



**United Nations Population Fund (UNFPA)
Mongolia Country Office**

TERMS OF REFERENCE

**For End-Evaluation of the
United Nations Population Fund (UNFPA) Project
"Combating gender-based violence in Mongolia" Phase 2
August 2020-July 2023**

June 2022

1. Introduction

The UNFPA Mongolia Country Office is planning to conduct an independent evaluation of its project "*Combating gender-based violence in Mongolia*" Phase 2. The project is supported financially by the Swiss Agency for Cooperation and Development (SDC) and UNFPA CO and has been jointly implemented by the Government of Mongolia and UNFPA CO.

The evaluation is aimed at generating a set of knowledge on successes, challenges, and lessons learned to be shared with the Government to ensure the continuity, sustainability, institutionalization, and the Government ownership of the interventions and initiatives by the project and replication in other areas. It also aims to identify the gaps to fill the future investments in the area.

The evaluation will be an external, independent exercise undertaken by an evaluation consultancy firm or consultancy team and managed by the UNFPA Country Office.

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

The primary users of evaluation will be decision-makers in UNFPA, counterparts in the Government of Mongolia, and SDC. Additionally, the results of the evaluation will be used by the implementing partners who directly have implemented the project as well as the potential donors who are interested in investing in GBV prevention and response in Mongolia.

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

2. Context

2.1. Country Situation Analysis

The population of Mongolia was 3,296,866, and the number of households was 897,427 according to the 2020 census. The Government has been implementing pro-natalist population policies, and the total fertility rate increased to 2.9 children per woman. The average rate of annual population growth between 2010 and 2020 was 2.2%, which is 0.7 points higher than the previous census. The population of Mongolia is still young, as 31.55% of the overall population is under the age 15 years, 64.4% are aged 15-64 years, and 4.1% - are 65 years and over. The median age of the population of Mongolia was 27.9 years in 2020.

Mongolia has a Gender Inequality Index value of 0.322, ranking it 99 out of 189 countries in the 2019 index. Although women are active in most areas of Mongolia's economy and society, gender inequalities persist in access to economic opportunities and political decision-making.

The country passed the Law on Promotion of Gender Equality (LPGE) in 2011 and approved the results and resources framework (RRF) for the implementation of the Law. In Mongolia, 17.1 (13 out of 76) per cent of parliamentary seats are held by women.

The current Cabinet has 4 female Ministers (Minister for Foreign Affairs, Minister for Labour and Social Protection, Minister for Nature, Environment and Tourism, and Minister for Culture) and 2 Vice Ministers (Vice-Minister for Finance and Vice-Minister for Justice and Home Affairs). There are 2 female State Secretaries and 1 female Governor. The UPR and CEDAW report both highlighted lack of political empowerment of women in Mongolia, measured as a percentage of women holding decision-making positions both in public and private sectors.

Another gender shortfall highlighted by the UPR and CEDAW reports was the area of Gender-Based Violence. To address this, the Parliament with UNFPA support finally approved in December 2016 the Law to Combat Domestic Violence, which criminalised DV for the first time in Mongolia's history. Furthermore, in 2017, the National Statistics Office and UNFPA Mongolia conducted the very first nationwide GBV prevalence survey, the report of which was released in June 2018. It is estimated that 57.9% of Mongolia's ever-partnered women go through one or other forms of violence in their lifetime; 31.2% on physical and/or sexual violence; and one in 7 women experienced non-partner sexual violence.

When it comes to maternal mortality, Mongolia was one of 9 countries which reached the Millenium Development Goals. In 2021, 68 women died from pregnancy-related causes and the maternal mortality ratio reached 95 per 100.000 live births that increasing by more than three-fold compared to 30.2 in 2020. The adolescent birth rate is on the rise and reached 42.6 births (SISS 2018) per 1,000 women of ages 15-19.

2.2. Gender-Based Violence in Mongolia

The National GBV Survey was conducted in 2017 and the report published in 2018 under the Combating Gender-Based Violence (CGBV) Project for and first time revealed the prevalence of GBV in the country. The survey found that one in every two women (57.9%) have experienced some form of intimate partner abuse¹ at least once in their lifetime, while one in every three (35%) experienced intimate partner abuse in the last 12 months. 31.2% of women have experienced physical or sexual intimate partner violence in their lifetime and 12.7% have experienced these forms of violence in the last 12 months.

