



Terms of Reference

United Nations Population Fund (UNFPA) Maldives 7th Country Programme Programme Period: 2022 - 2026

Country Programme Evaluation

[February 2025]

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Acronym

AIDS	Acquired Immunodeficiency Syndrome
CCA	Common country assessment/analysis
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
APRO	Asia Pacific Regional Office
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy
SAP	Strategic Action Plan
HMP	Health Master Plan
GEAP	Gender Equality Action Plan

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”¹

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

UNFPA has been operating in Maldives since 1994. The support that the UNFPA Maldives Country Office (CO) provides to the Government of Maldives under the framework of the Seventh Country Programme (CP) (programme period: 2022-2026) builds on national development needs and priorities articulated in: The Common Country Analysis (CCA) updated October 2024, United Nations Sustainable Development Corporation Framework (UNSDCF) for the period 2022 - 2026, Government's five year Strategic Action Plan for 2019-2023 (SAP) along with the National Resilience and Recovery Plan 2020 -2022 in response to the impact of Covid -19.

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.² The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA Seventh Country programme(2022-2026) in the Maldives, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

¹ [UNFPA Strategic Plan 2022-2025](#)

² [UNFPA Evaluation Policy 2024](#), p. 22.

The evaluation will be implemented in line with the [UNFPA Evaluation Handbook](#). The [Handbook](#) provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.³ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The [Handbook](#) includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the [Handbook](#) throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Maldives CO; (ii) the Government of Maldives; (iii) implementing partners of the UNFPA Maldives CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) Asia Pacific Regional Office (APRO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Maldives CO in close consultation with the Government of Maldives Ministry of Foreign Affairs that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the APRO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Country Context

The Maldives is a small island developing state with only 300 square kilometres of total land that includes 26 low lying atolls widely dispersed over 90,000 square kilometres of ocean. Over the last four decades, significant socioeconomic progress established the Maldives as an upper-middle-income country. In the Census 2022 count, the Maldives reached a population of 515,132, which includes 132,479 foreigners with a growth rate of 1.5 for the Maldivian population and 26% increase of the foreign population. The Maldives has one of the highest population densities globally, at 1,340 people per square kilometre.

The total fertility rate has declined from 2.5 in 2009 to 1.7 in 2022. As the country's demographic profile evolves, with the impending closure of the demographic dividend with a window of opportunity lasting until 2042, the mean age has increased from xx to 33 in 2022. Rapid population ageing is projected. By

³ UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

2050, the proportion of the population aged 65 and above is expected to increase from the current 5 per cent to 14 per cent.

Rapid internal and international migration has resulted in the majority of the population residing in the urban capital, Male' with close to 6,000 people migrating from other atolls annually. The population of the other 185 inhabited islands are comparatively sparse. An influx of male foreign workers, primarily within the construction and tourism industry, has resulted in gender imbalances, with a sex ratio of 780 (780 males for every 100 females) among the foreign population. Twenty-two per cent of young women and 15 per cent of young men are not actively engaged in education, employment or training. Meanwhile, the common country analysis highlights an increase in drug use and gang violence among young people, which leads to risky sexual behaviour. Providing young people with the skills and opportunities they need will enable them to become change-makers and advocates for youth development at national and local levels and promote social cohesion.

The gross domestic product is heavily reliant on tourism and therefore vulnerable to humanitarian crises. Poverty levels indicate increasing inequalities, with 28 per cent of the overall population and 87 per cent of those residing in atolls defined as multidimensionally poor.

Before the COVID-19 pandemic, the Maldives made solid progress towards achieving the three transformative results. With the expansion of sexual and reproductive health services, maternal deaths declined with only four maternal deaths recorded in 2018, zero deaths in 2019, and two deaths (32/100,000) in 2020. However, MMR increased to 51 per 100,000 live births in 2021. Although maternal mortality levels have remained low in absolute terms in the recent past, small changes in the number of maternal deaths may cause large fluctuations in the maternal mortality ratio estimation.

In 2016, the proportion of married couples using modern contraceptives decreased to 14.9 per cent from 27 per cent in 2009. Concurrently, the unmet need for contraception was high among married women aged 15 to 49 (31 per cent) and was highest (37.8 per cent) among young people aged 20 to 25 years. Factors limiting the use of contraceptives include fear of the long-term effects of hormonal methods, personal beliefs, the focus on curative care and meagre funding for public health services. In addition, contraceptives are provided to married couples through the public sector. The high unmet need for contraception, particularly among adolescent girls and young women, needs to be addressed.

The common country analysis points to the need to continue efforts towards achieving gender equality and the empowerment of women. One in three women in the Maldives reported violence in their lifetime, and one in four women reported intimate partner violence. At the same time, 26 per cent of women (aged 15 to 49) believe that, under certain circumstances, a partner is justified in beating their wife. The prevalence of female circumcision in the Maldives was first established through the national demographic and health survey (2016), which found that 13 per cent of women and girls aged 15 to 49 had undergone female circumcision. Most concerning is that 8 per cent of female survey respondents believe that female circumcision was a religious requirement, and they would like the practice to continue

The Maldives has faced several impacts of the COVID-19 pandemic. Most notable are the severe economic impacts and disrupted essential health and social protection services. Subsequently, UNFPA estimates that, in conjunction with high unmet need, 12 unplanned pregnancies may take place per day. Following the 2020 lockdown, reported gender-based violence cases per month in the capital Male rose from 40 in March to 113 in September.

Despite political will and investments in clinical health, the public health system requires stronger support. Presently, only 1.1 per cent of the state health budget is spent on public health. Quality and accessibility of sexual and reproductive health, including family planning services, suffer from structural and organizational challenges at different levels of delivery. These include vertical delivery of family planning services, the disconnect between maternal and child health, high staff turnover, and inadequate capacity for forecasting and logistic information management. Recent years, government reported stock outs. As the common country analysis highlights, a lack of adequate life-skills-based reproductive health education, coupled with the stigmatized local discourse around it, burdens many young people in the Maldives. These long-standing, multi sectoral issues pose challenges for the full realization of the International Conference on Population and Development (ICPD) Programme of Action in the Maldives.

Despite the existence of legal systems promoting gender equality, the Maldives has taken a step backwards in recent years. Harmful social norms, cultural beliefs, conservative voices and the maintenance of patriarchal gender roles in society prevail, as evidenced by harmful practices such as female genital mutilation, early and unregistered marriages, and decreased demand and use of family planning services. While demographic and socioeconomic data is collected through the census and surveys, including household income and expenditure surveys, disaggregated data analysis and data utilization need to be improved for decision-making, evidence-based policies and Sustainable Development Goals monitoring. Many of the gender related legislation has gaps, overlaps and contradictions that hinder implementation of these progressive laws.

The Maldives faces serious environmental and climate change-related risks, with rising sea levels resulting in a potential loss of low-lying land, contamination of human and natural environments by pollution or waste, compounded by a weak response preparation to the increasingly severe impacts of climate extremes. The Maldives Notre Dame global adaptation index stands at 46.4, depicting current vulnerability and readiness to climate disruptions is high, with the Maldives ranking 103 out of 182 countries in 2021. Mitigating the impacts of climate change requires increased efforts to build resilience, strengthen inclusiveness, disaster response and preparedness.

3. UNFPA Country Programme

UNFPA has been working with the Government of Maldives since 1994 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development . UNFPA is currently implementing the Seventh country programme in the Maldives.

