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Evaluation of Joint Resilience Programme in South-Central Somalia from 2018 to 2022

Decentralized Evaluation Terms of Reference

WFP Somalia Country Office &
UNICEF Somalia Country Office

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1. Background

1. These Terms of Reference (TOR) were prepared by WFP Somalia Country Office based upon an initial document review and consultation with stakeholders and following a standard template. The purpose of these terms of reference is to provide key information to stakeholders about the evaluation, to guide the evaluation team and to specify expectations during the various phases of the evaluation.

1.1. INTRODUCTION

2. These terms of reference are for the final activity evaluation of the Joint Resilience Programme¹ in southcentral regions of Somalia. This is a joint evaluation commissioned by WFP Somalia Country office, with cooperation of UNICEF Somalia and will cover the period from January 2018 to April 2022. This Joint Resilient Programme by UNICEF and WFP has been offering a comprehensive package including nutrition, livelihoods, health, education and Water, Sanitation and Hygiene (WASH) interventions, such as Nutrition treatment and prevention services, community workers support programme, asset creation to support small-farm holder, vaccination campaigns, school and education quality support and WASH facilities etc. to all population beneficiaries residing in nine districts in Banadir and six districts in Gedo from 2018 to June 2022 (Map in Annex 1). In those regions, the evaluation will target children under 2, under 5 and pregnant and lactating mothers (target group for phase I), as well as school children, school related staff and parents/community education committees (target group for phase II).

1.2. CONTEXT

3. Somalia is located in the Horn of Africa. Following more than two decades of conflict, a new federal government emerged in Mogadishu in 2012 within the framework established by the Provisional Constitution. With a population of 15.74 million (in 2021), it is a country with recurrent food and nutrition crises, large number of out-of-school children, internal migration, weak education system, widespread insecurity, political instability, underdeveloped infrastructure, and frequent natural hazards such as drought and floods.
4. The per-capita Gross Domestic Product (GDP), in 2018, of Somalia is around US\$ 314.52. Multiple deprivations in living standards, education, health, water, and sanitation affect most Somali households. Nearly seven of 10 Somalis live in poverty, the sixth-highest rate in the region³. The economy is dominated by agriculture (60%). The economy of Somalia has survived as an informal economy, based mainly on livestock, remittance/money transfers from abroad, and telecommunications. Somalia is classified as a least developed country, with the majority of its population being dependent on agriculture and livestock for their livelihood. In Somalia there are four broad categories of rural livelihood: Pastoralism, Agropastoralism Riverine Agriculture, and Coastal. But within the vast pastoral area as well as within the extensive overall agropastoral area, there are many variations in ecology and trade that make a significant difference between livelihoods concluding to 18 livelihood zones.
5. Worsening drought in Somalia coupled with concurrent shocks has created massive food security and nutrition requirements that have led to a risk of Famine in 2022. The latest review by the Integrated Food Security and Humanitarian Phase Classification (IPC) suggests some 6 million people require food relief (IPC 3+) between now and June 2022, representing nearly 40 percent of Somalia's population, including 1.7 million people in Emergency (IPC Phase 4) and over 81,000 people facing Catastrophe (IPC Phase 5). If the current April to June Gu season rains fail, food prices continue to rise

1 The Joint Resilient Programme include Phase I "Strengthening Resilience in South Central Somalia" and Phase II "Building Resilient Communities in Somalia through basic education"

2 <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=SO>

3 <https://blogs.worldbank.org/african/data-development-poverty-and-policy-somalia>

and humanitarian assistance is not scaled up, some areas and groups across Somalia will remain at risk of Famine.