The National GBV Survey also looked into violence against women by non-partners. The study found that 17.3% of women experienced physical violence by non-partners in their lifetime, while 4.5% experienced it in the last 12 months. 14% of women have experienced some form of sexual non-partner violence since the age of 15 at least once in their lifetime, while 2.6% experienced it in the last 12 months. Of these cases, 12.5% are classified as moderate sexual violence (unwanted sexual touching, being forced to touch the abusers' genitals, attempted rape). In comparison, 3.1% are classified as severe sexual violence (forced sexual intercourse, forced intercourse with more than one man at a time). Of these women, 10.7% reported experiencing sexual abuse before they were 15 years old. Only 10% of women who experienced severe sexual violence reported it to the police. For both physical and sexual non-partner violence, the most common perpetrators were other family members, such as parents or siblings.

Since the approval of the revised Law to Combat Domestic Violence in 2016, which criminalized the domestic violence (DV) in the country, the DV-related crimes were progressively decreasing by 32% between 2016-2019, and at the same time, the minor offence cases were increased by 375%. Such an increase in reporting is interpreted as an improvement in the early detection of GBV through public awareness-raising and improved referral mechanisms that prevented the escalation of DV into more violent crimes.

However, starting from the first quarter of 2020, the Government of Mongolia implemented social distancing and other restrictions to avoid an outbreak of COVID-19 in the country. Sharp increases in stress levels limitations in resources, mobility, and other social issues that arise during crises exacerbate existing gender inequalities that lead to the perpetration of GBV. Globally, GBV and DV cases skyrocketed, with a similar phenomenon happening in Mongolia. When pandemic response was at its strictest in 2020, police data showed a 30% spike in reported GBV cases compared to the same period pre-COVID. For the first time since 2017, Mongolia also recorded an increase in reported criminal (severe) cases and a decrease in misconduct (minor) cases of GBV, suggesting that unless the situation is dire, survivors often cannot receive the help they need.

There are couple of other projects the field of GBV Prevention and Response in Mongolia. One of them is funded by the Asian Development Bank and implemented by a project unit at the Coordination Council for Crime Prevention and another one is funded by the Government of Canada and implemented by the International Development Law Organization. Both projects are aimed to strengthen the prevention and response to GBV/DV, but each has taken care of different areas of prevention and response to GBV/DV within the specific mandate areas of their expertise. For example, the ADB funded project is also supporting the establishment of shelters in 3 aimags and 2 districts and strengthening the capacity of MDTs at the sites which were selected in consultation with UNFPA in order to avoid duplication. The IDLO project specifically focused on legal sector response and aimed to strengthen the access to justice service for victims of DV that incorporate the victim centered approach.

¹ The study looked into five forms of partner violence: physical, sexual, emotional, and economic violence, and controlling behaviors.

3. Project description

Combating Gender-Based Violence (CGBV) in Mongolia is a 2 phase project. Phase 1 started as a 4-year endeavor launched in 2016 by UNFPA, the Government of Mongolia, and the Swiss Agency for Development and Cooperation. Phase 2 started in August 2020 and will be terminated by 31.07.2023. The CGBV Project is one of the first and most comprehensive multi-stakeholder initiatives to address gender-based violence (GBV) in the country by strengthening the national capacity for prevention and response. Phase 1 succeeded in three important ways: 1) it generated evidence with the National GBV Survey and various researches and databases that are used for policymaking; raised public awareness and sensitized both the public and duty-bearers on GBV issues; 2) it directly supported survivor protection and multi-sectoral coordination mechanisms; and 3) it supported the establishment of eleven *One Stop Service Centers (OSSC)* for GBV survivors across the country. Building on the achievements of the 1st phase, the Project's Phase 2 focuses on developing effective prevention mechanisms as an important step toward ending GBV altogether. Such an endeavor is in line with Mongolia's commitment to sustainable development as articulated in its Vision 2030, the country's commitments to the International Conference on Population and Development's call for zero tolerance of GBV, and the Convention on the Elimination of Discrimination Against Women.

The goal of Phase 2 is to reduce the prevalence of GBV and DV prevalence in Mongolia by further strengthening the national capacity for prevention and response. It runs from August 2020 to July 2023.

