



UNFPA Sudan

Humanitarian Response Evaluation

2023-2024

Evaluation Management

UNFPA Independent Evaluation Office

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Annex 1: List of documents consulted

Documents

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Annex 2: List of persons consulted

Key informant interviews

ORGANISATION	LOCATION	ROLE
UNFPA	Gedarf	GBV Supplies focal Person, Dignity Kits
UNFPA	Gedarf	SRH Officer
UNFPA	Gedarf	SRHR Associate
UNFPA	Gedarf	RH NPPP
UNFPA	Gedarf	Program Analyst
UNFPA	Gedarf	Project Manager, Youth Peace
UNFPA	Gedarf	GBV programme
UNFPA	Global	ASRO
UNFPA	Global	Programme Advisor, HRD
UNFPA	Global	Emergency Response Specialist
UNFPA	Global	Chief, QPB
UNFPA	Global	Humanitarian Logistics Specialists HRD
UNFPA	Kassala	HIV GBV
UNFPA	Kassala	SRH Officer
UNFPA	Kassala	Assistant Representative
UNFPA	Kassala	PSEA Program Associate
UNFPA	Kassala	Program Analyst - Coordinator
UNFPA	Kassala	Field GBV Specialist
UNFPA	Kassala	Finance Analyst
UNFPA	Kassala	Field GBV Specialist
UNFPA	Red Sea	Representative a.i
UNFPA	Red Sea	GBV Programme Specialist
UNFPA	Red Sea	Humanitarian Coordinator
UNFPA	Red Sea	SRH Coordinator, UNFPA Sudan
UNFPA	Red Sea	International Operations Manager
UNFPA	Red Sea	Deputy Representative, UNFPA Sudan
UNFPA	Red Sea	SRH IM Specialist
UNFPA	Red Sea	Former Rep Sudan
UNFPA	Red Sea	Finance Analyst
UNFPA	Red Sea	RH Analyst
UNFPA	Red Sea	Surge Logistician
UNFPA	Red Sea	GBV Coordinator
UNFPA	Red Sea	SRH coordinator
UNFPA	Red Sea	Programme Analyst
UNFPA	Red Sea	Senior GBV Consultant
UNFPA	Red Sea	Field GBV Specialist / Chad
UNFPA	River Nile	WHO head office
UNFPA	River Nile	GBV Programme Analyst
UNFPA	River Nile	Head of Office
UNFPA	River Nile	GBV Analyst
UNFPA	River Nile	Reporting Analyst
UNFPA	River Nile	Reproductive Health Analyst

UNFPA	River Nile	SRH Analyst
UNFPA	River Nile	Field GBV Analyst
UNFPA	Regional	Deputy Regional Director
UNFPA	Regional	Regional Humanitarian Advisor, ASRO
UNFPA	Regional	Regional Emergency GBV Adviser
UNFPA	Regional	Resource Mobilization and Donor Relations
UNFPA	Regional	Regional director
UNFPA	Darfur	Access expert
UNFPA	Darfur	Humanitarian Coordinator
UN	HCT	Deputy Humanitarian Coordinator
UN	UN	WHO representer
UN	UN	Global GBV AoR coordinator
UN	UN	Head of office of OCHA
UN	UN	OCHA head office
UN	UN	UNHCR head office
UN	UNHCR	Head of Sub-Office
UN	UNHCR	UNHCR GBV coordinator
UN	UNHCR	Head of Sub-Office
UN	UNICEF	Country Representative
UN	UNOCHA	Head of Office Interim
UN	UNOCHA	Deputy Head of Office
UN	UNOCHA	Head of Office
UN	WHO	National Health Cluster Coordinator
UN	WHO	Head of Sub-Office
UN	WHO	SRH Specialist, WHO
UN	WHO	Health Cluster Coordinator
UN	WHO	Deputy Representative, WHO
UN	WHO	Head of Office in River
NNGO	CAFA Organization for Development	General Manager
NNGO	CDF Child Development Foundation	Kassala Office Logistic Officer
NNGO	CDF Child Development Foundation	West and Central Darfur Office Coordinator
NNGO	Child Aid Development	Head of office - programme
NNGO	Global Aid Hand (GAH)	Country Director
NNGO	Nada El azhar	Director
NNGO	Nada El azhar	Nada alazhar
NNGO	Nada El azhar	WGSS program manager
NNGO	SRH	RHCS Officer
NNGO	Sudanese Family Planning Association	Officer

NNGO	Sudanese Family Planning Association	Executive Director
NNGO	Sudanese Family Planning Association	Midwife Nurse
NNGO	Tarawa Women Centre Manger	social worker
NNGO	Tarawa Women Center Manger	psychologist (Tarawa women center)
NNGO	Tarawa Women Center Manger	Tarawa Women Center Manger
INGO	Alight Organization Alight	Country Director
INGO	Alight Organization Alight	
INGO	DRC	Head of office
INGO	IMC	GBV programming
INGO	Medecins Sans Frontieres - Swiss	Head of Mission
INGO	Norwegian Church Aid	Director
INGO	Plan International	
Government	GoV Health service staff	Gedarif Hospital Director
Government	GoV Health service staff	Kassala Hospital Director
Government	GoV Health service staff	Atbara Hospital Director
Government	State Ministry of Health	State Mister of Health
Government	State Ministry of Social Welfare	State Mister of Social Welfare
GoV	Combating Violence against Women	Gedarif GBV programming
GoV	GoV	Gedarif Hospital Manger
GoV	Minister of health welfare	minister of health welfare
GoV	NMSF	International Affairs Manager
GoV	SMOH	RHCS Coordinator
GoV	SMSF	Branch Manager, former focal point for UNFPA Supplies
GoV	SMSF	Acting Branch Manager
GoV	SMSF	Branch Manager
GoV	SMSF	Branch Manager
GoV	SRCA	Coordinator
GoV	SRH	RHCS Coordinator
Donor	DG ECHO	Technical Assistant - Sudan

Focus Group Discussions

LOCATION	TYPE	F	M
Kassala	Women led organizations	3 females	
Kassala	Tarawa women center - group of women	17 females	
Kassala	Mobile clinic team in West Airport gathering community members		
Kassala	Association of person with disabilities	8 females	4 males
Kassala	Protection team in west airport gathering point	3 females	10 males
Gedarif	WGSS by NCA women community group	2 Females	
Gedarif	OmQweed Health Center Staff	4 Females	
Gedarif	Midwives in Gedarif Hospital	3 females	
Gedarif	Ministry of health Staff (RH) and CEVAW	4 females	1 male
Gedarif	Abo Alnaga gathering site community	27 females	
River Nile	Ministry of Health hospital staff	2 Females	
River Nile	WGSS in Aldamer community	11 females	
River Nile	Village 6 gathering point	13 females	
Red Sea	Port Sudan Maternal Hospital service delivery staff	3 females	4 males
Red Sea	Port Sudan WGSS Alight	23 females	

Annex 3: Data collection tools

Stakeholder Perception Survey

Organization

Location

Date

Instructions:

Please indicate your level of agreement with each statement regarding UNFPA's humanitarian response.

Circle the number that best represents your opinion.

Scale:

1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

1. UNFPA's humanitarian response was based on needs assessments, including for vulnerable groups such as women, girls, youth, and persons with disabilities.	1 - 2 - 3 - 4 - 5
2. UNFPA demonstrated flexibility and adapted its humanitarian response to changing contexts and needs.	1 - 2 - 3 - 4 - 5
3. UNFPA's made a significant contribution to ensuring access to SRH services	1 - 2 - 3 - 4 - 5
4. Communities were sufficiently informed about available SRH services and referral mechanisms	1 - 2 - 3 - 4 - 5
5. UNFPA's made a significant contribution to ensuring access to GBV prevention and response services.	1 - 2 - 3 - 4 - 5
6. Communities were sufficiently informed about GBV risks, services, and referral mechanisms.	1 - 2 - 3 - 4 - 5
7. UNFPA effectively led and coordinated the National SRH TT sub-clusters	1 - 2 - 3 - 4 - 5
8. UNFPA effectively led and coordinated the Subnational SRH TT sub-clusters	1 - 2 - 3 - 4 - 5
9. UNFPA effectively led and coordinated the National GBV AoR sub-clusters	1 - 2 - 3 - 4 - 5
10. UNFPA effectively led and coordinated the Subnational GBV AoR sub-clusters	1 - 2 - 3 - 4 - 5
11. UNFPA's humanitarian response reached vulnerable groups like women, girls, marginalized, people with disability	1 - 2 - 3 - 4 - 5
12. UNFPA's humanitarian response reached priority geographic locations	1 - 2 - 3 - 4 - 5
13. UNFPA mobilized the necessary finances to meet the humanitarian needs	1 - 2 - 3 - 4 - 5
14. UNFPA mobilized the necessary human resources to meet the humanitarian needs	1 - 2 - 3 - 4 - 5
15. UNFPA mobilized the necessary supplies to meet the humanitarian needs	1 - 2 - 3 - 4 - 5
16. UNFPA humanitarian response was timely to meet humanitarian needs	1 - 2 - 3 - 4 - 5
17. UNFPA's response was well-aligned with inter-agency humanitarian response	1 - 2 - 3 - 4 - 5