The Seventh country programme(2022-2026) is aligned with [Government’s five year Strategic Action Plan for 2019-2023 (SAP) along with the National Resilience and Recovery Plan 2020 -2022 in response to the impact of Covid -19; Health Masterplan (HMP) (2016-2025), Reproductive, Maternal, Newborn, Adolescent and Child Health Strategy (2020-2025), National Gender Equality Action Plan (GEAP) (2022-2026) and UNFPA Strategic Action Plan (2022 to 2025). It was developed in consultation with the

Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Maldives CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination and South-South and triangular cooperation. Innovation and digitalization is applied, where relevant, to accelerate results.. The **overall goal/vision** of the UNFPA Maldives Seventh country programme (2022-2026) is **to accelerate action towards the three transformative results, with a focus on reducing the unmet need for family planning and gender-based violence and harmful practices against women and girls**. The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes;

National Priorities

- Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, Health Master Plan (HMP) strategic input areas 2.2 and 2.4)
- Minimize sexual harassment, domestic violence and other forms of gender-based violence (Gender Equality Action Plan (GEAP))
- Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, HMP strategic input areas 2.2 and 2.4); minimize sexual harassment, domestic violence and other forms of gender-based violence (GEAP policy 3).

UNSDCF Outcomes

- By 2026, people in the Maldives, especially the most vulnerable and marginalized, benefit from increased access to and use of quality, equitable, inclusive and resilient social and protection services, and have enhanced relevant skills and live fulfilled lives with wellbeing and dignity.
- By 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy and fully enjoy access to justice, public services, human rights, gender equality and women's empowerment in a tolerant and peaceful society.

UNFPA Strategic Plan 2022-2025 Outcomes

- By 2025, the reduction in the unmet need for family planning has accelerated.
- By 2025, the reduction in gender-based violence and harmful practices has accelerated.

The UNFPA Maldives Seventh country programme (2022-2026) has four] thematic areas of programming with four interconnected **outputs**: (i) policy and accountability; (ii) gender and social norms; (iii) population change and data; and (iv) adolescents and youth]. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

Output 1: [Policy and accountability]

Strengthened national capacity for planning, implementation and monitoring of evidence-based sexual and reproductive health information and services, including family planning, focusing on those furthest behind.

This has been delivered through:

- (a) strengthening the capacity of state and non-state actors, including the media, to foster awareness of international commitments and generate demand for sexual and reproductive health and rights, including family planning, using innovative technologies, according to the preference of individuals, focusing on youth, women with disabilities, and women outside the capital Male;
- (b) supporting the Government in developing a monitoring and evaluation framework for the costed reproductive, maternal, newborn, child and adolescent health strategy, 2020-2025, with active participation and contribution by government partners, civil society organizations, private sector and women and youth-led organizations. UNFPA will provide technical support for integrating the health management information system. This framework will enhance government capacity to plan, implement and monitor high-quality, rights-based sexual and reproductive health services, including family planning, HIV and sexually transmitted infection prevention based on demand, and to reach the most vulnerable population groups, including women, adolescents, women with disabilities, and women outside Male.
- (c) strengthening the capacity of national training institutions to deliver quality and rights-based family planning training for health service providers based on national and international standards, including the minimum initial service package for sexual and reproductive health in crises; and
- (d) advocating for increased partnerships and financing for national family planning programmes, using evidence generated through research and analysis on accessibility and affordability of rights-based family planning services for the most vulnerable groups, including unmarried women, adolescents, migrant women, women with disabilities and women outside Male.

Output 2: [Adolescents and youth]

Strengthened institutional capacity to develop life-skills education and to create opportunities for adolescents and youth, including those with disabilities and residing in outer islands, to ensure their leadership and meaningful participation in decision-making for issues that affect their development and overall well-being.

This has been delivered through:

- (a) supporting, in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), institutional capacity development to deliver life skills-based reproductive health education, including adolescent pregnancy prevention, HIV and sexually transmitted infections, gender-based violence prevention, and social norm change interventions through development and monitoring of life skills-based reproductive health education curricula that meet international standards for young people in-and-out of school;
- (b) improving teacher training standards;
- (c) expanding partnerships with youth-led organizations and the private sector to deliver life skills-based reproductive health education to the most marginalized adolescents and young people, using youth-led innovative solutions and digital technologies;

(d) providing technical support to establish and strengthen youth participation and leadership platforms that ensure meaningful participation of adolescents and youth, including those with disabilities and those residing in outer islands, in decision-making on issues that affect their development and overall well being; and

(e) contributing to United Nations reform by playing a convening role in joint programming and advocacy to harness the demographic dividend for youth development and participation in support of the implementation of the UNSDCF, 2022-2025, and the United Nations Youth Strategy 2030.

Output 3: [Gender and social norms]

Strengthened national capacity for a coordinated multisectoral approach to prevent and respond to gender-based violence and harmful practices, to change discriminatory social norms, and to promote gender equality across the development and humanitarian continuum.

This has been delivered through:

(a) strengthening the health sector and social protection systems within the multisectoral coordination mechanism; it will address gender-based violence through the development of comprehensive guidelines in line with the essential service package and establishment of functional referral mechanisms for a health response to gender-based violence, including in humanitarian situations;

(b) advocating for increased investments and capacity for gender equality, women's empowerment, and elimination of gender-based violence and harmful practices as per existing legislation, such as the National Gender Equality Act and Domestic Violence Prevention Act, through the generation of evidence and data, and development of a costed gender equality action plan and its monitoring framework; and

(c) supporting community

based interventions to operationalize social and gender norm changes for gender-based violence prevention strategies.

Output 4: [Population change and data]

Strengthened national capacity to generate, analyse and use evidence in the formulation of inclusive, gender-transformative, resilient and adaptive development policies that address the Maldives demographic transition and climate threats.

This has been delivered through:

(a) building the capacity of national institutions to generate disaggregated population data to monitor progress towards national development and the three transformative results and to implement recommendations of the Universal Periodic Review, CEDAW and CRPD reviews;

(b) providing technical advice to the National Statistics Office regarding the upcoming population census (2022);

(c) providing technical support to integrate population data at all levels, including by using the civil registration and vital statistics system, and innovative approaches such as big data;

(d) establishing partnerships with academic institutions and youth groups to advocate for: (i) the implications of population dynamics, including internal and international migration and urbanization, to harness the demographic dividend, (ii) women's economic empowerment, and (iii) climate resilience in national policies and strategic frameworks;

(e) strengthening national capacity to mainstream population and development issues, including the demographic transition and gender-transformative, approaches, in the design and implementation of national planning frameworks, policies and programmes, including use of national transfer accounts;

(f) providing, in collaboration with other United Nations organizations, technical support to the Government to incorporate sexual and reproductive health and rights, gender-based violence and disaggregated data for preparedness and response in the revision of the national disaster risk management plan in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030.