Target group/beneficiaries:

- Male and female survivors and other groups at risk of gender-based violence
- Perpetrators of gender-based violence
- Policy and decision-makers
- Mongolian public at large

Target area/Geographic focus: The project selected the OSSCs and shelters from five provinces (Bayan-Ulgii, Khovd, Zavkhan, Arkhangai, and Darkhan-Uul) and one district (Bayanzurkh) of Ulaanbaatar. All existing OSSCs and shelters are supported through multi-sectorial capacity building interventions, experience sharing, and provision of dignity kits and personal protection equipment such as surgical masks, hand sanitizers, gloves, coveralls, face shields etc. .

Budget: The Swiss Agency for Development and Cooperation provided USD4,307,489, UNFPA contributed USD 853,000 and the Government of Mongolia provided USD452,000 for the Phase 1 of the project and SDC provided USD 2,700,390 , UNFPA contributed USD1,510,946, and the Government of Mongolia provided in-kind contribution equal to USD1,189,471 by allocating the human resources and financial resources at the primary or facility-level to implement the project activities.

#	Contributor	Phase 1 budget (USD)	Phase 2 budget (USD)
1	The Swiss Agency for Development and Cooperation	4,307,489	2,700,390
2	UNFPA/UN	812,000	1,510,946
3	The Government of Mongolia	452,000	1,189,471
	TOTAL	5,571,489	5,400,807

Expected Results of the Project: The phase 2 of the project has two outcomes which are contributing to the overall goal: to reduce the prevalence of gender-based violence (GBV) and domestic violence (DV) prevalence in Mongolia by further strengthening the national capacity for prevention and response.

Outcome 1: National-level government response mechanisms on GBV/DV is institutionalized and sustained.

Outcome 1 Indicators:

- Progress of revising the Statistics Law to include that the National GBV Survey is to be conducted in 7-10 years

- Progress of developing National Program on Combating GBV/DV
- Per cent of the increase in annual fund allocation by the Crime Prevention Coordination Council and Sub-Councils for GBV/DV

Outcome 2: Selected parts of the population, including men and boys, are engaged at the community level to be made aware of and behave according to gender equitable social norms.

Outcome 2 Indicators:

- State funding for behavior change and communication activities on GBV/DV
- People/times reached through communication campaigns

Implementation Modality:

The project has two implementation arrangements: direct execution by UNFPA for the overall management and technical support, while the main interventions and activities are implemented by UNFPA Implementing Partners.

Implementing Partners:

- Ministry of Justice and Home Affairs
- Ministry of Health
- Ministry of Labor and Social Protection
- Ministry of Education and Science
- National Statistics Office
- National Committee on Gender Equality
- Coordination Council for Crime Prevention
- National Police Agency
- National Center against Violence

4. Objectives and Scope of Evaluation

While considering the results of the 1st phase (2016 till July 2020), the evaluation will cover the 2nd phase, hence the period from August 2020 until July 2023 with the following specific objectives:

Objective: Provide an independent evaluation of the project according to the 6 OECD-DAC evaluation criteria as well as 3 transversal themes (see below). Given the full phase-out of SDC out of Mongolia in 2024, the evaluation should provide findings and recommendations targeting mainly the Mongolian State authorities and other stakeholders, as well as UNFPA. Recommendations aiming at improving the remaining time of the project are also welcome.

Evaluation Criteria and Preliminary Evaluation Questions

The evaluation of programmatic areas will follow the 6 OECD DAC criteria of relevance, coherence effectiveness, efficiency, impact and sustainability, and additional UNFPA specific criteria of coordination. Being an end-of-project final evaluation, the criteria of effectiveness, impact and sustainability are the main focus, and mainly at impact and outcome level of the results framework. The evaluation team will select and further refine a maximum of fifteen evaluation questions in the design report:

Relevance

- To what extent is the project (i) adapted to the needs of the population, particularly of the most vulnerable and marginalized (ii) in line with the priorities set by the national policy frameworks?
- The evaluation will also assess the alignment of the project to the Mongolian Strategies (Vision 2050, Government Action Plan 2020-2024), UNFPA Strategic Plan 2018-2021, the Sustainable Development Goals, and SDC Cooperation Strategy 2018-2021 as well as SDC Phase-out Cooperation Programme 2022-2024.

Effectiveness

- To what extent have the project's impacts and outcomes (higher level outputs) been achieved?