Optional Comments:

Please share any additional comments or suggestions about UNFPA's humanitarian response:-----

Name/job title of interviewee:

Gender:

Organisation:

Stakeholder Category:

Date:

Interviewer(s):

- Thank you – Thank you for the interviewee and for your time today
- My name is [Your name] _____, and I work as an independent humanitarian consultant and we are contracted by UNFPA's Independent Evaluation Unit to conduct the external evaluation of UNFPA humanitarian emergency response in Sudan between 2023 - 2024. The evaluation is primarily forward-looking to improve the performance of UNFPA in the emergency response and how to transition into the next Sudan CPD. It will also explore accountability to women and children.

Do you know the UNFPA humanitarian response Sudan during 2023-2024?

- The **goal** of the UNFPA Level 3 emergency response seeks to support Sudan' women and girls to fully exercise their rights to survival, development, protection, and participation through health, nutrition, education, and child protection and from January 2022 to December 2024.
- **Purpose** – I would like to interview you. I have a structured questionnaire, and the main purpose of the interview is to hear your views on the UNFPA emergency response and lessons learned that can be used for future programming. This evaluation will focus on issues of relevance, coherence, coordination, effectiveness, efficiency, connectedness.
- **Confidentiality/Consent** – Would it be acceptable for you that I record this interview, just as a backup of my notes? I'll delete the recordings once I'm done typing and reviewing our notes. This interview is completely voluntary and confidential, and your name will be removed from all interview transcripts and recordings, and quotes will not be attributed to any person or organization. If you prefer that we do not use quotes from your interview at all, please let us know. Please note, you may choose to not respond to any/all the questions, and/or withdraw from the interview at any stage. **In addition, do you consent to participating in a brief mini survey (3-5 minutes) upon the completion of this interview?** In addition to our conscious focus on the safety of all participants, the evaluation team can also conclude that there are no direct risks (as a result/consequence of your participation) that have been identified, that could hamper your participation.
- **Duration** – I expect the interview to last about 60 minutes – is that okay? If you don't have a lot of time, let me know and I can make sure I focus on the most important issues. Also, it's fine if you don't know the answer to a question or prefer not to answer or if the question isn't relevant to your role – let me know and I'll tailor the interview accordingly.
- **Opportunity to ask questions** – Do you have any questions before you start? Of course, you are also welcome to ask questions during the interview if something is unclear. Or if there are elements that I did not mention during the interview, do not hesitate to share them towards the end.

INTERVIEW QUESTIONS - IMPLEMENTING PARTNERS

Assumptions 1.1: Needs-Based Humanitarian Response

- How have your organization's activities been informed by UNFPA or inter-agency needs assessments?
- In what ways did you contribute to your own or multisectoral needs assessments feeding into HNO/HCT processes?
- How have you ensured that data collected is disaggregated (gender, age, disability)?
- How effective have the response strategies been in meeting the specific needs of women, girls, youth, and vulnerable groups?
- What were challenges or lessons learned in addressing these needs?

Assumptions 1.2: Adaptation to Changing Contexts and Needs

- How have you monitored and adapted to evolving needs and changes in the humanitarian context?
- Can you provide examples of programmatic shifts made in response to contextual changes?
- How do you engage with communities to ensure their voices are included in the assessment and adaptation processes?
- How have feedback mechanisms contributed to adjusting programs?
- What were challenges or lessons learned while adapting interventions?

Assumptions 2.1: Life-Saving Quality SRH Services

- How did your organization contribute to achieving planned SRH activities?
- How have these activities contributed to providing **access** of SRH services?
- How have these activities contributed to providing **utilisation** of SRH services?
- What strategies or models have been particularly effective in providing access and utilisation of SRH services?
- What were challenges or lessons learned while implementing SRH services?

Assumptions 2.2: Communities are aware of SRH services and referral

- What strategies were used to ensure community awareness of SRH services and referral mechanisms?
- How have awareness campaigns contributed to service utilization?

Assumptions 3.1: Lifesaving GBV prevention and response services

- How did your organization contribute to the achievement planned GBV activities?
- How have these activities contributed to providing **access** of GBV services?
- How have these activities contributed to providing **utilisation** of GBV services?
- What strategies or models have been particularly effective in providing access and utilisation of GBV services?
- What were challenges or lessons learned while implementing SRH services?

Assumptions 3.2: Communities are informed of GBV risks, services and referral

- What strategies were used to ensure community awareness of GBV services and referral mechanisms?
- How have awareness campaigns contributed to service utilization?

Assumptions 4.1: Leadership and Coordination of SRH Sub-Cluster

- How has UNFPA's leadership and coordination of the SRH TT promoted response complementarity?
- How did UNFPA's advocacy efforts support SRH coordination?
- How do you perceive UNFPA's role in national and subnational coordination of SRH services?

- What were challenges or lessons learned in UNFPA cluster leadership and coordination?

Assumptions 4.2: Leadership and Coordination of GBV AoR

- How has UNFPA's leadership and coordination of the GBV AoR promoted response complementarity?
- How did UNFPA's advocacy efforts support GBV AoR coordination?
- How do you perceive UNFPA's role in national and subnational coordination of GBV AoR services?
- What were challenges or lessons learned in UNFPA cluster leadership and coordination?

Assumptions 5.1: Geographic Reach and Equity

- How did UNFPA support your organization to reach all priority geographic locations?
- How did you adjust service provision in response to changing conflict dynamics and displacement patterns?
- How did UNFPA support your organization to reach all segments of populations, incl. vulnerable, PWD ?
- How have you navigated humanitarian access constraints, security, and BAI?
- What were challenges or lessons learned in reaching all populations?

Assumptions 5.2: Guided by humanitarian principles (humanity, independence, impartiality, neutrality)

- To what extent has UNFPA communicated humanitarian principles within your organization?
- How have humanitarian principles influenced your decisions regarding service locations and target populations?
- Can you provide examples where these principles influenced your programming decisions?
- What were the challenges in applying humanitarian principles, and how were they addressed?

Assumptions 6.1: Timeliness of Emergency Response

- How did UNFPA's support you in providing timely response?
- Were UNFPA administrative procedures fast / exempted / waived to allow timeliness ?
- How would you rate the timeliness of UNFPA's support and response?
- What challenges affected timely response, and how were they addressed?

Assumptions 6.4: Data and monitoring the response

- How did UNFPA support you in ensure data collected was disaggregated?
- How was monitoring data shared with UNFPA and the HCT?
- What challenges were faced in monitoring, and how were they addressed?

Assumptions 7.1: Alignment with Inter-Agency Humanitarian Response

- How do stakeholders perceive UNFPA's alignment with broader inter-agency frameworks/response?
- What were challenges or lessons learned on UNFPA alignment to the inter-agency response?

Assumptions 7.2: UNFPA GBViE and SRHiE integrated and mutually reinforcing

- How do you ensure that SRH, GBV, PSEA, and other services are operationally/strategically integrated?

Assumptions 8.1: Transition to UNSDCF & CPD

- How has UNFPA involved you in the development of the transition UNSDCF and CPD?
- How has the transition process considered longer-term development priorities?
- What challenges did you face in contributing to the transition planning?

Assumptions 8.2: Building resilience of national and subnational government

- How has UNFPA supported government partners in strengthening their capacity to prepare, respond, and recover from crises?
- What have been the key challenges in strengthening government resilience, and how were these addressed?

Assumptions 8.3: Building resilience of local organisations

- How has UNFPA contributed to strengthening the resilience of your organization to prepare for and respond to crises?
- How has UNFPA supported access to multi-year funding or other sustainability mechanisms?
- What were the main challenges in building resilience, and how were these addressed?