The UNFPA Maldives CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Maldives Seventh country programme (2022-2026) is based on the following results framework presented below:

Maldives/UNFPA 7th Country Programme (2022-2026) Results Framework

CPD Goal/vision:	
<p>National Priority (s): Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, Health Master Plan (HMP) strategic input areas 2.2 and 2.4)</p>	<p>National Priority (s): (i) Minimize sexual harassment, domestic violence and other forms of gender-based violence (Gender Equality Action Plan (GEAP))</p> <p>(ii) Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, HMP strategic input areas 2.2 and 2.4); minimize sexual harassment, domestic violence and other forms of gender-based violence (GEAP policy 3)</p>
<p>UNSDCF Outcome (s): By 2026, people in the Maldives, especially the most vulnerable and marginalized, benefit from increased access to and use of quality, equitable, inclusive and resilient social and protection services, and have enhanced relevant skills and live fulfilled lives with wellbeing and dignity.</p>	<p>UNSDCF Outcome (s): By 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy and fully enjoy access to justice, public services, human rights, gender equality and women's empowerment in a tolerant and peaceful society.</p>
<p>Related UNFPA Strategic Plan Outcome(s): 1: By 2025, the reduction in the unmet need for family planning has accelerated;</p>	<p>Related UNFPA Strategic Plan Outcome(s): 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated</p>
<p>UNFPA Maldives 7th Country Programme Output: Strengthened national capacity for planning, implementation and monitoring of evidence-based sexual and reproductive health information and services, including family planning, focusing on those furthest behind</p>	<p>UNFPA Maldives 7th Country Programme Output: Strengthened national capacity for a coordinated multisectoral approach to prevent and respond to gender-based violence and harmful practices, to change discriminatory social norms, and to promote gender equality across the development and humanitarian continuum</p>

<p>UNFPA Maldives 7th Country Programme Intervention Areas:</p> <p>(a) strengthening the capacity of state and non-state actors, including the media, to foster awareness of international commitments and generate demand for sexual and reproductive health and rights, including family planning, using innovative technologies, according to the preference of individuals, focusing on youth, women with disabilities, and women outside the capital Male;</p> <p>(b) supporting the Government in developing a monitoring and evaluation framework for the costed reproductive, maternal, newborn, child and adolescent health strategy, 2020-2025, with active participation and contribution by government partners, civil society organizations, private sector and women and youth-led organizations.</p> <p>(c) strengthening the capacity of national training institutions to deliver quality and rights-based family planning training for health service providers based on national and international standards, including the minimum initial service package for sexual and reproductive health in crises;</p> <p>(d) advocating for increased partnerships and financing for national family planning programmes, using evidence generated through research and analysis on accessibility and affordability of rights-based family planning services for the most vulnerable groups, including unmarried women, adolescents, migrant women, women with disabilities and women outside Male.</p>	<p>UNFPA Maldives 7th Country Programme Intervention Areas:</p> <p>(a) strengthening the health sector and social protection systems within the multisectoral coordination mechanism; it will address gender-based violence through the development of comprehensive guidelines in line with the essential service package and establishment of functional referral mechanisms for a health response to gender-based violence, including in humanitarian situations;</p> <p>(b) advocating for increased investments and capacity for gender equality, women’s empowerment, and elimination of gender-based violence and harmful practices as per existing legislation, such as the National Gender Equality Act and Domestic Violence Prevention Act, through the generation of evidence and data, and development of a costed gender equality action plan and its monitoring framework; and</p> <p>(c) supporting community based interventions to operationalize social and gender norm changes for gender-based violence prevention strategies. These interventions will focus on identified social and gender norms to address gender-based violence and harmful practices, including female genital mutilation, against women and girls.</p>
<p>UNFPA Maldives 7th Country Programme Output: Strengthened institutional capacity to develop life skills education and to create opportunities for adolescents and youth, including those with disabilities and residing in outer islands, to ensure their leadership and meaningful participation in decision -making for issues that affect their development and overall well-being</p>	<p>UNFPA Maldives 7th Country Programme Output: Strengthened national capacity to generate, analyse and use evidence in the formulation of inclusive, gender-transformative, resilient and adaptive development policies that address the Maldives demographic transition and climate threats</p>

<p>UNFPA Maldives 7th Country Programme Intervention Areas:</p> <p>(a) supporting, in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), institutional capacity development to deliver life skills-based reproductive health education, including adolescent pregnancy prevention, HIV and sexually transmitted infections, gender-based violence prevention, and social norm change interventions through development and monitoring of life skills-based reproductive health education curricula that meet international standards for young people in-and-out of school;</p> <p>(b) improving teacher training standards;</p> <p>(c) expanding partnerships with youth-led organizations and the private sector to deliver life skills-based reproductive health education to the most marginalized adolescents and young people, using youth-led innovative solutions and digital technologies;</p> <p>(d) providing technical support to establish and strengthen youth participation and leadership platforms that ensure meaningful participation of adolescents and youth, including those with disabilities and those residing in outer islands, in decision-making on issues that affect their development and overall well being;</p> <p>(e) contributing to United Nations reform by playing a convening role in joint programming and advocacy to harness the demographic dividend for youth development and participation in support of the implementation of the UNSDCF, 2022-2025, and the United Nations Youth Strategy 2030.</p>	<p>UNFPA Maldives 7th Country Programme Intervention Areas:</p> <p>(a) building the capacity of national institutions to generate disaggregated population data to monitor progress towards national development and the three transformative results and to implement recommendations of the Universal Periodic Review, CEDAW and CRPD reviews;</p> <p>(b) providing technical advice to the National Statistics Office regarding the upcoming population census (2022);</p> <p>(c) providing technical support to integrate population data at all levels, including by using the civil registration and vital statistics system, and innovative approaches such as big data;</p> <p>(d) establishing partnerships with academic institutions and youth groups to advocate for: (i) the implications of population dynamics, including internal and international migration and urbanization, to harness the demographic dividend, (ii) women’s economic empowerment, and (iii) climate resilience in national policies and strategic frameworks;</p> <p>(e) strengthening national capacity to mainstream population and development issues, including the demographic transition and gender-transformative, approaches, in the design and implementation of national planning frameworks, policies and programmes, including use of national transfer accounts;</p> <p>(f) providing, in collaboration with other United Nations organizations, technical support to the Government to incorporate sexual and reproductive health and rights, gender-based violence and disaggregated data for preparedness and response in the revision of the national disaster risk management plan in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030.</p>
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[Delete/edit text as needed] *Nota Bene: “Country Programme Intervention Areas” boxes: In bold: Activities that were not initially planned, yet were implemented; in italics: Activities that were initially planned but were not implemented.*

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Maldives CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Maldives Seventh country programme (2022-2026).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA Maldives CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover all interventions of the CP at both national and subnational levels - namely Kulhudufushi, Noonu, and Baa Atolls.

Thematic Scope

The evaluation will cover the following all thematic areas of the 7th CP: (i) policy and accountability; (ii) (iii) gender and social norms; (iv) population change and data; and (vi) adolescents and youth]. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion, , and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP, starting from January 2022 until the period of data collection - May/June 2025.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the [UNFPA Evaluation Handbook](#), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.⁴

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see [Handbook](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Maldives CO and the ERG). In particular, they will ensure that each evaluation question is

⁴ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

Relevance

1. To what extent UNFPA’s support was relevant and adaptable to the needs of the CP beneficiaries, especially of the most left behind population groups, to changes to national priorities and policies, and to emerging megatrends, such as population trends - ageing/low fertility and migration, digitalization and effects of climate change?

