and child marriage. The outputs to achieve this outcome are:

- Output 1.2.1.1: Technical assistance provided to MOWECP on developing and implementing laws and policies to address the prevention of harmful practices (child marriage and FGM/C)
- Output 1.2.1.2: Technical assistance provided to parliamentarians on the prevention of harmful practices (child marriage and FGM/C)
- Output 1.2.1.3: Engaging religious and community leaders (including women's prayer groups) to change attitudes on Menstrual Hygiene Management (MHM), SRHR, and child marriage

From the perspective of rights-holders, UNFPA and UNICEF aim to increase the knowledge and skills of young people (girls and boys) in and out schools, as well as the communities –who are not only right-

holders but who also make up the enabling environment where young people thrive. In the absence of a clear curriculum on CSE, UNFPA and UNICEF have been actively continuing the advocacy to incorporate CSE (UNFPA) and specific topics such as menstrual hygiene management and child marriage through co-curricular activities such as life skills and literacy sessions (UNICEF) through the entry point of teachers. Outside the classroom, UNICEF has been engaging girls and boys through community-based informal learning centers using life skills methodology as well as through digital –based adolescent-friendly health education. UNICEF has close working relationships with the provincial governments as well as with local religious groups and they have requested further support on the area of child marriage. As such, it is hoped that through this program UNICEF can refine the most appropriate tools for reaching in school and out of school girls as well as document an evidence-based approach to promote girls’ protection and wellbeing that will serve as a scalable model for government and civil society to utilize in other provinces in Indonesia. Through innovative partnerships, such as through the Islamic Women’s Prayer Groups, UNICEF has been testing an integrated package using MHM as an entry point for wider SRH communication, including the development and testing of digital adolescent health education materials through human-centered design in partnership with the Indonesia Adolescent Girls Network (AKSI). To reach out to communities on harmful practices, particularly women, UNFPA has been engaging female ulama to open dialogue on the evidence against child marriage and FGM/C, so that they can advocate to their followers to change mindsets and behaviors to stop these harmful practices. The outputs that will achieve this outcome are:

- Output 1.2.2.1: Technical assistance provided to MoEC and MoH on the module for school teachers on CSE
- Output 1.2.2.2: Technical assistance provided to Women Ulema Networks for community-driven prevention of harmful practices (FGM/C)
- Output 1.2.2.3: Empowering adolescents with information, knowledge and skills on MHM, SRHR and child marriage

UNFPA and UNICEF have been working closely to ensure that programme results do not overlap and are complementary to reach a common development objective. In the cases where thematic areas coincide, UNFPA and UNICEF have applied different approaches and target different communities in its work with the collective objective of changing mindsets and behaviors that lead to improved services and protection of rights and filling the persistent gaps in the issues of SRHR.

The BERANI programme has been implemented at the national level and in 27 districts/municipalities in 12 provinces across the country.

| No | District/municipality | Province | No | District/municipality | Province |
|----|-----------------------|-----------------|----|-----------------------|---------------|
| 1 | Tanah Datar | Sumatera Barat | 15 | Kulonprogo | DI Yogyakarta |
| 2 | Bandar Lampung | Lampung | 16 | Bantul | DI Yogyakarta |
| 3 | Pangkalpinang | Bangka Belitung | 17 | Gunung Kidul | DI Yogyakarta |

| | | | | | |
|----|-----------------|---------------|----|---------------|---------------------|
| 4 | Serang | Banten | 18 | Bojonegoro | Jawa Timur |
| 5 | Jakarta Pusat | DKI Jakarta | 19 | Sampang | Jawa Timur |
| 6 | Jakarta Selatan | DKI Jakarta | 20 | Surabaya | Jawa Timur |
| 7 | Cirebon | Jawa Barat | 21 | Makassar | Sulawesi Selatan |
| 8 | Bekasi | Jawa Barat | 22 | Bone | Sulawesi Selatan |
| 9 | Bandung | Jawa Barat | 23 | Wajo | Sulawesi Selatan |
| 10 | Karawang | Jawa Barat | 24 | Luwu Utara | Sulawesi Selatan |
| 11 | Pati | Jawa Tengah | 25 | Lombok Utara | Nusa Tenggara Barat |
| 12 | Semarang | Jawa Tengah | 26 | Lombok Tengah | Nusa Tenggara Barat |
| 13 | Yogyakarta | DI Yogyakarta | 27 | Jayapura | Papua |
| 14 | Sleman | DI Yogyakarta | | | |

The total budget of the Programme when it was started on 22 Feb 2018 was CAD 10,352,497, including CAD 8,000,000 funding from GAC, CAD 1,476,885 from UNFPA core funding, and CAD 875,612 from UNICEF core funding. In September 2020, GAC provided additional funding of CAD 1,500,000 for the pandemic response, amounting to a total grant of CAD 9,500,000.