INTERVIEW QUESTIONS - UNFPA REGIONAL OFFICE HEAD QUARTERS**Assumptions 1.1: Needs-Based Humanitarian Response**

- How has HQ/RO supported the CO in ensuring that activities are informed by recent needs assessments, particularly for women, girls, youth, and vulnerable populations?
- How has HQ/RO facilitated disaggregated data (by gender, age, disability, displacement) ?
- What guidance or support has HQ/RO provided to ensure that UNFPA's strategies meet the needs of vulnerable populations in Sudan?
- What were challenges or lessons learned with UNFPA's needs-based analysis and response?

Assumptions 1.2: Adaptation to Changing Contexts and Needs

- How do you perceive the CO adapted appropriately to changing needs?
- How has HQ/RO provided support in facilitating programmatic shifts?
- What role did HQ/RO play in ensuring community feedback, incorporated into Sudan's response plans?
- How has HQ/RO facilitated learning and adaptation across regions or similar humanitarian contexts?
- What were challenges or lessons learned with UNFPA's adaptation?

Assumptions 2.1: Life-Saving Quality SRH Services

- What is your perception on UNFPA activities contributing to access and utilisation of quality SRH services?
- What were challenges or lessons learned with UNFPA's SRH activities?

Assumptions 2.2: Communities are aware of SRH services and referral

- What is your perception on community awareness/information activities contributing to access and utilisation of quality SRH services?
- What were challenges or lessons learned with awareness/information activities?

Assumptions 3.1: Lifesaving GBV prevention and response services

- What is your perception on UNFPA activities contributing to access and utilisation of quality GBV services?
- What were challenges or lessons learned with UNFPA's GBV activities?

Assumptions 3.2: Communities are informed of GBV risks, services and referral

- What is your perception on community awareness/information activities contributing to access and utilisation of quality GBV services?
- What were challenges or lessons learned with awareness/information activities?

Assumptions 4.1: Leadership and Coordination of SRH Sub-Cluster

- To what extent has the CO fulfilled its roles/responsibilities as GBV AoR at the national/subnational levels?
- What were challenges or lessons learned with UNFPA leadership and coordination?

Assumptions 4.2: Leadership and Coordination of GBV AoR

- To what extent has the CO fulfilled its roles/responsibilities as GBV AoR at the national/subnational levels?
- What were challenges or lessons learned with UNFPA leadership and coordination?

Assumptions 5.1: Geographic Reach and Equity

- How do you perceive UNFPA's efforts to ensure that its humanitarian response reached all priority groups and geographic locations?
- What were challenges or lessons learned in reaching all populations?

Assumption 5.2: Guided by Humanitarian Principles

- How does HQ/RO support the CO that humanitarian principles (humanity, impartiality, neutrality, and independence) guide programming decisions?
- How has the CO navigating dilemmas where humanitarian principles were challenged? Examples?

Assumptions 6.1: Timeliness of Emergency Response

- How did HQ/RO support the CO in ensuring a timely response to the crisis?
- What role did HQ/RO play in expediting the activation of emergency procedures and FTPs?
- How did timeliness compare to other UN agencies?
- What were challenges or lessons learned in response timeliness?

Assumption 6.2: Internal Coordination (HQ-RO-CO)

- How would HQ/RO describe the effectiveness of internal coordination and communication mechanisms, including the CRT?
- How has HQ/RO facilitated the CO to adopt a 'no-regrets' approach, particularly regarding decentralized decision-making?
- What were challenges or lessons learned on internal coordination mechanisms?

Assumption 6.3: Mobilization of Resources

HR

- How effectively did HQ/RO support the CO in mobilizing human resources, incl. surge, GERT?
- To what extent were the FTP applied?
- What were challenges or lessons learned on HR?

Supply and Procurement

- How did HQ/RO support the CO in mobilizing and distributing supplies as per FTPs, incl. cross border, Chad?
- To what extent were the FTP applied?
- What were challenges or lessons learned on supply chain management?

Funding and Partnerships

- How did HQ/RO support resource mobilization efforts, including flexible and earmarked funding?
- To what extent were the FTP applied?
- What were challenges or lessons learned on funding mobilisation?

Assumptions 6.4: Data and monitoring the response

- How did HQ/RO support the CO in establishing robust monitoring systems?
- To what extent was the Cos monitoring data disaggregated and utilized for decision-making?

- What were challenges or lessons learned on data, monitoring and decision making?

Assumptions 8.1: Transition to UNSDCF & CPD

- How has HQ/RO supported the CO in developing transition plans aligned with UNSDCF and CPD priorities?
- What strategies has the CO putting in place to ensure smooth transition from humanitarian to development programming?
- What were challenges or lessons learned on this transition process?

INTERVIEW QUESTIONS - UNFPA STAFF

Assumptions 1.1: Needs-Based Humanitarian Response

- How has UNFPA ensured that its humanitarian activities are based on recent needs assessments, particularly for women, girls, youth, and vulnerable populations such as IDPs and persons with disabilities?
- Can you describe how UNFPA contributed to multisectoral needs assessments and the HNO/HCT processes?
- What types of data were collected, and how were they disaggregated to reflect diverse vulnerabilities?
- How did UNFPA ensure that the data collected were shared effectively across the HCT to inform collective decision-making?
- What strategies have been employed to ensure that humanitarian responses adequately meet the specific needs of these vulnerable groups?
- What were challenges or lessons learned in addressing these needs?

Assumptions 1.2: Adaptation to Changing Contexts and Needs

- What mechanisms are in place to monitor and adapt to the evolving needs of the affected populations?
- Can you provide examples of programmatic shifts made in response to changes in the operational context?
- How is feedback from community stakeholders, including marginalized groups, integrated into the adaptation process?
- How have feedback mechanisms implemented and influenced decisions?
- What were challenges or lessons learned in adapting to contextual shifts?

Assumptions 2.1: Life-Saving Quality SRH Services

- What evidence is available to confirm that SRH activities were implemented as planned?
- How have these outputs contributed to the intended outcomes outlined in the Theory of Change (ToC)?
- What strategies or models were particularly effective in enhancing SRH results?
- What were challenges or lessons learned in ensuring access and utilisation of SRH services?

Assumptions 2.2: Communities are aware of SRH services and referral

- How has UNFPA ensured that communities are aware of the available SRH services and referral mechanisms?
- What strategies have been most effective in promoting community acceptance of SRH services?
- Can you provide examples of how awareness campaigns or community engagements contributed to increased SRH service utilization?
- What were challenges or lessons learned in promoting access and utility of SRH services?

Assumptions 3.1: Lifesaving GBV prevention and response services

- What key GBV prevention, mitigation and response activities were planned and how have these been implemented according to the ToC?
- How have the implemented GBV activities contributed to the overall intended outcomes outlined in the ToC?
- Are there documented examples where GBV response services have contributed to improved safety / mitigation/prevention?
- What specific strategies or models have been particularly effective in enhancing GBV prevention and response outcomes?
- What were challenges or lessons learned in ensuring access and utilisation of GBV services?

Assumptions 3.2: Communities are informed of GBV risks, services and referral

- How has UNFPA ensured that communities are aware of the available GBV risk, prevention, services and referral mechanisms?
- What strategies have been most effective in promoting community acceptance/utility of GBV services?
- Can you provide examples of how awareness campaigns or community engagements contributed to increased GBV service utilization?
- What were challenges or lessons learned in promoting access and utility of GBV services?

Assumptions 4.1: Leadership and Coordination of SRH Sub-Cluster

- In what ways has UNFPA's leadership reduced duplication and overlap in SRH service provision?
- How/with what purpose has UNFPA provided advocacy within the HCT?
- How has UNFPA strengthened capacity on GBV within the HCT?
- How do partners perceive UNFPA's role in leading and coordinating the SRH sub-cluster at national and subnational levels?
- What were challenges or lessons learned in coordination?

Assumptions 4.2: Leadership and Coordination of GBV AoR

- In what ways has UNFPA's leadership reduced duplication and overlap in GBV service provision?
- How/with what purpose has UNFPA provided advocacy within the HCT?
- How has UNFPA strengthened capacity on GBV within the HCT?
- How do partners perceive UNFPA's role in leading and coordinating the GBV AoR at national and subnational levels?
- What were challenges or lessons learned in coordination?

Assumptions 5.1: Geographic Reach and Equity

- What strategies ensured that UNFPA's interventions reached all priority geographic locations?
- How did UNFPA adapt its geographic focus in response to conflict and displacement dynamics?
- How has UNFPA engaged in inter-agency advocacy to improve access and reduce administrative impediments?
- What were challenges or lessons learned on reaching populations?

