



**UNITED NATIONS POPULATION FUND (UNFPA)
ISLAMIC REPUBLIC OF IRAN COUNTRY OFFICE**

**Terms of Reference for the Evaluation of
UNFPA's 6th Country Programme of Assistance to the Government of
Islamic Republic of Iran (2017-2021)**

Table of Contents

INTRODUCTION	4
CONTEXT	5
COUNTRY PROFILE	5
UNFPA COUNTRY PROGRAMME	7
OBJECTIVES AND SCOPE OF THE EVALUATION	10
METHODOLOGY AND APPROACH	11
Evaluation approach	11
Evaluation Criteria and Preliminary Evaluation Questions	11
Evaluation matrix	12
Stakeholder participation	13
Sampling strategy.....	13
Data collection	14
Methods for data analysis.....	14
Validation	15
Evaluation audience.....	15
EVALUATION PROCESS	16
Preparation Phase.....	16
Design Phase	16
Field Phase	17
Reporting Phase	17
Facilitation of use and dissemination phase.....	18
EXPECTED OUTPUTS.....	19
WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES	20
COMPOSITION OF THE EVALUATION TEAM.....	21
Remuneration and Duration of Contract	23
MANAGEMENT OF EVALUATION	25
DOCUMENTS TO BE SHARED WITH EVALUATION TEAM	27
ANNEXES	28
Annex I: UNEG/UNFPA Ethical Code of Conduct for Evaluations	28
Annex II: List of Atlas projects for the period of evaluation	29
Annex III: A list of stakeholders by areas of intervention	30

Annex IV: A short outline of the structure design report	31
Annex V: A short outline of the structure evaluation report.....	34
Annex VI: A template for the evaluation matrix.....	37
Annex VII: Evaluation Quality Assessment template.....	38
Annex VIII: Management response template	45
Annex IX: United Nations-approved editing guidelines.....	48
Annex X: Responsibilities the Evaluation Reference Group (ERG).....	53

INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead sexual and reproductive health UN agency. In 2018, UNFPA launched efforts to achieve three transformative results globally, that promise to change the world for every man, woman and young person (UNFPA Strategic Plan 2018-2021, DP/FPA/2017/9): ending preventable maternal death, ending unmet needs for family planning and ending gender-based violence and all harmful practices. By pursuing these goals, UNFPA is committed to accelerate the implementation of the International Conference on Population and Development (ICPD) Programme of Action (PoA), and support the achievement of the Sustainable Development Goals (SDG).

UNFPA has been collaborating with the Islamic Republic of Iran over the past 40 years in the areas of reproductive health, population and development and women's empowerment. UNFPA's current cooperation with the I.R. of Iran lies within the sixth country programme (2017-2021), and is in line with United Nations Development Assistance Framework (UNDAF) 2017-2021 and the Sixth 5-year National Development Plan (2017-2021).

The planned evaluation will be in accordance with UNFPA evaluation policy (DP/FPA/2013/5). The evaluation will serve three main purposes: i) demonstrating accountability to stakeholders on achieving development results to accelerate implementation of the ICPD Programme of Action, ii) supporting evidence-based decision making (for UNFPA and the Government of Islamic Republic of Iran) and iii) contributing important lessons learned to the existing knowledge, and to feed into the next cycle. The planned evaluation is also in accordance with Section IV of the country programme document on "programme management, monitoring and evaluation" indicating 2020 as the year to "perform the final evaluation of the programme cycle." The UNFPA country programme evaluation (CPE) needs to be an independent assessment of relevance, effectiveness, efficiency and sustainability of UNFPA support provided to I.R. Iran in 2017-2021.

The primary users of this evaluation are the decision-makers within the UNFPA country office, other country offices and the organization as a whole, government counterparts in the country, the UNFPA Executive Board, and other development partners. The UNFPA Asia Pacific Regional Office and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making. The evaluation will be managed by the evaluation manager of the country office with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation, and in consultations with the Evaluation Reference Group (see Annex IX Responsibilities of ERG) and with oversight from the Evaluation Office of UNFPA Headquarters.

CONTEXT

COUNTRY PROFILE¹

The Islamic Republic of Iran is a middle-income country experiencing rapid socioeconomic changes. The country has a population of 83.3 million (Statistical Center of Iran, 2020) with a sex ratio of 103. Over 74 per cent of the population lives in urban areas. Annual population growth has slowed down to 1.2 per cent and the country has completed the demographic transition. Over 25 per cent of the population is between the ages of 15 to 29.

Despite the high literacy rate among youth (more than 98 per cent), economic participation is particularly low among women of working age (15 per cent). Official unemployment rate is at 11 per cent for men and 21 per cent for women. The working-age population (ages 15 to 64) will continue to constitute more than 70 per cent of the population until 2040, resulting in a low total dependency ratio of 41 per cent for the next two decades in average. The young demographic profile and low dependency ratio presents a unique demographic window of opportunity for equitable economic growth, provided that productive and decent job opportunities as well as employability skills are available to all people, men and women included.

The total fertility rate declined since 1980, from 6.5 to 2.01 births per woman in 2016; this is below the replacement levels, due to improved access to high-quality health care, education and an exemplary voluntary national family planning programme that started in the late 1980s.

With declining fertility and an increase in life expectancy from 57 years in 1980 to 73 years in 2016, the population of Iran is projected to undergo rapid ageing. The proportion of older persons (60 years old and above) is projected to increase from 9 per cent to near 30 per cent by 2050. The sex ratio among the older population reached 97.6 per cent in 2016 indicating feminization of ageing. Almost half of older persons (65 and more) are still illiterate, particularly elderly women with 27.1% literacy, who are more vulnerable. The Government is conscious of this emerging trend and has already established the National Council for Older Persons. Data and analytical studies are needed for the formulation of evidence-based social and health policies and programmes in order to address the needs of the growing older population.

In light of these major demographic transitions, a general population decree by the Supreme Leader was issued in 2014, which considers pro-natalist policies covering qualitative and quantitative aspects of population issues, such as improvement in reproductive health, empowerment of the working-age population and young couples, management of internal migration, and paying special attention to older persons.

¹ Except for where indicated, all other data in this section are from the Population and Housing Census, 2016, Statistical Center of Iran.

Iran has a strong national network of primary health care services designed to provide quality maternal and reproductive health care. Since 2014 the health sector has undergone significant reforms in system policies and services. The health transformation plan aims, among others, to achieve the target of universal health coverage, improve citizens' satisfaction with health service provision and enhance equity. However, there is a need to ensure design and content of the universal health coverage benefit package, focusing on sexual and reproductive health.

Iran has achieved Millennium Development Goal 5: the maternal mortality ratio declined from 120 in 1990 to 17 per 100,000 per live births in 2019². In Iran, almost all births take place in hospitals or maternity centres with skilled birth attendants. Use of caesarean section has increased in the last decades –from 27 per cent in 1989 to 56 per cent in 2014. The national maternal mortality surveillance system, which was implemented from 2001, needs improvement. In addition, there is no effective mechanism to record maternal morbidities, which are also not addressed by the safe motherhood programme.

HIV prevalence in Iran is still low in the general population and the HIV epidemic is in a concentrated phase. In recent years there have been signs of increase in the epidemic in women, which might result in an increased number of HIV infected infants. Still, the infrastructure to eliminate mother-to-child transmission is in place; around 80% of HIV positive pregnant women receive anti-retroviral drugs to reduce the risk of mother-to-child transmission³.

Iran is one of the most disaster-prone countries in the world. Earthquakes, droughts, floods and sand and dust storms are the most frequent natural disasters. Climate change is expected to compound many of the country's environmental challenges and disasters. Given its experience, and in line with the Hyogo Framework for Action, Iran has successfully initiated disaster response policies. However, there is a need to enhance sectoral coordination and response and to adopt disaster risk reduction policies, with special attention to women and vulnerable populations. Further, Iran plays host to the world's fourth largest population of refugees.

In view of the increasing importance of population issues, the Government decided to conduct the population and housing census at five-year intervals, beginning in 2011. In addition, other data collection exercises, such as income and expenditure and labour force surveys, are carried out quarterly. The country has the capacity to collect and manage socioeconomic data and information. However, integration of population databases and analysis and harmonization of civil registration and vital statistics with other sources remain a challenge. Furthermore, there are still gaps in the construction and monitoring of national and internationally comparable indicators.

² Department of Population, School and Family Health, Ministry of Health and Medical Education

³ HIV Spectrum 2019 Projections, Ministry of Health and Medical Education

UNFPA COUNTRY PROGRAMME

The sixth UNFPA country programme document of the I.R. Iran (DP/FPA/CPD/IRN/6) has been approved by the Executive Board on 7 September 2016. The UNFPA financial commitment over 5 years towards the programme was approved at \$ 4.75 million from regular resources (\$ 1.7 million for sexual and reproductive health component, \$ 2.55 million for population and development component, \$ 0.5 for programme coordination and assistance). UNFPA also committed to mobilize \$1.0 million from other resources to co-fund the programme.

The programme is anchored into advocacy for policy as a mode of engagement, and aims to assist I.R. Iran in the development and implementation of relevant and informed evidence-based population and reproductive health strategies and action plans in light of the demographic window of opportunity and for reaping the demographic dividend. More specifically, the programme supports the government in achieving the below outcomes and outputs.

SP Outcome 1: Sexual and Reproductive Health Services

CP Output 1: Increasing the capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated sexual and reproductive health services for women and men, with a focus on at-risk populations, including in disaster and emergency settings

In line with the safe motherhood strategy and national HIV/AIDS strategic plan of the Ministry of Health and Medical Education, UNFPA engagements aim at sustaining the country's achievement on maternal health by advocating for high quality maternal services, prevention of high risk pregnancies, and strengthening the midwifery work force, thereby averting preventable maternal deaths and reducing maternal morbidities. In addition, UNFPA supports the improvement of national programmes through research and financial analysis in sexual and reproductive health and HIV/AIDS in order to advocate for costed integrated national sexual and reproductive health action plans, as described in the health transformation plan.

The programme improves reproductive health through advocacy and policy dialogue and technical support for: (a) generating evidence to identify and address inequality that informs reproductive health policies and strategies; (b) institutionalizing maternal death surveillance and response, and supporting a system to identify and reduce near-miss cases and maternal morbidity; (c) enhancing midwifery policies; (d) supporting the national HIV/sexually transmitted infections programme through technical support to surveillance and elimination of mother-to-child transmission; and (e) developing emergency preparedness plans that include provision of the Minimum Initial Service Package for reproductive health in disasters and emergencies.

SP Outcome 4: Population Dynamics

CP Output 2: Increasing availability of population data and analysis to inform strategies and action plans on the implications and benefits of the demographic dividend

Considering the current demographic profile and trends of the country, UNFPA, in collaboration with relevant national partners support government efforts to: (a) generate disaggregated data and analysis, as well as its dissemination and utilization; (b) develop sound and relevant policy papers; (c) strengthen civil registration and vital statistic systems; (d) establish intersectoral mechanisms to maximize the demographic dividend toward equitable economic growth that will result in, among others, greater opportunities for all; and (e) formulate evidence-based population related programmes and action plans.

SP Outcome 4: Population Dynamics

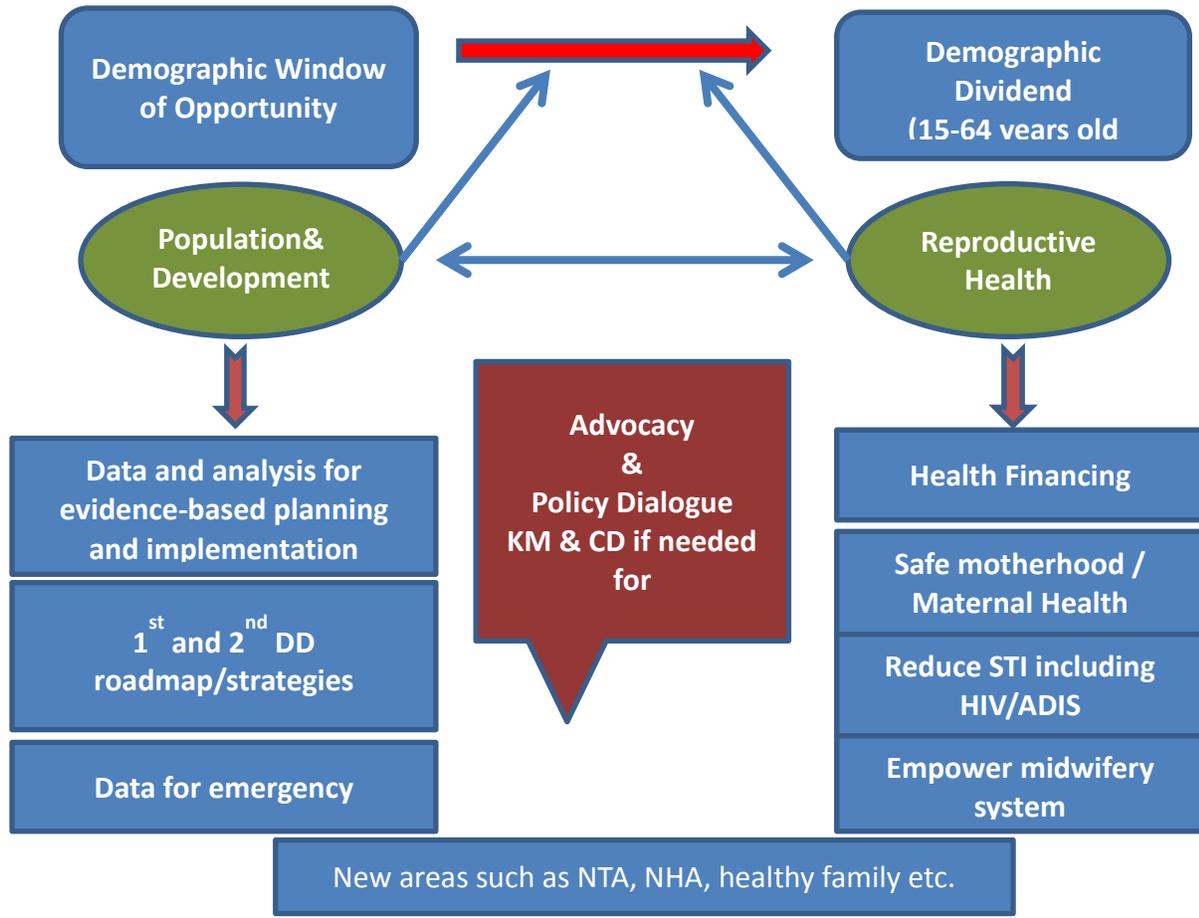
CP Output 3: Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics, with a special focus on population ageing and needs of older persons.

This output is achieved through advocacy/policy dialogue and provision of technical assistance, focusing on supporting government efforts to: (a) generate sound evidence and analysis of the current and future status of population dynamics as well as population ageing; (b) produce national and international comparable indicators on ageing and older persons; (c) establish and compile national transfer accounts; (d) include population dynamics, including population ageing issues, into sectoral and national plans; and (e) strengthen inter-sectoral coordination and collaboration for effective programming to address specific vulnerabilities and social and welfare needs of older persons.

A number of government partners and academia are helping towards realizing the country programme results. The Ministry of Health and Medical Education (MoHME), the Ministry of Cooperative Labor and Social Welfare (MoCLSW), the Statistical Center of Iran (SCI), the State Welfare Organization (SWO), the Secretariat for the National Council of Elderly (SNCE), University of Tehran, and Iran University of Medical Science are among UNFPA's key implementing partners while the Ministry of Foreign Affairs (MFA) is the overall coordinating agency.

The Theory of Change of the country programme is illustrated below. The theory of change presents the causal conditions that must be in place to achieve the results. It also outlines, with evidence, the causal linkage between conditions and results, and should spell out the risks and assumptions that may impede the results chain from occurring⁴.

⁴ Definition derived from UNFPA Strategic Plan 2018-2021



OBJECTIVES AND SCOPE OF THE EVALUATION

The specific objectives of the evaluation are to:

- (i) Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support and progress towards the expected outputs of the 6th Country Programme in the changing development and humanitarian contexts such as populations in vulnerable situations;
- (ii) Analyze expected, and unexpected results, challenges, and lessons learned of the CP implementation;
- (iii) Provide an assessment of the CO's strategic positioning within the development community, including within the UNCT and national partners, and comparative advantage;
- (iv) Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.
- (v) To review the design and implementation of the Country Programme including management, operations, coordination, and partnership arrangements;

The CPE will cover the period 2017 up to the mid of 2020 and will include all initiatives under all outcomes and outputs of the 6th CP. The CPE will cover all national and sub-national level initiatives which were planned and/or implemented during the period 2017 to the mid of 2020 in both development and humanitarian settings such as disaster, flood and earthquakes.

The geographical scope of the evaluation encompasses the Implementing Partner Offices in Tehran, as well as the pilot interventions in the provinces of Esfahan, Golestan and Lorestan. The evaluation will cover the programmatic areas of sexual and reproductive health, population and development, and ageing. Cross-cutting areas will include: partnership, resource mobilization, communication, gender mainstreaming and adolescents and youth.

Since February 2020, the country was hit hardly by the COVID-19 pandemic. As of 28 April, a total of 91,427 cases of confirmed COVID-19 cases were reported, including 5,806 deaths. Due to emergency circumstances globally, including restricted travels, the CPE will be conducted in a different manner using remote assistance of an international consultant as the team leader. This will have an impact on the evaluation methodology, the modality of the work of international consultant, and the workplan. ("See Sections Methodology and Approach", "Workplan and indicative time schedules of deliverables", "Composition of the evaluation team".)

METHODOLOGY AND APPROACH

Evaluation approach

The evaluation will be guided by UNEG Norms and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation (See Annex I & <http://www.unevaluation.org/document/detail/102>). The evaluation will be transparent, inclusive, and participatory.

The evaluation will be an external evaluation conducted by a team of independent evaluators. The evaluation will utilize mixed methods and draw on quantitative and qualitative data for data collection and analysis as appropriate. The evaluation will utilize a theory based approach taking into consideration the country programme planning documents which reflect the design of the programme including its intervention logic and the results framework. The approach will be based on an analysis of the intended outputs, activities and the contextual factors that may have had an effect on the implementation of the Programme. Using a theory-based approach will allow the evaluation team to test the theory of change, that is investigate in detail the expected pathways of change, including the assumptions that underpin the causal chains and linkages between elements of the results chain in the country programme's theory of change. The analysis of the programme's theory of change will play a central role in the design of the evaluation, in the analysis of the data collected, in the reporting of findings, and in the development of conclusions and of relevant and practical recommendations.

The evaluation team will follow guidance contained in the Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019) on how to conduct CPEs. The evaluation team will develop the design for the evaluation including the approach, the evaluation criteria and questions contained in a matrix, and methodology for data collection and analysis. The evaluation design will be developed during the design phase of the exercise and presented in the design report.

Evaluation Criteria and Preliminary Evaluation Questions

The evaluation of programmatic areas will follow the OECD Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency, and sustainability, and additional UNFPA specific criteria of coordination.

The evaluation team will further refine the below evaluation questions in the design report:

Relevance

1. To what extent UNFPA support, including through South-South and Triangular Cooperation (SSTC), in the field of reproductive health is: (i) adapted to the varied needs of the population, including the needs of vulnerable populations; and (ii) in line with the priorities set by relevant international and national policy and normative frameworks, including ICPD Plan of Action and UNFPA strategic plan?

2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable people, or to shifts caused by crisis or major political changes? What was the quality of the response?
3. To what extent have the partnerships with the partner government specifically (e.g., ministries, agencies and other representatives) allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of supported interventions, programmes and policies?