- b. To what extent did the project contribute to a multisectoral response to GBV at the national and provincial level, including the establishment of an effective referral mechanism?
- c. To what extent did the project integrate a gender-responsive and human rights-based approach to program planning, implementation, and monitoring?
- d. To what extent did the project contribute to the national and provincial institutional development and capacity development of IPs and multi-sectoral service providers?
- e. To what extent have the GBV survivors reintegrated into the family and society and have not experienced recurrent GBV?
- f. To what extent the GBV survivors from selected OSSCs and shelters were economically empowered to live independently, away from the perpetrator?
- g. To what extent the selected OSSCs and shelters were accessible to PWD and other vulnerable groups?
- h. To what extent do the Implementing Partners have the capacity to implement the project activities in line with the project design?
- i. To what extent the community based comprehensive BCC model is introduced/piloted in selected sites?
- j. To what extent the issue of engaging men and boys in ending GBV was addressed?
- k. Were there activities not conducted by the project but which were needed? Why were they not considered?

Coherence

- a. Internal coherence: to what extent is the intervention compatible/coordinated/synergized with other SDC and UN development cooperation?
 - To what extent are there synergies/counter-synergies or overlaps with other SDC and UN projects of similar scope/thematic focus? How were they used / addressed?
 - Has the Project done enough to coordinate between the actors with a similar thematic focus? Where could coordination and collaboration been strengthened (if at all)?
 - How could potential synergies be used (if any) to ensure sustainability of project activities beyond this project's timeframe?
- a. External coherence: to what extent is the intervention compatible with interventions of other actors (bilateral and multilateral donors, private sector, NGOs, etc.), esp. the one of the Asian Development Bank in Mongolia and thematic field (complementarity and synergies or overlap/duplication)?
- b. To what extent has the UNFPA coordinated the project identification, development, management, and implementation with government partners at the national and sub-national level, CSOs, and implementing partners?
- c. What is the main UNFPA added value in the country context in the GBV prevention and response as perceived by national stakeholders?

Efficiency (focus on cost-effectiveness, timeliness, quality of services and products, operational efficiency)?

- a. To what extent has the project made good use of its human, financial, technical, and administrative resources, and has it used an appropriate combination of tools and approaches to pursue the achievement of project outcomes and outputs promptly?
- b. To what extent was the project efficient in terms of value for money?

Impact

- a. Are there any positive (or negative) impacts of the project (e.g. best practices, change in perception/behaviour)?
 - What do you think were the most important positive effects of the project? And can you name any negative effects (consequences)?
 - What were the most significant changes (consequences; e.g. behavior change, change in perceptions etc.) achieved by the project? Why those? And why?

Sustainability

- a. What evidence is there that the achieved effects will last after the completion of the project? Which of the activities are embedded into the existing system/landscape (e.g. policies, capacity building (sustainable?), and people's views) and will continue after the ending of the Project?

- b. Can the partner institutions and involved stakeholders (target group) continue the activity independently (existence of financial resources)? Which project's element should be taken over/taken up by which other stakeholder?
- c. To what extent the GBV service database is integrated and institutionalized into the Family, children, and youth development department?
- d. To what extent victim protection mechanism is institutionalized?
- e. To what extent the state budget allocation to multi-sectoral response and victim protection mechanisms is ensured?
- f. To what extent has the CO established, maintained, and leveraged different types of partnerships to ensure that UNFPA can make use of its comparative strengths in the achievement of project outcomes and outputs?
- g. Which socio-cultural, institutional, ecological, financial or technical measures could be implemented to increase the chances of the development intervention having a sustainable impact?
- h. Are the changes at people's level sustainable? If behaviour change was achieved to what extent is the behaviour change sustainable?

Transversal themes:

How adequately were issues of gender and good governance addressed across the project interventions? How did it contribute to the achieved results?

Gender

- Beyond the focus on mainly women and girls as victims of GBV, to which extent the project has addressed men and boys in the project (contributors, victims, perpetrators, etc.). How many of the Project recipients were men? Were husbands and boys also approached? Are there specific achievements which benefitted men/boys more than others - which? Are there differences between geographical locations?
- Have men and women benefitted to equal parts of the project? Why or why not? Are there any concerns or negative experiences?
- Was gender mainstreamed in the capacity building/trainings/data - disaggregated?
- Does the M&E consistently report disaggregated data to showcase the extent to which men are involved and benefit from the project activities?