Effectiveness

2. How effective was UNFPA’s support to government and non-government stakeholders in generating, coordinating, analyzing and using population data and evidence and engaging stakeholders for creating supportive policy environment and for development/revision, budgeting, implementation and/or monitoring of national policies, action plans and strategies, and international commitments (UPR, CEDAW, SDGs, ICPD PoA) in areas of UNFPA’s mandate?
3. How effectively has UNFPA leveraged and developed strategic partnerships (government, NGOs working with both women/girls and men/boys, private sector, academia, community-based organizations, youth networks and others) to achieve the CP results and fulfill its normative role in areas of UNFPA’s mandate?
4. To what extent has the Country Programme integrated the LNOB/RFB principle and supported inclusive (of PWDs, key populations - female drug users, vulnerable young people, older persons and other groups left behind), human rights-based, gender-transformative and inter-sectional approaches in the design, implementation and monitoring of the Country Programme?
5. To what extent has the Country Programme achieved its intended results and what factors did contribute to or hinder the progress?

Coherence

6. To what extent UNFPA’s support is coherent with other stakeholders, including with UN and other development partners, government and non-government organizations and others?

Sustainability

7. To what extent has UNFPA strengthened capacities of duty bearers and rights holders (e.g. young people, community-based organizations and others), and established mechanisms and institutional frameworks and standards to ensure the sustainability of Country Programme results and scale-up of successful pilot/innovative interventions?

Efficiency

8. To what extent did UNFPA efficiently utilize and adapt its human, technical, logistical, administrative, and financial resources, tools, and internal processes to achieve the CP results and mitigate programmatic risks, including risk of sexual exploitation and abuse?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Maldives CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Maldives seventh country programme (2022-2026) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Maldives CO been during the period of the 7th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Maldives 7th country programme (2022-2026) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Maldives CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth)]. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women,

adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Maldives CO has established an ERG comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level the regional M&E adviser in UNFPA APRO. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

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.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation [Handbook](#). This 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 essential that, once contracted by the UNFPA Maldives] CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes, in particular, the [Evaluation Handbook](#) and the evaluation quality assurance and assessment principles.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,⁵ *Ethical Guidelines for Evaluation*,⁶ *Code of Conduct for Evaluation in the UN System*,⁷ and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*. and *UNFPA's Guidance on Disability⁸ Inclusion in Evaluations*⁹ When contracted by the UNFPA Maldives CO, the evaluators will be requested to sign the UNEG *Code of Conduct*¹⁰ prior to starting their work.

⁵ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁶ Document available at: <http://www.unevaluation.org/document/detail/102>.

⁷ Document available at: <http://www.unevaluation.org/document/detail/100>.

⁸ Document available at: <https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations>

⁹ Document available at: <http://www.unevaluation.org/document/detail/980>.

¹⁰ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Maldives. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the [Handbook](#).

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Maldives CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Maldives CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see [Handbook](#), section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Maldives CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see [Handbook](#), section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and

youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the CO in a Document repository. 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.

The evaluation team is expected to dedicate a total of three weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see [Handbook](#), Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity

- **Ethical and responsible use:** The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the [Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System](#), [Principles for the Ethical Use of Artificial Intelligence in the United Nations System](#), and [UNFPA Information Security Policy](#). The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Maldives CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE) [optional]
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase (*Handbook, Chapter 2*)

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda

- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA APRO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (*Handbook, Chapter 3*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidation of the feedback

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (*Handbook, Chapter 4*)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The [Handbook](#), Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for a good quality report.. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Maldives CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase *(Handbook, Chapter 5)*

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA editorial and style guide](#) to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the [Handbook](#), Chapter 5.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Maldives CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Version 1 evaluation report.** The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.

- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see [Handbook](#), section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Maldives CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process and involves a proactive approach which aims to prevent the production of an evaluation report that would not comply with the ToR. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria

outlined in the EQA grid¹¹ before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluand (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the [Handbook](#), section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Maldives CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

¹¹ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE¹²

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		4 to 5 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	Stakeholder map	
Developing the field work agenda	Evaluation team, CPE Manager	Field work agenda	
Developing the initial communications plan	CPE Manager and CO communications officer	<i>Communication plan (see Evaluation Handbook, Chapter 5)</i>	
Drafting the design report version 1	Evaluation team	Design report- version 1	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	PowerPoint presentation on design report version 1	
Drafting the design report version 2	Evaluation team	Design report - version 2	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	Final design report (see Evaluation Handbook, section 2.4.4)	
Field phase			
Preparing all logistical and practical	CPE Manager		3 to 4 weeks

¹² For full information on all tasks and responsible entities, see the relevant chapters of the [Handbook](#)

arrangements for data collection			
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	Photos (<i>see Evaluation Handbook, Section 3.2.5</i>)	
Filling in the evaluation matrix	Evaluation team	Evaluation matrix	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	PowerPoint presentation	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	Approximately 12 weeks
Drafting CPE report version 1	Evaluation team	Evaluation report - version 1	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, CPE manager, ERG members	Recommendations worksheet	
Drafting CPE version 2	Evaluation team	Evaluation report - version 2	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	Final CPE report (<i>see Evaluation Handbook, section 4.5</i>) with powerpoint presentation and audit trail	

Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold: The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Maldives CO, in close consultation with the Ministry of Foreign Affairs that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the [UNFPA Evaluation Handbook](#). The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the [Handbook](#).

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Maldives CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Maldives CO, APRO, representatives of the national Government of Maldives, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see [Handbook](#), section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the version 1 evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA APRO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the quality assurance of the CPE deliverables. This

includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the [UNFPA evaluation database](#).

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) two team members, who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics), and (iii) one Young and Emerging Evaluator.

In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA country programme in Maldives.

The evaluation team leader will be recruited internationally, while the evaluation team members will be recruited locally to ensure adequate knowledge of the country's context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve **as technical expert for one or more thematic areas** of the country programme described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, including youth-friendly SRH services, HIV and other sexually transmitted infections, maternal health, and family planning and health sector response to GBV. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Maldives CO staff and the ERG. S/he will undertake a document review

and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, prevention and response to GBV and harmful practices, comprehensive sexuality education and multi-sectoral youth programming, and social norm change. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Maldives CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Maldives CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

The modalities for the participation of the evaluation team members in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

Evaluation team member: Young and emerging evaluator. The young and emerging evaluator (YEE) will contribute to all phases of the CPE, including the preparation phase. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, S/he will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA [name of country] CO staff and the ERG, and support the Evaluation Manager with necessary preparations for the CPE.

The modalities for the participation of the evaluation team members [optional: (*in case of participation of a young and emerging evaluator*): (incl. the young and emerging evaluator)] in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Maldives.
- Fluent in written and spoken English.

SRHR expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.

- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning, adolescents and youth SRHR.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Maldives.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and knowledge of Dhivehi will be an added advantage.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, social norm change, and youth empowerment, including CSE and multi-sectoral youth programming.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Maldives.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and knowledge of Dhivehi will be an added advantage.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Maldives.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and knowledge of Dhivehi will be an added advantage

Young and Emerging Evaluator

The competencies, skills and experience of the young and emerging evaluator should include:

- under 35 years of age
- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to improve as a professionally competent evaluator within the framework of the national evaluation capacity of the country.
- Fluent in written and spoken English and knowledge of Dhivehi will be an added advantage

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	2 Thematic experts	YEE
Preparation phase	-	-	10
Design phase	10	5	10
Field phase	15	12	15
Reporting phase	10	7	15
Dissemination and facilitation of use phase	2	1	15
TOTAL (days)	37	25	65

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. [UNFPA Evaluation Policy \(2024\)](#)
4. [UNFPA Evaluation Handbook](#)
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:
 - [Independent evaluation of the UNFPA Strategic Plan 2022-2025](#)
 - [Final evaluation of the Spotlight Initiative \(2017-2023\)](#)