Effectiveness

4. To what extent have interventions, including South-South and Triangular Cooperation (SSTC), supported by UNFPA contributed to (or are likely to contribute to sustainably improved access to and use of quality services in the field of reproductive health including for vulnerable populations and in particular increase access to quality HIV and STI prevention services for young people and key population?
5. To what extent has UNFPA support, including through SSTC, contributed to improved disaggregation in demographic and socio-economic data to ensure that evidence-based development and implementation of plans, programmes and policies including SRH policies and services, reflect the needs of a variety of stakeholders, including those furthest behind?
6. To what extent has UNFPA successfully mainstreamed gender issues in the implementation of the programme?
7. To what extent has UNFPA contributed to improved emergency preparedness, including through SSTC, and response in [programme country] in the area of SRH, including maternal health and protection of women and girls?

Sustainability

8. To what extent has UNFPA been able to support implementing partners and beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?

Efficiency

9. To what extent has UNFPA made good use of its human, financial and administrative resources, and used an appropriate combination of tools and approaches to pursue the achievement of the outcomes defined in the country programme?

Coordination

10. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms? To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?

Evaluation matrix

To ensure that the collection and recording of data and information is done systematically, evaluators are required to set up and maintain an **evaluation matrix**. This matrix will help evaluators to consolidate in a structured manner all collected information corresponding to each evaluation question and to identify data gaps and collect outstanding information before the end of the field phase.

The evaluation matrix will play important but slightly varying roles throughout all stages of the evaluation process and therefore will require particular attention from the evaluators:

- During the **design phase**, the evaluation matrix will be used to capture core aspects of the evaluation design: (a) what will be evaluated (i.e., evaluation criteria, evaluation questions and related issues to be examined – “assumptions to be assessed”); (b) how to evaluate (sources of information and methods and tools for data collection). In this way, the matrix will also help evaluators and the evaluation manager to check the feasibility of evaluation questions and the associated data collection strategies.
- During the **data collection phase of the evaluation**, the evaluation matrix will help evaluators to: (a) approach the collection of information in a systematic, structured way; (b) identify possible gaps in the evidence base of the evaluation; and (c) compile and organize the data to prepare and facilitate the systematic analysis of all collected information.
- During the **analysis and reporting phase**, the evaluation matrix will help evaluators to conduct the analysis in a systematic and transparent way, by showing clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence.

Stakeholder participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. Every effort will be made to include key stakeholders as part of the evaluation process either as sources of data (primary/secondary) or through their representation in the Evaluation Reference Group (ERG). The evaluation team will refine and finalize the stakeholders mapping initially provided by the CO to identify both UNFPA direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area). These stakeholders may include representatives from the government, non-governmental organizations, the private sector, other UN and multilateral organizations, bilateral donors, and, most importantly, the beneficiaries of the program. Furthermore, the established ERG will include representatives from stakeholders, to provide quality assurance on the TOR, design report and the evaluation report (see Annex IX, TOR of ERG).

Sampling strategy

The evaluation team will identify a suitable sampling strategy to select interventions, field site visits, stakeholders to interview, and the time available for data collection. The sampling strategy shall form part of the evaluation team’s design report. The sampled of sites and stakeholders shall reflect the full range of 6th CP interventions in terms of themes and contexts (e.g. regular development programming, humanitarian response programming, work with local communities).

Data collection

As part of the field work, evaluators will/may conduct site visits, semi-structured interviews, surveys, observations, and focus group discussions with policymakers, implementing partners, staff of UNFPA and other UN agencies, and beneficiaries, as appropriate. Due to circumstances related to COVID-19 and if social distancing measures remain as is, interviews, surveys and group discussions will be conducted in a remote manner.

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

Methods for data analysis

The evaluation matrix will provide the guiding structure for data analysis for all components of the evaluation. The evaluation questions will be used to structure data analysis. The following methods of data analysis and synthesis are encouraged to be used:

Descriptive analysis - to identify and understand the contexts in which the programme has evolved, and to describe the types of interventions and other characteristics of the programme.

Content analysis - to analyze documents, interviews, group discussions and focus groups notes to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. Content analysis can be used to highlight diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.

Comparative analysis - to examine evidence on specific themes or issues across different areas of programme implementation. It can be used to identify good practices, innovative approaches and lessons learned.

Quantitative analysis - to interpret quantitative data, in particular data emerging from programme annual reports, studies and reports, and financial data.

Contribution analysis - to assess the extent to which the country programme contributed to expected results. The team is encouraged to gather evidence to confirm the validity of the theory of change, and to identify any logical and information gaps that it contained; examine whether and what types of alternative explanations/reasons exist for noted changes; test assumptions, examine influencing factors, and identify alternative assumptions for each pathway of change.

Triangulation

All evaluation findings should be supported with evidence. Data must be triangulated across sources and methods by cross-comparing the information obtained via each data-collection method (desk study, individual interviews, discussion groups, focus groups). Evaluators should also cross-compare the evidence obtained through different data sources – e.g., compare evidence obtained through interviews with government staff with those obtained from beneficiaries or from secondary data sources.

Validation

The findings, conclusions and recommendations of the CPE will be validated with multiple stakeholders at different stages. At the end of the field data collection phase, the evaluation team will meet with UNFPA Country Office, MFA and Implementing Partners to share and discuss preliminary findings, conclusions and recommendations. Separate meetings with UNFPA staff and with Implementing Partners will be organized as the time permits.

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

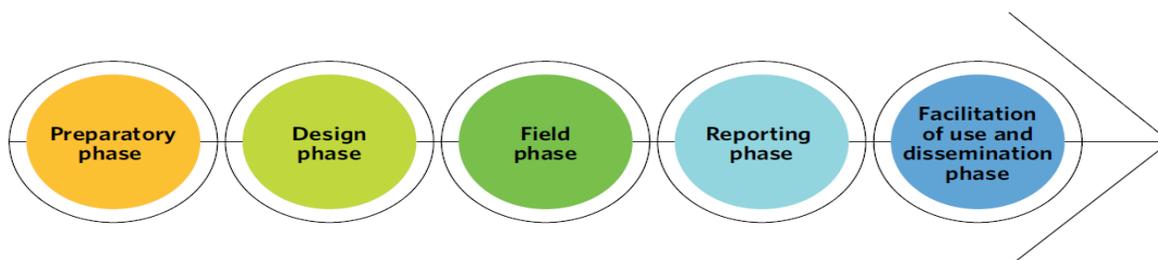
In light of COVID-19 and social distancing measures, it is possible that a series of validation meetings takes place in a virtual manner, by breaking the stakeholders into smaller groups.

Evaluation audience

The UNFPA Country Office, UNFPA Regional and Head Quarters, Executive Board, GoIRI, the line ministries, provincial authorities of GoIRI, national CSOs, beneficiaries, UN agencies, and donors will be the key audiences of this CPE.

EVALUATION PROCESS

The evaluation will involve the following phases:



Preparatory Phase

UNFPA CO has assigned the M&E focal point as the evaluation manager of the CPE, to perform the following tasks:

- Develop the ToR of the CPE, which is reviewed by ERG and endorsed by the Regional M&E Advisors and approved by the UNFPA Evaluation Office.
- Establish the evaluation reference group
- Recruit the external evaluation team with the support of the regional M&E Advisor and submit for EO's vetting.
- Compiles a preliminary list of background information and documentation on both the country context and the UNFPA country programme and lists these in an Annex of the ToR.
- Prepare a first stakeholders mapping of the main partners relevant for the CPE.
- The evaluation manager prepares the "list of all interventions" implemented during the period under evaluation (list of activities/projects).

Design Phase

With the assistance of the evaluation manager, the evaluators perform these tasks in close cooperation with the UNFPA country office personnel:

- A desk review of all relevant documents available at UNFPA HQ and CO levels regarding the country program for the period being examined (2017 up to mid of 2020) and identify additional documentation needed;
- Stakeholder mapping– the evaluation team will prepare a map of stakeholders relevant to the evaluation and the strength of the relationship to the program. The map will cover government,

relevant civil society and other development actors, including UN sister agencies and bilateral donors;

- 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/refine 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;
- Specifying limitations and risks in conducting the evaluation and plan mitigation strategies to overcome these limitations and risks.
- Developing a concrete work plan for the field phase along with clear delineation of the roles and responsibilities of team members; and
- Drafting the design report. A design report will be produced in accordance with the UNFPA CPE Guidance that is quality assured by the Evaluation Reference Group (ERG) and approved by the UNFPA Regional M&E Advisor before commencing the field phase.

Field Phase

The field phase consists of a three- to four-week field mission in the programme country to complete the data collection and proceed with the analysis. The evaluators will collect data through individual interviews, group discussions and focus groups, and by way of consulting additional documentation. Towards the end of the field phase, the evaluators analyse the collected data and produce a set of preliminary findings, complemented by tentative conclusions and emerging, preliminary recommendations. These provisional evaluation results are presented to the evaluation reference group and the country office staff and implementing partners during a debriefing meeting to be scheduled at the end of the field phase. This will allow the evaluators to formulate and test some hypotheses that may guide their analysis and get feedback and validation on preliminary results.

The lead consultant will guide the team remotely due to COVID19 circumstances. It is of utmost importance that s/he brief well and guide the team of national consultants on every aspect of the design, data collection and analysis, and report writing phases. Furthermore, if social distancing measures remain as is, interviews, surveys and discussions could be conducted, to the extent possible, in a remote manner relying on email exchanges, on-line meeting platforms, and video conferencing.

Reporting Phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and will prepare a first draft of the evaluation report, taking into account the comments made by the CO and IPs at the validation workshop. The draft evaluation report will be submitted to UNFPA CO and the ERG for formal review and comments. The comments from the UNFPA CO and ERG comments will be

addressed by the evaluation team in revising the draft final report with an audit trail of response to comments provided.

The country office will convene an in-country dissemination workshop attended by the CO as well as key program stakeholders (including key national counterparts, donors, CSOs representing beneficiaries) to share the findings, conclusions, and recommendations of the Report. This workshop will provide an opportunity to validate the factual content of the report and broaden the ownership of the evaluation findings and way forward. The evaluation team will finalize the CPE report, working closely with the UNFPA CO and ERG, based on the feedback from this workshop.

The final report will be cleared by the CO and submitted to the Regional M&E Advisor for approval. The quality of the report will be assessed based on the criteria set out in the CPE Guidance (see Annex 6 for details). Once accepted, the Regional M&E Advisor will submit the final report to EO to undertake the external quality assessment of the evaluation report.

Facilitation of use and dissemination phase

During the facilitation of use and dissemination phase, the evaluation manager, together with communication/ knowledge management officer in the country office, develops and rolls out a communication plan to share evaluation results with country and regional offices, relevant divisions at headquarters and external audiences.

The evaluation manager ensures the final report and other evaluation knowledge products are shared with relevant stakeholders and rights-holders through the evaluation reference group and through other relevant channels and communication and knowledge-management platforms. S/he also makes sure the final evaluation report, accompanied by a management response listing all recommendations, is communicated to the relevant units at UNFPA and invites them to submit a response.

The evaluation manager will consolidate all responses in a final management response document, to be submitted to and cleared by the APRO M&E Advisor. The UNFPA Policy and Strategy Division (PSD) is responsible for monitoring and overseeing the implementation of the recommendations. The PSD also ensures the evaluation findings are integrated into strategic policy and planning.

The Evaluation Office makes available all CPE reports and accompanying independent EQA grids in the UNFPA evaluation database. The UNFPA country office is responsible for posting the evaluation report, the final evaluation quality assessment conducted by the Evaluation Office and the management response on the country office website.

Building on the stakeholders' map, a communication plan for sharing evaluation results should preferably be developed during the preparatory phase. As evaluation progresses, any new opportunities for communication and dissemination should be identified and the communication plan should be updated accordingly. By embedding a focus on communication and learning at all stages of the evaluation process, the communication plan will be ready for quick implementation at the final facilitation of use and dissemination phase.

Expected outputs

The evaluation team will produce the following deliverables:

The design report (following the attached outline) including (as a minimum):

- Stakeholder map;
- Evaluation Matrix (including the final list of evaluation questions and indicators);
- Overall evaluation design and methodology, including a detailed description of the data collection plan for the field phase, data collection tools and protocols;
- Roles and responsibilities of the team members and a work plan;

The debriefing presentation document synthesizing the main preliminary findings, conclusions, and recommendations of the evaluation, to be presented and discussed with the CO, IPs, and ERG during the debriefing meeting foreseen at the end of the field phase;

The draft evaluation report, with Annexes (followed by a second draft, taking into account potential comments from the UNFPA CO and evaluation reference group);

A presentation of the results of the evaluation for the dissemination workshop;

A final report, based on comments expressed during the dissemination workshop, and

An Evaluation Brief, a two-page summary of key evaluation findings/ conclusions/ recommendations of the final CPE report.

All deliverables will be drafted in English and shall follow the structure and detailed outlines in the Handbook on How to Design and Conduct a Country Program Evaluation at UNFPA.

WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES

Phases/deliverables	Dates
Preparatory phase	
Drafting of the evaluation Terms of Reference by CO	March 2020
Review of the TOR by APRO and MFA, as member of ERG	March 2020
Approval of the ToR by EO	May 2020
Constitution of Evaluation Reference Group (ERG)	June 2020
Selection and recruitment of a team of evaluators	June 2020
Design phase	
Draft design report	20 July 2020
Final design report	30 July 2020
Field phase	4 weeks during a period of 1 August to 15 September, 2020
Reporting phase	
1st draft final report	1 October 2020
Review of draft report by ERG	13 October 2020
Stakeholder workshop (tentative) if circumstances allow	24 October 2020
2 nd draft report	15 November 2020
Review of 2 nd draft report by ERG	30 November 2020
Final report	15 December 2020
Drafting of EQA by APRO M&E advisor and submission of the final evaluation report and draft EQA to EO	30 December 2020
Dissemination and follow-up phase	
Dissemination of the report within the CO	10 January 2021
Finalization of Management response	10 January 2021
Integration of recommendations into the new CPD	10 January 2021

COMPOSITION OF THE EVALUATION TEAM

The evaluation will be conducted by an independent multi-disciplinary evaluation team composed of an International Consultant who will be Evaluation Team Leader and two other Evaluation Consultants with thematic areas specialty namely Sexual and Reproductive Health and Population and Development.

The **Evaluation Team Leader** will have the overall responsibility during all phases of the evaluation to ensure the timely completion and high quality of the evaluation processes, methodologies, and outputs. In close collaboration with SRH and PD evaluators, she/he will lead the design of the evaluation, guide the methodology and application of the data collection instruments, and lead the consultations with stakeholders remotely due to COVID-19 restrictions. At the reporting phase, she/he is responsible for putting together the draft evaluation report, based on inputs from other evaluation team members, and in finalizing the report based on inputs from the ERG and stakeholders. To complement the assessment of the program components, she/he will also assess the operational (e.g., financial, administration, procurement) and monitoring and evaluation systems of the CO in both regular development and humanitarian settings.

She/he will guide national consultants during data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to A&Y.

Qualifications, Experience, and Competencies of the Evaluation Team Leader (International Consultant)

- An advanced degree in social sciences, political science, economics, statistics, program management, monitoring, and evaluation, or related fields;
- Significant knowledge of and professional experience (minimum ten years) in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Should have demonstrable experience in leading multi-cultural, multi-disciplinary evaluation teams; and familiarity with the region in general, and Iran, in particular, is essential;
- Substantive knowledge and experience in one or more of the programmatic areas covered by the evaluation (SRH, population and development, gender, adolescent sexual and reproductive health [ASRH]);
- Familiarity with UNFPA or UN mandates and operations is necessary;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication, and reporting skills; and
- Fluency in English. **Knowledge of Farsi is an asset.**

The two other evaluation consultants will cover the following areas of expertise:

The **Sexual and Reproductive Health Specialist** will primarily be responsible for assessing the SRH (including maternal health, HIV and reproductive health) thematic area of the 6h CP in both regular development and disaster settings. She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to SRH

Qualifications, Experience, and Competencies of the Sexual and Reproductive Health

Specialist

- An advanced degree in public health,
- Substantive knowledge of and professional experience (minimum 7 years) in reproductive health, including themes/issues relevant to maternal health, ASRH, HIV/AIDS, cross-cutting themes such as youth and gender, and health systems in general;
- Significant knowledge and experience in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Good knowledge of the national development context
- Fluency in English written and oral skills (knowledge of Farsi would be an advantage);
- Familiarity with UNFPA or UN mandates and operations will be an advantage;
- Strong interpersonal skills and ability to work with multi-cultural, multi-disciplinary teams;
- Proven drafting skills in English; and
- Ability to work in a team.
- Substantive knowledge and experience in the disaster response program is desirable

The **Population and Development Specialist** will primarily be responsible for assessing the population and development thematic area of the 6th CP (e.g., collection and socio-demographic analysis data, evidence-based policy advocacy, national capacity development in evidence-based planning, monitoring and evaluation, analysis of population dynamics and their interlinkages with other sectors, strengthening of national statistical systems, etc.). She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to population and development.

Qualifications, Experience, and Competencies of the Population and Development

Specialist

- An advanced degree in demography, social sciences, political science, economics, statistics or related fields;
- Substantive knowledge of and professional experience (minimum 7-10 years) in population and development, including themes/issues relevant to: demographic trends (e.g. the demographic dividend), national statistical systems and utilization/analysis of census data, evidence-based

policy advocacy, democratic governance, population dynamics, legal reform processes, evidence-based national and local development planning, monitoring and evaluation processes, and cross-cutting themes such as youth and gender;

- Significant knowledge and experience in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Good knowledge of the national development context and fluency in English and knowledge of Farsi would be an advantage;
- Familiarity with UNFPA or UN mandates and operations will be an advantage;
- Strong interpersonal skills and ability to work with multi-cultural, multi-disciplinary teams;
- Proven drafting skills in English; and
- Ability to work in a team.

Both evaluation consultants will be working closely with the team leader at all stages of the evaluation, especially more closely during the field phase, where continuous exchanges need to take place to ensure data collection is conducted based on the evaluation principles and methodology, and to communicate with the team leader, results of meetings, interviews, etc. in a prompt and efficient manner.

Indicative Allocation of Working Days per Evaluation Team Member

Team members	Design Phase	Field Phase	Reporting Phase	Total days
Team Leader (with expertise in Evaluation)	15	20	35	70
Team Member with expertise on population issues	15	20	20	55
Team member with expertise on SRH	15	20	20	55

Remuneration and Duration of Contract

Guided by Sections 9 and 10 above, workdays will be distributed between the date of signature and the approval of the submitted final report. In addition to consultancy fees, travel costs will be paid as per UNFPA Travel policy.

The following payment scheme will be applied:

- Upon receipt of the approved design report: 20%
- Upon completion of the field phase: 10%
- Upon receipt of the second draft evaluation report: 30%
- Upon receipt of the approved final evaluation report and evaluation brief: 40%

MANAGEMENT OF EVALUATION

The CO M&E focal point will serve as **UNFPA's Evaluation Manager** and will:

- Lead the development of the CPE ToR and the preparation of the management response to the evaluation;
- Facilitate access to background documents and key informants during data gathering
- Coordinate the quality assurance process for the evaluation products and processes: ToR, Design Report, Evaluation Report, sampling strategy, validation methods, etc.;
- Serve as the CO focal point for APRO, EO
- Coordinate and convene the ERG meetings/inputs to the evaluation;
- Manage the evaluation budget;
- Ensure logistical and administrative support to the evaluation team;
- Upload on a semi-annual basis the implementation status of management response.

Evaluation of team roles and responsibilities

The evaluation team's role and responsibilities are to design the evaluation, conduct the field data collection, analysis, and developing the report of the evaluation. The details are described under the [Evaluation Process](#) presented above.