6. This is aggravated by a critical nutrition situation. Global Acute Malnutrition (GAM) rates are at 'Emergency' levels in 45 out of 74 districts,⁴ and it is likely that 1.4 million children will suffer from acute malnutrition this year.⁵ Widespread and rapid deterioration of the nutritional situation is expected if humanitarian assistance is not scaled immediately. The 1.4 million children at risk of becoming acutely malnourished will likely increase due to high levels of food insecurity, water scarcity, increased prevalence of measles and acute watery diarrhoea and drought and conflict induced displacement. Admissions for acute malnutrition treatment in the first quarter of this year have been higher than in previous years. Most areas facing risk of famine are already above 15% of GAM rate. High rates of acute malnutrition among children are likely to continue beyond the usual peak season of June/June and extend to post Deyr 2022.
7. In all 6 targeted districts in Gedo region, the estimated proportion of people under IPC3 and above is 29 to 40% in February to June 2022, whilst Banadir region will reach 20% with Population under IPC3 and above, with huge number of new arrival Internally Displaced Persons (IDP).
8. Undernutrition in Somalia is a challenge. Research on malnutrition and morbidity trends in Somalia between 2006 and 2017⁶ shows that despite the persistent complex situation, there has been a sustained decline in stunting and morbidity in the last decade. Wasting trends have remained at very high levels especially in north-east and the south zones of Somalia⁶ (2020). The malnutrition rate in Somalia is still high in 2020 report with 28% of children under the age of five are stunted, and 17% are severely stunted, while 12 percent are wasted with 6 percent of the children are severely wasted. Twenty three percent of children under the age of five are underweight, with 12 % severely underweight⁷.
9. High levels of acute malnutrition persist in some areas due to a combination of factors, including food insecurity, high morbidity, low immunization and vitamin-A supplementation, and poor care practices (OCHA, 2019). The country also has one of the highest infant mortality rates in the world: one in seven Somali children dies before his/her fifth birthday, with under-nutrition believed to be the underlying cause of a third of those deaths. The Maternal Mortality Ratio for Somalia is 692 deaths per 100,000 live births. This means that in the country, for every 1,000 live births, approximately seven women die during pregnancy, childbirth, or within two months of childbirth.⁸ Therefore, progress towards Sustainable Development Goal (SDG) 2 targets remain highly challenging.
10. With Support from WFP, technical support to the Scaling Up Nutrition (SUN) secretariat was given to develop a national fortification strategy, in order to create an enabling national environment for food fortification and to reduce the prevalence of Micronutrient Deficiency (MND) among the population. In 2019, SUN conducted a Fill the Nutrient Gap (FNG) analysis, which has been a useful reference for the formulation of evidence-based policies and strategies as well as for development and costing of common results framework. UNICEF and WFP continue engaging the government on linking ONA and DHIS2 processes. Additionally, UNICEF and WFP are jointly rolling out SCOPE in OTP/TSEF/MCHN sites for beneficiary registration, enrolment, distribution of commodities and programme monitoring.
11. Access to safe water in Somalia has improved from 30% in 2012 to 53% in 2015. Still, over 47% of the population does not have access to safe drinking water and 80% of the population does not have adequate knowledge, nor do they use the recommended methods of household water treatment and safe storage. The underlying causes for this include unavailability of safe water sources in rural and urban communities, long distances to water sources that limit access to enough water supply and limited community awareness of their right to WASH services. Somalia has one of the world's lowest proportions of primary-age children attending primary school. Despite progressive developments in

4 Emergency/Critical malnutrition levels are declared when global acute malnutrition rates exceed 15 percent.

5 FSNAU-FEWS NET 2021 Post-Deyr Technical Release, February 2022.

6 Martin- Canavate R, Custodio E, Yusuf A, et al. Malnutrition and morbidity trends in Somalia between 2007 and 2016: results from 291 cross-sectional surveys. *BMJ Open* 2020;10:e033148. doi:10.1136/bmjopen-2019-033148

7 The Somali Health and Demographic Survey 2020

8 The Somali Health and Demographic Survey 2020

the Education Sector, there are still huge gaps in access to education for children in Somalia. Out of five million school-aged children, over three million children are out of school in Somalia. The Gross Enrolment Ratio (GER) for remains low, at 24 per cent for primary level and 26 per cent at secondary level in the Central South regions of Somalia.⁹ Due to ongoing conflict, instability and extreme governance weakness, the greatest challenge in increasing the national primary school GER remains in the areas under the direct administration of the Federal Government of Somalia. Additionally, the GER for both primary and secondary education are lowest for socially excluded groups in rural areas, which demonstrates massive inequities based along geographic and socio-economic lines, and in areas inaccessible due to security risks and ongoing conflict.