The evaluation reports are available at: <https://www.unfpa.org/evaluation>

Maldives national strategies, policies and action plans

6. Strategic Action Plan (2018-2024)
7. National Resilience and Recovery Plan (2020 -2022)
8. United Nations Sustainable Development Cooperation Framework (UNSDCF)(2022-2026)
9. National Health Masterplan (2016-2025)
10. Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (2020-2025)
11. National Gender Equality Action Plan (2022-2026)

UNFPA Maldives CO programming documents

12. Government of Maldives/UNFPA 7th Country Programme Document (2022-2026)
13. United Nations Common Country Analysis/Assessment (CCA)
14. Situation analysis for the Government of Maldives/UNFPA 7th Country Programme (2022-2026)
15. CO annual work plans
16. Joint programme documents
17. Mid-term reviews of interventions/programmes in different thematic areas of the CP
18. Reports on core and non-core resources
19. CO resource mobilization strategy

UNFPA Maldives CO M&E documents

20. Government of Maldives/UNFPA 7th Country Programme M&E Plan (2022-2026)
21. CO annual results plans and reports (SIS/MyResults)
22. CO quarterly monitoring reports (SIS/MyResults)
23. Previous evaluation of the Government of Maldives/UNFPA 6]th Country Programme (2016-2020), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

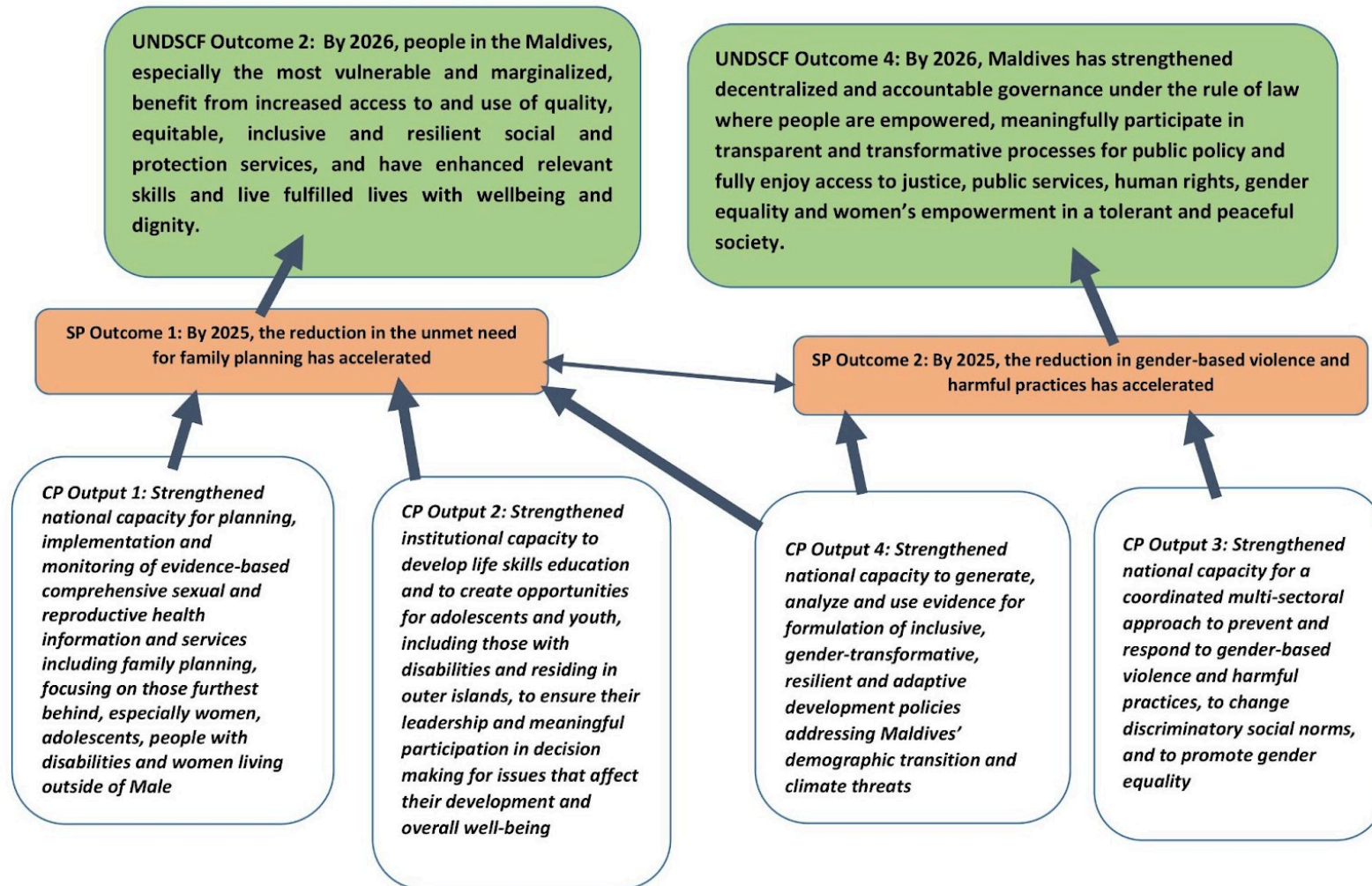
24. Implementing partner annual work plans and quarterly progress reports
25. Implementing partner assessments
26. Audit reports and spot check reports
27. Meeting agendas and minutes of joint United Nations working groups
28. Donor reports of projects of the UNFPA Maldives CO
29. Evaluations conducted by other UN agencies
30. IAHE- Inter-Agency Humanitarian evaluations
<https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations>

15. Annexes

A	Theory of change
B	Stakeholder map (will be provided to the contracted consultants)
C	Excel sheet on analysis of UNFPA interventions (will be provided to the contracted consultants)
D	Tentative evaluation work plan

Annex A : Theory of change

Maldives 7th Country Programme 2022-2026 Theory of Change



TOC: Family Planning / Sexual and Reproductive Health Rights

UNDS CF Outcome 2: By 2026, people in the Maldives, especially the most vulnerable and marginalized benefit from increased access to and use of quality, equitable, inclusive and resilient social and protection services, and have enhanced relevant skills and live fulfilled lives with wellbeing and dignity.

UNFPA SP Outcome: By 2025, the reduction in the unmet need for family planning has accelerated

CP Output 1: Strengthened national capacity for planning, implementation and monitoring of evidence-based comprehensive sexual and reproductive health information and services including family planning, focusing on those furthest behind, especially women, adolescents, people with disabilities and women living outside of Male

Strengthening capacity of state and non-state actors to foster awareness on international commitments and generate demand for comprehensive sexual, reproductive health according to preference of individuals and focusing on youth, women with disabilities, and women outside Male'

Develop a communication strategy to promote FP with tools and media partners and key messages based on cultural and religious perspectives

Build capacity of key media actors including influencers to promote family planning use through various media

Develop youth friendly digital tools to create awareness on FP in line with RMNCAH strategy and GEAP

Pilot and scale up an online platform with CSOs, private sector and government to generate demand for comprehensive SRHR services targeting excluded groups such as

Develop positive, rights based narratives from an Islamic perspective to promote FP service provision (linked to Gender output)

Assumptions

Increased investment in FP and SRHR through national financing

Government is willing to invest in capacity development of health professionals using training institutions in Maldives

Availability of human resources in the public health schemes to provide FP services

Supporting the government to develop a monitoring and evaluation framework for the costed Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategy with active participation and contribution by government partners, CSO, private sector, women and youth led organizations.