Assumptions 5.2: Guided by humanitarian principles (humanity, independence, impartiality, neutrality)

- How are these humanitarian principles communicated and reinforced among staff and partners?
- In what ways have humanitarian principles guided UNFPA's decisions regarding where to implement activities?
- How did UNFPA decide which partners to work with and which populations to target, ensuring alignment with humanitarian principles?

- Can you provide examples where adherence to humanitarian principles influenced programming decisions?
- What were challenges or lessons learned in applying humanitarian principles in its response?

Assumptions 6.1: Timeliness of Emergency Response

- How did UNFPA's preparedness contribute to the timeliness of its response?
- Were FTPs activated and implemented according to standard procedures? Elaborate?
- What were challenges or lessons learned to timely response?

Assumptions 6.2: UNFPA HQ – RO - CO mechanism

- How promptly did UNFPA HQ activate the Crisis Response Team in response to the humanitarian crisis in Sudan?
- What types of support (technical, operational, financial) did HQ provide to the Country Office (CO), and how timely was this support?
- How would you describe the coordination and communication between HQ, Regional Office (RO), and CO during the response?
- Can you provide examples where internal coordination significantly contributed to the effectiveness of the humanitarian response?
- In what ways did UNFPA implement a 'no-regrets' approach, particularly in terms of decentralized decision-making? And the risks of action versus inaction?
- What were challenges or lessons learned in internal coordination?

Assumptions 6.3: Mobilizing resources

HR

- How effectively did UNFPA mobilize human resources (both national and international)?
- Were procedures aligned to FTPs?
- How was cluster capacity ensured through the mobilization of appropriate cluster coordinators?
- What were challenges or lessons learned in HR mobilisation?

Supply

- How effectively did UNFPA mobilize supply ?
- Were procedures aligned to FTPs?
- What were challenges or lessons learned in supply mobilisation?

Funding

- Was the mobilization of funding sufficient to meet the planned budgets? Explain?
- Any reprogramming/funding reallocation that supported the response?
- Any budget flexibility and/or earmarked challenges or lessons?
- How has the current USAID funding cuts affected the response?

Partnerships

- How successful was UNFPA in engaging diversified partnerships to ensure tailored and context-specific implementation?
- How did partnerships contribute to access/utility of services, or in general reaching populations?
- What were challenges or lessons learned on partnerships?

Assumptions 6.4: Data and monitoring the response

- What monitoring frameworks and systems did UNFPA Sudan establish to track its humanitarian response?
- In what ways was monitoring data disaggregated (e.g., by gender, age, disability, location) to ensure addressing specific vulnerabilities?
- How did UNFPA ensure the regular analysis of monitoring data throughout the response period?

- How was monitoring data used to inform and adapt programming decisions?
- Can you provide examples where monitoring data led to significant programmatic adjustments?
- How was UNFPA's monitoring communicated to external partners, HTC?

Assumptions 7.1: Alignment with Inter-Agency Humanitarian Response

- How are UNFPA's humanitarian strategies and plans aligned with the collective inter-agency response?
- Can you provide example where UNFPA has been providing particular added value to the interagency response?
- What challenges have been encountered in ensuring alignment (gaps, duplication, coordination capacity, IM) and how were they addressed?
- What were challenges or lessons learned on UNFPA alignment to the common response?

Assumptions 7.2: UNFPA GBViE and SRHiE integrated and mutually reinforcing

- How do UNFPA's humanitarian teams coordinate with country development teams?
- What specific mechanisms or processes are in place to facilitate coordination between humanitarian and development teams?
- How does UNFPA ensure that its GBViE and SRHiE interventions are designed and implemented in a way that they are mutually reinforcing?
- What strategies have been used to ensure that interventions related to SRH, GBV, PSEA, data, and supply are strategically integrated rather than siloed?
- Can you provide examples where integration of different?
- What were challenges or lessons learned operational/strategic integration?

Assumptions 8.1: Transition to UNSDCF & CPD

- What steps has UNFPA taken to develop a clearly articulated 'Deactivation or Transition Plan' in collaboration with the HRD?
- How does the transition plan reflect the integration of humanitarian and development programming?
- In what ways has UNFPA contributed to the 2026-2028 transition UNSDCF?
- How is UNFPA ensuring that its future CPD is aligned with National Development Priorities and the transition UNSDCF (2026-2028)?
- What strategies are in place to ensure a transition from humanitarian to development programming?
- What were challenges or lessons learned in this transition?

Assumptions 8.2: Building resilience of national and subnational government

- What specific activities has UNFPA implemented to strengthen the capacity of national and subnational governments to prepare for future humanitarian crises?
- How has this supported government in crisis preparedness and response?
- Can you provide examples of capacity-building initiatives that have strengthened government resilience in responding to emergencies?
- What mechanisms are in place to ensure that capacity development efforts are sustainable and/or institutionalized within government structures?
- What were challenges or lessons learned in resilience building?

Assumptions 8.3: Building resilience of local organisations

- What specific activities has UNFPA implemented to strengthen the capacity and resilience of local organizations?
- How has this supported local organisation in crisis preparedness and response?
- Can you provide examples of capacity-building initiatives that have strengthened local organisations' resilience in responding to emergencies?

- What mechanisms are in place to ensure that capacity development efforts are most sustainable?
- What role has UNFPA played in facilitating access to budgetary and multi-year funding for local organizations to enhance their resilience?
- What were challenges or lessons learned in resilience building?

INTERVIEW QUESTIONS - GOVERNMENT

Assumptions 1.1: Needs-Based Humanitarian Response

- How does the government perceive UNFPA's engagement in needs assessments, particularly regarding the needs of women, girls, youth, and vulnerable populations (IDPs, persons with disabilities, marginalized groups)?
- From the government's perspective, how well has UNFPA ensured the collection and sharing of disaggregated data on needs and vulnerabilities?
- How does the government view the extent to which UNFPA's response strategies have addressed the needs of vulnerable populations?
- What challenges does the government perceive UNFPA faced in ensuring needs-based programming, and how effectively were these addressed?

Assumptions 1.2: Adaptation to Changing Contexts and Needs

- How does the government perceive UNFPA's capacity to adapt to evolving needs and changes in the crisis context?
- How does the government view UNFPA's efforts to include community voices, particularly from marginalized groups, in its adaptation and decision-making processes?

Assumptions 2.1: Life-Saving Quality SRH Services

- How does the government perceive the effectiveness and quality of UNFPA's SRH services?
- Have UNFPA's SRH activities really contributed to improving access and utilization of SRH services?
- What were challenges or lessons learned with UNFPA's SRH activities?

Assumptions 2.2: Communities are aware of SRH services and referral

- How does the government perceive the effectiveness and quality of UNFPA's community information/awareness activities?
- Have UNFPA's awareness activities really contributed to improving access and utilization of SRH services?
- What were challenges or lessons learned with community awareness/information?

Assumptions 3.1: Lifesaving GBV prevention and response services

- How does the government perceive the effectiveness and quality of UNFPA's GBV services?
- Have UNFPA's GBV activities really contributed to improving access and utilization of GBV services?
- What were challenges or lessons learned with UNFPA's GBV activities?

Assumptions 3.2: Communities are informed of GBV risks, services and referral

- How does the government perceive the effectiveness and quality of UNFPA's community information/awareness activities?
- Have UNFPA's awareness activities really contributed to improving access and utilization of GBV services?

- What were challenges or lessons learned with community awareness/information?

Assumptions 4.1: Leadership and Coordination of SRH Sub-Cluster

- How does the government perceive UNFPA's leadership role in coordinating the SRH TT at the national/subnational levels?
- What were challenges or lessons learned with UNFPA leadership and coordination?

Assumptions 4.2: Leadership and Coordination of GBV AoR

- How does the government perceive UNFPA's leadership role in coordinating the GBV AoR at the national/subnational levels?
- What were challenges or lessons learned with UNFPA leadership and coordination?

Assumptions 5.1: Geographic Reach and Equity

- How does the government perceive UNFPA's efforts to ensure that its humanitarian response reached all priority groups and geographic locations?
- What were challenges or lessons learned in reaching all populations?

Assumptions 6.1: Timeliness of Emergency Response

- How does the government perceive UNFPA's timeliness in responding to the humanitarian crisis?

Assumption 6.3: Mobilization of Resources

- How does the government perceive UNFPA's capacity to mobilize adequate human, financial, and supply resources for its humanitarian response?

Assumptions 6.4: Data and monitoring the response

- How did UNFPA support you in generating data, disaggregated, including on maternal mortality/DHIS/MMDS?