Government of Indonesia ministries, departments and agencies, and CSOs with which UNFPA and UNICEF primarily work on BERANI programme include:

- Ministry of National Development Planning/ National Development Planning Agency (BAPPENAS);
- National Family Planning Coordinating Board (BKKBN);
- Ministry of Health (MOH);
- Ministry of Women’s Empowerment and Child Protection (MOWECP);
- National Commission on Prevention of Violence Against Women (Komnas Perempuan);
- Yayasan Siklus Sehat Indonesia;
- Indonesian Midwives Association (IBI);
- Jaringan AKSI;
- LPP Bone.

The programme is also implemented through UNFPA-UNICEF partnerships with several strategic partners, active partnerships with parliamentarians, faith-based organizations, the private sector, philanthropists, and youth and women’s networks.

III.OBJECTIVES AND SCOPE OF THE FINAL EVALUATION

The final evaluation aims at assessing the results of the BERANI programme in achieving its intended goals and overall achievements hence it could be utilized for the basis to improve the implementation of the future programming. The final evaluation should assess the implementation

approaches, progress made, and challenges encountered, identify and document the lessons learnt and good practices as specified below under specific objectives, and make specific recommendations for future course of actions.

With the above stated purpose, the objectives of the final evaluation are:

1. To assess the relevance, effectiveness, efficiency, coherence , sustainability, coverageness, and connectedness of the programme from its inception to its completion
2. To document important lessons learned, good practices and innovations of BERANI programme
3. To provide strategic recommendations for potential continuation or sustainability of the programme
4. To assess the integration of gender equality and women’s empowerment in achieving BERANI goal to improve improve Sexual and Reproductive Health and Rights (SRHR) for women and young people in Indonesia.

The Final Evaluation will cover the entire programme cycle, but the analysis can build upon the results of the Mid-Term Review, which covered the period of August 2021 - December 2022. The evaluation will cover all programme activities planned and/or implemented at the national level and in selected target districts within each programme component (sexual reproductive health and rights, adolescents and youth, and gender equality and women’s empowerment).

IV. EVALUATION CRITERIA AND PRELIMINARY EVALUATION QUESTIONS

| Evaluation Criteria | Questions |
|---------------------|---|
| Relevance | EQ1. To what extent was the BERANI joint programme support of the country programme able to (i) address the various needs of the population, including women, vulnerable and marginalized groups, as well as people with disabilities; (ii) align with government priorities; and (iii) respond to changes in the national development, including COVID-19 contexts, during its period of implementation? |
| Effectiveness | EQ2. To what extent have the expected outputs of the BERANI joint programme been achieved in the development, including in responding to COVID-19 situation? Likewise, to what extent have these outputs contributed to the achievements of the outcomes (immediate, intermediate, and ultimate outcomes) of the BERANI joint programme? What were the factors that influenced the achievement and/or the non-achievement of the results? |
| | EQ3. To what extent has the BERANI Programme delivered Gender Equality results at all levels (making long term sustainable transformative changes for women and girls that address the root causes of gender inequalities regarding rights, decision-making, and access/control of resources)? |

| | |
|----------------------------|---|
| | EQ4. Did stakeholders (organisations, institutions, indirect target groups) benefit from the interventions in terms of institutional capacity-building in the area of gender mainstreaming and the development of gender competence among their staff? |
| Efficiency | EQ5. Are the means and resources being used efficiently to achieve results in terms of improved benefits for both women and LNOB groups? Have the results for women and LNOB groups been achieved at reasonable cost, and have costs and benefits been allocated and received equitably? |
| Coherence | EQ6. What are the main comparative advantages of the BERANI Joint Programme, particularly in relation to other organizations operating in the country and how well were these utilized to achieve the results. EQ7. To what extent did the UNFPA and UNICEF contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities/seeking synergies) within the United Nations system? |
| Sustainability | EQ8. To what extent did the programme establish mechanisms to ensure the sustainability of the programme benefits, including for women and those who left behind groups? |
| Coverage and Connectedness | EQ9. To what extent are the BERANI joint programme interventions and approaches to addressing Sexual Reproductive Health and Rights (SRHR), Gender-based Violence (GBV) and harmful practices, youth in COVID-19 settings in line with the principles of coverage and connectedness? To what extent has the programme been inclusive of and responsive to the needs of persons with disabilities during humanitarian preparedness and response? |

V. EVALUATION APPROACH AND METHODOLOGY¹

The final evaluation will adopt a participatory and mixed method approach.