12. While numerous inequities exist within Somalia, the most socially excluded groups are rural children (particularly those from pastoralist communities). This is demonstrated by the disparity between rural and urban enrolments where children from rural areas constitute only 8 per cent of overall primary enrolments and less than 1 per cent of secondary enrolments.¹⁰ Children from households within the lowest wealth quintiles (including 'urban poor'), children with disabilities, and children from IDP households and minorities also are disproportionately excluded from education
13. Population survey estimates conducted by UNFPA indicate that only 40% of the Somali population is literate, with literacy rates being 8% higher among males compared to females¹¹. As noted Somalia has one of the world's lowest GER and many children who are enrolled are overage for their current grade level; 33 per cent of children enrolled in primary education during the 2020-21 academic year were overage.¹² Somalia has one of the world's lowest overall school enrolment rates, with only 30 percent of children enrolled at primary level (6-13 years) and 25 percent at secondary level (14-17 years): respectively 24% and 26% for South central region. IDP children have higher risk of not accessing education and 90% of children dropping out of school due to displacement will not re-integrate schools. There are still huge gaps in the access to education for children in Somalia, more than three million children in Somalia are out of school and they are rooted in the protracted conflict which has reinforced vulnerabilities. Poverty and economic disadvantages is the main underlying cause of non-enrolment and school dropout, and impact on children's access to primary education opportunities. Girls are four times more likely to drop out than boys from the same background, as most of the girls abandon their studies to attend to domestic chores; whereas the boys leave their schools to supplement household income. In addition to long distances to school, safety concerns, social norms favouring boys' education, and lack of teachers, particularly female teachers, and the low availability of sanitation facilities, stop parents from enrolling children, particularly girls, in school.
14. In response to many challenges, the government revised the 2016 National Development Plan and adopted the ninth National Development Plan (NDP-9, 2020-2024) in December 2019. The NDP-9 has four pillars encompassing security and rule of law, inclusive politics, economic development, and social development as pathways to achieving long-term development and wellbeing of the Somali people. The Joint Resilience Programme funded by KfW contributes to Pillar 4: Social development, and reports under the Resilience Sub-working group. Both UNICEF and WFP have intervention priorities through the UNICEF Somalia Country Programme Document (CPD, Somalia- 2018-2020) and the WFP Somalia Interim Country Strategic Plan (ICSP, Somalia – 2019-2021) to reduce malnutrition in Somalia.
15. Concerning the progress on SDG 17 targets, mainly related to capacity strengthening, Somalia has been steadily rebuilding its institutions, especially in public financial management, revenue mobilization, planning, monitoring and evaluation and aid coordination management. NDP-9 has enhanced policy coherence in poverty reduction, sustainable development, national frameworks and development planning tools. The last population census was conducted in 1975; the new National Bureau of Statistics plans to conduct a census within the timeframe of NDP-9.

⁹ Ministry of Education and Higher Studies, Federal Government of Somalia, Education Statistical Yearbook 2020-21

¹⁰ Ibid, p. 15, p. 31

¹¹ PESS, Educational Characteristics of Somalia People, 2015.