Assumptions 7.1: Alignment with Inter-Agency Humanitarian Response

- How do stakeholders perceive UNFPA's alignment with broader inter-agency frameworks/response?
- What were challenges or lessons learned in complementarity/duplication/gaps?

Assumptions 8.1: Transition to UNSDCF & CPD

- How does the government perceive UNFPA's contribution to the development of the transition UNSDCF?
- How does that compare to other UN agencies?
- How does the government view UNFPA's approach to integrating humanitarian and development programming?
- What were challenges or lessons learned in transitioning/UNSDCF?

Focus Group Discussion Guide

Preparation

FDGs will be conducted in accordance with the UNEG Ethical Guidelines for Evaluation. In particular, FDGs shall ensure that participants' physical and psycho-social safety is ensured and that they understand how the information they will share with the evaluation team will be used.

FDGs will be organized with the support of UNFPA staff and partners in cooperation with local leadership and take place in public or private safe spaces.

Participation to the FDGs will be voluntary and participants can leave at any stage. Their names will not be recorded. Information collected will be handled with care and destroyed after review by the evaluation team.

The UNFPA Country and Sub Offices, through its various partners (civil society organisations, women's groups, and other non-governmental organisations), will facilitate the identification and recruitment of FGD participants. This includes the procurement of relevant informed oral consent.

Special attention will be paid to the safety of the participants: males and female participants will be mixed or separated according to cultural norms and issues to be discussed. Evidence of imminent threats or instances of violence will be immediately reported to UNFPA. In addition to our conscious focus on the safety of all participants, the evaluation team can also conclude that there are no direct risks (as a result/consequence of your participation) that have been identified.

The discussion will be facilitated in local language or translated as appropriate, with a national expert -- supporting translation, interpretation, and transcription of discussion notes.

We would like to advise all participants to keep the contents of the focus group discussion confidential from other participants outside of their respective groups.

The duration of the Focus Group Discussion will be 90 - 120 minutes.

Guidance for facilitators

- **Welcome** participants and have them sit in circle.
- **Introduce** yourself and the purpose of the exercise: "We are conducting a review for UNICEF to help it learn about their programme, what worked well and what to improve"
- Explain the **independence** of the exercise - we are working on behalf of UNICEF but are not ourselves UNICEF staff members. A written report will be produced for UNICEF, an edited version of which may subsequently be published.
- Explain that participation is **voluntary**, and participants can leave at any time. Participants are not required to answer all questions.
- Explain that everything discussed will be kept **confidential**. Ask participants for **consent**.
- Explain that **notes** will be taken but views expressed will not be attributed to individuals. Participants should feel free to speak freely, and we would ask them not to repeat outside the group what others have said during the discussion.
- Explain that the discussion will last **60 to 90 minutes**.

Warming up

- **Explain that the purpose** of the discussion is to share experience and stories on what has changed in people's life since the conflict started
- **Set Ground Rules:** establish guidelines for respectful communication, confidentiality, and active listening. Encourage participants to speak freely and respect each other's views.
- Ask a few light, open-ended questions related to the topic to get the conversation flowing. For example, you could ask, "What inspired you to participate in this discussion today?"

Questions

Assumptions 1.1: Needs-Based Humanitarian Response

- What were the most urgent needs of women, girls, youth, and vulnerable groups (e.g., IDPs, PWD)?
- Were there any gaps in meeting the needs of your community? What would you have liked to see done differently?

Assumptions 1.2: Adaptation to Changing Contexts and Needs

- How were your voices and the needs of your community considered?

Assumptions 2.1: Life-Saving Quality SRH Services

- How easy was it for you or members of your community to access SRH services?
- What were particularly good elements from the services?
- What were the main challenges you or others faced in accessing these services?

Assumptions 2.2: Communities are aware of SRH services and referral

- How did you find out about the availability of SRH services and the referral system?

Assumptions 3.1: Lifesaving GBV prevention and response services

- How easy was it for you or members of your community to access GBV services?
- What were particularly good elements from the services?
- What were the main challenges you or others faced in accessing these services?

Assumptions 3.2: Communities are informed of GBV risks, services and referral

- How did you find out about the availability of SRH services and the referral system?

Assumptions 5.1: Geographic Reach and Equity

- Were these services accessible and utilised by all groups of the population, including those most vulnerable, marginalised?

Assumptions 6.1: Timeliness of Emergency Response

- Were SRH and GBV services available when you most needed them?

Assumptions 8.1: Transition to UNSDCF & CPD

- Looking forward, what more can be done to ensure communities are well-informed, and can access the SRH and GBV services ?

Closure

- **Summarize Key Points:** recap the stories shared and the selected key point. Highlight common themes and insights.
- **Thank Participants:** Express appreciation for their contributions and emphasize the value of their stories in informing future programming.
- **Provide Next Steps:** Inform participants about how the insights gathered will be used and any follow-up actions they can expect

Annex 4: Evaluation terms of reference

Evaluation of the UNFPA Humanitarian Response in Sudan 2023-2024 January 2025

1. Introduction

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

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

UNFPA in Sudan

UNFPA has been operating in Sudan since 1973.

The UNFPA 7th Country Programme (2018 - 2021/24) has been operational in both development and humanitarian contexts. However, Sudan shifted to an entirely humanitarian country following the eruption of war between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in April 2023. The 7th Country Programme 2018 - 2021/24 was extended several times due to political instability and the recent eruption of war in 2023. The UNDAF has, in the meantime, been replaced with the UN Sustainable Development Cooperation Framework (UNSDCF) to address the changing landscape in response to the rising humanitarian needs. Based on this, annual Humanitarian Response Plans (HRPs) have become the common programming framework for the UN agencies and their partners.

UNFPA Sudan's humanitarian programming is aligned to the HNRPs for Sudan. OCHA estimates that 12.1 million women and girls will be in need of gender-based violence (GBV) services in 2025 and 220,000 displaced women and girls are currently pregnant. Moreover, close to 80 per cent of health facilities in the worst hit conflict-affected areas are no longer functioning due to shortages of supplies and staff who are themselves displaced. According to the UNFPA Humanitarian Action Overview (HOA) 2025, the total requirement for UNFPA humanitarian response in Sudan is USD\$ 119,540,000.

An interim UNSDCF was initiated in 2023 to cover the period 2024 - 2027, but it was interrupted by the war. The UNCT is currently in the process of developing a new UNSDCF for the interim period 2025 - 2028, which will focus on humanitarian response in the entire country. A light Common Country Analysis (CCA) based on desk review and secondary documentation is currently being conducted to inform this interim UNSDCF. The process will require government consultation and endorsement, with

finalization of the UNSDCF expected by the end of May, and presentation to the Executive Board (ExBo) in September. The interim UNSDCF will prioritize development, peace, and service provision as areas for institutional capacity building. The results group will discuss with the consultant how the humanitarian response will be integrated in the UNSDCF. UNFPA, UNICEF, and UNDP currently discuss the timeframe for their respective CPD submissions. Due to the time constraint the CPD submission may occur in early 2026. UNFPA Sudan is in the process of developing a new CP to be submitted to the Executive Board for approval in September 2025. The CP will focus on humanitarian response and the humanitarian-development-peace nexus.

Rationale for a humanitarian evaluation

The 2024 UNFPA Evaluation Policy encourages CO to carry out a Country Programme Evaluation (evaluation) every programme cycle, and as a minimum every two cycles. The last evaluation was conducted in 2015 for the Sudan 6th Country Programme (CP) 2013 - 2016/2017 which informed the development of the current 7th CP (2018 - 2021/2024). The rating of the evaluation against the Evaluation Quality Assurance criteria was good. In 2021, the Country Office carried out a comprehensive review of the 7th CP by an external consultant using evaluation methodology and the DAC criteria for evaluation. It was intended to inform a new CP for which preparatory work and wider consultations started late 2022. However, the process did not proceed due to the eruption of war in April 2023.

The failure to have a new CP for the period 2024 - 2027 led the Country Office to propose an evaluation in 2025, which, therefore, became part of the Costed Regional Evaluation Plan. This was supported by the provisions of the revised Evaluation Policy. In the recent evaluation capacity building workshop attended in Nairobi in June 2024, the COs planned for evaluations were requested to further discuss and prepare a concept note and partner consultations for an evaluation.

However, given the current context in Sudan, the CO leadership estimated that it would be too difficult to obtain the information and data needed to effectively assess the results achieved since 2018 and produce quality evaluative evidence to inform the upcoming largely humanitarian CP. As the current humanitarian situation is expected to remain for the foreseeable future, the CO decided to conduct an evaluation of UNFPA Level 3 Humanitarian Response in 2023-2024 in lieu of a full evaluation. The focus of this evaluation will be to reflect on how UNFPA has responded to the humanitarian needs since the eruption of the war in April 2023, to feed lessons learned into the development of the upcoming CP as well as the ongoing humanitarian response.