Technical support to integrate RMNCAH strategy in the national Health Management Information system (HMIS)

Technical support to generate data from HMIS and other databases to monitor comprehensive, rights based sexual and reproductive health services including family planning, HIV/STIs

Provide technical capacity to integrate and strengthen youth friendly health services in line with national standards for adolescent and youth friendly health services linking with information provision mechanisms

Integrate FP module in existing HMIS tool to monitor and build capacity on contraceptive use disaggregated by age, geography, social status

Strengthening capacity of national training institutions to deliver quality and rights based family planning training based on the national and international standards including Minimum Initial Service Package (MISP) for SRH in Crisis Situations

Technical support to revise health professional training curriculum at health education institutions on providing quality FP services including counselling in line with national strategies and international standards

Build capacity of training institutions to deliver rights based family planning training to service providers in line with revised National FP guidelines and to expand method mix in the atoll hospitals

Build capacity of national institutes to deliver SRH including FP services based on Minimum Initial Service Package (MISP) for SRH in Crisis Situations

Conduct research on unmet need for FP especially among vulnerable groups, including in humanitarian contexts

Develop partnerships with private sector to promote and provide support for FP, including service provision to excluded groups

Advocacy for financing and contraceptive availability and SRH service continuity including lifesaving maternal health drugs in national disaster management guidelines

Advocating for increased partnerships and financing for national family planning programmes for the most vulnerable groups including unmarried women, adolescents, migrant women, women with disabilities and women outside Male'.

Risk and Risk Mitigation

The Government bodies responsible for responding to Sexual and Reproductive Health and Rights (SRHR) including family planning choose to exclude unmarried young people from their program priorities as SRHR for unmarried young people are considered as sensitive (religious and cultural) issues which is highly relevant for UNFPA mandate on human rights and universal access to sexual and reproductive rights.

Raising conservatism contributes to failure in fulfilling SRH rights including Family planning and shrinking civil society space; which reduces safe spaces for youth network to function properly because of the restrictive socio cultural norms / religious backlash over open conversations and discussions on sex

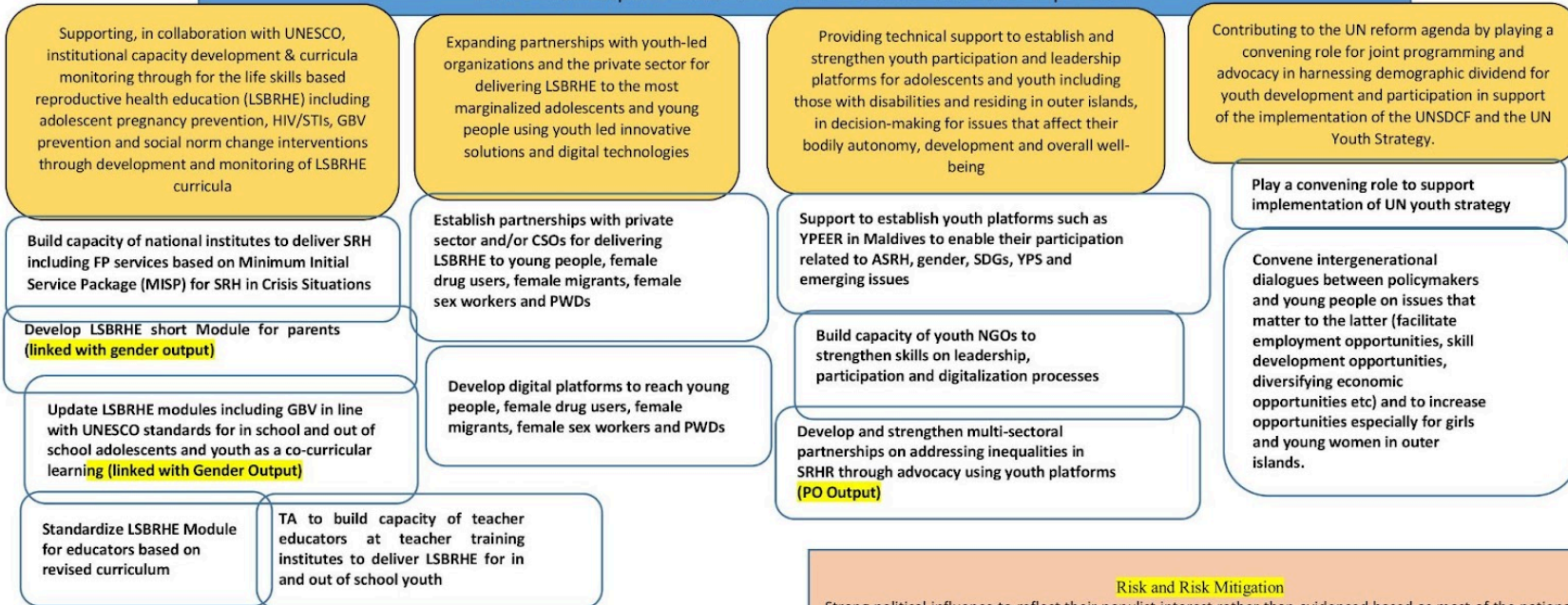
TOC: Empowering young people

UNSDCF Outcome 2: By 2026, people in the Maldives, especially the most vulnerable and marginalized benefit from increased access to and use of quality, equitable, inclusive and resilient social and protection services, and have enhanced relevant skills and live fulfilled lives with wellbeing and dignity.

UNFPA SP Outcome: By 2025, the reduction in the unmet need for family planning has accelerated

CP output 2: *Strengthened institutional capacity to develop life skills education and to create opportunities for adolescents and youth, including those with disabilities and residing in outer islands, to ensure their leadership and meaningful participation in decision making for issues that affect their development and overall well-being*

Linked with output 1 under the outcome on GBV and harmful practices



Assumptions

The Government is willing and committed to change policies to prioritize the vulnerable groups.

Increased investment in FP and SRHR through national financing

Government is willing to invest in capacity development of health professionals using training institutions in Maldives

Availability of human resources in the public health schemes to provide FP services

Risk and Risk Mitigation

Strong political influence to reflect their populist interest rather than evidenced based as most of the national plans are based on election pledges.

The Government bodies responsible for responding to Sexual and Reproductive Health and Rights (SRHR) including family planning choose to exclude unmarried young people from their program priorities as SRHR for unmarried young people are considered as sensitive (religious and cultural) issues which is highly relevant for UNFPA mandate on human rights and universal access to sexual and reproductive rights.

Raising conservatism contributes to failure in fulfilling SRH rights including Family planning and shrinking civil society space; which reduces safe spaces for youth network to function properly because of the restrictive socio cultural norms / religious backlash over open conversations and discussions on sex. Inclusion of comprehensive sexuality education in the national curriculum, has been faced with numerous challenges and there is a risk that program results may be compromised by these restrictive rationales. Further to this, social norms do not recognize the positive contribution of adolescent and youth to development, place low value to the girl, perpetuate harmful traditional practices and patriarchal social system.

TOC: Gender Equality / Prevention of GBV and other harmful practices or social norms

UNSCF Outcome 4: By 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy and fully enjoy access to justice, public services, human rights, gender equality and women's empowerment in a tolerant and peaceful society.