The Evaluation Manager will be assisted by the Evaluation Reference Group (ERG) in assuring the quality of the evaluation. The terms of reference of the ERG can be found in Annex IX.

The CO Evaluation Manager will be the convener of the ERG and will coordinate and facilitate communications between the evaluation team and the ERG. The ERG team will meet where feasible and needed to discuss the ToR of the evaluation, the design report, and debriefing after the evaluation fieldwork. Other consultations or requests for inputs from the ERG will be through e-mail communications.

The **UNFPA APRO M&E Adviser** will provide guidance and quality assurance as needed throughout the evaluation process and will be responsible for clearing the ToR for EO's approval, clearing the evaluation team for submission to EO for pre-qualification, reviewing and approving the design report and the final evaluation report, and undertaking an EQA of the draft evaluation report.

The **UNFPA Evaluation Office** will approve the final ToR as well as pre-qualify the evaluation team. The EO will undertake the Evaluation Quality Assessment of the evaluation report.

The **UNFPA CO** will provide the necessary documents and reports and refer the team to web-based material or relevant official databases. The CO management and staff will make themselves available for

interviews, as appropriate. The CO will provide necessary logistical support in terms of providing spaces for the meetings, assist in making the appointments and arranging travels, and site visits when necessary. The use of office space will be provided as needed.

DOCUMENTS TO BE SHARED WITH EVALUATION TEAM

1. The Law of the 6th Five-Year Development Plan of the Islamic Republic of Iran,
2. General Population Decree issued by His Eminence the Supreme Leader of the I.R. of Iran, Ayatollah Sayyid Ali Khamenei, 2014
3. Relevant national strategies, plan, documents
4. Key studies and reports prepared with the support of UNFPA 2017 onwards
5. Donor reports and project proposals
6. UNDAF 2017-2021
7. UNDAF Annual Reports 2017-2019
8. UNFPA Strategic Plan (2018-2021)
9. CP 2017-2021
10. List of UNFPA interventions by CP output and strategic plan outcome
11. UNFPA Reprogramming document responding to COVID-19 outbreak
12. 2020 Iran CO SIS Annual Reports 2017-2019
13. Iran CO SIS quarterly reports 2017-2020
14. Iran CO SIS 2020 Plan and Quarterly Reports
15. Budget and Expenditure Analysis 2017-2020
16. Annual Workplans (AWPs) 2017-2020
17. Workplan Progress Reports
18. UNFPA Iran Country Programme Strategic Repositioning documents, 2019
19. Handbook on How to Design and Conduct a Country Program Evaluation at UNFPA:
<https://www.unfpa.org/EvaluationHandbook>
20. OECD-DAC Evaluation Criteria:
<https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

ANNEXES

Annex I: UNEG/UNFPA Ethical Code of Conduct for Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business.

Evaluation Team /Evaluators:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and: respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Annex II: List of Atlas projects for the period of evaluation

	Project ID	Project ID Title
1	PGIR01	Statistical Center of Iran 2017-now
2	PGIR03	University of Tehran 2017-2018
3	PGIR06	Population and Family Health Department, Ministry of Health and Medical Education 2017
4	PGIR13	Secretariat for the National Council of Elderly, State Welfare Organization 2017-now
5	PGIR 14	Office of Support and Empowerment, Ministry of Cooperatives Labor and Social Welfare 2018-now
6	PGIR15	Iran University of Medical Sciences 2017-2019
7	PGIR16	Deputy for Employment, Ministry of Cooperatives Labor and Social Welfare 2017-now
8	PGIR18	Center for Communicable Disease Control, Ministry of Health and Medical Education 2018-now
9	PGIR19	Social Harm Deputy, State Welfare Organization 2019-no1
10	PGIR20	Office of Social Health, Ministry of Health and Medical Education, 2020
11	PGIR21	Midwifery Office, Ministry of Health and Medical Education, 2020

Annex III: A list of stakeholders by areas of intervention

	Stakeholders	Stakeholder type	Programmatic area of intervention
1	Ministry of Health and Medical Education	Implementing partner	-Maternal health -Sexual and reproductive health -Midwifery -Protection of women and girls -Adolescents and Youth -South-South modality of engagement
2	Ministry of Cooperatives, Labor and Social Welfare	Implementing partner	-Demographic Dividend -Women Empowerment -Adolescent and Youth, employability
3	State Welfare Organization	Implementing Partner	-Ageing -Protection of women and girls in emergencies, women friendly spaces
4	Statistical Center of Iran	Implementing partner	-Data
5	University of Tehran	Implementing partner in 2017-2018, Other partner now	-Research and analysis
6	Iran University of Medical Sciences	Implementing partner in 2017-2019, Other partner now	-Maternal health of Afghan refugees -South-South modality of engagement
7	Vice Presidency of Women and Family Affairs	Convening partner	-Women empowerment -Gender data -convener of inter-sectoral collaboration
8	Budget and planning organization	Other partner, convening partner	-Policy advocacy -convener of inter-sectoral collaboration
9	Iran Technical and Vocational training organization	Other partner	-youth empowerment and entrepreneurship
10	Ministry of Interior	Other partner	-Refugees
11	UNICEF	UN agency	-maternal health -adolescents and youth -sexual and reproductive health
12	UNAIDS	UN agency	-sexual and reproductive health, HIV/AIDS

Annex IV: A short outline of the structure design report

Design Report (20-30 pages total)

Cover page

Second page

Country map (half page)

Table (half page)

Evaluation Team

Titles/position in the team

Names

Third page

Table of contents

Section	Title	Suggested length
CHAPTER 1:	Introduction	1-2 pages max
1.1	Purpose and objectives of the country programme evaluation	
1.2	Scope of the evaluation	
1.3	Purpose of the design report	
CHAPTER 2:	Country context	4-6 pages max
2.1	Development challenges and national strategies	
2.2	The role of external assistance	
CHAPTER 3:	UNFPA strategic response and country programme	5-7 pages max
3.1	UNFPA strategic response	

3.2 UNFPA response through the country programme

3.2.1 The country programme

3.2.2 The country programme financial structure

CHAPTER 4: Methodological approach 7-10 pages max

4.1 Evaluation criteria and evaluation questions

4.2 Methods for data collection and analysis

4.3 Selection of the sample of stakeholders

4.4 Evaluability assessment, limitations and risks

CHAPTER 5: Evaluation phases, work plan, deliverables,
management structure and quality assurance 3-5 pages max

5.1 Process overview

5.2 Team composition and distribution of tasks

5.3 Resource requirements and logistics support

5.4 Work plan

ANNEXES:

Annex 1 Terms of Reference

Annex 2. Evaluation Matrix

Annex 3. Templates or outlines of data-collection methods (e.g. interview protocols/ guides, logbooks or equivalent, survey questionnaires)

Annex 4. List of Atlas interventions and financial data

Annex 5. Stakeholders map and list of persons consulted

Annex 6. Bibliography/ documents consulted

Annex 7. CPE agenda

Abbreviations and Acronyms

List of tables

List of figures

The key facts table

Annex V: A short outline of the structure evaluation report

Cover page

Second page

Country map (half page)

Table (half page)

Evaluation Team

Third page

Acknowledgements

Fourth page

Table of contents

Fifth page

Abbreviations and acronyms

List of tables

List of figures

Sixth page

Key facts table

Section	Title	Suggested length
EXECUTIVE SUMMARY		5 pages
CHAPTER 1:	Introduction	
1.1	Purpose and objectives of the Country Programme Evaluation	5-7 pages max
1.2	Scope of the evaluation	
1.3	Methodology and process	
CHAPTER 2:	Country context	

2.1	Development challenges and national strategies	5-6 pages max
2.2	The role of external assistance	
CHAPTER 3: UNFPA response and programme strategies		
3.1	UNFPA strategic response	
3.2	UNFPA response through the country programme	5-7 pages max
3.2.1	Brief description of UNFPA previous cycle strategy, goals and achievements	
3.2.2	Current UNFPA country programme	
3.2.3	The financial structure of the programme	
CHAPTER 4: Findings: answers to the evaluation questions		
4.1	Answer to evaluation question 1	25-35 pages max
4.2	Answer to evaluation question 2	
4.3	Answer to evaluation question 3	
4.4	Answer to evaluation question 4	
CHAPTER 5: Conclusion		
5.1	Strategic level	6 pages max
5.2	Programmatic level	
CHAPTER 6: Recommendations		
6.1	Recommendations	4-5 pages
(Total number of pages)		55-70 pages max

ANNEXES

Annex 1 Terms of Reference

Annex 2 List of persons/institutions met

Annex 3 List of documents consulted

Annex 4 Evaluation matrix

Annex VI: A template for the evaluation matrix

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Evaluation question 1			
Assumption 1:			
Assumption 2:			
Assumption 3:			
Evaluation question 2			
Assumption 1:			
Assumption 2:			
Assumption 3:			
Evaluation question 3			
Assumption 1:			
Assumption 2:			
Assumption 3:			

Annex VII: Evaluation Quality Assessment template

Organizational unit:		Year of report:		
Title of evaluation report:				
Overall quality of report:			Date of assessment:	
Overall comments:				
Assessment Levels	Very Good	Good	Fair	Unsatisfactory
	strong, above average, best practice	satisfactory, respectable	with some weaknesses, still acceptable	weak, does not meet minimal quality standards

Quality Assessment Criteria		Insert assessment level followed by main comments. (use 'shading' function to give cells corresponding colour)		
1. Structure and Clarity of Reporting	Yes No Partial	Assessment Level:		
To ensure the report is comprehensive and user-friendly		Comment:		
1. Is the report easy to read and understand (i.e. written in an accessible language appropriate for the intended audience) with minimal grammatical, spelling or				
2. Is the report of a reasonable length? (maximum pages for the main report, excluding annexes: 60 for institutional evaluations; 70 for CPEs; 80 for thematic evaluations)				
3. Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned				
4. Do the annexes contain – at a minimum – the ToRs; a bibliography; a list of interviewees; the evaluation matrix; methodological tools used (e.g. interview guides; focus group notes, the outline of surveys) as well as information on the stakeholder consultation process?				
Executive summary				
5. Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation?				

6. Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)?		
7. Is the executive summary reasonably concise (e.g. with a maximum length of 5 pages)?		

2. Design and Methodology	Yes No Partia	Assessment Level:	
To ensure that the evaluation is put within its context		Comment:	
1. Does the evaluation describe the target audience for the evaluation?			
2. Is the development and institutional context of the evaluation clearly described, and constraints explained?			
3. Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change, and assess the adequacy of these?			
To ensure a rigorous design and methodology			
4. Is the evaluation framework clearly described in the text and in the evaluation matrix? Does the evaluation matrix establish the evaluation questions, assumptions, indicators, data sources and methods for data collection?			
5. Are the tools for data collection described and their choice justified?			
6. Is there a comprehensive stakeholder map? Is the stakeholder consultation process clearly described (in particular, does it include the consultation of key			
7. Are the methods for analysis clearly described for all types of data?			
8. Are methodological limitations acknowledged and their effect on the evaluation described? (Does the report discuss how any bias has been overcome?)			

9. Is the sampling strategy described?		
10. Does the methodology enable the collection and analysis of disaggregated data?		
11. Is the design and methodology appropriate for assessing the cross-cutting issues (such as gender)?		

3. Reliability of Data	Yes No Partia	Assessment Level:	
To ensure quality of data and robust data collection processes		Comment:	
1. Did the evaluation triangulate data collected as appropriate?			
2. Did the evaluation clearly identify and make use of reliable qualitative and quantitative data sources?			
3. Did the evaluation make explicit any possible limitations (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues?			
4. Is there evidence that data has been collected with sensitivity to issues of discrimination and other ethical considerations?			

4. Analysis and Findings	Yes No Partia	Assessment Level:	
To ensure sound analysis and credible findings		Comment:	
1. Are the findings substantiated by evidence?			
2. Is the basis for interpretations carefully described?			

3. Is the analysis presented against the evaluation questions?		
4. Is the analysis transparent about the sources and quality of data?		
5. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted?		
6. Does the analysis show different outcomes for different target groups, as relevant?		
7. Is the analysis presented against contextual factors?		
8. Does the analysis elaborate on cross-cutting issues such as gender?		

5. Conclusions	Yes No Partial	Assessment Level:	
To assess the validity of conclusions		Comment:	
1. Do the conclusions flow clearly from the findings?			
2. Do the conclusions go beyond the findings and provide a thorough understanding of the underlying issues of the program/initiative/system being evaluated?			
3. Do the conclusions appear to convey the evaluators' unbiased judgement?			
6. Recommendations	Yes No Parti	Assessment Level:	
To ensure the usefulness and clarity of recommendations		Comment:	
1. Do recommendations flow logically from conclusions?			

2. Are the recommendations clearly written, targeted at the intended users and action- oriented (with information on		
3. Do recommendations appear balanced and impartial?		
4. Is a timeframe for implementation proposed?		
5. Are the recommendations prioritised and clearly presented to facilitate appropriate management response and follow up on each specific recommendation?		

7. Gender	0 1 2 3 (**)	Assessment Level:	
To assess the integration of Gender and Economic Empowerment of Women		Comment:	
1. Is Gender and Economic Empowerment of Women integrated in the evaluation scope of analysis and evaluation criteria and questions are designed in a way that ensures			
2. Is a gender-responsive methodology used, including gender-responsive methods and tools, and data analysis techniques?			
3. Do the evaluation findings, conclusions and recommendations reflect a gender analysis?			

(*) This assessment criteria is fully based on the UN-SWAP Scoring Tool. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totaling the scores 11-12 = very good, 8-10 = good,

(**) Scoring uses a four point scale (0-3).

0 = Not at all integrated. Applies when none of the elements under a criterion are met.

1 = Partially integrated. Applies when some minimal elements are met but further progress is needed and remedial action to meet the standard is required.

2 = Satisfactorily integrated. Applies when a satisfactory level has been reached and many of the elements are met but still improvement could be done.

3 = Fully integrated. Applies when all of the elements under a criterion are met, used and fully integrated in the evaluation and no remedial action is required.

Overall Evaluation Quality Assessment				
	Assessment Levels (*)			
Quality assessment criteria (scoring points*)	Very good	Good	Fair	Unsatisfactory
1. Structure and clarity of reporting, including executive summary (7)				
2. Design and methodology (13)				
3. Reliability of data (11)				
4. Analysis and findings (40)				
5. Conclusions (11)				
6. Recommendations (11)				
7. Integration of gender (7)				
Total scoring points				
Overall assessment level of evaluation report				
	Very good very confident to use	Good confident to use	Fair use with caution	Unsatisfactory not confident to use
<p>(*) (a) Insert scoring points associated with criteria in corresponding column (e.g. - if 'Analysis and findings' has been assessed as 'Good', enter 40 into 'Good' column.</p> <p>(b) Assessment level with highest 'total scoring points' determines 'Overall assessment level of evaluation report'. Write corresponding assessment level in cell (e.g. 'Fair').</p> <p>If the overall assessment is 'Fair', please explain</p> <ul style="list-style-type: none"> • How it can be used? 				

- What aspects to be cautious about?

Where relevant, please explain the overall assessment Very good, Good or Unsatisfactory

Consideration of significant constraints

The quality of this evaluation report has been hampered by exceptionally difficult circumstances:

Yes

No

If yes, please explain:

Annex VIII: Management response template

UNFPA Management response	Country Programme Evaluations (from-to):(name of the country)
--------------------------------------------	----------------------------------------------------------------------------

Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations, recommendations associated with the country programme, recommendations associated with cross-cutting issues. Within each cluster, recommendations should be ranked by priority levels (from 1 to 3).

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic recommendations			
Recommendation #	To (e.g Executive Director’s Office)	Priority Level(from 1 to 3)	
Management response - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....			
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates
			Status (ongoing or completed)

Recommendation #	To(e.g. Country office)	Priority level
------------------	-------------------------------	----------------------

--

Management response - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....

.....

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Cluster 2: Recommendations associated with the programme

Recommendation #	To	Priority level
------------------	----------	----------------------

--

Management response - Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....

.....				
.....				
.....				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Clusters 3: Recommendations associated with cross-cutting issues				
Recommendation #	To	Priority level		
.....				
<p>Management response - <i>Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation:.....</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Annex IX: United Nations-approved editing guidelines

Instructions for the preparation of documents

Length of reports

Reports originating in the Secretariat must not exceed 8,500 words in length (10,700 words for documents not originating in the Secretariat), including any footnotes, headings or hidden text. A waiver must be requested for reports that exceed the limit.

Format

Manuscripts should be transmitted for processing in electronic form. For technical specifications on format and media to be used in preparing documents at Headquarters, see the latest version of the DGACM guide to document submission.

For documents prepared at offices away from Headquarters, click on the links below:

United Nations Office at Geneva

United Nations Office at Nairobi

United Nations Office at Vienna

Main headings and subheadings should be in bold print. Initial capitals are used only for the first word and words normally capitalized. For more detailed instructions, see Format/Headings and subheadings and Mastheads and cover pages.

Italics and bold print are not used for emphasis, except where the General Assembly has requested the use of bold print for recommendations (see also Italics and bold print).

Revised texts

If a text is a revised version of a previously issued document (such as a draft resolution), or is the final version of a report already submitted in draft form for advance editing/translation, all changes, including deletions, must be clearly indicated by means of Microsoft Word track changes.

References and quotations

Manuscripts should not include lengthy quotations from texts previously circulated as United Nations documents, such as General Assembly resolutions and earlier reports of the Secretary-General, nor should such texts or excerpts therefrom be attached as annexes.

Internal cross-references should be carefully checked in the final draft, as the paragraph numbers may have changed from those in earlier drafts.

Necessary quotations and references should be carefully checked for accuracy. In the case of United Nations documents, paragraph numbers, not pages, should be cited.

For more detailed instructions, see Editorial guidelines/Style/Quotations.

Abbreviations and acronyms

Abbreviations and acronyms should always be explained. The full name should be spelled out the first time it occurs in the text, or a complete list should be provided.

Abbreviations and acronyms are not used for the names of Member States, most commissions, committees or other subsidiary bodies, major United Nations offices, Secretariat departments, or in document titles or internal headings.

Names of subsidiary bodies, major United Nations offices and Secretariat departments should be given in full the first time they occur in a text. Short titles (e.g. "the Council", "the "Commission", "the Department") are used thereafter.

For a list of abbreviations and acronyms used in United Nations documents, see Editorial guidelines/Style/Abbreviations and acronyms.

Names

For geographical names, including countries, see UNTERM. If the location does not appear therein, the GeoNames database of the National Geospatial Intelligence Agency is a useful guide.

For individuals, corporations etc., verify correct names or most commonly used spellings or transliterations, and use consistently throughout.

When general terms such as president, representative and so on are used, it would be helpful to the translators to indicate the gender of the person.

When animal or plant species are mentioned, the scientific (Latin) designation should be included in addition to the common or vernacular name, as the latter may not provide sufficient information to allow an accurate translation.

Use of the first person

The first person may be used in reports of the Secretary-General.

Additional guidelines

For further guidelines on drafting and format, see Editorial guidelines/Basic documents and Format.

Country names and currencies

Country names and currencies are listed in the United Nations Multilingual Terminology Database (<http://untermportal.un.org>). To start your search, enter the name of the country in the "search" field. Under "subjects" on the left pane, click on "country names", then click on "view" beside the entry. Both the short and formal country names are given. The short form is used for most purposes in the United Nations. The formal name is generally used in legal texts, such as treaties.

The country name is normally given after the name of a city, unless the city is the capital.

Except in communications from Member States, country names should not be used in the possessive form: the population of the Sudan, not the Sudan's population

In communications from Member States issued as United Nations documents, the country designations used by the author of the communication are retained in the edited text, even if they are not consistent with established United Nations terminology. For further information, see "Communications from Member States" in Editorial guidelines/Policy questions.