Participatory approach

The evaluation will be transparent, inclusive, and participatory, as well as gender and human rights responsive, involving a broad range of partners and stakeholders at national and sub-national levels. The Mid-Term Review of the BERANI Programme has identified and engaged key stakeholders to collect most of the data required, so the Final evaluation will only fill in the remaining gaps. However, communication with stakeholders will still be done at all stages of the evaluation. Key stakeholders will be involved as part of the evaluation process either as sources of data (primary/secondary), validation of findings, or through their representation in the ERG.

¹ The evaluation methods provided here are indicative only. The consultant should review the methodology and propose the final methods and data collection tools as part of the inception report

Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.). They can provide information and data that the Evaluation team should use to assess the contribution of BERANI in achieving its intended goals.

Stakeholder participation

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. The Evaluation Team will perform a stakeholder mapping in order to identify both UNFPA and UNICEF direct and indirect partners (i.e. partners who do not work directly with UNFPA and UNICEF and yet play a key role in a relevant outcome or thematic area in the national context) under the BERANI joint programme. These stakeholders may include representatives from the Government, civil-society organizations, the private-sector, UN organizations, and most importantly, the beneficiaries of the programme.

UNFPA and UNICEF Indonesia country office has established an ERG composed of key stakeholders, including governmental and non-governmental counterparts at national level, UN agencies, and GAC Canada. The ERG will provide inputs at different stages in the evaluation process.

Mixed method approach

The evaluation will draw on available quantitative and qualitative data collected from key stakeholders at different points in time. During the evaluation, additional information will be collected from stakeholders using interviews and focus groups. Project documents and reports will be made available to the evaluator for a desk review. Methodological rigor will be given significant consideration in the evaluation of proposals. The evaluation team is invited to interrogate the approach and methodology proffered in the ToR and improve on it or propose an approach they consider more appropriate.

At a minimum, the final evaluation will draw on the following methods:

- Desk review: Literature review and desk review of background documents and other relevant data, including review and analysis of secondary quantitative data (MTR report, policy and strategy documents, annual reports and other types of monitoring data. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.
- Primary data will be collected at the national and sub-national levels through semi-structured interviews and focus group discussions with stakeholders, including with beneficiaries, and direct observation during field visits, as appropriate. If possible the case study will also be conducted to assess BERANI contribution in achieving its intended goals.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits

for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data

Validation Mechanisms

All evaluation findings should be supported with evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information. These mechanisms include (but are not limited to):

1. Data must be triangulated across sources and methods by cross-comparing the information obtained via each data-collection method (desk study, individual interviews, discussion groups, focus groups)
2. Regular exchange with UNFPA Indonesia programme team and M&E APRO regional advisor;
3. Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
4. The debriefing meeting with the CO, the ERG and where possible – with Implementing Partners, at the end of the field phase, when the evaluation team presents the emerging findings/evidence, and preliminary conclusions.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

A validation workshop with a wider group of stakeholders, not limited to Implementing Partners and the ERG, will be conducted to discuss evaluation findings, conclusions and recommendations before the final report is submitted. This opportunity will allow integrating comments from stakeholders into the final evaluation report. ERG members will review draft reports and participate in validation meetings.

METHODOLOGY

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook on “How to Design and Conduct Country Programme Evaluations” and the UNFPA Guidance on Disability Inclusive Evaluation. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Indonesia CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA. The evaluation will be guided by the following standards, among others: UNEG Norms and Standards for Evaluation, including Integrating Human Rights and Gender Equality in Evaluation, and UNEG Ethical Guidelines for Evaluation (<http://www.unevaluation.org/document/detail/102>).

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

Final evaluation audience

Findings, lessons learned and recommendations shall be used to assess the achievements of the BERANI joint programme. In relation to transparency and accountability purposes, the report shall be communicated to all stakeholders including UNFPA and UNICEF programme managers, GAC and national and district level partners, government, and civil society organizations. The Evaluation Team will assess the limitations and conclude with a clear description of mitigating measures such as triangulation and validation in the design report.