UNFPA SP Outcome: By 2025, the reduction in gender-based violence and harmful practices has accelerated

CP output 3: Strengthened national capacity for a coordinated multi-sectoral approach to prevent and respond to gender-based violence and harmful practices, to change discriminatory social norms, and to promote

Strengthening multi-sectoral coordination mechanism to address gender based violence through the development of comprehensive guidelines in line with the Essential Service Package (ESP) and establishment of a health response to GBV including in humanitarian situations

Update National health sector's response to GBV standards and provision of high quality post-GBV care including the monitoring tool **(Link with FP Output 1)**

Review and revise training manual on health sector response to GBV using most updated international curriculum for training health care providers

Technical support to build a functioning multi sectoral referral system linking with health system to provide comprehensive care as per the essential service package including GBV minimum standards

Provide technical support to the MoGFSS to convene a national platform consisting of government and other key stakeholders to coordinate response and prevention efforts on GBV prevention and women's empowerment in line with international treaty bodies and other human rights instruments

Build the capacity of GBV case workers to provide coordinated and quality services including hotlines, mobile application

Advocating increased investments and capacity for gender equality, women's empowerment and elimination of GBV as per existing legislation such as the Gender Equality Act and Domestic Violence Prevention Act and development of Gender Equality Action Plan and its monitoring framework

Support evidenced based advocacy and policy dialogues for increased investments on GEWE including elimination of GBV and barriers to women's empowerment and participation (discriminatory labour practices) **Linked with FP- Output 1**

Provide technical support to cost the Gender Equality Action Plan (GEAP) and develop its M&E mechanism

Estimate the socio-economic costs of GBV to generate evidence for advocacy and increasing financing

Supporting community based interventions in the social and gender norm change focusing on identified social and gender norms to address GBV, and harmful practices including FGM against women and girls

linked to outputs 1 and 2 under the outcome on reduction of unmet need for family planning, and will support demand generation for gender responsive and rights based SRH services, and awareness raising on LSRHE for young people.

Linked with the Output 2 under Outcome on unmet need for family planning UNFPA will support to integrate GBV and gender equality as a prevention tool in LSRHE

Linked with Output 1 and 2 under the outcome on unmet for family planning, UNFPA will build networks with religious groups, media, young people, and the community for the social norm change campaign to prevent gender based violence and harmful practices including FGM against women and girls

Develop packages for parents' education and engaging men/boys in GBV prevention

Develop partnerships and curriculum for women's empowerment

Assumptions

Government sustains political will to advance rights and empowerment of women and young people.

There is enough space for the CSOs to promote social and gender norm change interventions

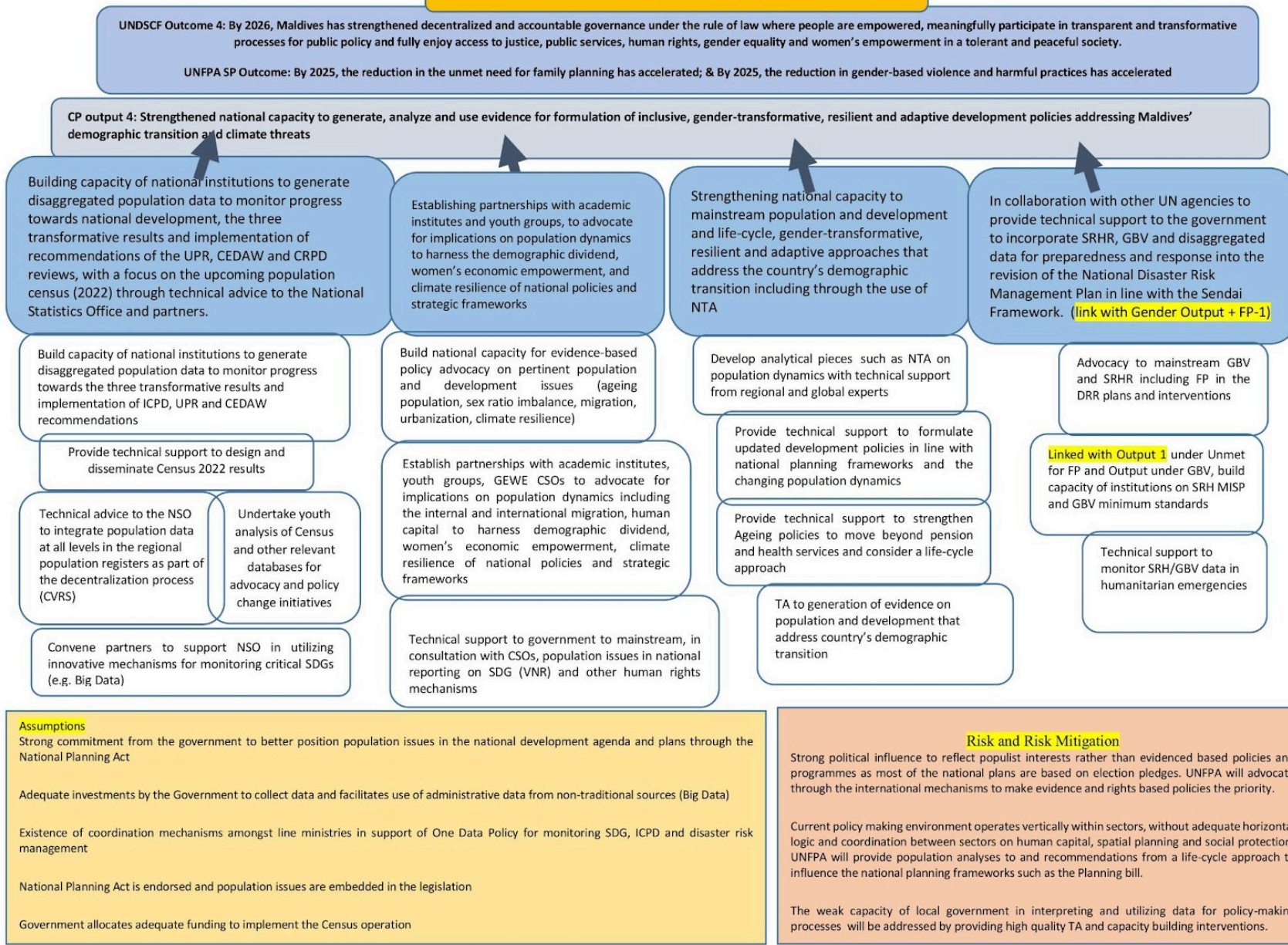
Risk and Risk Mitigation

Strong political influence to reflect populist interests rather than evidenced based policies and programmes as most of the national plans are based on election pledges. UNFPA will advocate through the international mechanisms to make evidence and rights based policies the priority.

Weak capacity of the social system including the Ministry of Gender, Family and Social Services. This risk will be mitigated by providing high quality TA and capacity building interventions.

Strong voices of alternative discourses/conservative narratives will be met through social movements, including those of progressive religious scholars.