In reports containing information from Member States that is reproduced as received, the designations used by the Member States are not changed and the following disclaimer is inserted as a footnote on the cover page of the report:

Note: The information provided by Member States has been reproduced as received. The designations employed do not imply the expression of any opinion whatsoever on the part of the United Nations Secretariat concerning the legal status of any country, territory or area, or of its authorities.

Footnotes and other references

Contents

- I. Introduction

- II. General instructions on footnotes and text notes
 - A. When to use footnotes and text notes
 - B. Placement of footnotes
 - C. Excessive referencing
 - D. Electronic sources
 - E. Points of style
- III. United Nations sources
 - A. Masthead documents
 - B. Reports issued as supplements to the Official Records
 - C. Sales publications
 - D. Reports of conferences
 - E. Resolutions and decisions
 - F. Statements and oral reports made before a United Nations body
 - G. Instruments in the Treaty Series
 - H. Advisory opinions, judgments and orders of the International Court of Justice
 - I. Conference room papers
 - J. Restricted documents
 - K. Material on the website of an office or department
- IV. Outside sources
 - A. Documents of other organizations
 - B. Books and publications
 - C. Publishing data: special issues
 - D. Government publications
 - E. Legal references
 - F. Working papers and research reports in a published series
 - G. Articles and chapters in a book or publication
 - H. Articles in a periodical
 - I. Articles in a newspaper
 - J. Articles on a website
 - K. Unpublished papers and dissertations
 - L. Databases
 - M. Public statements
 - N. Interviews
 - O. Personal communications
 - P. Multimedia sources
- V. Repeated references
 - A. Repeated footnote indicators
 - B. Use of *ibid.*
 - C. Shortened references
 - D. Repeated footnotes in tables and figures
- VI. Permission footnotes

- VII. Explanatory footnotes
 - A. Content
 - B. Notes to explanatory footnotes
 - C. Supplementary sources of information
- VIII. Cross references
- IX. Footnote indicators
 - A. Types of indicators
 - B. Placement of indicators in the text
 - C. Numbered footnotes
 - D. Footnotes indicated by lower-case letters
 - E. Footnotes indicated by asterisks and other symbols
- X. Reference lists and bibliographies
 - A. Author-date system
 - B. Keyed references
 - C. General bibliographies and lists of sources

Policy questions

Links on this page will connect you to policy documents that may be of interest to authors and editors, including editorial directives and documents in the series “Regulations for the control and limitation of documentation”.

Covers and title pages of publications (Editorial Manual, article H 1, pp. 467-472)

Attribution of authorship

Copyright principles, practice and procedure

1987

1992

Criteria for the selection of material to be issued as United Nations publications

Mention of names of commercial firms (Editorial Manual, article H 8, p. 502)

Newsletters and other information materials in printed or electronic format

Use of the United Nations emblem on documents and publications (Editorial Manual, article H 3, pp. 478-485)

Papers and reports of seminars and similar meetings (Editorial Manual, article H 9, pp. 503-511)

ISBN and ISSN for United Nations publications

Categories of distribution of documents and meeting records (Editorial Manual, article H 4, pp. 487-88)

Guidelines for publication of maps

References and acknowledgements

Guidelines for electronic publishing

Guidelines for publishing in an electronic format

United Nations Internet publishing

Terminology: “Persian Gulf” and “Gulf”

Nomenclature: Falkland Islands (Malvinas)

Guidelines for gender-inclusive language

Proofreading marks

Use standard proofreading marks (see model) to help speed up the editing process and make it possible for colleagues to understand the changes made to a document.

Annex X: Responsibilities the Evaluation Reference Group (ERG)

Background

UNFPA Country Office in the Islamic Republic of Iran is planning to conduct the independent evaluation of the UNFPA 6th Country Programme, as required by the country programme, and in accordance with the UNFPA evaluation policy 2019. The evaluation policy sets out three main roles in the evaluation: i) demonstrating accountability to stakeholders on achieving development results, ii) supporting evidence-based decision making and iii) contributing important lessons learned to the formulation of the next UNFPA Iran country programme.

As per the UNFPA evaluation policy, the establishment of Evaluation Reference Group (ERG) is mandatory. The ERG will guide the evaluation process during the implementation of evaluation activities. ERG will also ensure that the CPE covers the issues relevant to and important for the key stakeholders of the country programme.

The ERG will be composed of country office senior managers, a representative of the regional office management and representatives of national counterparts, including government and implementing partners, and representatives from academia.

Objectives of the ERG

The objectives of the ERG are given below:

- To ensure that the evaluation is of maximum value to all stakeholders (UNFPA national counterparts including implementing partners, UN Country Team, development partners, etc..) and beneficiaries;
- To assure the overall quality of the evaluation, including its theoretical and methodological integrity, the appropriateness of the evidence selected, the accuracy of its interpretations, and the usefulness of its recommendations for stakeholders and beneficiaries;
- To ensure the independence, impartiality and no conflict of interest in the evaluation.

Functions of the ERG

The evaluation reference group shall take the following main functions:

- Provides input to the ToR of the country programme evaluation
- Provides overall comments to the design report of the CPE
- Facilitate access of the evaluation team to information sources (documents and interviewees) to support data collection
- Provides comments on the main deliverables of the evaluation, including the draft final report
- Assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

Composition of the ERG

Members of this reference group will be composed of the representatives from the following Organizations of government, non-government, UNFPA programme staff at country office and Asia Pacific Regional Office (APRO):

No	Agency
1	UNFPA Country Office Representative
2	Ministry of Foreign Affairs
3	Ministry of Health and Medical Education (Government IP)
4	Ministry of Cooperatives, Labour and Social Welfare (Government IP)
5	Statistical Center of Iran (Government IP)
6	University of Tehran (Academia)
7	UNFPA Asia Pacific Regional Office M&E Advisor

Working modalities: ERG meetings and activities

The evaluation team and the reference group will communicate mostly via e-mail and tele or video conferencing. Face-to-face meetings may also be convened as needed.

Timeline

The duration of the ERG's mandate runs until the completion of the evaluation, which means the production of the final evaluation report. A preliminary timeline for the work of the ERG includes the following benchmarks and indicative dates:

No.	What (Deliverable)	When	Key role of ERG
1.	CPE terms of reference	May 2020	Review
2.	Evaluation design report	July 2020	Review
3.	Access of the evaluation team to information sources	August-September 2020	Facilitation
4.	Sharing of preliminary findings, conclusions & recommendations by the evaluation team	October 2020	Review
5.	Draft evaluation report	November-December 2020	Review

ANNEX-2:

PERSONS CONSULTED

(in alphabetic order)

#	Institutions	Persons	Position/Role
1.	Akbarabadi Hospital	Hassan Mehrjoo	Executive Manager
2.	Boys Adolescent Well-being Clubs (AWBC), Kermanshah	Mehdi Amiri	Manager
3.	Boys Adolescent Well-being Clubs (AWBC) Mehr, Tehran	Narges Norouzi	Counselor
4.	Boys Adolescent Well-being Clubs (AWBC) Mehr, Tehran	Vahid Jahanmiri	Counselor
5.	Consultant	Andrea Irvin	International Reproductive Health, Sexuality and Gender Consultant
6.	Consultant	Reza Majdzadeh	Ex-Head of National Health Research Center
7.	Girls Adolescent Well-being Clubs (AWBC) Ofogh, Tehran	Maryam Raahvar	Manager
8.	Girls Adolescent Well-being Clubs (AWBC) Ofogh, Tehran	Marzieh Shamsian	Outreach
9.	Health Observatory	Ardeshir Khosravi	Health Expert, Head of Health Observatory
10.	HelpAge International	Eduardo Klien	Regional Director
11.	HIV/AIDS Office	Parvin Kazerouni	Head of HIV/AIDS office
12.	HIV/AIDS Office	Maryam Sargolzaee Moghadam	Expert
13.	HIV/AIDS Office	Shahzad Ghorbani	Assistant
14.	Iran University of Medical Sciences	Asgar Aghaei	Expert
15.	Iranian Research Center for HIV/AIDS (IRCHA)	Minou Mohraz	Head of the Iranian Centre for HIV/AIDS
16.	Italian Embassy	Maria Pia Sequi	Personal Assistant to the Ambassador
17.	Khuzestan University of Medical Sciences	Mozhgan Ghasemi	Head of Population and Family Health Group, Khuzestan Floods response
18.	Ministry of Cooperatives Labour and Social Welfare (MoCLSW), Office of Employment Policy and Development	Aladdin Ezoji	Director General of Employment Development and Policies Office
19.	Ministry of Cooperatives Labour and Social Welfare (MoCLSW), Office of Support and Empowerment	Maryam Sadat Mirmalek	Director General of Support and Empowerment Office
20.	Ministry of Foreign Affairs (MFA)	Javad Safaei	Head of Division of International Specialized Agencies
21.	Ministry of Health and Medical Education, Health Network Administration Center	Mohammad Eslami	Head of Health Programs Management and Integration Group, SRH Expert
22.	Ministry of Health and Medical Education, International Affairs Department	Leila Sepasgozar	Head of the Office of International Organizations
23.	Ministry of Health and Medical Education, Office of Elderly	Mohsen Shatti	Head of the Elderly Health Office
24.	Ministry of Health and Medical Education, Office of Maternal Health	Nasrin Changizi	Head of the Maternal Health Office

25.	Ministry of Health and Medical Education, Office of Population, Family and School Health	Seyed Hamed Barekati	Director General of Population, Family and School Health Office
26.	Ministry of Health and Medical Education, Office of Population, Family and School Health	Seyed Taghi Yamani	Deputy the Office of Population, Family and School Health, Floods response
27.	Ministry of Health and Medical Education, Office of Population, Family and School Health	Shahrzad Valafar	Expert, Floods response
28.	Ministry of Health and Medical Education, Office of Social Health	Soheila Omidnia	Head of Social Health Office
29.	Netherlands Embassy	Marit Pater	Second Secretary
30.	Norwegian Agency for Development Cooperation	Ilya Zhukov on behalf of Camilla Holst Salvesen (Sr Adviser, Department for Health, Education and Human Rights Section for Global Health)	SRH Team; Comprehensive Sexuality Education (CSE)
31.	Relief International	Armaghan Zargham	Officer, Member of GBV sub-sector of HCT protection sector
32.	State Welfare Organization of Iran (SWO), Esfahan	Zohreh Molaei	Expert
33.	State Welfare Organization of Iran (SWO), Secretariat of the National Council of Elderly (SNCE)	Hesameddin Allameh	Head of the SNCE
34.	State Welfare Organization of Iran (SWO), Secretariat of the National Council of Elderly (SNCE)	Hooman Mohammadi	Deputy of the SNCE
35.	Statistical Center of Iran (SCI) and Statistical Research and Training Center (SRTC)	Ashkan Shabbak	Head of SRTC
36.	Statistical Center of Iran (SCI) and Statistical Research and Training Center (SRTC)	Zahra Rezaie	Ex-Head of SRTC, Expert
37.	UNAIDS, Iran	Ali-Reza Vassigh	Strategic Information Advisor
38.	UNAIDS, Iran	Fardad Doroudi	Country Director
39.	UNDP, Iran	Mazen Gharzeddine	Deputy Resident Representative; Rep of partner entity in EU-DEVCO proj
40.	UNFPA, Asia-Pacific Regional Office (APRO)	Catherine Breen	SRH Advisor
41.	UNFPA, Asia-Pacific Regional Office (APRO)	Federica Maurizio	SRH Data Analyst
42.	UNFPA, Asia-Pacific Regional Office (APRO)	Golden Mulilo	Program Specialist/Desk Officer
43.	UNFPA, Asia-Pacific Regional Office (APRO)	Isabella Thafvellin	Humanitarian Analyst
44.	UNFPA, Asia-Pacific Regional Office (APRO)	Kamma Blair	Ex-HIV Advisor
45.	UNFPA, Asia-Pacific Regional Office	Leigh-Ashley	Regional Emergency GBV Advisor for

	(APRO)	Libscomb	A-P, GBVAOR (GBV Area of Responsibility)
46.	UNFPA, Asia-Pacific Regional Office (APRO)	Pamela Godoy	Regional Emergency GBV Coordination Specialist for A-P, GBVAOR (GBV Area of Responsibility)
47.	UNFPA, Asia-Pacific Regional Office (APRO)	Rintaro Mori	Ageing Advisor
48.	UNFPA, Asia-Pacific Regional Office (APRO)	Roy Wadia	Communications Advisor
49.	UNFPA, Asia-Pacific Regional Office (APRO)	Sujata Tuladhar	Technical Specialist in GBV and GBV in Emergencies
50.	UNFPA, Asia-Pacific Regional Office (APRO)	Tim Sladden	HIV Advisor
51.	UNFPA, Asia-Pacific Regional Office (APRO)	Tomoko Kurokawa	Regional Humanitarian Advisor
52.	UNFPA Iran	Monireh Bassir	Ex-SRH Specialist
53.	UNFPA Iran, Country Office	Helnaz Pourian	National Project Coordinator
54.	UNFPA Iran, Country Office	Ilya Zhukov	SRH Team; Comprehensive Sexuality Education (CSE)
55.	UNFPA Iran, Country Office	Kambiz Kabiri	Programme Analyst; PD PO and Humanitarian data task force focal point; TAP/CPRP/SERP focal point
56.	UNFPA Iran, Country Office	Leila Joudane	Representative
57.	UNFPA Iran, Country Office	Leylanaz Shajii	Programme Associate; M&E, Gender, Communications focal point
58.	UNFPA Iran, Country Office	Mehrnaz Soleymanlou	National Project Assistant; Assistant to PD Analyst
59.	UNFPA Iran, Country Office	Narges Mohabbatova	Operations Manager
60.	UNFPA Iran, Country Office	Soudabeh Ahmadzadeh	Assistant Representative
61.	UNFPA Iran, Country Office	Zahra Mirniam	Programme Assistant; SRH Team
62.	UNHCR, Iran	Hooman Marandi	Assistant Field Officer; Member of GBV sub-sector of HCT protection sector
63.	UNHCR, Iran	Patricia Delis-Gomez	Officer; Member of GBV sub-sector of HCT protection sector
64.	UNICEF, Iran	Gilles Chevalier	Deputy Representative; Rep of convening entity for EU/ECHO project
65.	UNICEF, Iran	Hamdireza Taherinokhost	Adolescent Development and Participation Officer
66.	University of Tehran	Majid Koosheshi	Professor of Demography
67.	University of Tehran	Rasoul Sadeghi	Head of National Population Studies and Comprehensive Management Institution
68.	UN RCO, Iran	Elmira Nurgazieva	Data Management and Results Monitoring/Reporting Officer
69.	UN RCO, Iran	Ugochi Daniels	Former UNRC Iran
70.	UN RCO, Iran	Letizia Montecalvo	Strategic Finance & Partnership Coordination Officer; focal point for EU/DEVCO project with RCO as convening entity
71.	VCT center, Tehran	Matin Bazargani	HIV Expert, Department of Health;

			Tehran University
72.	VCT center, Tehran	Zahra Gholami Pour	HIV Expert, Department of Health; Iran University
73.	Women Centers, Sari	Sakineh Modanlou	Manager of Women Center
74.	Women Centers, Tehran	Zahra Bayat	Manager of Narges Women Center
75.	WHO, Iran	Christophe Hamelmann	WHO Representative, WHO heads UNDAF Health Pillar

ANNEX – 3

BIBLIOGRAPHY/DOCUMENTS CONSULTED

Documents:

1. 6TH Country Programme Document Revised RRF
2. AFFC Assessment Report 2019-2020
3. Ageing Analysis of Census 2019
4. Assess the Role of Clerics and Religious Organizations in the National Strategic Plan for HIV Control in Iran
5. A Trainers Guide: Puberty Health Education for use in participatory training sessions in Adolescent Wellbeing Clubs (for Boys)
6. A Trainers Guide: Puberty Health Education for use in participatory training sessions in Adolescent Wellbeing Clubs (for Girls)
7. Basic Information and the Importance of Knowing STDs
8. Bill for Protection, Dignity and Provision of Security for Women against Violence
9. Building Back Better - UN Iran Socio-Economic Recovery Programme against the impact of COVID-19, June 2020
10. CDC, MoHME and UNFPA, Plan of Action for the Comprehensive Prevention Program for at Risk Adolescents for 2019-2020.
11. Census Report 2018
12. Central Bank of Iran – 1396 Annual Review
13. Comprehensive Plan for Population and Family Promotion
14. Coronavirus Disease (COVID-19) Pandemic: UNFPA Global Response Plan April 2020
15. Counselling Training Package for Psychologists for Vulnerable Women
16. COVID-19 Preparedness and Response Plan (CPRP) Document
17. DAP Report 2018 UNFPA Iran
18. Demographic Dividend profile of Iran – 2018, Statistical Centre of Iran.
19. Demographic Dividend-Status and Profile
20. Demographic Window & Its Implication on Economic Variables (with Focus on Women’s Role)
21. Demographic Window of Opportunity and Labour Market in Iran: Opportunities and Challenges
22. Desk Review: For the Prevention Campaign for Out of School Adolescents & Youth
23. Determining the Methodological Frameworks for the Production of Demographic Statistics Related to the Sustainable Development Goals (SDGs)
24. Dr IradjHarirchi, Deputy-Minister for Health. Presentation to the 7th World Health Summit Regional Meeting. Kish, Iran. 29-30 April 2019
25. Educational Booklet for Parents: Parent-teen effective communication
26. Educational Guide to Sexual Health and Prevention of AIDS and Sexually Transmitted Infections for VCT centres
27. Employment Policy
28. Executive plan for the year 2018-2019
29. Executive Summary: Impact Assessment of Female Head of Household Empowerment Programs in Iran
30. Executive Summary: Population Related Indicators of the Sustainable Development Goals (SDGs) and the Existing Data Gaps in Iran
31. Explaining the Pattern of Islam and Constraints and Facilitators of the Participation of Clerics and Religious Institutions in the Prevention and Control of High-risk Sexual Behaviours Related to AIDS / HIV in Iran
32. Family Policies of Supreme Leader
33. Final report: Improve maternal health for Afghan refugees in Iran by developing an Afghan-friendly maternity ward at a South Tehran hospital. UNFPA.
34. Final report: Improving Maternal Health for Afghan Refugee. UNFPA, MoHME, BAFIA. 6 Feb 2020.
35. Financing Maternal Health Services in the Islamic Republic of Iran: Costing Universal Access to a Comprehensive Package toward further Reduction in the Maternal Deaths in Iran. UNFPA 2018.
36. First Demographic Dividend: The effect of age structure changes on economic growth of Iran

37. Gender Analysis of Census 2019
38. General Population Decree of Supreme Leader
39. Ghorashi Z. Sexually transmitted infections in Iran: A literature review. JOHE 2015; 4 (4):260-5.
40. Government of Islamic Republic of Iran ICPD Review Report, 2018
41. HIV Spectrum 2019 Projections, MoHME
42. Handbook “How to Design and Conduct a Country Programme Evaluation at UNFPA”
(<http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>)
43. ICPD Programme of Action adopted at the ICPD Conference in Cairo, September 1994
44. Improving Maternal Health for Afghan Refugees in Iran. Assessing Maternal Health Needs of Afghan women in Mashhad. 2019
45. Inception Report- FHHs Empowerment Programs in Iran
46. INFORM Report 2019
47. Internal Migration and Urbanization in Iran With Emphasis on the Period of 2011-2016
48. Iran’s 6th Five-Year National Development Plan, 2017-2021
49. Kazeroni P, et al. Prevention of mother-to-child HIV transmission program in Iran. BMC Public Health 2021; 21(483)
50. Labour Force Survey - Summer 2020, Statistical Centre of Iran.
51. Macroeconomic Policy, Growth and Employment 2017
52. Male Participation in vulnerable Women’s Sexual and Reproductive Health- Iranian research center for HIV/AIDS (IRCHA), AIDS Department, UNFPA -Final report.
53. Manual for Teens: Effective Communication Between Parents and Adolescents
54. Maternal Health Investment Case and One Health Tool Training. Anderson Stanciole, UNFPA. 2018.
55. Maternal Mortality Surveillance Report 2018 - Maternal Health Bureau, MoHME
56. Messaging on the Demographic Dividend
57. Mission Report: On Programme on Men at Risk of HIV
58. MoHME, Maternal Health Bureau, Maternal Mortality Surveillance Report - 2018
59. National Action Plan for the Prevention and Control of NCDs and Related Risk Factors in the Islamic Republic of Iran, 2015-2025, Iranian National Committee for NCDs Prevention and Control, 22 July 2015.
60. National Statistical Development Strategy
61. National Transfer Accounts (NTA) in Iran: An Analysis of Economic Implications of Demographic Change 2017
62. New Health Policies (Leader)
63. NTA-One Pager Report
64. Operational Plan for the Prevention Campaign for Out of School Adolescents and Youth of the Centre for Communicable Diseases Control
65. Post-Disaster Needs Assessment (PDNA)-Gender and Social Inclusion
66. Post-Disaster Needs Assessment (PDNA) exercise document, 2019
67. Plan of Action for the Comprehensive Prevention Program for At Risk Adolescents for 2019-2020
68. Population and Health Indicators, 2016, Statistical Centre of Iran.
69. Population and Housing Census, 2016, Statistical Centre of Iran.
70. Preparedness and Response Plan of MoHME.
71. Population Clock – October 2020, Statistical Center of Iran.
72. Puberty in Girls: For use in Adolescent Well-Being Clubs (for girls)
73. Report of Desk Review. For the Prevention Campaign for Out of School Adolescents & Youth. Submitted by Andrea Irvin 2018.
74. Report of United Nations integrated action to support the efforts of the Government of Islamic Republic of Iran to manage and control the COVID-19 pandemic and mitigate its impacts on the most vulnerable communities.
75. Report of visits to the AWBCs; Andrea Irvin, international consultant, 2019.
76. Report on the Introduction to Comprehensive Prevention Workshop
77. Responding to emerging needs and enhancing the resilience of the most vulnerable, especially children, youth, and women in Iran. Joint Project Document.