VI. EVALUATION PROCESS

The Final Evaluation of the BERANI programme consists of 4 (four) phases:

1. Preparation Phase (January), include:
 - Development of the terms of reference (TOR), TOR approval
 - Selection of potential evaluators by UNFPA and UNICEF with input from UNFPA RO M&E adviser; prequalification of potential evaluators by UNFPA and UNICEF, recruitment of external evaluators by UNFPA and UNICEF
 - Assembly of a reference group for BERANI programme evaluation
 - Initial meeting between UNFPA, UNICEF and the team of consultants
2. Implementation Phase (January-February), include:
 - Development and submission of the design/inception report
 - Technical meeting between UNFPA, UNICEF and the team of consultants
 - Primary and secondary data collection (including desk review, FGDs, interviews, and surveys as applicable)
 - Data management, analysis and interpretation
3. Reporting Phase (March)
 - Development and submission of the report draft
 - Debriefing presentation
 - Draft revision based on review and feedback from UNFPA and UNICEF (may be more than one time revision)
 - Submission of final report
4. Dissemination Phase (March)
 - Dissemination of the Final Evaluation report to key stakeholder (at the closing event of the BERANI programme)

VII. EXPECTED OUTPUTS

The consultants (i.e. the Evaluation Team) will produce the following deliverables:

1. An approved design/inception report including (as a minimum):
 - a. Introduction: purpose, objectives, and scope of the evaluation;
 - b. Country context;
 - c. Programme context;
 - d. A stakeholder map;
 - e. The final evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators); and
 - f. The overall final evaluation design and methodological approach
 - g. Evaluation phases, work plan (including a detailed description of the data collection plan for the data collection phase and timeline for key milestones), deliverables, management plan (including division of labor among the consultants), and quality assurance
2. A debriefing presentation document in the format of PowerPoint synthesizing the main preliminary findings, conclusions and recommendations of the final evaluation, to be presented and discussed with the GAC, UNFPA, and UNICEF during the debriefing meeting foreseen at the end of the data collection phase;
3. A draft final evaluation report (potentially followed by a second draft, taking into account potential comments from UNFPA-UNICEF);
4. A PowerPoint presentation of the results of the final evaluation for the closing event;
5. An approved final evaluation report, with annexes, based on comments expressed during the in-country stakeholder workshop; and
6. A final evaluation brief, a 2-3 page summary of the key findings, conclusions and recommendations.

All deliverables will be in *English*.

VIII. WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES

The timelines for the BERANI Programme Final Evaluation are elucidated below:

| No | Activities | Days | | January | | | | February | | | | March | | | |
|----|--|-------------|-------------|---------|---|---|---|----------|---|---|---|-------|---|---|---|
| | | Team Leader | Team Member | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 1 | Initial meeting between UNFPA, UNICEF, and the team of consultants | 1 | 1 | X | | | | | | | | | | | |
| 2 | Development and submission of the design/inception report | 4 | 3 | X | X | | | | | | | | | | |
| 3 | Technical meeting between | 1 | 1 | | X | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|-----------|-----------|--|---|---|---|---|---|---|---|---|---|---|---|
| | UNFPA, UNICEF and the team of consultants | | | | | | | | | | | | | | |
| 4 | Secondary data collection and analysis, including identification of needs for additional primary data | 5 | 5 | | X | X | | | | | | | | | |
| 4 | Primary data collection (e.g., interviews and surveys, as applicable) and analysis | 10 | 10 | | | X | X | X | | | | | | | |
| 5 | Development and submission of the report draft | 11 | 10 | | | | | | X | X | | | | | |
| 6 | Debriefing presentation | 1 | 1 | | | | | | | | X | | | | |
| 7 | Draft revision based on review and feedback from UNFPA and UNICEF (may be more than one time revision) and submission of final report | 6 | 5 | | | | | | | | | X | X | | |
| 8 | Development of report summary/brief and presentation slides | 4 | 3 | | | | | | | | | | | X | |
| 9 | Dissemination of the Final Evaluation report to key stakeholder (at the dissemination event of the BERANI programme) | 1 | 1 | | | | | | | | | | | | X |
| | Total Days | 44 | 40 | | | | | | | | | | | | |

IX. COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

The Evaluation Team consists of 2 (two) national consultants, who are experts in evaluation of development programmes.