Evaluation of UNFPA humanitarian response in Sudan 2023-2024

The Evaluation of the UNFPA humanitarian response in Sudan will provide an independent assessment of UNFPA's Humanitarian Response in 2023-2024, and offer an analysis of various facilitating and constraining factors influencing the humanitarian response and programme delivery and the achievement of intended results. The evaluation will also draw conclusions and provide a set of actionable recommendations for UNFPA's ongoing humanitarian response as well as for the next programme cycle.

The evaluation will be implemented in line with the [UNFPA Guidance on Humanitarian Evaluations](#) and the [UNFPA Evaluation Handbook](#). The [Guidance on Humanitarian Evaluations](#) provides practical advice on how to conduct evaluations in humanitarian contexts, considering the need to flexibly adapt the evaluation methodology to the highly unpredictable and volatile humanitarian contexts; ensure safety and security of all involved actors; protection issues and ethical considerations; and the obligation to uphold humanitarian principles during the entire evaluation process. The [Evaluation Handbook](#) provides practical guidance for managing and conducting evaluations and other types of evaluation to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation .

The main audience and primary intended users of the evaluation are: (i) the UNFPA Sudan CO, field offices and SCOs; (ii) the Humanitarian Country Team (HCT) and leads of the humanitarian clusters,

(Protection, Health, Logistics/Access, PSEA, MHPSS); (iii) the Government of Sudan; (iv) implementing partners of the UNFPA Sudan CO; (v) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (vi) the United Nations Country Team (UNCT)/United Nations Humanitarian Coordination Team (HCT); (vii) the Arab States Regional Office (ASRO); and (viii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA Humanitarian Response Division (HRD), Supply Chain Management Unit (SMCU) and other headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; and (iii) local civil society organizations and international NGOs in Sudan. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be centrally managed by the UNFPA Independent Evaluation Office (IEO) in close consultation with ASRO, the UNFPA Sudan Country Office (CO), and the Evaluation Reference Group (ERG), throughout the evaluation process. The UNFPA regional planning, monitoring and evaluation adviser (RPMEA) at the Arab States Regional Office (ASRO) will provide technical and methodological guidance and support to the evaluation. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the [UNFPA Guidance on Humanitarian Evaluations](#), [UNFPA Evaluation Handbook](#) and the [ALNAP Evaluation of Humanitarian Action Guide](#).

2. Country Context

The Republic of Sudan is the third-largest country on the continent, and the third largest by area in the Arab League. Sudan split into two countries in 2011 based on an independence plebiscite by the people of South Sudan, yet multiple issues, particularly around oil revenues and border demarcation, have continued to generate major tensions between the countries. Fighting in South Kordofan and neighboring Blue Nile state between the Government of Sudan and the Sudanese People's Liberation Movement/Army – North (SPLM/A-N) broke out in the lead-up to South Sudan independence in 2011. Successive UNOCHA Humanitarian Needs Overviews (HNOs) for Sudan since 2015, have noted that the ongoing emergencies have affected the already fragile health system affecting the majority of the Sudanese population. Sudan began a transition to democracy in 2019 after the overthrow of President Omar Al-Bashir who had presided over the country for nearly three decades. The period was marked by a range of well-documented human rights violations, including the use of child soldiers, ethnic cleansing of non-Arab populations, and the use of rape as a weapon of war. Economically, because of the secession of South Sudan, Sudan lost three quarters of its oil production – revenues that had constituted much of its gross domestic product (GDP). Poor economic conditions, elevated food prices, cash shortages, and high inflation rates continue to constrain the population's capacity to purchase essential items such as food:

In April 2023, heavy fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) suddenly erupted in Khartoum and quickly spread to other parts of the country. The ongoing conflict, along with previous conflicts dating back to 2003, has led to Sudan becoming the world's largest internal displacement crisis. "Approximately 11.4 million people – or one in every five individuals in Sudan – are now displaced. This figure includes 8.6 million people displaced since mid-April 2023 and an additional 2.75 million people displaced prior to this date. Around 3 million people have fled to neighboring countries, including the Central African Republic, Chad, Egypt, Ethiopia, South Sudan and Uganda."

Over 18 months into the conflict, Sudan's security situation remains volatile, with heavy clashes reported in the Greater Darfur region, the Kordofan states, Sennar, Al Jazirah, and Khartoum. Since 20 October 2024, escalating violence in Al Jazirah State has forcibly displaced approximately 343,500 people, following armed attacks on over 30 villages and towns.

The conflict has displaced millions of people and is currently the largest displacement, hunger and protection crisis in the world. As of 2024, an estimated 24.8 million people are in need of humanitarian assistance, and over 10.7 million are internally displaced, primarily from Khartoum (35%), South Darfur (19%), and North Darfur (14%) states.” As per the Sudan Humanitarian Needs and Response Plan (HNRP) 2024, humanitarian organizations aimed to provide humanitarian assistance and support to 14.7 million of the most vulnerable people at the cost of US\$2.7 billion in 2024. The ongoing conflict has severely impacted women and girls, with more than 255,000 displaced pregnant women as of September 2024, while the risk of gender-based violence (GBV) continues to rise.

The humanitarian crisis is further exacerbated by natural disasters including droughts and floodings: “Famine conditions have been confirmed in Zamzam IDP camp near Al Fasher, North Darfur, while over half of the population faces Crisis (IPC 3) or worse. This has intensified the urgent demand for reproductive health, maternal care, and gender-based violence (GBV) services, as women and girls in famine-affected areas face increased vulnerabilities. Heavy rains, flooding, and disease outbreaks, including cholera, have further compounded the crisis, particularly for pregnant women and those at risk of GBV, heightening the need for safe spaces, dignity kits, and essential reproductive health services.” Heavy rainfalls since June have caused widespread flooding and displacement across Sudan, affecting an estimated 491,100 people in 63 localities across 15 states.

Sexual and Reproductive Health and Rights

On SDG Goal 3: Good health and well-being, Sudan faces major challenges in regards to the majority of its indicators. In 2022, the maternal mortality rate was 270 per 1,000 births, and the neonatal mortality rate was 25. The under-five mortality rate was 52 (2022) while life expectancy at birth was 65 (2021). The adolescent birth rate was 5.2 births per 1,000 females between the age of 15 and 19 in 2022, and 38 percent of girls (15-24) were married before the age of 18. The percentage of women aged 15-49 years currently married who are using any method of contraceptive (CPR). The percentage of deliveries assisted by any skilled attendant is 77.7 percent, while the institutional deliveries rate was only 27.7 percent in 2022. The unmet need for family planning remained high at 26.6 percent, and only 8.5 percent of young women age 15-24 years have comprehensive knowledge of HIV. The SRH indicators have deteriorated since the outbreak of the war in 2023. Reproductive and maternal health outcomes have been severely impacted by widespread food insecurity: “Already fragile due to the destruction of health systems, pregnant women and breastfeeding mothers face heightened risks from acute malnutrition, which can lead to maternal morbidity and mortality. Malnutrition exacerbates conditions like anemia, a major contributor to maternal deaths from hemorrhage, and increases the risk of complications during pregnancy, including miscarriage or stillbirth.”

Gender Based Violence

According to the UNFPA Humanitarian Situation Report # 16, September 2024, “over 6.9 million people are at risk of GBV across Sudan, with a marked increase in conflict-related sexual violence reported in all areas of the country. Incidents of sexual violence, kidnapping, forced marriage, intimate partner violence, and child marriage are particularly prevalent in Khartoum, Aj Jazirah, and the Darfur states. There are rising reports of sexual exploitation, abuse, and trafficking, not only targeting women and girls but increasingly also affecting men and boys. Underreporting remains a significant challenge due to fear of retaliation, stigma, and limited access to services. Humanitarian access in conflict zones is severely restricted, exacerbating the situation by limiting access to essential services and supplies, and hindering comprehensive support for survivors of GBV.”

Population dynamics

As of 2022, Sudan’s population was estimated at 49.7 million people. However, according to the State of Sudan Population Report 2024, the state of population “has changed drastically and rapidly as severe fighting erupted suddenly and is still continuing in different parts of the country targeting primarily civilians, especially in urban and densely populated rural areas in the country.” Also, the war caused exceptionally high forced internal displacement of people (IDPs), currently estimated at 11

million IDPs within Sudan, and 3.2 million cross-boarder refugees. “The report highlights significant declines in mortality and fertility attributed to the war, resulting in an unusual decline in population size and growth. The total fertility rate (TFR) is likely to have declined to 2.9 children per woman, in view of an expected rate of 4.3 children per woman in 2024. This decline in the TFR translates to a drop in the annual total births from 1.6 million to 1.1 million; or half-million births in one year.