Good governance

- To what extent does the project promote inclusion of the most excluded/vulnerable mothers and children, but also husbands/fathers?
- How well was the coordination provided by UNFPA between different stakeholders involved in the Project?
- To what extent will the coordination efforts (e.g. new partnerships, etc.) be sustainable after the project ending?
- Who will be in the position to take on accountability in the future? Do you see any specific strength/challenges here?
- How well is the transition of the coordination and project activities (e.g. provision of services) organized? Where do you see room of improvement?

Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH)

- Beyond the fact that several GBV victims are direct victims of PSEAH, have UNFPA and its direct partners (esp. the National government stakeholders) integrated PSEAH in their core functioning, policy document and staff trainings? To which extent such aspects are integrated by staff?

5. Methodology and Approach

Evaluation approach

The evaluation consultancy team will use a multiple-method approach including (but not limited to) desk review of documents, data analysis and collection, analysis of some primary data and information through key informant interviews, group discussions, observations, and meetings with key partners.

The evaluation will be guided by the following standards, among others: Integrating Human Rights and Gender Equality in Evaluation, UNEG Norms, and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation (<http://www.unevaluation.org/document/detail/102>), OECD-DAC Evaluation Guidelines (<https://www.oecd.org/dac/evaluation/>). The evaluation will be transparent, inclusive, and participatory, as well as gender and human rights responsive. The evaluation will seek and utilize data disaggregated by age, gender, vulnerable groups, etc., to ensure findings that are gender reflective and targeted. The evaluation will use a mixed-method approach design as appropriate.

Stakeholder Participation: The main implementing partners, namely the Ministry of Justice and Home Affairs, Coordination Council for Crime Prevention, Ministry of Labour and Social Protection, Ministry of Health, National Police Agency, National Statistics Office, National Committee on Gender Equality, and National Center against Violence where the project was implemented. In addition, authorities and service providers at the provincial level are the key stakeholders involved in the implementation of project activities. Most notably, the Family, children, youth development departments, and Police departments are involved in establishing and running the local level victim protection mechanisms and local parliament and multi-disciplinary teams are key structures in local multi-sectoral coordination mechanisms. GBV survivors and their families are also the central stakeholders of the project. Also, donors implementing the interventions and projects in prevention and response to GBV, e.g. Swiss Agency for Development and Cooperation (SDC), Asian Development Bank (ADB), Canadian Embassy are among the key donors and supporters of interventions in ending GBV.

The evaluation team considers the stakeholders as well as the project's steering committee members in the design of the projects as beneficiaries and key informant to collect their opinion about the project.

Sampling strategy. The evaluation team will identify a suitable sampling strategy to reflect the broad geographic coverage of provinces, the wide range of stakeholders, including beneficiaries, and the time available for data collection. The sampling strategy shall form part of the evaluation team's design report. UNFPA Mongolia will provide necessary inputs such as accessibility and logistical support to collect data.

Data collection. Primary data will be collected through in-depth interviews, semi-structured interviews, observations, and focus group discussions with policymakers, partners, and beneficiaries, as appropriate.

Secondary data will be collected through desk reviews of existing literature, policy and program documents, work plans, budgets, progress reports, databases, and various research conducted by implementing partners.

Validation. All evaluation findings should be supported with evidence. The evaluation team will use a variety of validation mechanisms to ensure the quality of data collected. Data must be triangulated across sources and methods. The evaluation team will validate the data with key stakeholders and ensure that there are no factual errors or errors of interpretation and no missing evidence that could materially change the findings.

Evaluation audience

The primary audience of the evaluation are:

1. The main implementing partners will use the products to help make decisions to ensure sustainability and further improve the GBV prevention and response interventions by

increasing the fund allocation and maintaining professional human resources at the service delivery points.

2. UNFPA will use the products to improve further programme delivery, learning what works, when and for whom, and refining the programme accordingly for CP7 for UNFPA Mongolia and also mobilize resources to replicate the good and proven practices in other sites of the country to expand the scope of the interventions.
3. SDC will use the products to inform the results, achievements and lessons learned of the contribution they made to GBV prevention and response to the Mongolian public and Swiss people as SDC is phasing out of Mongolia from 2024. Furthermore, it will be an advocacy tool to further sensitize the importance of funding GBV interventions to ensure the sustainability of the project interventions and initiatives for potential donors.
4. Mongolian public, including the survivors and people from vulnerable groups are the essential audiences of the evaluation findings.