The **Team Leader** is expected to conduct evaluation and make strategic recommendations based on available data and evidence for Output 1111, Output 1112, Output 1113, Output 1114, Output 1131 and Output 1221, and Output 1223. The **Team Leader** will also be responsible for:

- Coordinating the work of the Evaluation Team and be the focal point for the Final Evaluation
- Leading the overall design and implementation of the Final Evaluation
- Leading the development of the Final Evaluation report

The expected qualifications of the Team Leader include:

- Master's Degree (preferable Doctoral degree), in health sciences, including public health, human rights, gender studies, or relevant social studies
- At least 10 years of previous experience in conducting research and complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and significant experience in the area of sexual and reproductive health (including maternal health and adolescent sexual and reproductive health);
- Familiarity with the humanitarian-development nexus is desirable;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication and writing skills; and fluency in English is required

The **Team Member** is responsible for Output 1121, Output 1222, Output 1211, Output 1212, Output 1213, and Output 1222.

The expected qualifications of the Team Member include:

- Master's Degree (preferable Doctoral degree), in health sciences, including public health, human rights, gender studies, or relevant social studies
- At least 7 years of previous experience in conducting research and complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and significant experience in the area of gender based-violence (GBV) and harmful practices;
- Familiarity with the humanitarian-development nexus is desirable;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication and writing skills; and fluency in English is required

The Team Leader will dedicate a total of 44 (forty four) working days for the project, while the Team Member will dedicate 40 (forty) working days for the project.

Payment of fees will be based on the delivery outputs, as follows:

- Upon submission of the inception report (at the latest 9 Dec 2022) - **20%**
- Upon completion of the data collection phase (at the latest 13 Jan 2023) - **20%**
- Upon receipt of the approved final report and evaluation brief (at the latest 24 Mar 2023) - **60%**

X. MANAGEMENT OF FINAL EVALUATION

The evaluation team will consist of the First Consultant (as the lead) and the Second Consultant (2 persons). The team might be assisted by a translator/interpreter, according to its needs.

The work of the Evaluation Team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

Both Consultants will work under the overall guidance of the UNFPA Representative and day to day direct supervision by the UNFPA Monitoring and Evaluation Analyst (a CO evaluation manager) to ensure that all relevant work related with the final evaluation is in accordance with UNEG global guideline on evaluation. UNICEF CO evaluation manager will be engaged to interact on a daily basis with the consultant team. UNICEF CO evaluation manager will be involved in the selection process of the consultants, review of the inception report, field visit to randomly check data collection by the consultants, review and provision of recommendations in the final report.

The manager of the Final Evaluation (UNFPA & UNICEF CO Evaluation Managers) will be assisted by an **Evaluation Reference Group (ERG)**. The ERG will be composed of representatives of the following institutions:

- Ministry of National Development Planning (BAPPENAS);
- Ministry of Health (MoH);
- National Family Planning Coordinating Board (BKKBN);
- National Programme Coordinating Unit;
- UNFPA Indonesia Monitoring and Evaluation Analyst (Coordinator);
- UNICEF Indonesia Monitoring and Evaluation Analyst (Coordinator); and
- Global Affairs Canada (GAC)

The role of the reference group will be of a technical nature to provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise. Its main tasks will be to:

- provide input to the TOR of the evaluation and to the selection of the team of evaluators;
- contribute to the selection of evaluation questions;
- provide overall comments to the design report of the evaluation;
- facilitate access of the evaluation team to information sources to support data collection; and
- provide comments on the main deliverables of the evaluation, including the draft final report

The Coordinator and the reference group members will communicate mostly via email, although face-to-face and “virtual” meetings (via tele or videoconference) may also be convened.

The UNFPA & UNICEF CO evaluation managers under the supervision of the Representatives and in close collaboration with Assistant Representatives, will manage the overall process, and will carry out the following functions:

- To ensure consistency throughout the evaluation process (from ToR to dissemination of results and follow-up of recommendations) and assumes day-to-day responsibility for managing the process;
- To coordinate the development of the ToR for the Final Evaluation Programme review;
- To correspond with the reference group members at strategic points throughout the process;
- To provide/facilitate the provision of documents and other resources available in the country offices;
- To support the Evaluation Team in the development of the inception report;
- To support all phases of the Final Evaluation and assesses the quality of related deliverables (inception report, draft and final report); and
- To be the first point of contact and bridge the communication between CO staff, senior management, and Evaluation Team throughout the evaluation.

XI. QUALITY ASSURANCE AND ASSESSMENT

The UNFPA and UNICEF COs will ensure quality assurance of the evaluation at all stages with support from its Regional Offices. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report.

The quality assurance criteria specified in UNFPA EQAA will be followed.. An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

Annex 1. Programme Logic Model/ Results Framework