¹² Ministry of Education and Higher Studies, Federal Government of Somalia, Education Statistical Yearbook 2020-21

16. Concerning the enhance global partnership, an aid coordination mechanisms have been established to drive both technical and political aspects of peacebuilding and development initiatives. Somalia's aid architecture was further restructured in 2020, with "must-not-fail" milestones and a mutual accountability framework to support the achievement of NDP-9 objectives and Somalia's SDG commitments.
17. Over the past decade, both attitudes and narratives regarding gender equality and women's representation and participation have been improving in the public sphere, with the Federal Government of Somalia (FGS) developing several key frameworks, including the Provisional Constitution, the National Gender Policy, the Somalia Women's Charter and the NDP-9. However, the Women's Charter has not received Parliamentary approval and is therefore not yet legally binding. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) has been signed but not yet ratified, while the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has neither been signed nor ratified. There have been legislative efforts to enact a human rights-based legislation on sexual offences aimed at filling critical legal gaps in this area. However, these efforts have been resisted by various groups which has stalled progress. The enactment of sexual offenses legislation is needed to address various issues identified under SDG 5. A lack of systematic efforts is observed in the implementation of the Women, Peace and Security agenda, which is a key to promote and advance gender equality and women's empowerment (GEWE) in conflict and post-conflict environments.
18. Despite the efforts mentioned above, GEWE data remains worrying. The incidence of violence and rape across Somalia continues increasing. Female genital mutilation (FGM) is still highly prevalent in Somalia. Early marriage (below 18 years) remains common, with girls often married below the age of 15, and even as low as 12 or 13. The last two electoral cycles of 2012 and 2016, women's representation did fall below the 30 per cent quota in the 2016 electoral process, but the proportion of women elected was a 47-per cent increase from 2012. There are also significant gendered disparities in the labour market participation of women in Somalia. Women also face challenges in accessing services and resources such as credit, insurance, finance, land rights and ownership, training and technology.
19. In terms of international assistance in the area, the Joint Resilience Programme (JRP) is implemented together with UNICEF and since 2021, FAO; 13 cooperation partners and different line ministries (health, education, WASH, agriculture, etc) at Federal and state level. UNICEF is implementing a health, nutrition education and WASH component while FAO is developing livelihood pathways. Besides the JRP, different international organizations are implementing projects in the programme areas: SOMREP, an Non-Governmental Organization (NGO) resilience consortium or Trocaire (in Jubaland); in Banadir.
20. On 16th March, 2020, Somalia recorded its first case of coronavirus. As of 10th December 2021 13, 23,074 cases of COVID-19 have been confirmed in Somalia and has continued deteriorate the income and nutritional status. Somalia comes top of the INFORM Global Risk Index with a vulnerability score of 8.9 out of 10. This makes it the country with the weakest capacity to cope with the added stress of a pandemic such as COVID-19 in the world- with an already fragile health system at breaking point.
21. The outbreak of the COVID-19 pandemic has caused an education crisis in Somalia and was the main event that has impacted the implementation of Phase I and II. The Somalia Federal Government took precautionary measures against the spread of COVID-19 by closing all schools as of 16 March 2020 for nearly 5 months, which affected the learning of more than 1 million children in primary and secondary schools. The immediate implications for educational outcomes are not yet clear, nor are the long-term impacts on educational outcomes. Often the prolonged closure of schools means more than the loss of education; schools are main source of access to food, clean drinking water, social care, and a haven for play and interaction for many children. WFP is planning to update the drought & famine prevention assessment results early 2023, which is anticipated to result in an increase of IPC4 and IPC5 beneficiary numbers.

22. For the programme, COVID-19 delayed many of the activities given the necessary mitigation measures that were put in place, especially social distance, celebration of events was banned, curfew and flights cancellation. This was translated into the closure of schools, a reduction of the numbers attending health facilities, or suspension of different trainings that were planned. To a lesser extent, since most activities were completed in 2021, the drought and the elections have also had some impact in the programme.