78. Roadmap for Promoting Maternal Health in Six High-risk Provinces of the Islamic Republic of Iran
79. Seasonal Economic Report – Summer 2020, Statistical Centre of Iran.
80. Self-care Counselling Package for Women at Risk of HIV
81. Socio-economic Recovery Plan from COVID-19 (SERP) Document
82. Sexually Transmitted Diseases (STDs) For use in Adolescent Well-being Clubs (boys and girls)
83. Sexually Transmitted Diseases (STDs) Training Guide for use in participatory training sessions in Adolescent Wellbeing Clubs (for boys and girls)
84. Shirzad M, et al. Prevalence of and reasons for women's, family members', and health professionals' preferences for caesarean section in Iran: a mixed-methods systematic review. *Reprod Health* 2021;18(3).
85. Socio-Economic, Demographic Characteristics of Youth
86. Status Update: Maternal Health Investment Case and One Health Tool Training
87. Strategic Plan for the Prevention Campaign for Out of School Adolescents and Youth
88. Summary of Census Report 2016
89. Symptoms of Sexually Transmitted Diseases (STDs)
90. SWOP Report 2014
91. The Effect of Increasing Youth Economic Participation on Macroeconomic Indicators
92. Training Package for Consultants Providing Services in Men/Women Centres for those at Highest Risk of HIV
93. Training Guide: Parent-Teen Effective Communication For collaborative educational meetings for parents outside of youth clubs
94. Training Guide: Parent-Teen Effective Communication For collaborative educational meetings in youth clubs
95. United Nations Development Assistance Framework (UNDAF) for Iran, 2017-2021
96. UNDAF Results Matrix (2017 – 2021) for the Islamic Republic of Iran
97. UNFPA Annual Reports (2017-2019)
98. UNFPA Annual Planning 2020
99. UNFPA Country Programme Evaluation Terms of Reference
100. UNFPA Evaluation Webpage (<http://www.unfpa.org/evaluation>)
101. UNFPA Iran Country Programme Document, 2017-2021
102. UNFPA Policies and Procedures Manual, revision May 2018
103. UNFPA Revised RRF for CP Output DD and Ageing
104. UNFPA Revised RRF for CP Output SRH
105. UNFPA Strategic Plan, 2018-2021
106. UN Iran Country Results Report 2019
107. Welfare Policy 2017
108. Women HH and economic welfare in Iran in 2018
109. Zalvand R, Tajvar M, Pourreza A, Asheghi H. Determinants and causes of maternal mortality in Iran based on ICD-MM: a systematic review. *Reprod Health*. 2019;16(1):16.

Web Sources:

110. World Bank Report: <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=IR> (accessed by January 2021)
111. World Bank: <https://www.worldbank.org/en/country/iran/overview> (accessed by January 2021)
112. UNDP: <http://hdr.undp.org/en/countries/profiles/IRN> (accessed by January 2021)
113. UN Inter-agency Group for Child Mortality Estimation: [https://childmortality.org/data/Iran%20\(Islamic%20Republic%20of\)](https://childmortality.org/data/Iran%20(Islamic%20Republic%20of)) (accessed by January 2021)
114. World Bank Data: <https://data.worldbank.org/indicator/SH.STA.BRTC.ZS?locations=IR> (accessed by January 2021)
115. World Bank Data: <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=IR> (accessed by January 2021)

116. UN, Contraceptive use by method – 2019:
<http://digitallibrary.un.org/record/3849735/files/ContraceptiveUseByMethodDataBooklet2019.pdf>
(accessed by January 2021)
117. UNAIDS: <https://www.unaids.org/en/regionscountries/countries/islamicrepublicofiran> (accessed by January 2021)
118. SDG Dashboard: <https://dashboards.sdindex.org/profiles/IRN> (accessed by January 2021)
119. Ministry of Health and Medical Education, 28 May 2021; <https://webda.behdasht.gov.ir/>
120. <https://www.worldbank.org/en/country/iran/overview> (accessed by January 2021)
121. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519> (accessed by January 2021)
122. <http://hdr.undp.org/en/countries/profiles/IRN> (accessed by January 2021)
123. <http://hdr.undp.org/sites/default/files/hdr2020.pdf> (accessed by January 2021)
124. UNAIDS.
<https://www.unaids.org/en/regionscountries/countries/islamicrepublicofiran#:~:text=In%20the%20Islamic%20Republic%20of,of%20all%20ages%20was%200.05> (accessed by January 2021)
125. World Health Organization. The WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium: ICD MM.
<http://www.who.int/reproductivehealth/publications/monitoring/9789241548458/en> (Published 2012). (accessed by January 2021)
126. World Health Organization. The WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium: ICD MM.
http://apps.who.int/iris/bitstream/10665/70929/1/9789241548458_eng.pdf?ua=1(Published 2012). (accessed by January 2021)
127. https://iran.un.org/sites/default/files/2020-10/UN%20Iran%20Country%20Results%20Report%20for%202019%20-%20Lay%20out%20-%20v10%20final%20%2818%20Oct%202020%29_1.pdf (accessed by January 2021)
128. <https://devinit.org/publications/coronavirus-and-aid-data-what-latest-dac-data-tells-us/>
129. [https://read.oecd-ilibrary.org/view/?ref=134_134569-xn1goli113&title=The-impact-of-the-coronavirus-\(COVID-19\)-crisis-on-development-finance](https://read.oecd-ilibrary.org/view/?ref=134_134569-xn1goli113&title=The-impact-of-the-coronavirus-(COVID-19)-crisis-on-development-finance)
130. <https://www.oecd.org/newsroom/covid-19-crisis-threatens-sustainable-development-goals-financing.htm>
131. <https://www.oecd.org/dac/financing-sustainable-development/development-finance-data/ODA-2020-detailed-summary.pdf>
132. <https://www.unfpa.org/covid19#:~:text=UNFPA%20is%20appealing%20to%20donors,cost%20of%20US%24187.5%20million.>
133. <https://www.unfpa.org/press/statement-uk-government-funding-cuts>
134. <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=IR> (accessed May 29, 2021)
135. <https://amar.org.ir/> (Accessed May 29, 2021)
136. <https://data.worldbank.org/indicator/DT.ODA.ALLD.CD?locations=IR>
137. OECD-DAC: <http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm>
138. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519> (accessed Jan 2021)
139. https://www.unaids.org/en/resources/presscentre/featurestories/2021/january/20210127_iran-health-care-settings

ANNEX-4:
EVALUATION MATRIX

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
RELEVANCE			
Evaluation Question 1: To what extent UNFPA’s support in the field of sexual and reproductive health in Iran (including through South-South and Triangular Cooperation - SSTC), is (i) in line with the priorities set by relevant international and national policy and normative frameworks, including UNDAF, ICPD Programme of Action and UNFPA Strategic Plan; and (ii) adapted to the varied needs of the population such as those of women and young people, as well as the needs of vulnerable populations?			
Assumption 1: The various needs of the population such as those of women and young people, as well as the needs of vulnerable populations, were taken into account by UNFPA support including through SSTC.	<ul style="list-style-type: none"> ✓ Evidence for an accurate needs assessment, identifying the needs of vulnerable target population of SRH such as women and young people prior to the programming of the CPD and AWP ✓ The selection of target groups for UNFPA-supported interventions is consistent with identified needs in the CPD and AWP ✓ Extent to which the interventions planned within the AWP were targeted at the most vulnerable, marginalized and women and girls with disabilities and excluded population groups for SRH services in a prioritized manner ✓ Extent to which the interventions planned within the AWP were targeted at the most vulnerable women and girls with disabilities and marginalized population groups for SRH services in the COVID-19 context 	<ul style="list-style-type: none"> ✓ CPD ✓ AWP ✓ Iran’s 6th FYDP ✓ Needs assessments ✓ Surveys (including DHS) and census data ✓ Other relevant studies including those produced by the Government, academia, and the UN ✓ SSTC documents ✓ Key stakeholders reflected in Annex-2 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interviews with UNFPA CO staff ✓ Interviews with IPs ✓ Interviews/focus groups with final beneficiaries ✓ Interviews with NGOs, including organizations working in the UNFPA mandate area, but not partners of UNFPA
Assumption 2: The SRH programmes supported by UNFPA including through SSTC, are consistent with the priorities put forward in the international and national policy frameworks, including UNDAF, ICPD-PoA and	<ul style="list-style-type: none"> ✓ The objectives and strategies of the CPD and the AWP are in line with the goals and priorities set out in the UNDAF, ICPD-PoA goals and UNFPA strategic plan. ✓ Extent to which SSTC has been mainstreamed in the CP ✓ Extent to which a human-focused approach (with the integration of gender equality) has been used to develop the CP, including a specific focus on the needs of vulnerable and marginalized communities ✓ Extent to which specific attention has been paid to adolescents and 	<ul style="list-style-type: none"> ✓ CPD ✓ UNDAF ✓ AWP ✓ National policies and strategies ✓ UNFPA Strategic Plan ✓ SSTC documents ✓ Key stakeholders 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interviews with UNFPA CO staff ✓ Interview with government officials ✓ Interview with UNDAF Health Pillar Group chair ✓ Interview with APRO

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
UNFPA Strategic Plan.	youth, heterogeneously understood, in the components of the programme ✓ Extent to which the objectives and strategies of the CPD (both initial and revised) have been discussed and agreed upon with the national partners	reflected in Annex-2	consultants
Evaluation Question 2: To what extent has the country office been able to respond to changes in national needs and priorities , including those of older people, women and youth, as well as vulnerable populations, or to shifts caused by major policy changes? What was the quality of the response?			
Assumption 1: Changes in national priorities were duly reflected in UNFPA's SRH and PD programmes specifically with regard to the needs of older people, women and youth, as well as vulnerable populations.	<ul style="list-style-type: none"> ✓ Evidence for adjusting/adapting SRH and PD programmes based on the change of the national population policies in Iran. ✓ CO capacity to adjust the focus of the interventions and the AWP with changes in national priorities. ✓ Extent to which specific attention has been paid to vulnerable populations following change in national population policies such as older people, women and youth. 	<ul style="list-style-type: none"> ✓ CPD ✓ AWP ✓ UNDAF ✓ National policies and strategies, e.g. general health and population policies delivered by Iran's Supreme leader ✓ UNFPA Strategic Plan ✓ Iran's 6th FYDP ✓ Key stakeholders reflected in Annex-2 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interviews with UNFPA CO staff ✓ Interview with government officials ✓ Interview with UNDAF Health Pillar Group chair ✓ Interviews with academia, NGOs and development partners ✓ Interview with APRO consultants

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
<p>Assumption 2: Response to changes in national priorities and major policies, which would be associated with changes in the SRH and PD needs of the vulnerable populations including older people, women and youth, are adequately addressed.</p>	<ul style="list-style-type: none"> ✓ Evidence for appropriateness of UNFPA programmes for responding to changes in the SRH and PD needs of the vulnerable populations including older people, women and youth ✓ Existence of a high-quality comprehensive SRH and PD service to address needs of the vulnerable populations in spite of changes in national priorities ✓ Evidence of advocacy and policy advice around changes in national priorities targeted at addressing needs of vulnerable populations ✓ Evidence to assess whether responding to changes in national priorities and policies has put women's and girls' SRH at risk? ✓ Capacities of the related executing parties for programming SRH and PD needs of the vulnerable populations in relevant plans and programmes developed 	<ul style="list-style-type: none"> ✓ CPD ✓ AWP ✓ UNDAF ✓ National policies and strategies ✓ UNFPA Strategic Plan ✓ Iran's 6th FYDP ✓ Key stakeholders reflected in Annex-2 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interviews with UNFPA CO staff ✓ Interview with government officials ✓ Interview with UNDAF Health Pillar Group chair ✓ Interviews with academia, NGOs and development partners
<p>Evaluation Question 3: To what extent have partnerships been leveraged and maintained with the partner government specifically (e.g. ministries, agencies and other representatives) and with other stakeholders, that have allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of supported interventions, programmes and policies?</p>			
<p>Assumption 1: The UNFPA CO has established a strong partnership with GoI, other UN and international agencies, and NGOs, and is considered as a credible partner.</p>	<ul style="list-style-type: none"> ✓ Stakeholders' attitudes and opinions toward UNFPA activities and interventions ✓ Strength and sustainability of partnerships between UNFPA and other stakeholders ✓ Overall involvement of stakeholders with UNFPA activities and interventions ✓ Volume of resources mobilized from partners ✓ Evidence of national ownership of UNFPA interventions having been established 	<ul style="list-style-type: none"> ✓ Assessment of attitudes through interviews conducted ✓ Activity reports ✓ CO resource mobilization data 	<ul style="list-style-type: none"> ✓ Data and document Analysis ✓ Key informant Interviews with a cross-section of stakeholders including government partners, NGOs, development partners and UN entities.
<p>Assumption 2: UNFPA CO programmes and interventions are performing more effectively due to partnerships established and maintained.</p>	<ul style="list-style-type: none"> ✓ UNFPA CO attitudes toward benefits of partnership ✓ Evidence showing strengthened UNFPA activities and interventions due to partnerships 	<ul style="list-style-type: none"> ✓ AWP ✓ APR ✓ Assessment of attitudes through interviews conducted 	<ul style="list-style-type: none"> ✓ Document Analysis ✓ Key informant interview with a cross-section of stakeholders including government partners, NGOs, development partners and UN entities.

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
EFFECTIVENESS			
Evaluation Question 4: To what extent have interventions supported by UNFPA (including through SSTC) contributed to sustainably improved access to all elements of integrated sexual and reproductive health services for women and adolescents including vulnerable populations, and in particular increased access to quality HIV and STI prevention services for young people and at-risk population?			
<p>Assumption 1: The UNFPA CO has actively contributed to improved access to all elements of integrated SRH services for target population</p>	<ul style="list-style-type: none"> ✓ Evidence of UNFPA leadership/co-leadership of the programming comprehensive integrated SRH services at national/subnational levels ✓ Type and number of interventions to address different elements of SRH by different concerned parties ✓ Evidence of participation in promoting integrated SRH services in relevant offices of MoHME ✓ Evidence of exchanges of information between UNFPA and responsible governmental and NGOs related to promoting integrated SRH services ✓ Evidence of joint programming initiatives and joint implementation of programmes ✓ Evidence of achieving the goals of providing high quality integrated SRH services 	<ul style="list-style-type: none"> ✓ CPD ✓ AWP ✓ National policies and strategies ✓ UNFPA Strategic Plan ✓ SSTC documents ✓ Key stakeholders reflected in Annex-2 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interviews with UNFPA CO staff ✓ Interviews with IPs ✓ Interviews/FGDs with final beneficiaries ✓ Interviews with NGOs, including local organizations, working in the same mandate area as UNFPA ✓ Interview with academia, NGOs and development partners ✓ Interview with APRO consultants
<p>Assumption 2: The UNFPA CO has actively contributed to improved access to quality HIV and STI prevention services for young people and key population</p>	<ul style="list-style-type: none"> ✓ Evidence of UNFPA leadership/co-leadership of the programming of HIV and STI prevention services at national/subnational levels ✓ Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to HIV and STI prevention services for key populations ✓ Evidence of joint programming initiatives and joint implementation of programmes ✓ Evidence of achieving the goals of improved access to quality HIV and STI prevention services for young people and key population such as: increased HIV case finding, increased STI case finding, increased using condom by high risk adolescents, etc. 	<ul style="list-style-type: none"> ✓ CPD ✓ AWP ✓ National policies and strategies ✓ UNFPA Strategic Plan ✓ SSTC documents ✓ Key stakeholders reflected in Annex-2 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interviews with UNFPA CO staff ✓ Interviews with IPs ✓ Interview with staff of UNAIDS ✓ Interviews/focus groups with final beneficiaries ✓ Interviews with NGOs, including local

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
			organizations, working in UNFPA's mandate area ✓ Survey questionnaire
Assumption 3: The results of UNFPA supported initiatives in the field of improved access to all elements of integrated SRH services are likely to last beyond termination of the CP <i>(NOTE: Assessment of this assumption also contributes to EQ8S on Sustainability)</i>	<ul style="list-style-type: none"> ✓ More specifically, evidence that national funds have been allocated to continue UNFPA-supported projects related to integrated SRH services ✓ Evidence of political commitment on promoting comprehensive integrated SRH services in national ministries and relevant institutions ✓ Evidence of the existence of an exit strategy in the strategies relating to the integrated SRH component of the UNFPA country programme 	<ul style="list-style-type: none"> ✓ CPD ✓ AWP ✓ National policies and strategies ✓ UNFPA Strategic Plan ✓ National commission(s) on integrated SRH ✓ Relevant government ministries ✓ Key stakeholders reflected in Annex-2 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ National budget reviewed for financial sustainability ✓ Document review of guidelines and tools ✓ Interviews and FGDs ✓ Interviews with IPs
Assumption 4: The UNFPA CO has actively contributed to improved access to SRH services for vulnerable and marginalized target population for COVID-19 response	<ul style="list-style-type: none"> ✓ Evidence of UNFPA being an active contributor to country level coordination, planning, and monitoring interventions to provide SRH services for vulnerable and marginalized target population for COVID-19 response ✓ Evidence of UNFPA contribution to immediate response measures in response to GoI request related to COVID-19 to provide SRH services for vulnerable and marginalized target population ✓ Evidence of UNFPA contribution to the efforts to engage with donors and mobilize funds to support GoI to provide SRH services for vulnerable and marginalized target population for COVID-19 response. 	<ul style="list-style-type: none"> ✓ CPD ✓ AWP ✓ Relevant government entities and other key stakeholders ✓ CPRP/SERP documents 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interview with Relevant government entities and key stakeholders ✓ Interviews with select UN partner agencies ✓ Interview with UNFPA Rep ✓ Interviews with UNFPA CO staff engaged in UN COVID-19 response
Evaluation Question 5: To what extent has UNFPA support, including through SSTC, contributed to improved disaggregation in demographic and socio-economic data to ensure that evidence-based development and implementation of plans, programmes and policies including SRH policies and services, reflect the needs of a variety of stakeholders, including the elderly and those furthest behind?			