6. Evaluation Process

The evaluation will involve the following phases:

a. Preparation Phase

This is the first phase that is managed by the UNFPA CO, in collaboration with SDC, which includes the followings:

- ✓ Develop the ToR of the evaluation
- ✓ Recruit the required evaluation consultancy firm team
- ✓ Preparation of documents for review
- ✓ Stakeholder mapping: a map + contacts of stakeholders relevant to the evaluation and the strength of the relationship to the program.
- ✓ Coordination with the key stakeholders about the evaluation.

b. Design Phase

This phase will be managed by an evaluation consultancy team and include:

- ✓ A desk review of all relevant project-specific documents available at UNFPA CO (see also chapter 8 below)
- ✓ Reconstructing the intervention logic of the program – revisit the theory of change and results and resources framework meant to lead from planned activities to the intended results of the program;
- ✓ Developing the Evaluation Matrix: Finalize the list of evaluation questions, identify related assumptions and indicators to be assessed, and data sources (using the template and example provided in the UNFPA Country Program Evaluation Handbook);
- ✓ Developing data collection, sampling and analysis strategy, and data collection tools;
- ✓ Specifying limitations and risks in conducting the evaluation and planning mitigation strategies to overcome these limitations and risks;
- ✓ Developing a concrete work plan for the field phase along with a clear delineation of the roles and responsibilities of team members;
- ✓ These elements will be presented for validation in a briefing meeting to UNICEF, SDC, the Mongolian Government (Steering Committee members), prior to the field phase.

c. Field Phase

In this phase, the evaluation team will conduct a field mission to collect the data and conduct the preliminary analysis required to answer the evaluation questions. The destination will be identified in consultation with UNFPA Gender Programme and SDC. At the end of the data collection, the team will conduct a debriefing meeting(s)/validation workshop with UNFPA CO, SDC, IPs and key partners to present the preliminary findings and test preliminary conclusions and recommendations.

d. Reporting Phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepares a first draft of the evaluation report, taking into account the comments made by the CO and IPs at the debriefing meeting(s)/validation workshop. The draft evaluation report will be submitted to UNFPA CO and SDC for formal review and comments. The comments from the UNFPA CO and SDC will be addressed by the evaluation team in revising the draft final report with an audit trail of response to the remarks provided.

The final report will be cleared and approved by the UNFPA CO and SDC with a formal management response in form of a letter. The quality of the report will be assessed based on the criteria set out in the UNFPA Guidance (using the template and example provided in the UNFPA Country Program Evaluation Handbook) and OECD-DAC Evaluation Guideline.

The report is to be organized along the 6 OECD-DAC evaluation criteria. It should not be longer than 30 pages (excluding annexes), and include an executive summary and findings chapter. The recommendations should be prioritized and clearly addressed to specific targeted stakeholders.

e. Management Response, Dissemination, and Follow Up

The UNFPA CO, in collaboration with SDC, will provide a management response to each evaluation recommendation.

A dissemination strategy will be in place to share findings and lessons internally within UNFPA and externally. The evaluation report will be posted on the UNFPA CO and SDC websites. The findings will be shared with partners and the public through public websites, national and international meetings, conferences, journals, and media briefs, as per the dissemination strategy. Expected Output and Deliverables

The evaluation team will produce the following deliverables:

- a. **The design report** (following the attached outline) to be presented and validated at the briefing includes (as a minimum):
 - Stakeholder map;
 - Evaluation Matrix (including the final list of evaluation questions and indicators); and evaluation tools
 - Overall evaluation design and methodology, including a detailed description of the data collection plan for the field phase;
 - Roles and responsibilities of the team members and a work plan;
- b. **The debriefing presentation** document synthesizing the main preliminary findings, conclusions, and recommendations of the evaluation, to be presented and discussed with the CO, SDC, IPs, government ministries during the debriefing meeting foreseen at the end of the field phase;
- c. **The draft evaluation report, with Annexes** (followed by a second draft, taking into account potential comments from the UNFPA CO and key stakeholder);
- d. **A presentation of the results of the evaluation** for the dissemination workshop;
- e. **A final report** based on comments expressed during the dissemination workshop; and
- f. **An Evaluation Brief**, a two-page summary of key evaluation findings/conclusions/recommendations of the final report.

All deliverables will be drafted **in English and Mongolian** and shall follow the structure and detailed outlines will be provided by the UNFPA Country Office.