TOC: Demographic Transition & Climate Threats



Annex B : Stakeholder map

Table 1

Donor	Implementing agency							Other partners							Rights holders	Other
	Gov	Local NGO	Int. NGO	Women's rights org.	Other UN	Academia	Other	Gov	Local NGO	Int. NGO	Women's rights org.	Other UN	Academia	Other		
Strategic Plan 2022-2025 Outcomes																
SP Outcome 1 <i>By 2025, the reduction in the unmet need for family planning has accelerated</i>							SP Outcome 2 <i>By 2025, the reduction of preventable maternal deaths has accelerated</i>					SP Outcome 3 <i>By 2025, the reduction in gender-based violence and harmful practices has accelerated</i>				
Output: Strengthened national capacity for planning, implementation and monitoring of evidence-based sexual and reproductive health information and services, including family planning, focusing on those furthest behind																
DFAT	MOH, HPA, HMH, KRH	SHE				MNU			SOG M			WHO, UNICEF		HWH	Women and young people	Female drug users
Output: Strengthened institutional capacity to develop life skills education and to create opportunities for adolescents and youth, including those with disabilities and residing in outer islands, to ensure their leadership and meaningful participation in decision-making for issues that affect their development and overall well-being																
	MYEIA								SN, ZWM, SHE			UNICEF	VC	HWH, PSM, BS	young people	Female drug users
Output: Strengthened national capacity for a coordinated multisectoral approach to prevent and respond to gender-based violence and harmful practices, to change discriminatory social norms, and to promote gender equality across the development and humanitarian continuum																

	MSFD, FPA	MRC									WFC			DRG		
Output: Strengthened national capacity to generate, analyse and use evidence in the formulation of inclusive, gender-transformative, resilient and adaptive development policies that address the Maldives demographic transition and climate threats																
	MBS														Policy makers	UN entities

Table 2

Acronym	Name of the entity/organization	Role/responsibilities	Starting date of the collaboration with the CO	Contact person(s)			Reference staff in CO
				Name	Title/Function	E-mail	
MOH	Ministry of Health	Government body for RMCAH policy advocacy and HMIS	January 2022	Fathimath Asna			Jeehan Saleem
MOPF	Ministry of Finance and Planning	Government body responsible for policy formulation and monitoring SDGs. Former Ministry of Housing, Land and Urban Development	January 2022	Mohamed Imad		mohamed.imad@housing.gov.mv	Shadiya Ibrahim
MSFD	Ministry of Social and Family Development	Government body responsible for GEWE	January 2022	Mariyam Sidhumeen	Social Service Coordinator	sidhmeen@msfd.gov.mv	Fathimath Zuhana
MYEIA	Ministry of Youth Empowerment, Information and Arts						
FPA	Family Protection Authority	Overseeing and monitoring of DV Act	January 2023	Aminath Shirani Naeem	CEO	ceo@fpa.gov.mv	Fathimath Zuhana
MNU	Maldives National University	Population data, fertility study and curriculum development	January 2022	Shazla			

MPO	Maldives Pensions Office	Social protection and ageing	January 2023	Sujatha Haleem	CEO	sujatha.haleem@pension.gov.mv	Shadiya Ibrahim
VC	Villa College						
MBS	Maldives Bureau of Statistics	Collection and analysis of population data including Census	Jan 2022	Fathimath Riyaza	Statistician	fathimath.riyaza@stats.gov.org	Shadiya Ibrahim
HPA	Health Protection Agency						Jeehan Saleem
SHE	Society for Health Education						Jeehan Saleem
ZWM	Zero Waste Maldives	Partner working on Cupvert, EEBS and Menstrupedia	January 2022	Mariyam Hamsha			Jeehan Saleem
MRC	Maldives Red Crescent	CSO partner to roll out self help groups at community level	January 2022	Ibrahim Shameel	Manager, Programme and Services	ibrahim.shameel@redcrescent.org.mv	Fathimath Zuhana
SOGM	Society for Obstetric and Gynaecology Maldives	Partner on advocating for emerging SRH issues	November 2024	Dr. Juman			Jeehan Saleem
SN	Soneva Namoonaa	Partner implementing Emmenah Egey Bodu Sirru (EEBS)	July 2022	Khadeeja Hamid			Jeehan Saleem
WFC	Women's Football Club	programme for vulnerable groups offered through Women led sports organisation	August 2023	Mariyam Mayan Mohamed	President and Founder	mayan0017@gmail.com	Fathinath Zuhana

MCC	Male City Council	Partner to support urban community engagement activities	November 2024	Mohamed Shihab	Consultant	mohamed.shihab@malecity.gov.mv	Fathimath Zuhana
ECM	Elderly Club in Male'	Piloting health well being programme 'Hattah"	August 2024	Misha			Fathimath Zuhana
HWH	Hulhumale Halfway House	Programmes for female drug users	January 2022				
HMH	Hulhumale Hospital	Providing SRHR services and information to most marginalised people and Adolescent Health information through school settings					
KRH	Kulhudufushi Regional Hospital	Adolescent Sexual Reproductive Health screening and information	January 2023				Jeehan Saleem
FNH	Faafu Nilandhoo Hospital	Piloting DHIS2	January 2024	Shuaib Ismail		shuaib.ismail@fah.gov.mv	Jeehan Saleem
NKC	Noonu Kudafari Council	Awareness programme for social cohesion and healthy ageing at community level	September 2024	Ali Shameem Mohamed	President, Island Council	ali.shameem@kudafari.gov.mv	Fathimath Zuhana
PSM	Public Service Media	Media broadcasting right-based communications to promote sexual and reproductive health and rights, including family planning	May 2023	Mariyam Athifa		mariyam.athifa@psm.mv	Jeehan Saleem

BS	Baiskoafu	A local production company, developed a high-impact advocacy video song highlighting the importance of Comprehensive Sexuality Education (CSE) for young people.	May 2023				Jeehan Saleem
DRG	Dhiraagu	Offering PSEAH for organisation staff	December 2022	Mohamed Yamany	Senior Manager, Learning and Development	mohamed.yamany@dhiraagu.com.mv	Fathimath Zuhana
UNICEF	United Nations Children Fund	RMNCAH and youth programmes	January 2022	Aishath Shahula			Fathimath Saleem
UNDP	United Nations Development Programme	PSEAH awareness for the judicial sector & Integrated National Financing Framework	January 2022	Yasmeen Rasheed	ARR/Governance	yasmeen.rasheed@undp.org	Fathimath Zuhana
WHO	World Health Organisation	Development and rolling out of the Health sector response to GBV guidelines and RMNCAH	January 2022	Fathimath Hudha	National Professional Officer	hudhaf@who.int	Fathimath Zuhana

Annex C : Excel sheet on analysis of UNFPA interventions

[Access to Annex C](#)

Annex D: Tentative time frame and workplan

Note to the CPE manager: The work plan provides an overview of the main tasks in the different phases of the CPE process. It includes the expected deliverables and the duration of each evaluation phase (in weeks). During the Design phase, the evaluation team leader, in collaboration with the evaluation manager will finalize the present tentative work plan and respective duration of each evaluation phase to **ensure that the evaluation results are available at the time when the planning and design of the next programme cycle star**

Evaluation Phases and Tasks	March : ...				April: ...				May]: ...				June: ...				July]: ...				August]: ...				September: ...				October ...				November: ...				December: ...				January 2026]: ...			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Design phase																																												
Induction meeting with the evaluation team																																												
Orientation meeting with CO staff																																												
Desk review and preliminary interviews, mainly with CO staff																																												
Developing the initial communications plan																																												
Drafting the design report version 1																																												
Quality assurance of design report version 1																																												

ERG meeting to present the design report																																								
Drafting the design report version 2																																								
Quality assurance of design report version 2																																								
Submission of final design report to CPE manager																																								
Update of communication plan (based on final stakeholder map and evaluation work plan presented in the approved design report)																																								
Fieldwork phase																																								
Inception meeting for data collection with CO staff																																								
Individual meetings of evaluators with relevant programme officers at CO																																								
Data collection (document review, site visits, interviews, group)																																								