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
<p>Assumption 1: The national government utilizes disaggregated demographic and socio-economic data to develop and implement evidence-based plans, programmes and policies including SRH policies and services and PD policies which reflect the needs of a variety of stakeholders, including the elderly and those furthest behind.</p>	<ul style="list-style-type: none"> ✓ Number of national documents and policies which reflect the needs and issues of women, youth, elderly, and vulnerable populations ✓ Number of PD & SRH policies and programmes which reflect the needs and issues of women, youth, elderly, and vulnerable populations ✓ Number of PD and SRH related routine registration systems ✓ Number and frequency of PD and SRH related censuses and surveys ✓ Periodic and timely publication of raw and processed data ✓ Evidence of data utilization in planning ✓ Evidence of inclusion of the needs of vulnerable populations in national policy agenda ✓ Evidence of production & utilization of data by GoI 	<ul style="list-style-type: none"> ✓ Iran's 6th FYDP ✓ General Health, Population, and Family Policies ✓ MoHME and other related institutions' programme documents on SRH and PD programmes ✓ SCI, CRO, and MoHME routine and census/survey data collection programme documents and report ✓ SRH and PD programme reports 	<ul style="list-style-type: none"> ✓ Analysis of documents ✓ Survey of existing data ✓ Key Informant Interviews
<p>Assumption 2: UNFPA has activities, including through SSTC, to improve disaggregation of demographic and socio-economic data to ensure evidence-based development and implementation of plans, programmes and policies.</p>	<ul style="list-style-type: none"> ✓ Quality assessment and comparison of intended outputs/outcomes with achieved results ✓ Contribution of the UNFPA activity deliverables in CP achievements ✓ Number of UNFPA- supported data, documents, and policy reports/recommendations being used in government policies and programmes and their extent of use ✓ Number of UNFPA supported national documents/policies/laws enacted during last 4 years ✓ National policy/decision makers' opinion on SSTC activities ✓ Evidence of national capacity for SSTC activities ✓ Evidence on the role of SSTC activities in strengthening the national capacity to generate data and use in policy-making 	<ul style="list-style-type: none"> ✓ UNFPA Strategic Plan ✓ APRs ✓ AWP ✓ Financial reports ✓ SSTC documents 	<ul style="list-style-type: none"> ✓ Analysis of documents ✓ Key Informant interviews (including IPs and UNFPA programme staff)
<p>Evaluation question 6: To what extent has UNFPA successfully strengthened gender issues in the design and implementation of interventions under the programme?</p>			

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
<p>Assumption 1: UNFPA’s programmes include interventions targeted at women and girls, that are regularly monitored and effective measures are taken to address any gaps.</p>	<ul style="list-style-type: none"> ✓ Number of interventions targeting women and girls ✓ CO M&E plan in place with adequate provision for gender disaggregated data to be generated and monitored and used for programmatic decision-making ✓ Evidence of integrating women empowerment and LNOB principles in CP planning, implementation, and monitoring across all result areas. ✓ Evidence of consultation with diverse stakeholders at the planning stage or during the implementation if relevant, including representatives from the vulnerable target population groups 	<ul style="list-style-type: none"> ✓ CPD ✓ CO M&E Plan ✓ AWP’s of UNFPA interventions ✓ APR of UNFPA interventions ✓ UNDAF 	<ul style="list-style-type: none"> ✓ Documents review and analysis ✓ Interview with CO gender focal point, programme staff, M&E focal point ✓ Interviews with UNFPA-related project managers and project teams
<p>Assumption 2: Technical capacity of national institutions and local entities related to women’s empowerment is increased.</p>	<ul style="list-style-type: none"> ✓ Use of gender disaggregated and sex-differentiated data and analysis institutionalised (for purpose of mainstreaming gender gaps and issues) ✓ Evidence of women empowerment oriented programs and policies ✓ Evidence of increased capacity of national institutions in identifying and addressing the gender gaps and issues. 	<ul style="list-style-type: none"> ✓ UNFPA ✓ Relevant IPs 	<ul style="list-style-type: none"> ✓ Document review and analysis ✓ Interviews with UNFPA CO (assistant representative, gender focal point and/or team working on gender equality, M&E focal point) ✓ Interviews with IPs ✓ Interview with the Office of the VP of Women and Family Affairs
<p>Assumption 3: Policies, strategies and laws that are gender sensitive and responsive, are institutionalized</p>	<ul style="list-style-type: none"> ✓ Evidence of policies addressing social problems and poverty related to female heads of households, developed in consultation with diverse stakeholders, including community and local organizations working on advancing women’s empowerment across sectors ✓ National strategies, including in SRH area, supporting women’s empowerment are developed, endorsed and operationalized ✓ An adequate budget is allocated to enable the implementation of policies ✓ A number of new laws that integrate women’s empowerment are being discussed at concerned fora 	<ul style="list-style-type: none"> ✓ UNFPA staff working on gender issues ✓ Relevant NGOs (local/national) working to advance women empowerment ✓ Gender focal points in concerned ministries ✓ Recent laws, policies, strategies (including strategy for women’s entrepreneurship, bill on 	<ul style="list-style-type: none"> ✓ Document review and analysis ✓ Analysis of recent legislation ✓ Interviews with UNFPA CO gender focal point/team ✓ Interviews with concerned ministry focal points ✓ Interviews with NGOs (local, national) working to

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
		prevention of violence against women, dashboard on women and family)	advance gender equality and women's rights (IPs and non-IPs) ✓ UNFPA-related project managers and project teams
Evaluation Question 7: To what extent has UNFPA contributed to improved emergency preparedness and response in Iran, including through SSTC, in the area of SRH (including maternal health and protection of women and girls), and in the area of PD (including support to the elderly and in generating data for humanitarian work)?			
Assumption 1: UNFPA is seen as a reliable partner in responding to emergency situations in a timely and effective manner, with special attention to addressing the needs of the most vulnerable.	<ul style="list-style-type: none"> ✓ Evidence of timely and effective support provision in Kermanshah Earthquake and 2019 floods, including timely allocation of emergency funds ✓ Evidence of timely and effective repositioning of programme activities to support COVID-19 emergency and repurposing of funds ✓ Evidence of timely provision of emergency reproductive health supplies and equipment, addressing the needs of the most vulnerable populations ✓ Evidence of timely and effective involvement of UNFPA aid for the elderly and for female-headed households' needs in emergency contexts ✓ Evidence of ability to raise resources in emergency contexts ✓ Evidence of active participation in UNCT coordination mechanisms for emergency/humanitarian response, including its role in generating data for humanitarian work ✓ Evidence of SSTC interventions that strengthened national capacity for emergency response. 	<ul style="list-style-type: none"> ✓ UNFPA concerned CO staff ✓ CO M&E Plan ✓ AWP of UNFPA interventions ✓ APRs of UNFPA interventions ✓ UNCT documents of coordinated responses ✓ UN Iran COVID-19 Country Preparedness and Response Plan ✓ Feedback from key donors ✓ SSTC documents 	<ul style="list-style-type: none"> ✓ Documents review and analysis ✓ Interviews with UNFPA staff including staff engaged with the UN Task Force on humanitarian data ✓ Interviews with concerned IPs and other partners ✓ Interviews with beneficiaries ✓ Interviews with key donors
Assumption 2: UNFPA support is addressing key priorities of national entities with regard to preparedness and response to SRH and PD	<ul style="list-style-type: none"> ✓ Evidence of UNFPA involvement in developing national emergency preparedness plans in areas pertinent to UNFPA's mandate ✓ Evidence of support provided to national entities in developing and maintaining new and/or existing tools for humanitarian work 	<ul style="list-style-type: none"> ✓ AWP ✓ APR ✓ UNFPA CO staff ✓ National emergency preparedness plans 	<ul style="list-style-type: none"> ✓ Document review and analysis ✓ Key informant interviews

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
needs in emergency contexts	<ul style="list-style-type: none"> ✓ Evidence of the leading role played by UNFPA in delivery of SRH services in emergency situations, during all phases of the emergency ✓ Evidence of the leading role played by UNFPA in supporting preparedness through training and building capacity on SRH in emergency situations ✓ Presence of emergency preparedness plans that include provision of the Minimum Initial Service Package for reproductive health in disasters and emergencies. ✓ Evidence of national emergency plans by which women, adolescents, elderly, and other vulnerable populations are addressed by way of UNFPA endorsement. ✓ Evidence of the leading role played by UNFPA in providing emergency services for all vulnerable target groups who need reproductive health care in a crisis situation including pregnant women, adolescents and other at-risk populations. 		
SUSTAINABILITY			
Evaluation Question 8: To what extent has UNFPA been able to support implementing partners and beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?			
Assumption 1: UNFPA has established programmes and activities (both SRH and PD) with partners that are sustainable and resilient and the flow of benefits will continue once they are ended.	<ul style="list-style-type: none"> ✓ Aside from UNFPA involvement, are the IPs nationally responsible for similar policies, programmes, and activities? ✓ Evidence that national funds have been allocated to continue UNFPA-supported projects ✓ Evidence of the existence of an exit strategy in UNFPA interventions that builds-in effective handover measures ✓ Partners' attitudes towards programme outputs and outcomes ✓ Evidence of strengthening national capacities and policies for sustainability of UNFPA programmes 	<ul style="list-style-type: none"> ✓ Review IP programmes ✓ Interviews with IPs ✓ UNFPA project/intervention documents ✓ Assessment of attitudes through interviews conducted 	<ul style="list-style-type: none"> ✓ Document Analysis ✓ Key Informant Interviews
Assumption 2: The overall benefits of UNFPA activities	<ul style="list-style-type: none"> ✓ Number of programme benefits as thought by UNFPA CO and national implementing partners 	<ul style="list-style-type: none"> ✓ Interviews with UNFPA CO staff 	<ul style="list-style-type: none"> ✓ Document Analysis ✓ Key Informant Interviews

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
are greater than their risks that could affect their continuation.	<ul style="list-style-type: none"> ✓ Number of risks that may halt programme continuation thought by UNFPA CO and national implementing partners ✓ Evidence and quality of mitigation measures in place to manage the risks 	<ul style="list-style-type: none"> ✓ Interviews with implementing partners 	
EFFICIENCY			
Evaluation Question 9: To what extent has UNFPA made use of its human, financial, administrative and technical resources as planned, and used an appropriate combination of tools and approaches to pursue the achievement of the intended outcomes defined in the country programme?			
Assumption 1: Beneficiaries of UNFPA support received planned resources to the level foreseen and in a timely manner.	<ul style="list-style-type: none"> ✓ Evidence that the planned resources were received to the foreseen level in AWP ✓ Evidence that resources were received in a timely manner ✓ Evidence of the extent to which the CO took advantage of existing opportunities for synergies ✓ Evidence of coordination and complementarity among programme components of UNFPA ✓ Evidence of progress towards delivery of multi-year predictable core funding delivered to implementing partners 	<ul style="list-style-type: none"> ✓ UNFPA financial data ✓ Minutes of internal UNFPA meetings where programme component complementarities were discussed and coordinated ✓ Partners (IPs and beneficiaries) ✓ Communication with other UN Agencies with whom synergy was established ✓ Feedback from partner donors 	<ul style="list-style-type: none"> ✓ Review of financial documents at UNFPA and interviews with CO admin and finance staff ✓ Review of monitoring reports ✓ Interviews with IPs ✓ Interviews with UNFPA CO staff ✓ Beneficiaries of funding ✓ Interviews with concerned partner UN agency(ies) as applicable ✓ Interviews with donors
Assumption 2: The resources provided by UNFPA have had a leveraging effect	<ul style="list-style-type: none"> ✓ Evidence that the resources provided by UNFPA triggered the provision of additional resources from the Government ✓ Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners including donors or INGOs ✓ Evidence of coherence among government ministries and UNFPA mandate areas 	<ul style="list-style-type: none"> ✓ UNFPA CO staff (finance and admin) ✓ Partners (IPs and direct beneficiaries) ✓ Annual reports from partner ministries, IPs, monitoring reports 	<ul style="list-style-type: none"> ✓ Review of financial documents at UNFPA and interviews with CO admin and finance staff ✓ Interview with key donors ✓ Interviews with IPs ✓ Interviews with beneficiaries of funding

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
<p>Assumption 3: Administrative and financial procedures as well as the mix of implementation modalities allow for a smooth execution of the country programme.</p>	<ul style="list-style-type: none"> ✓ Appropriateness of UNFPA financing instruments, administrative regulatory framework (staff, timing and procedures) for the implementation of the programme ✓ Evidence of transparent IP selection process ✓ Evidence of the coordination and complementary features of the implementation of the CP 	<ul style="list-style-type: none"> ✓ UNFPA (finance and admin staff) ✓ Partners (IPs and direct beneficiaries) ✓ Annual reports from partner ministries, and IPs, monitoring reports 	<ul style="list-style-type: none"> ✓ Review of financial documents at UNFPA and interviews with CO admin and finance staff ✓ Interviews with diverse group of IPs ✓ FGDs with beneficiaries
COORDINATION			
Evaluation Question 10: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms ? To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country.			
<p>Assumption 1: The UNFPA CO has actively contributed to UNCT working groups and joint initiatives</p>	<ul style="list-style-type: none"> ✓ Evidence of UNFPA staff's regular/ongoing active participation in existing coordination mechanisms of the UNCT, and contributions made ✓ Evidence of UNFPA's active participation in UN working groups, and the leading role it plays in the working groups and/or joint initiatives corresponding to its mandate areas ✓ Evidence of UNFPA's participation in humanitarian coordination structures ✓ Evidence of UNFPA staff's participation in UNDAF development ✓ Evidence of planning joint programming initiatives ✓ Evidence of joint implementation of programmes 	<ul style="list-style-type: none"> ✓ Minutes of UNCT meetings ✓ Minutes of UN working group meetings ✓ Programming documents of UNCT joint initiatives including those for COVID-19 response ✓ M&E reports of joint programmes/projects ✓ Minutes of meetings related to humanitarian spaces for coordination ✓ UN RCO (Resident Coordinator's Office) 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interview with UNFPA Rep ✓ Interview with UNRC ✓ Interview with UNFPA CO staff engaged in UN working groups and coordination structures/mechanisms, including humanitarian ✓ Interviews with other UN agencies UNFPA has partnered with ✓ Interviews with UN RCO staff
<p>Assumption 2: The UNDAF is fully reflective of UNFPA's priorities and</p>	<ul style="list-style-type: none"> ✓ Evidence of UNFPA's mandated areas being reflected in the UNDAF ✓ Evidence of UNFPA's participation in UNDAF Pillar groups in the development of Joint Work Plans under the UNDAF Pillars 	<ul style="list-style-type: none"> ✓ UNDAF ✓ Minutes of UNDAF Pillar group meetings 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interview with UNFPA Rep

Assumptions to be Assessed	Indicators	Sources of information	Methods and tools for data collection
mandate in Iran	<ul style="list-style-type: none"> ✓ Evidence of UNFPA’s mandated areas being covered in initiatives emerging from the Technical Assistance Package (TAP) supporting the implementation of the UNDAF and the Socio-Economic Recovery Plan for COVID-19 (SERP). 	<ul style="list-style-type: none"> ✓ The TAP document ✓ ICPD priorities ✓ UNFPA Strategic Plan ✓ SERP 	<ul style="list-style-type: none"> ✓ Interviews with UNDAF Chairs for Health and Resilient Economy Pillars ✓ Interview with TAP focal point and Results Reporting Officer in UN RCO
<p>Assumption 3: UNFPA has been an active UNCT member in providing coordinated UN support to COVID-19 response.</p>	<ul style="list-style-type: none"> ✓ Evidence of UNFPA being an active contributor to UNCT coordination mechanisms for COVID-19 response ✓ Evidence of UNFPA contribution to immediate response measures such as the COVID-19 Country Preparedness and Response Plan (CPRP) ✓ Evidence of UNFPA contribution to the UN Iran Socio-Economic Recovery Plan for COVID-19 (SERP). 	<ul style="list-style-type: none"> ✓ UN Resident Coordinator’s views ✓ Minutes of UNCT meetings ✓ CPRP document ✓ SERP document 	<ul style="list-style-type: none"> ✓ Documentary analysis ✓ Interview with UNRC ✓ Interviews with UN RCO staff ✓ Interviews with select UN partner agencies ✓ Interview with UNFPA Rep ✓ Interviews with UNFPA CO staff engaged in UN COVID-19 response

ANNEX - 5:
METHODOLOGICAL TOOLS

1) INTERVIEW GUIDE

General Introduction and Closing
1. Human connection
<ul style="list-style-type: none">- Spend a few minutes to understand how the interviewee is today. Is the interview convenient or problematic in any way? Is s/he really busy and we should make the interview shorter than agreed?- Explain briefly something about yourself, where do you come from, other interviews you are doing that also frame this present interview, etc.- Thank the interviewee for the time dedicated to this interview.
2. Inform the interviewee of the objective and context of the interview
<ul style="list-style-type: none">- Purpose of the evaluation - Clarify briefly the purpose of the evaluation.- Confirm the time available for the interview.- Stress the confidentiality of the sources or the information collected.- Explain what the objective of the interview (context) is. This not only shows respect, but is also useful for the evaluator, as it helps the interviewee to answer in a more relevant manner.
3. Opening general questions: refining our understanding of the interviewee's role
<ul style="list-style-type: none">- Before addressing the objectives of the interview, the evaluator needs to ensure that s/he understands the role of the interviewee vis-à-vis the organization, the programme, etc., so as to adjust the questions in the most effective way.
5. Ending the interview
<ul style="list-style-type: none">- If some aspect of the interview was unclear, confirm with interviewee before finishing. Confirm that nothing that the interviewee may consider important has been missed: "Have I missed any important point?"- Finish the interview, confirming any follow-up considerations - e.g., if documents need to be sent and by when, if the evaluator needs to provide any feedback, etc.- Mention when the report will be issued and who will receive it- If relevant, ask the interviewee for suggestions/facilitation about other key persons (referred to during the meeting) that could also be interviewed.- Thank the interviewee again for the time dedicated to this interview.

2) TEMPLATE FOR INTERVIEW LOGBOOK

INTERVIEW DATA:

Name (s) of the interviewee(s):	Position:	Institution/organization:
Interview date:	Output/AWP/Atlas project:	Stakeholder type:
Interviewer:	Area of analysis:	Interview code:

INTERVIEW CONTENT:

Background & key issues

Contents

Main conclusions

Next steps

3) TEMPLATE FOR NOTES OF THE RESULTS OF THE FOCUS GROUP DISCUSSIONS

- 1. Objective of the focus group**
- 2. Methodology**
- 3. List of participants (name, institution)**
- 4. Report on the topics discussed**

Topic discussed (<i>formulated as a question</i>)
Summary of the discussion

Topic discussed (<i>formulated as a question</i>)
Summary of the discussion

Topic discussed (<i>formulated as a question</i>)
Summary of the discussion

4) SELECTION OF SAMPLE OF STAKEHOLDERS AND SAMPLING FRAMEWORK

The ET reviewed the list of UNFPA interventions and undertook a filtering exercise to ensure effective targeting in the selection of the sample of key stakeholders to be interviewed, while ensuring that a purposive sample of stakeholders has been selected. While adopting an inclusive approach, a broad range of partners and stakeholders were considered, focusing on major categories of stakeholders distributed across CP6 programme themes, covering all 3 outputs of the CP.