7. Estimated timeline (Tentative Workplan and Indicative Schedule of Deliverables)

#	Deliverables/Tasks	Suggested timeframe	Responsible party
a	Preparation phase	June 2 – 2nd week of October, 2022	
	<i>Development and approval of evaluation and consultancy TOR</i>	June 2-Aug 1, 2022	UNFPA and SDC
	<i>Recruitment of the consultants (SDC to be part of the selection panel)</i>	Aug 1-Sep 31, 2022	UNFPA
	<i>Preparation of documents</i>	1 st week of October	UNFPA
	<i>Stakeholder mapping</i>	2 nd week of October 2022	UNFPA
	<i>Coordination with IPs and stakeholders</i>	2 nd week of October 2022	UNFPA
b	Design phase	12-24 October 2022	UNFPA and consultants
c	IRB review and approval (Briefing)	24-28 September 2022	Steering Committee members
d	Field phase	1-30 November 2022	UNFPA and consultants
e	Reporting phase	15 December 2022– 15 February 2023	
	Submission of the first draft report	By 13 January 2023	Consultants
	Validation workshop	3 rd week of January 2023	Consultants UNFPA, SDC, IPs, stakeholders
	Submission of the final report	First week of February 2023	Consultants
	Cleared and accepted the final report	By mid-February 2023	UNFPA, SDC
f	Management Response, Dissemination, and Follow Up	March 1- April 31 2023	
	Provision of management response	1 st week of March 2023	UNFPA, SDC
	Dissemination of the findings (nationwide)	Until end of April 2023	UNFPA, SDC, IPs

8. Composition, Roles, and Qualification of the Evaluation Team

The team of 2 consultants: 1 international and 1 local (international consultant as lead technical consultant and 1 local consultant as gender expert), accompanied by a translator, is expected to lead the End-of-the-Project Evaluation of the CGBV Project. Following responsibilities are expected from each of the Consultants.

1. The specific responsibilities of the **lead technical consultant** are as follows:

- Lead the development of the assessment methodology and the tools for data collection for the evaluation process, including the process of validating the proposed methodology with key stakeholders with the final approval of UNFPA Mongolia;
- Lead the data collection process (both secondary and primary), in-depth analysis of the data and the finalization of the key findings;
- Lead the process of comprehensive analysis of eGBV database and include findings and recommendations in the final report;
- Lead the process of developing the Evaluation Report;
- Present the key findings to UNFPA Mongolia and relevant stakeholders during a validation workshop, and incorporate feedback received into the final report

- Produce the final Evaluation report in collaboration with the National Consultant

Qualifications, Experience, and Competencies of the Lead Technical (International) Consultant

- At least a Master degree from a recognized academic institution in development studies, social science, public health, gender equality and/or GBV-related field.
- At least 8-10 years experience in conducting project/programme evaluations, including practical field experience;
- Experience in data analysis, both quantitative and qualitative, especially familiarity with quantitative data analysis methods and proven track record of producing high quality reports;
- Extensive experience in working on human rights and gender equality, particularly in the GBV field, is desirable;
- Experience in working with United Nations and engaging with government and ministries, as well as CSOs, is desirable;
- Advanced and demonstrable analytical and writing skills; and
- Fluency in English (both oral and written) is required.

2. The specific responsibilities of the **gender expert** (local consultant) are as follows:

- Assist in the development of the assessment methodology and validation process with key stakeholders.
- Conduct data collection, including meeting with relevant officials from government agencies, NGOs, service providers, etc.
- Assist in conducting the analysis of the collected data and prepare key findings by providing necessary inputs related to the national context.
- Provide the country context in the Evaluation process as well as to the lead technical consultant

Qualifications, Experience, and Competencies of the Gender Expert

- Advanced degree from a recognized academic institution in development studies, social science, gender studies, or relevant discipline;
- At least 5-8 years experience in participating in project/programme monitoring and evaluations, including practical field experience;
- Experience in design, implementation, monitoring, and evaluation of projects in gender, GBV area;
- Substantial experience in data analysis, both quantitative and qualitative, especially familiarity with quantitative data analysis methods;
- Experience in working on human rights and gender equality, particularly in GBV field, is required;
- Experience in working with United Nations and engaging with government and ministries, as well as CSOs, is desirable;
- Advanced and demonstrable analytical and writing skills; and
- Fluency in English and Mongolian (both oral and written) is required.