3. UNFPA Humanitarian Action in Sudan

UNFPA 7th Country Programme

UNFPA’s ongoing humanitarian response in Sudan falls within the 7th Country Programme 2018-2021/2024. The overall goal for the 7th CP is to reduce maternal deaths and disabilities through an integrated approach to sexual and reproductive health, family planning and prevention and response to gender-based violence. The 7th CP has three overarching outcomes that focus on, 1) sexual and reproductive health (SRH); 2) gender equality and women’s empowerment; and 3) population dynamics. While there is no outcome focused on youth empowerment, the needs of young people with regards to SRH information and services are addressed within the CP outcomes.

The CP strategies were initially designed to bridge the humanitarian development divide by ensuring that it delivers humanitarian assistance in the context of both resilience and Sudan’s national development priorities. The CP document thus included a humanitarian response component focusing on addressing the needs of IDPs in Greater Darfur, South Kordofan and Blue Nile states, together with a development component in the rest of Sudan. When the conflict broke out in April 2023, UNFPA’s humanitarian activities were rapidly scaled up and expanded to several other areas affected by the conflict and humanitarian crises.

UNFPA humanitarian response 2023–2024

UNFPA’s humanitarian response focuses on the provision of live-saving SRH services through the implementation of Minimum Initial Service Package (MISP) for SRH, capacity development of health care workers, and procurement and distribution of Inter-Agency Reproductive Health (IARH) kits, dignity kits, EmONC equipment and infection prevention and control (IPC) supplies. UNFPA also deploys roving community midwives and health care providers in hospitals and supports mobile clinics to deliver live-saving health services in hard-to-reach areas, community-based referral systems, and rehabilitation of health centers.

UNFPA supported Women and Girls Safe Spaces (WGSS) provides essential GBV prevention and response services across Sudan. These services include individual and group-based psychosocial support, referrals, and information sessions on GBV and available services, including referrals. Community-based protection networks have been established in Blue Nile, White Nile, Sennar, River Nile, Northern State, Gedaref, Kassala, Red Sea, West Darfur, Central Darfur and South Darfur. Additional activities include awareness-raising sessions; vocational and life-skills training; and training of GBV service providers on GBV prevention, risk mitigation, and response. UNFPA also creates awareness and trains UNFPA implementing partners, SRH and GBV service providers, and community members on the Protection from Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP).

The UNFPA Sudan CO engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the UNFPA Sudan CO participates in the Humanitarian Country Team (HCT) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The evaluation will serve the following purposes, (i) oversight and demonstrate accountability to stakeholders on UNFPA Sudan's performance in responding to the needs of populations affected by the humanitarian crises and on invested resources; (ii) support evidence-based decision-making to inform the ongoing humanitarian response and development and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results in the humanitarian context.

4.2. Objectives

The objectives of this evaluation are:

- To provide the UNFPA Sudan CO, national stakeholders and rights-holders, the UNFPA ASRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Sudan humanitarian response 2023-2024, under the Sudan 7th country programme 2018 - 2021/24
- To broaden the evidence base to inform the ongoing humanitarian response programming and the design of the next programme cycle, as well as regional and cross-border humanitarian responses.

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

- To provide an independent assessment of the relevance, coherence, effectiveness, coverage, and efficiency of UNFPA humanitarian assistance.
- To provide an assessment of the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- To provide an assessment of the role played by the UNFPA Sudan CO in the coordination mechanisms of the UNCT and Humanitarian Coordination Team (HCT), with a view to enhancing the UN collective contribution to the humanitarian response and ensuring contribution to longer-term recovery.
- To examine UNFPA Sudan's role in regional humanitarian responses and cross-border collaboration with Chad and South Sudan.
- To draw key conclusions from UNFPA's role in and contribution to the humanitarian response current cooperation and provide a set of clear, forward-looking and actionable recommendations for the ongoing humanitarian response and next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover all the states where UNFPA implemented humanitarian interventions in 2023 and 2024, including Red Sea, Kassala, Gedarif, White Nile, North Darfur, South Darfur, River Nile and Northern states.

Thematic Scope

The evaluation will focus on UNFPA's humanitarian response 2023-2024 with an emphasis on the following thematic areas: (i) provision of life-saving SRH and GBV services; (ii) humanitarian response capacity of the CO and IPs; and (iii) humanitarian supply chain management. The evaluation will also cover cross-border operations supporting the humanitarian response in Sudan, including the deployment of an Access Specialist from GERD HRD, GBV AoR and logistics support in Chad, and South Sudan cross border support for supplies movement. In addition, the evaluation will cover cross-cutting issues, such as human rights, gender equality, disability inclusion in humanitarian contexts.

Temporal Scope

The evaluation will cover the UNFPA Sudan humanitarian response implemented during 2023-2024 of the current CP.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the [UNFPA Guidance on Humanitarian Evaluations](#), the evaluation will apply the OECD/DAC evaluation criteria of relevance, effectiveness, efficiency and coherence, in addition to the humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach (coverage); and (ii) to work across humanitarian-development-peace (HDP) nexus and contribute to building resilience (connectedness). To tailor the evaluation criteria and methodology to the humanitarian context, the evaluators will use the [ALNAP Guide for Evaluating Humanitarian Action Using the OECD-DAC Criteria](#) (pp. 27-32 and pp. 38-44) and the [ALNAP Evaluation of Humanitarian Action Guide](#) (pp. 111-115)

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to needs, and priorities of IDPs and host communities as war-affected populations.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Coherence	The extent to which UNFPA interventions in the mandated thematic areas are mutually reinforcing (or not). Coherence includes internal coherence and external coherence with other actors (e.g. governments, other UN agencies, and development partners).
<i>Coordination</i>	<i>The extent to which UNFPA has been an active member of, and contributor to, existing coordination mechanisms, specifically, the United Nations Country Team (UNCT). This also includes UNFPA membership of, and contributions to, humanitarian coordination mechanisms of the humanitarian country team, where applicable.</i>
Coverage	The extent to which major population groups facing life-threatening conditions were reached by humanitarian action. Evaluators need to assess the extent of inclusion bias – that is, the inclusion of those in the groups receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is, exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity).
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account, that is a nexus approach, and that also indicates the complementarity of UNFPA with other partner interventions.

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the reconstructed CP theory of change, the country office has generated a set of preliminary evaluation questions that focus the evaluation on the most relevant and meaningful aspects of the country programme. At the design phase, the evaluators will further refine the evaluation questions in consultation with the Sudan CO leadership, the ERG and the IEO evaluation manager.

Relevance

- To what extent has the UNFPA Sudan country office been able to adapt and respond to changes in national priorities and the needs of affected populations, including those of IDPs, refugees and host communities as direct war affected groups, caused by the armed conflict in many parts of the country?

Effectiveness

- To what extent have the interventions supported by UNFPA delivered outputs responded to needs of war-affected populations particularly girls and women at reproductive age? In particular: (i) increased access to and use of SRH services; (ii) improved access to GBV services and information particularly for IDP women and girls who experienced SGBV and other forms of violence; (iii) data availability and use for response to needs of the affected populations?
- To what extent did UNFPA play a leadership role in coordinating SRHR and GBV preparedness and response in collaboration with other partners?

Efficiency

- To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate approaches, procedures and tools to pursue the achievement of the outcomes of the humanitarian response programme?
- To what extent did the CO and IPs have the capacity needed to rapidly shift and scale-up to a L3 humanitarian response?

Coherence

- To what extent has UNFPA leveraged strategic partnerships with national, local and grassroots organizations to ensure access to life-saving SRHR and GBV services for vulnerable and marginalized populations affected by the humanitarian crises?
- To what extent has UNFPA's leadership of the GBV sub-cluster and SRHR cluster working groups contributed to effective and timely delivery of life-saving services?

Coordination

- The extent to which UNFPA has been an active member of, and contributor to, existing coordination mechanisms, specifically, the United Nations country team. This also includes UNFPA membership of, and contributions to, humanitarian coordination mechanisms of the humanitarian country team, where applicable.

Coverage

- To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (e.g. young people and women with disabilities.) affected by the humanitarian crises?

Connectedness

- To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises?