The following considerations were kept in perspective while selecting the mix of stakeholders (*with reference to the 11 categories of stakeholder selection criteria listed in UNFPA's Evaluation Handbook*):

- Stakeholders involved in seemingly well-performing and poorly performing interventions (*criteria 1*)
- All types of stakeholders for each output/outcome - i.e., IPs, other partners, direct and indirect beneficiaries, and donors (*criteria 2*).
- For each output/outcome, stakeholders associated to ongoing activities as well as with completed AWP (*criteria 3*).
- Stakeholders related to parts of the programme implemented in Tehran as well as in other regions/provinces (*criteria 4*).
- Stakeholders associated with financially large and financially modest AWP (*criteria 5*).
- Stakeholders associated with pilot interventions (*criteria 6*).
- Stakeholders associated with any soft-aid activities carried out by the CO that may not be included in AWP (*criteria 8*).
- Stakeholders that have been involved with Inter-Agency projects (*criteria 11*).

Stakeholders under criteria 9 were not included, as there are no regional projects operational. Since all projects are under NEX arrangement, criteria 7 was not specifically referenced as all stakeholders fall under that criteria. ***Annex D - Stakeholders Map includes a table reflecting the selection criteria category applied against each stakeholder /interviewee selected for consultation.***

A sampling framework was developed, based on the stakeholder analysis and is indicative and flexible, depending on the situation on the ground during the field phase. The ET in liaison with the UNFPA CO, finalized the interview agenda based on this sampling framework, and the near-final list of interviewees as prepared jointly by the ET and the CO.

(Dated: Jan 2021; developed prior to the start of the field phase)

S.No.	Stakeholder Group/Sample	Interviewees	No.	Method
1.	UNFPA Country Office Representatives and Staff	Country Representative, Assistant Rep, Programme area leads, M&E Officer, Ops Manager	10	Key informant semi-structured individual and group Interviews
2.	UNFPA Regional Office Representatives and Staff	Desk Officer for Iran, and focal points for all thematic areas of UNFPA Iran engagement	12	Key informant semi-structured individual and group Interviews plus email questionnaires
3.	Government coordinating entity	Ministry of Foreign Affairs	1	Key informant semi-structured individual Interview
4.	Implementing Partner Representatives	Appropriate staff from each IP - MoHME, MoLCSW, SWO, SCI, UT, IUMS, SNCE (based on the stakeholder mapping and recommended by the CO as per their level of engagement with the CP)	26	Key informant semi-structured individual and group Interviews plus email questionnaires
5.	Other national/provincial government entities	NDMO, SWO in Esfahan, VP Women and Family Affairs, Budget and Planning Organization	4	Key informant semi-structured individual Interviews plus email questionnaires

S.No.	Stakeholder Group/Sample	Interviewees	No.	Method
6.	Representatives of Academia and NGOs	Helpage International (working on elderly and aging issues), IRSHA (working on SRH), Akbarabadi Hospital (Afghan-friendly hospital supporting Afghan refugees)	4	Key informant semi- structured individual Interviews plus email questionnaires
7.	Beneficiaries of UNFPA support (direct + indirect)	FGD with AWBCs in Tehran and Kermanshah – direct beneficiaries FGD with WFS direct beneficiaries in provinces of Golestan and Lorestan, and district Gomehsan plus Vahdat and Khaneh Omid NGOs FGD with indirect beneficiaries of flood response Group Interview with VTCs – direct beneficiaries Group Interview with Women Centres – direct beneficiaries	20	Focus Group Discussions and Structured Group Interviews
8.	Entities that are not partners of UNFPA but functioning in the same space as UNFPA	Relief International, Health Expert, SRH consultant, UNHCR as GBV sub-group member under HCT Protection sector	86	Key informant semi-structured individual Interview, Group Interview and email questionnaire
9.	Donors	Embassy of Norway, Netherlands Embassy, Embassy of Italy, Embassy of Australia, as well as covering EU/ DEVCO and ECHO support through partner UN convening entities	4	Key informant email questionnaires
10.	UN Agency partners	Resident Coordinator's Office (RCO), UNICEF, UNDP, WHO, UNAIDS, UNHCR	11	Key informant semi-structured individual Interviews
TOTAL: 98 stakeholders (of which 55 percent are female) to be covered through KI Individual and Group Interviews, FGDs, Email Questionnaires				

NOTE: Stakeholders that were included in the original list and were contacted, but did not make themselves available for the interviews include:

(*) VP Women and Family Affairs, NDMO, PBO

(**) Vahdat NGO, Khaneh Omid NGO, University of Esfahan

(***) FGD with WFS direct beneficiaries

(****) Embassy of Australia

5. TRACKING SHEET FOR CONSULTATION WITH STAKEHOLDER CATEGORIES

(as per actual 75 stakeholders interviewed)

No.	Stakeholder Category	Stakeholder Nos.	Comments
1	UNFPA CO	10	6 individual interviews; 2 group interviews
2	APRO	12	6 individual interviews; 1 group interview with stakeholders #67, #68; 1 group interview with stakeholders #69, #70; 2 email questionnaires
3	Govt. Coordinating Agency	1	1 Interview
4	Implementing Partners	15 [^]	14 individual interviews; 1 email questionnaire
5	Other partner Govt entities	1	1 email questionnaire
6	Academia and NGOs	3 ⁺⁺	2 individual interviews and 1 email questionnaires
7	Beneficiaries – direct/indirect	14 ⁺⁺	FGD#1 with stakeholders #5, #6, #7, #8, #9, #93, #94; 1 group interview with stakeholders #10, #11; 1 group interview with stakeholders #12, #13; 1 group interview with stakeholders #71, #72, #73
8	Entities that are not partners of UNFPA but functioning in the same space as UNFPA	7 ⁺⁺⁺	4 individual interviews; 1 group interview with stakeholders #79, #95; 1 email questionnaire
9	Donors	3	3 email questionnaires
10	UN entities	9	9 individual interviews
	TOTAL	75	42 Individual interviews, 8 group interviews, 1 FGD, 9 email questionnaires

Updated: April 2021

NOTE:

- [^]One interviewee from Academia (#41) is part of a group interview with an IP (IUMS) but is not counted as an IP
- ⁺⁺2 interviewees from NGOs (#36, #37) are part of FGD#2 with beneficiaries and are counted as beneficiaries; #41 is part of a group interview with other IP (IUMS) stakeholders
- ⁺⁺⁺Though UNHCR is a UN entity, it is included in the legend above in the category of entities operating in the same space as UNFPA, as they are active members of the WG PSS functioning under the Protection Sector of the UNCT Humanitarian coordination mechanism

6) INTERVIEW OBJECTIVES AND QUESTIONNAIRE GUIDE PER STAKEHOLDER CATEGORY

SEQUENCING OF EVERY INTERVIEW:

- ✓ Introduce yourself.
- ✓ Inform the interviewee of the purpose of the evaluation: that this is the Country Programme Evaluation for UNFPA wherein all key stakeholders are being interviewed in their capacity as key informants.
- ✓ Explain to them the objectives of the interview, as reflected in the table below for each stakeholder category – this will facilitate their better understanding of the context.
- ✓ Ensure that the objective is well-understood by the interviewee, so that they can answer in a more relevant manner.
- ✓ Explain how the information provided by the interviewees will be used, and reassure them of the confidentiality of sources attached to this exercise, and take their informed consent for the interview.
- ✓ During the core interview, transform the objectives in the interview guide into questions.
- ✓ The interview should feel like a conversation; the evaluator should react to responses with follow-up questions, requests for clarification, invite more explanations, etc.
- ✓ If some aspect of the interview was unclear, recheck it with the interviewee before finishing.
- ✓ While finishing the interview, confirm any follow-up considerations (e.g. if any documents need to be sent, etc), and if relevant, ask the interviewee for suggestions about other key persons they may have mentioned during the interview, who could also be interviewed.

INTERVIEW OBJECTIVES
<p>1. UNFPA CO Representative and Staff - Interview Objectives:</p> <ul style="list-style-type: none"> ❖ To understand how UNFPA perceives itself as an entity and a partner ❖ To understand how UNFPA coordinates with counterparts ❖ To identify areas that are considered by UNFPA as ones where it brings in its comparative advantage and has recorded success ❖ For the ET to understand the challenges UNFPA faces in achieving its set objectives and some lessons learnt ❖ To check the effectiveness of UNFPA's SRH and PD interventions ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability ❖ To check if UNFPA Iran activities mainstream gender issues ❖ To assess as to what extent UNFPA took advantage of synergies with other UN entities. ❖ To understand how the NEX arrangement works in practice and if there are other ways in which better value for money can be gained. ❖ To assess if UNFPA has been an effective player in emergency preparedness and response. ❖ How understand how UNFPA sees its programme evolving in its next cycle - are there any areas that would be considered important to focus on that were not adequately covered in the current cycle, and if there is an opportunity to expand the programme, what areas would be considered as key candidates.
<p>2. UNFPA APRO (Asia-Pacific Regional Office) - Interview Objectives:</p> <ul style="list-style-type: none"> ❖ To understand how APRO views the CO's performance vis-à-vis other same size programmes in similar contexts ❖ Getting their views on which areas they see the CO leading in and what they consider to be success stories in UNFPA Iran's SRH and PD interventions, including in the communications field. ❖ Their understanding of the challenges the CO is facing ❖ To check if in their view, UNFPA Iran activities mainstream gender issues ❖ To assess if there are any areas in which APRO considers that UNFPA Iran could have done better. ❖ How understand how APRO sees UNFPA Iran programme evolving in its next cycle - are there any areas that would be considered important to focus on that were not adequately covered in the current cycle, and if there is an opportunity to expand the programme, what areas would be considered as key candidates.
<p>3. Government Coordinating Agency/UNFPA's Key Counterpart - Interview Objectives:</p> <ul style="list-style-type: none"> ❖ To assess if they consider UNFPA as a strategic and credible partner

INTERVIEW OBJECTIVES
<ul style="list-style-type: none"> ❖ To assess if the Government perceives UNFPA's activities to be in line with the UNFPA Iran Country Programme, and in line with national priorities ❖ To assess the Government's view with regard to UNFPA's SSTC activities ❖ To seek their perspectives on how they see the UNFPA programme evolve in the future.
<p>4. Implementing Partner Representatives - Interview Objectives:</p> <ul style="list-style-type: none"> ❖ To assess if they consider UNFPA as a strategic and credible partner ❖ To check the effectiveness of UNFPA's SRH and PD interventions ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability ❖ To check if UNFPA Iran activities mainstream gender issues ❖ To assess if in the view of the IPs, does UNFPA make efficient use of its resources ❖ To understand if there have been any challenges or difficulties, and ask for suggestions on how these can be addressed.
<p>5. Other National/Provincial Government entities - Interview Objectives:</p> <ul style="list-style-type: none"> ❖ To assess if they consider UNFPA as a strategic and credible partner ❖ To check the effectiveness of UNFPA's SRH and PD interventions ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability ❖ To check if UNFPA Iran activities mainstream gender issues ❖ To understand if there have been any challenges or difficulties, and ask for suggestions on how these can be addressed.
<p>6. Representatives of Academia and NGOs - Interview Objectives:</p> <ul style="list-style-type: none"> ❖ To assess how they consider UNFPA as a credible partner ❖ To check the effectiveness of UNFPA's SRH and PD interventions ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability ❖ To check if UNFPA activities mainstream gender issues ❖ To understand if there have been any challenges or difficulties, and ask for suggestions on how these can be addressed.
<p>7. Beneficiaries of any service or support provided by UNFPA - Interview/FGD Objectives:</p> <ul style="list-style-type: none"> ❖ To assess how they see UNFPA as a credible partner ❖ To assess how they consider this service to be important to them, and if they have access to that service and to what extent ❖ To find out whether capacity-building activities were relevant ❖ To find out if trainees are using the knowledge transferred to them through a training programme ❖ To assess how has the service affected their lives and the community as a whole ❖ To check the sustainability aspects, i.e. are benefits sustainable? Or is there a need for follow-through activities?
<p>8. Entities that are not partners of UNFPA but functioning in the same space as UNFPA - Interview Objectives:</p> <ul style="list-style-type: none"> ❖ To understand their perspectives on UNFPA's expertise in its area of work ❖ To assess if in their view, UNFPA's work is relevant and effective, and if they consider UNFPA as their competitor or a complementary entity.
<p>9. Donors - Main Objectives:</p> <ul style="list-style-type: none"> ❖ To assess if they see UNFPA as a credible partner. ❖ To check if in their view, UNFPA's SRH and PD interventions are relevant and effective. ❖ To check if they consider that UNFPA Iran activities mainstream gender issues. ❖ To get their views on whether they would continue partnering with UNFPA for future interventions?
<p>10. UN Agency partners - Interview Objectives:</p> <ul style="list-style-type: none"> ❖ To assess how they perceive UNFPA as a credible member of the UNCT ❖ Do they consider UNFPA as an entity that is collaborative in their work with partner UN entities, and what added value does it bring? ❖ To assess the role UNFPA plays in UNCT coordination structures. ❖ To check if in their view, UNFPA's SRH and PD interventions are relevant and effective. ❖ To weigh the benefits and risks of UNFPA activities in terms of their sustainability. ❖ To check if they consider that UNFPA Iran activities mainstream gender issues.

7) **DATA ANALYSIS SOFTWARE**

The Evaluation Team made use of MAXQDA software for analysis of evaluation findings. MAXQDA is a software programme designed for computer-assisted qualitative and mixed methods data, text and multimedia analysis.

The main data format including documents, interviews and FGD transcripts were in *text* form. The MAXQDA software was used to organize, manage, and analyze the data. The software helped the ET in its research by coding the data and organizing the codes in themes in order to be used in the preparation of the final report. The utilization of the software helped the ET to work interactively with the data gathered.

Annex-A:
Adjustments to the Evaluation Questions as posed in the Terms of Reference

Final Evaluation Questions	Changes from ToR
RELEVANCE	
EQ1R: To what extent UNFPA’s support in the field of sexual and reproductive health in Iran, (including through South-South and Triangular Cooperation - SSTC), is (i) in line with the priorities set by relevant international and national policy and normative frameworks, including UNDAF , ICPD Programme of Action and UNFPA Strategic Plan; and (ii) adapted to the varied needs of the population such as those of women and young people, as well as the needs of vulnerable populations?	Added ‘sexual and’; Added “UNDAF”
EQ2R: To what extent has the country office been able to respond to changes in national needs and priorities , including those of older people, women and youth , as well as vulnerable populations, or to shifts caused by major policy changes? What was the quality of the response?	Added ‘older people, women and youth’; Replaced ‘political’ with ‘policy’
EQ3R: To what extent have partnerships been leveraged and maintained with the partner government specifically (e.g. ministries, agencies and other representatives) and with other stakeholders, that have allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of supported interventions, programmes and policies?	Added ‘and with other stakeholders’
EFFECTIVENESS	
EQ4E: To what extent have interventions supported by UNFPA (including through SSTC) contributed to sustainably improved access to all elements of integrated sexual and reproductive health services for women and adolescents including vulnerable populations, and in particular increased access to quality HIV and STI prevention services for young people and at-risk population?	Added ‘all elements of integrated sexual and’; Added “women and adolescents”; Replaced ‘key’ population with ‘at-risk’ population
EQ5E: To what extent has UNFPA support, including through SSTC, contributed to improved disaggregation in demographic and socio-economic data to ensure that evidence-based development and implementation of plans, programmes and policies including SRH policies and services, reflect the needs of a variety of stakeholders, including the elderly and those furthest behind?	Added ‘the elderly’
EQ6E: To what extent has UNFPA successfully strengthened gender issues in the design and implementation of interventions under the country programme?	Changed ‘mainstreamed’ to ‘strengthened’; Added ‘design and’
EQ7E: To what extent has UNFPA contributed to improved emergency preparedness and response in Iran, including through SSTC, in the area of SRH (including maternal health and protection of women and girls), and in the area of P&D (including support to the elderly and in generating data for humanitarian work)?	Added ‘and response’; Added the additional part on P&D as highlighted.
SUSTAINABILITY	
EQ8S: To what extent has UNFPA been able to support implementing partners and beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?	NO CHANGE
EFFICIENCY	
EQ9OE: To what extent has UNFPA made use of its human, financial, administrative and technical resources as planned , and used an appropriate combination of tools and approaches to pursue the achievement of the intended outcomes defined in the country programme?	Added ‘and technical resources as planned’
COORDINATION	
EQ10C: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms ? To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?	NO CHANGE

Annex-B
CO Resource Mobilization per year 2017-2020

S.No	Year	Donor	Programme Component/ CP Output	Intervention	Funding Amount (in USD equiv)
1.	2017	Italy	SRH (*)	Maternal Health of Afghan Refugees	524,250
Total Resources mobilized in 2017: USD 524,250					
2.	2018	Italy	SRH (*)	Maternal Health of Afghan Refugees	230,710
3.		UBRAF	SRH/Output 1	HIVAIDS/Maternal Health (**)	54,944
4.		Australia (***)	SRH/Output 1	HIVAIDS/Maternal Health (**)	22,574
Total Resources mobilized in 2018: USD 308,228					
5.	2019	Italy	SRH (*)	Maternal Health of Afghan Refugees	46,118
6.		UBRAF	SRH/Output 1	HIVAIDS/Maternal Health (**)	6,500
7.		Australia (***)	SRH/Output 1	HIVAIDS/Maternal Health (**)	20,924
8.		CERF	SRH/Output 1	HIVAIDS/Maternal Health (**)	177,584
19.		Norway	SRH/Output 1	HIVAIDS/Maternal Health (**)	42,000
10.		Netherlands	SRH/Output 1	HIVAIDS/Maternal Health (**)	57,694
Total Resources mobilized in 2019: USD 350,820					
11.	2020	UBRAF (HQ)	SRH/Output 1	HIVAIDS/Maternal Health	82,618
12.		Norway	SRH/Output 1	HIVAIDS/Maternal Health	113,381
13.		Netherlands	SRH/Output 1	HIVAIDS/Maternal Health	162,011
14.		ECHO (****)	SRH/Output 1	Maternal Health	525,421
15.		ECHO (****)	PD/Output 2	Demographic Dividend (Employment)	481,389
16.		ECHO (****)	PD/Output 3	Ageing	245,250
17.		EU	PD/Output 2	Female Heads of Households	41,249
18.		EU	PD/Output 2	Demographic Dividend (Employment)	17,120
19.		GHRP	SRH/Output 1	Women and Girls	113,630
Total Resources mobilized in 2020: USD 1,782,069					
TOTAL					2,965,367
Mobilized, but not yet allocated (*****)					1,360,428
GRAND TOTAL					4,325,795

Source: Country Office data (financial data as of February 2021)

NOTES:

(*) : The intervention is funded by Italy, targets Afghan population and is not covered by Regular Resources. As advised by MFA, activities covering Afghan population are covered by other resources only.

(**) : In 2017 and 2018, HIV AIDS and Maternal Health were under one single work plan implemented by CDC.

(***) : This funding targets Afghan Refugees.

(****) : The ECHO funds included here add up to USD 1,252,060 USD as the amount planned for, and allocated in 2020. The total ECHO fund resources mobilized however amounts to 2,385,390 USD.