The specific responsibilities of the **interpreter/translator** are as follows:

- Assist the team leader with interpretation/translation during the field phase and organizing the debriefing and validation meetings;
- Assist with translation of written documents and Mongolian documents to English during the desk review phase;
- Assist with translation of the final report in all stages;
- Assist with interpretation/translation during all validation, dissemination workshops, meetings.
- Assist with organization of the stakeholder meetings, debriefing, validation and dissemination workshops.

Qualifications, Experience, and Competencies of the Interpreter/Translator

- Bachelors degree in translation, linguistics, social sciences, business administration or any other relevant field;
- At least 4 years of experience in interpretation/translation in the development field;
- Profound knowledge of English and skills of written and oral interpretation/translation to and from Mongolian;
- Experience with results based programme management terminology in English and Mongolian languages;
- Relevant knowledge and experiences in national development context;
- Experience in administrative support.

9. List of Documents for Evaluation Team

1. CGBV Project documents, Phase 1 and 2, 2016, 2020
2. Mid-term review report of CGBV project phase 1, 2019
3. CGBV project Phase 1 final report, 2020
4. CGBV project Phase 2, annual reports 2020-2021
5. Achievement book of CGBV project phase 1, UNFPA Mongolia 2020
6. UNFPA Strategic Plan 2018-2021
7. UNFPA Strategic Plan 2022-2025
8. UNFPA Mongolia CP6 evaluation report (2017-2022)
9. UNFPA Mongolia CP7
10. UNDAF 2017-2022
11. UNSDCF 2023-2027
12. SDC Cooperation Strategy for Mongolia 2018-2021
13. SDC Phase-out Cooperation Programme Mongolia 2022-2024
14. Mongolia Strategic Vision 2050
15. Mongolian Government Action Plan (GAP) 2024-2024
16. "Breaking the silence of equality: National study on GBV in Mongolia", National Statistics Office, 2017
17. Report of economic costs of intimate partner violence, National University of Ireland, 2020
18. Report of community based comprehensive BCC model development, People in Need Mongolia, 2022
19. Report of small scale survey on client satisfaction, National Statistics Office, 2020 and 2022
20. Rapid assessment on the impact of covid-19 on the GBV situation and survivor protection services in Mongolia, Ministry of Labour and Social Protection, 2020
21. Gender inequality report, National Statistics Office, 2020
22. CSO monitoring of the implementation of Law to Combat Domestic Violence, National center against violence, 2018-2021

10. Annex: Format Request for Proposal

The interested consultants are requested to submit the technical and financial proposal as per the following forms:

Form 1: Technical Form (Max 4 Pages)

The following sub-headings are required to be included in the technical form:

2.1. Understanding of the assignment:

Guidance: *The consultants must describe the process of completing the assignment with clear understanding of the objectives, tasks and responsibilities.*

2.2. Approach and methodology for the assignment

2.2.1. Data collection method:

Guidance: The consultants must provide specific data collection methods for each major evaluation criteria and a rationale proposed in such method. Detail of data collection shall be provided in the tentative evaluation matrix with a focus on what, how, with whom, and who. Please see Evaluation Matrix in Annex 1.

2.2.2. Sample Size and Sampling approach:

Guidance: The ToR has provided different stakeholders and beneficiaries involved in the project. Therefore, the consultants are expected to provide a sample size for different target populations as appropriate.

2.2.3. Data management and Analysis:

Guidance: The consultants are expected to provide method of managing and analysis of different data.

2.2.4. Timeline:

Guidance: The ToR has provided a timeline for the project; the consultants are expected to provide an opinion on the feasibility of the timeline.

2.3. SDC Assessment grid

2.4. Consultants' profiles (with corresponding CVs as annexes)

2.5. Detailed workplan/Schedule of the assignment

Annex 1: Evaluation Matrix

Evaluation Objective	Evaluation Criteria	Evaluation issues	Method of data collection	Target population	Proposed tool	Remarks

Form 2: Financial proposal

The consultants are expected to submit the price quotation using the below form:

PRICE QUOTATION FORM

Full name of Individual:	
Date of the quotation:	
Request for quotation	
Currency of quotation:	
Validity of quotation: (The quotation shall be valid for a period of at least 3 months after the submission deadline.)	

Item	Description	Quantity	Unit of Measure	Unit Rate	Total
TOTAL AMOUNT:					

I hereby certify that I have reviewed the Terms of Reference of UNFPA/MNG/IC/19/003 including all annexes, amendments (if applicable) and the responses provided by UNFPA on clarification questions from the prospective consultants.

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Name and title	Date	Place
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