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

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The evaluation will adopt a **theory-based approach** that relies on an explicit theory of change, which depicts how and why the humanitarian response interventions supported by the CO in 2023-2024 are expected to contribute to a series of results (outputs and outcomes) that contribute the overall goal of UNFPA and saves the lives of women and girls during the humanitarian crises. The theory of change forms an essential building block of the evaluation methodology as it serves as the basis for the

evaluators to assess how relevant, effective, efficient, and coherent the support provided by the CO has been during the humanitarian response in 2023-2024. The theory of change will thus play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations.

At the inception phase, the evaluators will perform an in-depth analysis of the theory of change and its intervention logic with regards to UNFPA's humanitarian response in 2023 and 2024. The evaluation team will review and reconstruct the original theory of change to reflect UNFPA's Level 3 humanitarian response and intended its result. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change, which will largely be humanitarian.

As part of the theory-based approach, the evaluators shall use a **contribution analysis** to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA humanitarian response 2023-2024 (under the 7th country programme) made.

The results framework of UNFPA Sudan 7th country programme 2018-2021/24 can be found in Annex A.

Participatory approach

The humanitarian evaluation of the UNFPA L3 response will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Sudan CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government ministries and institutions, civil society organizations, and implementing partners, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth)]. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The UNFPA Sudan CO will establish an evaluation reference group (ERG) composed of key stakeholders of the country programme, including: partner government institutions, NGOs and sister UN agencies. More specifically, the members of the ERG include the Federal Ministry of Health, Ministry of Social Welfare, Community Development Foundation (CDF), Nada Alzhar Organization and the Sudanese Family Planning Association. A focal point from the HRD will also be included in the ERG. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will adopt a theory-based and mixed method approach based on the UNFPA Guidance on Humanitarian Evaluation and the revised Evaluation Handbook. In light of the current situation, the humanitarian evaluation will primarily depend on secondary sources through desk review of repository documents. This shall be combined with virtual or in-person key informant interviews (KIIs) and, to the extent possible, observations at field sites and focus group discussions with programme participants, including service providers and community members. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. However, as the access to quantitative data in Sudan might be limited, quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators

that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

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

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation [Handbook](#). This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Sudan CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes, in particular, the [Evaluation Handbook](#) and the evaluation quality assurance and assessment principles.

The evaluation will be conducted in accordance with the UNEG *Norms and Standards for Evaluation, Ethical Guidelines for Evaluation, Code of Conduct for Evaluation in the UN System, and Guidance on Integrating Human Rights and Gender Equality in Evaluations*. When contracted by the UNFPA Sudan CO, the evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA humanitarian response in Sudan in 2023-2024. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

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

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The evaluation manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.

- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the evaluation manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

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

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

Sampling strategy

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

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

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

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

Data collection

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

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels as well as focus and group discussions. Key informants will include: government officials and other representatives ((including of different parties in case of conflict) relevant and feasible, representatives of implementing partners, civil society organizations, grassroots organizations including youth groups and women-led organizations, cluster leads, Areas of Responsibility (AoR) and sector leads, other United Nations organizations, peacekeeping missions (representatives and field coordinators), and donors funding the humanitarian response in Sudan. Focus group discussions will be conducted with with service providers and rights-holders, notably women, adolescents and youth) and direct observation will take place during visits to selected field sites.

Moreover, the evaluation team will interview regional and headquarters stakeholders who are directly or indirectly involved in the UNFPA Sudan humanitarian response, including key staff from the Humanitarian Response Division (HRD), the Human Resource Division (HRD), the Division for External Relations (DER), the Regional Office and others.

Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the CO in a document repository. These should include Humanitarian Needs and Response Plan (HNRP), the CPD, CPD review, humanitarian project documents, Country Office Annual Reports (COARs), other studies and evaluations, donor proposals and reports, internal and monitoring reports, and quantitative data, as available. The evaluation team will also review humanitarian cluster or sector updates (bulletins, meetings minutes, the “4Ws”, funding appeals, situation updates by the Office for the Coordination of Humanitarian Affairs (OCHA) and other United Nations agencies, maps and infographics (such as rapid displacement tracking updates), Moreover, documents related to the regional cross-border collaboration with Chad and South Sudan will be included.

The evaluation team is expected to dedicate a total of up to 3 weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g. interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

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

Validation mechanisms

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

Methodological limitations and risks

Due to inaccessibility problems, there will be limitations for collection of primary data from 80% of the focus states using the common methods of KIIs and FGDs. Virtual interviews and community testimonies could be conducted, however, it may be interrupted by the unstable internet connectivity in some states. Diverse methodological approaches could be applied in Kassala and Gedarif as CP focus states and in River Nile, Red Sea and Northern states as new operational areas. The evaluation team will continuously monitor the security situation and risks and adapt the evaluation methodology accordingly throughout this evaluation in consultation with the CO leadership and UNDSS. A high degree of flexibility and adaptability will be allowed to collect data while ensuring upholding of humanitarian principles, protection and ethical considerations, and “doing no harm”. The evaluation shall also “comply with existing guidance, such as the World Health Organization’s WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies” (UNFPA Guidance on Humanitarian Evaluation, 2024).

Use of Artificial Intelligence (AI) in UNFPA evaluations

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

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the evaluation manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the humanitarian evaluation manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the [Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System](#), [Principles for the Ethical Use of Artificial Intelligence in the United Nations System](#), and [UNFPA Information Security Policy](#). The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of ‘leaving no one behind’, ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

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

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

The evaluation manager at the UNFPA Sudan CO leads the preparation phase of the evaluation. This includes:

- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the humanitarian evaluation stakeholders
- Recruiting the evaluation team.

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

The inception phase sets the overall framework for the humanitarian evaluation. This phase includes:

- Induction meeting(s) between the IOE evaluation manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary inception interviews, mainly with CO staff
- Developing the evaluation approach and methodology, including reconstruction of the theory of change, refining the preliminary evaluation questions, developing the evaluation matrix, methods for data collection, sampling method and site selection.
- Drafting the inception report
- ERG meeting to present the inception report
- Finalisation of inception report
- Developing the field work agenda

The **inception report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager, the ERG. and the regional M&E adviser in the UNFPA Arab States Regional Office (ASRO).

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

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

The field phase includes:

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

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

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

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

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet

- Drafting evaluation report version 1
- Quality assurance of evaluation report version 1 and recommendations worksheet by the evaluation manager and RO M&E Adviser
- ERG meeting on evaluation report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting evaluation report version 2 (incl. quality assurance by team leader)
- Quality assurance of evaluation report version 2 by the evaluation manager and RO M&E Adviser
- Final evaluation report with compulsory set of annexes (incl completed evaluation matrix)

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

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

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

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Inception report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the inception report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the humanitarian evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Sudan CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Version 1 evaluation report.** The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the evaluation recommendations begins with a set of tentative recommendations proposed by the evaluation team (see [Handbook](#), section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be

complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).

- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the IEO evaluation manager, in collaboration with the communication officer in the UNFPA Sudan CO will develop an:

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

All the deliverables will be developed in the English language.

9. Indicative Timeframe and Work Plan

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

The tentative work plan and timeline for main tasks and deliverables in the design, field and reporting phases of the evaluation can be found here: [Draft work plan and timeline](#)

10. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate and humanitarian response (SRHRiE, GBViE, supply logistics management, adolescents and youth; gender equality and women's empowerment). All team members should have extensive experience conducting evaluations in humanitarian contexts.

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

10.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

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

her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for humanitarian data and be responsible for disability inclusion, human rights and gender in the evaluation methodology.

Evaluation team member: SRHR expert

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

Evaluation team member: GBV and gender specialist.

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the IEO evaluation manager, UNFPA Sudan CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

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

10.2. Qualifications and Experience of the Evaluation Team

Team leader

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

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and humanitarian assistance.
- Extensive experience in leading complex evaluations commissioned by UN organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of the UNFPA humanitarian response and 7th CP covered by the evaluation (see expert profiles below).
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in or good knowledge of the region and the national development context of Sudan.
- Fluent in written and spoken English, knowledge of Arabic an added value.

SRHR expert

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

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning and obstetric fistula; Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Sudan.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Arabic, languages .

GBV youth, population and data expert

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

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development .
- Substantive knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Good knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems

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

11. Budget and Payment Modalities

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

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

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

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

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

	Team leader	Thematic expert 1	Thematic expert 2
Design phase	18	6	6
Field phase	20	16	16
Reporting phase	26	6	6
Dissemination and facilitation of use phase	2	1	1
TOTAL (days)	66	29	29

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



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