(*****) : This includes the additional USD 1,133,330 ECHO, USD 121,625 from Netherlands and USD 105,473 from EU that have been mobilized in 2020, and will be allocated for 2021 programming.

Summary of Resources Mobilized per Donor 2017-2020

S. No.	Donors	Resources Mobilized (USD)
1.	Italy	801,078
2.	UBRAF (HQ)	144,062
3.	Australia	43,498
4.	CERF	177,584
5.	Norway	155,381
6.	Netherlands	341,330
7.	ECHO	2,385,390
8.	EU	163,842
9.	GHRP	113,630
Total for 2017-2020		4,325,795

Annex-C:
UNFPA participation in UNCT coordination structures and working groups

GROUPS	PARTICIPANTS	UNFPA's ROLE
The UN-GoI High Level Steering Committee (HLSC)	UNCT representatives and high-level Government entities	Provides needed input through UNRC and UNCT representatives; In addition, plays a lead role as Chair of the UN M&E Group on UNDAF annual reporting to HLSC, and in liaising with HLSC for the CCA/UNSDCF processes.
UN-International Community Open Working Group (OWG)	UNRC, Heads of all UN Agencies and Development Partners	Member
Crisis Management Team for COVID-19 Pandemic (CMT)	Select UN agencies	Member
UN Disaster Management Team (DMT)	Select UN agencies	Member
UN Security Management Team (SMT)	UN agencies	Member
UNDAF Pillar Group II (thematic) – Health	Select UN agencies under the leadership of WHO	Member
UNDAF Pillar Group III (thematic) - Resilient Economy	Select UN agencies under the joint leadership of UNICEF and UNDP	Member
UN Monitoring and Evaluation (M&E) Working Group (*)	Inclusive participation of all UN agencies operating under the UNDAF	Lead Agency
UN Gender Thematic Working Group	Select UN agencies	Lead Agency
Joint United Nations Thematic Group on HIV/AIDS (JUNTA)	Select UN agencies	Member
UN Communications Group (UNCG)	UN agencies	Member
Operations Management Team (OMT)	UN agencies	Member
OMT Task Forces: ➤ Unintended Impact of Sanctions on Operations ➤ Procurement ➤ Human Resources ➤ Travel	Select UN agencies	Lead Agency Member Member Member
Building Management Committee (BMC)	Select UN Agencies residing in the UN Common Premises / UN House	Member
UN Business Operations Strategy (BOS)	UN agencies	Member of 3 BOS work-streams - (i) Logistics, (ii) Human Resources and (iii) Procurement
Local Salary Survey Committee (LSSC)	Select UN agencies	Member
Pro-Health (Procurement-for-Health) Committee	Select UN agencies	Member
Women and Girls (GBV) sub-sector under the Humanitarian Protection Sector	Select UN agencies and other partners including NGOs	Lead Agency
UNCT Working Group on Data in Humanitarian settings (set up under the UN M&E Working Group)	Select UN Agencies	Lead Agency
UNDAF Mid-Term Review (MTR) Task Force	Select UN Agencies	Lead Agency
Task Force for drafting the roadmap for the next UNSDCF (UN Sustainable Development Cooperation Framework)	Select UN Agencies	Member

(*) By virtue of chairing the UN M&E group, UNFPA engages with all 4 UNDAF Pillar groups, including the Environment and Drug Control Pillars in addition to the Health and Resilient Economy Pillar groups of which it is a member.

Annex-D: Stakeholders Map

(Prepared in October 2020 as part of the design phase; source CO data)

Donors	Implementing Partners	Other partners (Govt. entities, UN Agencies, academia, others)	Beneficiaries
SEXUAL AND REPRODUCTIVE HEALTH SERVICES			
<p><u>Strategic Plan 2014-2017 outcome 1:</u> (description as per CPD) <i>Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.</i></p> <p><u>Strategic Plan 2018-2021 corresponding outcome 1 statement:</u> Every woman, adolescent and youth everywhere, especially those furthest behind, have utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</p>			
<p><u>Country programme output 1:</u> (description as per CPD) Increased capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated sexual and reproductive health services for women and men, with a focus on at-risk populations, including in disaster and emergency settings.</p>			
PGIR18 - Health of at-risk population including women, men, and adolescents			
Govt. of Norway; Kingdom of Netherlands; UBRAF (UNAIDS Unified Budget, Results & Accountability Framework) UNFPA core funds	Centre for Communicable Disease Control (CDC), Ministry of Health and Medical Education (MoHME)	UNICEF; UNAIDS	<p>Direct Beneficiaries: Staff of Adolescent Well-Being Clubs (AWBC); Staff of Women Centres; Staff of VCT Centres</p> <p>Indirect Beneficiaries: Adolescent and Youth visiting the Well-Being Clubs; Most at-risk women visiting the Women Centres and their clients; Men at risk of HIV visiting VCT Centres</p>
PGIR22 - Improving maternal health, antenatal care and prenatal care			
Humanitarian Fund (Global Humanitarian Response Plan - GHRP); ECHO Fund (EU's Civil Protection & Humanitarian Assistance Operation); CERF (Central Emergency Response Fund)	Office of Maternal Health, MoHME	UNICEF	<p>Direct Beneficiaries: Midwives and health care providers; Pregnant women in Kermanshah earthquake 2018; Displaced women to whom dignity kits were provided in 2019 floods in Lorestan, Golestan and Khuzestan; Health Centres in Lorestan, Golestan and Khuzestan where RH kits were provided</p> <p>Indirect Beneficiaries: Pregnant Women; Afghan Women.</p>

Donors	Implementing Partners	Other partners (Govt. entities, UN Agencies, academia, others)	Beneficiaries
UNFPA Core funds			
PGIR20 - Protection of Women and Girls			
GHRP UNFPA Core funds	Office of Social Health, MoHME		Direct Beneficiaries: Health care staff countrywide Indirect Beneficiaries: People affected by COVID-19 visiting PHC Health Centres
PGIR15 - Improving maternal health of Afghan Refugees			
Government of Italy UNFPA Core funds	Iran University of Medical Sciences	Ministry of Interior, Ministry of Health, BAFIA	Direct Beneficiaries: Afghan refugees (midwives' trainees) Afghan pregnant women visiting Akbar Abadi Hospital; Kabul University Midwifery Department
PGIR19 - Women-Friendly Spaces			
GHRP CERF UNFPA Core funds	Social Harm Deputy, State Welfare Organization (SWO)	Wahdat (NGO) Khaneh Omid Clinic (NGO)	Direct beneficiaries: Women population of Gomishan-Golestan and Pol-Dokhtar-Lorestan; Staff of the two NGOs
POPULATION DYNAMICS			
<i>Strategic Plan 2014-2017 outcome 4: (description as per CPD)</i> <i>Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.</i>			
<i>Strategic Plan 2018-2021 corresponding outcome 4 statement:</i> <i>Everyone, everywhere is counted and accounted for, in the pursuit of sustainable development.</i>			
<i>Country programme output 2: (description as per CPD)</i> <i>Increased availability of population data and analysis to inform strategies and action plans on the implications and benefits of the demographic dividend.</i>			
PGIR01 - Studies and generation of evidence			
GHRP UNFPA Core funds	Statistical Centre of Iran (SCI)	University of Tehran	Policy-makers, Decision-makers
PGIR03 - Studies and generation of evidence			
UNFPA Core funds	University of Tehran (UT)		Policy-makers, Decision-makers
PGIR14 - Female Heads of Households			
European Union (EU) UNFPA Core	Office of Support and Empowerment, Ministry of	University of Tehran; UNDP	Policy-makers; Decision-makers; MoCLSW

Donors	Implementing Partners	Other partners (Govt. entities, UN Agencies, academia, others)	Beneficiaries
funds	Cooperatives, Labour and Social Welfare (MoCLSW)		
PGIR16 - Demographic Dividend and Youth			
EU ECHO Fund UNFPA Core funds	Deputy of Employment, MoCLSW	University of Tehran; Budget and Planning Organization (Member of Technical Advisory Committee); Iran Technical and Vocational Training Organization (TVTO)	Direct beneficiaries: Female heads of Households; Decision-makers; Policy-makers Indirect beneficiaries: Older persons; Healthcare workers; Pregnant women; Youth
Country programme output 3: <i>(description as per CPD)</i> Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics, with a special focus on population ageing and needs of older persons.			
PGIR13 - Ageing, and Older Persons			
ECHO Fund UNFPA Core funds	Secretariat for the National Council for Elderly (SNCE), SWO	University of Art and Architecture Esfahan; University of Rehabilitation and Social Welfare; Municipality of Esfahan; Helpage (Intl NGO)	Direct beneficiaries: Decision-makers; Policy-makers Indirect beneficiaries: Older persons;
Pipeline - Ageing, and Older Persons			
ECHO Fund	Office of Elderly, MoHME		Direct beneficiaries: Health Care providers Social Workers Indirect beneficiaries: Older persons;

LIST OF PERSONS TO BE CONSULTED

(NOTE: This is a preliminary listing, drawn up by the ET in consultation of the CO. The ET will further review and rationalize the stakeholders listed during the course of November/December, prior to the start of the field phase)

No.	CP Output	WP	Stakeholders	Type	Selection Criteria (*)	Interviewee Name	Interviewee Title
SRH							
1.	Output 1	CDC	CDC, MoHME	Implementing Partner	3,4	Dr. Mohammad Mehdi Gouya	DG of CDC
2.	Output 1	CDC	HIV/AIDS Office	Implementing Partner	3,4,6	Dr. Parvin Kazerouni	Head of HIV/AIDS office
3.	Output 1	CDC	UNAIDS	Other partners	3,11	Dr. Fardad Doroudi	UNAIDS Country Director
4.	Output 1	CDC	UNICEF	Other partners	3,11	Mr. Hamdireza Taherinokhost	Adolescent Development and Participation Officer
5.	Output 1	CDC	Girls AWBC, Tehran	Direct beneficiary	3	Ms. Maryam Bayat	Manager of AWBC-Ofogh, Tehran
6.	Output 1	CDC	Boys AWBC, Tehran	Direct beneficiary	3	Dr. Vahid Jahanmiri	Staff of AWBC Mehr, Tehran
7.	Output 1	CDC	Boys AWBC, Kermanshah	Direct beneficiary	3	Mr. Mehdi Amiri	Manager of AWBC, Kermanshah
8.	Output 1	CDC	VCT centers	Direct beneficiary	3	Dr. Matin Bazargani	VCT center, Tehran
9.						Ms. Zahra Gholami Pour	VCT center, Tehran
10.	Output 1	CDC	Women centers	Direct beneficiary	3	Dr. Sakineh Modanlou	Manager of women center in Sari
11.	Output 1	CDC	Women centers	Direct beneficiary	3	Ms. Zahra Bayat	Manager of Narges women center, Tehran
12.	Output 1	CDC	IRSHA	Other partners	3,4	Dr. Minou Mohraz	IRSHA
13.	Output 1	CDC	UNFPA HQs (Norway, UBRAF)	Donor	2,3	Dr. Ilya Zhukov	Technical Specialist
14.	Output 1	CDC	Netherlands Embassy	Donor	2,3	Ms. Marit Pater	Second Secretary
15.	Output 1		APRO		3	Ms. Kamma Blair	ex-APRO HIV Advisor
16.						Mr. Tim Sladden	APRO-HIV Advisor
17.	Output 1		Consultant		--	Andrea Irvin	
18.	Output 1	Maternal Health	Maternal Health Department, MoHME	Implementing Partner	3,4,5	Dr. Nasrin Changizi	Head of Maternal Health Department, MoHME
19.	Output 1	SRH	Family, population and school health office, MoHME	Implementing Partner	1, 3, 4	Dr. Barakati	DG of Family, population and school health
20.	Output 1	Maternal Health	APRO	Other partners	3,5	Catherine Brim	
21.	Output 1	Maternal Health	Consultant	Other partners	3,5	Dr. Reza Majdzadeh	
22.	Output 1	Maternal Health	UNFPA HQ		3,5	Mr. Andersson Stanciole	Maternal Health Advisor, UNFPA HQ
23.			UNFPA APRO			Ms. Federica Maurizio	SRH Data Analyst, APRO
24.	Output 1	OSH	Office of Social Health, MoHME	Implementing Partner	3,4,5	Dr. Omidnia	Expert
25.						Dr. Hajebi	Deputy
26.	Output 1		UNFPA APRO		3	Ms. Sujata Tuladhar	Technical Specialist in GBV and GBV in Emergencies
27.						Ms. Ingrid Fitzgerald	Ex-Technical Advisor on Gender and Human Rights

No.	CP Output	WP	Stakeholders	Type	Selection Criteria (*)	Interviewee Name	Interviewee Title
28. 29.	Output 1	WFS	SWO, Social Harm Deputy	Implementing Partner	3,4,6	Ms. Amiryazdani, Mr. Aligoo	Expert Deputy
30.	Output 1	WFS	SWO Provincial level Golestan	Direct beneficiary	3,4,6	Ms. Sedigheh Jomeh	Expert in Socially Vulnerable Affairs, Golestan Province
31.	Output 1	WFS	SWO Provincial level Golestan	Direct beneficiary	3,4,6	Ms. Roshan	Expert in Socially Vulnerable Affairs, Golestan Province
32.	Output 1	WFS	SWO district Level Gomishan	Direct beneficiary	3,4,6	Mr. Bashir Nikan	Expert in Socially Vulnerable Affairs, Gomishan District
33.	Output 1	WFS	SWO Provincial Lorestan	Direct beneficiary	3,4,6	Ms. Vajiheh Nazari	Expert in Socially vulnerable affairs, Lorestan
34.	Output 1	WFS	Vahdat NGO	Direct beneficiary	3,4,6	Mr. Yousef Dieh-Chi	Head of Vahdat NGO
35.	Output 1	WFS	Khaneh Omid NGO	Direct beneficiary	3,4,6	Ms. Khadijeh Hasanpour	
PD							
36.	Output 2	DD and Youth	National Population Studies and Comprehensive Management Institute	Other partners	3	Dr. Sadeghi	Head of National Population Studies and Comprehensive Management Institute
37. 38.	Output 2	DD and Youth	MoCLSW	Direct beneficiary	3	Dr. Ezjoui, Ms. Mirmalek	DG for Employment Development and Policies DG for Employment Development and Policies
39. 40.	Output 2	DD and Youth	Deputy of Employment, MoCLSW	Implementing Partner	3	Dr. Mansouri Dr. Ezouji	Deputy of Employment DG for Employment Development and Policies
41.	Output 2	DD and Youth	Budget and Planning Organization	Other partners	3	Ms. Norouzi	Senior Expert
42.	Output 2	DD and Youth	European Union (EU)	Donor, Convening Agent	2,3,11	Ms. Ugochi Daniels	Ex- UN Iran Resident Coordinator
43.	Output 2	DD and Youth	ECHO Fund/UNICEF	Donor, convening agent	2,3,11	Mr. Gilles Chevalier	UNICEF Deputy Rep
44. 45.	Output 2	FHH	Office of Support and Empowerment, MoCLSW	Implementing Partner	3	Dr. Meidari Ms. Mirmalek	Deputy of Social Welfare DG for the Office of Empowerment and Support
46.	Output 2	FHH	VP Women and Family Affairs	Other partners	3	Dr. Falahati	Deputy of International Affairs
47.	Output 2	FHH	UNDP/EU	Other partners	2,3	Mr. Gharzeddin	Deputy Resident Representative
48.	Output 2	SCI	SCI and Statistical Research and Training Center (SRTC)	Implementing Partner	3	Dr. Shabbak	Head of SRTC
49. 50. 51.	Output 2	UT	University of Tehran	Implementing Partner	3	Dr. Koosheshi Dr. Mahmoudian Dr. Fatemeh Torabi	Professor of UT Professor of Demography UT-NPD Head of the Department of Demography, UT
52.	Output 2	UT	Population Association of Iran (PAI)	Other partners	3	Dr. Abbasi Shahvazi	Head of PAI
53. 54.	Output 3	Ageing (SWO)	SWO / SNCE	Implementing Partner	1,3	Dr. Allameh Dr. Mohammadi	Head of the SNCE Deputy of the SNCE

No.	CP Output	WP	Stakeholders	Type	Selection Criteria (*)	Interviewee Name	Interviewee Title
55.	Output 3	Ageing (SWO)	University of Esfahan	Other partners	1,3,4	Dr. Shahivandi	Faculty member, University of Art and Architecture Esfahan
56.	Output 3	Ageing (SWO)	University of Rehabilitation and social welfare	Other partners	1,3	Dr. Delbari	Head of Elderly Research Center, Univ of Rehabilitation and social welfare
57.						Dr. Mahshid Foroghan	Faculty member, Univ of Rehab and social welfare
58.	Output 3	Ageing (SWO)	HelpAge International	Other partners	1,3	Mr. Eduardo Klien	Regional Director of HelpAge International
59.	Output 3	Ageing (SWO)	SWO in Isfahan	Other partners	1,3	Dr. Farshad	Head of SWO in Esfahan
60.						Ms. Moalaei	Expert of SWO in Esfahan
61.	Output 3	Ageing (SWO)	Older Persons	Indirect beneficiaries	1,3	Olders persons who recd PPE in the selected centers	N/A
62.	Output 3	Ageing (SWO)	MoCLSW	Direct beneficiary	1,3	Dr. Shahrivar	Director General of Intl Affairs, MoCLSW
63.	Output 3	Ageing (SWO)	APRO	Other partners	1,3	Rintaro	APRO-Ageing Advisor
64.	Output 3	Ageing (pipeline, MoHME)	MoHME, Office of Elderly	Implementing Partner	3	Dr. Shatti	Head of Health Department, MoHME
53.	Output 3	Ageing (pipeline, MoHME)	SNCE	Other partners	3	Dr. Allameh	Head of the SNCE
HUMANITARIAN (this is not a CP Output, but is mainstreamed into the CP SRH Output 1)							
65.	Humanitarian	N/A	National Disaster Management Organization (NDMO)	Other partners	3	Mr. Bakhtiari	Head of International Affairs Department
66.	Humanitarian	N/A	OCHA	Other partners	3	Dr. Shabestari	Ex Head of OCHA/RC consultant
67.	Humanitarian	N/A	GBVAOR (GBV Area of Responsibility)		3	Ms. Pamela Godoy	Regional Emergency GBV Coordination Specialist for Asia-Pacific
68.						Ms. Leigh Ashley Libscomb	Regional Emergency GBV Advisor for Asia-Pacific
69.	Humanitarian	N/A	APRO		3	Ms. Tomoko Kurokawa	Regional Humanitarian Advisor
70.						Ms. Isabella Thafvellin	Humanitarian Analyst
SOFT-AID ACTIVITIES / UN COORDINATION (this is not a CP Output area – the term represents a category of stakeholders)							
71.	Coordination	N/A	Ministry of Foreign Affairs (MFA)		-	Mr. Javad Safaei	Head of Division of International Specialized Agencies
72.	UN Coordn	N/A	UNRC Office (RCO)		8	Ms Ugochi Daniels	Ex UNRC Iran
73.						Dr Ali Farzin	TAP focal point
74.						Ms Elmira Nurgazieva	Data Management and Results Monitoring/Reporting Officer
75.	UN Coordn	N/A	WHO		8	Christophe Halem	WHO Rep in Iran (WHO heads UNDAF Health Pillar)
76.	UN Coordn	N/A	UNDP		8	Mazen Gharzeddin	Deputy Rep (UNDP heads UNDAF Resilient Econ Pillar)

(*) The Selection Criteria column refers to Table 7: Stakeholder selection criteria in UNFPA Evaluation Handbook page 63 where 11 categories have been listed.

Approved UNFPA Iran Office Organigram 2020