2.1. RATIONALE

23. The evaluation is being commissioned for the following reasons:
- a. The WFP Somalia Country Office is commissioning the final evaluation of the German Federal Ministry of Economic Cooperation and Development (BMZ)/German Development Bank (KfW) funded UNICEF-WFP Joint Programme to assess performance of the programme for the purposes of accountability and programme strengthening.
 - b. The evaluation is expected to provide evidence of what worked in the past and provide programmatic recommendation for joint resilience operation, in particular for Joint Resilient Programme in South-Central Somalia, Phase III (2022-2024).
 - c. Along with looking into the performance of this programme, the evaluation will be used to enhance accountability towards the beneficiaries and KfW.
 - d. To provide evidence-based findings to inform future programming.
24. The evaluation will have the following uses for the UNICEF and WFP Somalia Office:
- a. Conclusions, recommendations and identified lessons learned will guide the Country Offices as appropriate in implementing similar programme across the country. This will guide both ongoing and future joint partnerships.
 - b. The evaluation will document lessons learned, the relevance/validity of the assumptions made during the design of the UNICEF-WFP Joint BMZ/KfW Programme and inform about the way forward. The recommendations will inform programme managers to improve programme implementation for greater impact for beneficiaries.
 - c. The evaluation recommendations will also be useful beyond UNICEF and WFP as national authorities and NGOs will be potential users of the results of the assessment.
 - d. This can contribute to a knowledge platform of lessons learnt on strengthening resilience situations particularly in the Horn of Africa region, and elsewhere with similar programming and context.

2.2. OBJECTIVES

25. Evaluations serve the dual and mutually reinforcing objectives of accountability and learning.
- a. **Accountability** – The evaluation will assess and report on the performance and results of the “Strengthening Resilience in South-Central Somalia Programme” in the Banadir¹⁴, Gedo¹⁵ and Lower Juba¹⁶ regions of Somalia over the 2018 – 2021 period.
 - b. **Learning** – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated, and lessons will be incorporated into relevant lesson sharing systems.
26. Both accountability and learning will weight equally.

¹⁴ 14 districts out of 17 in Banadir: Kaaran, Wadajir, Heliwa, Shibis, Hawlwadag, Shangaani, Wardhiigleey, Kaxda, Yaaqshid, Abdiaziz, Daynile, Waberi, Bondheere, Xamar Jajab

¹⁵ 6 districts in Gedo: Dolow, Luuq, Garbaharay, Belethawa, Baardheere, Burbudho

¹⁶ 3 districts in Lower Juba: Dhobley, Kismayo and Afmadow

27. As WFP and UNICEF are committed to enhancing GEWE and Human Rights through all its work, another objective of this evaluation will be to assess whether the Joint Resilience Programme is equally accessible to men and women, boys and girls, as well as people with disabilities and if not, what the barriers are and for whom, and most importantly what could be done to break these barriers.

2.3. STAKEHOLDER ANALYSIS

28. The evaluation will seek the views of, and be useful to, a broad range of WFP and UNICEF internal and external stakeholders. A number of stakeholders will be asked to play a role in the evaluation process in light of their expected interest in the results of the evaluation and relative power to influence the results of the programme being evaluated. Table 1 provides a preliminary stakeholder analysis, which should be deepened by the evaluation team as part of the inception phase.

29. Accountability to affected populations, is tied to WFP's and UNICEF commitments to include beneficiaries as key stakeholders in WFP's and UNICEF work. As such, both agencies are committed to ensuring GEWE in the evaluation process, with participation and consultation in the evaluation by women, men, boys and girls from different groups (including persons with disabilities, the elderly and persons with other diversities such as ethnic and linguistic).

Table 1: Preliminary stakeholder analysis

Stakeholders	Interest and involvement in the evaluation
Internal (WFP & UNICEF) stakeholders	
WFP country office (CO) in Somalia	Key informant and primary stakeholder - Responsible for the planning and implementation of WFP interventions at country level. The country office has an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its programmes. The country office will be involved in using evaluation findings for programme implementation and/or in deciding on the next programme and partnerships.
UNICEF Somalia	Key informant and primary stakeholder - This UNICEF-WFP Joint BMZ/KFW Programme is jointly implemented by UNICEF and WFP, and thus UNICEF is also a primary stakeholder. UNICEF Somalia has an interest in learning from experience to inform decision-making. It is also called upon to account internally and often externally for performance and results of its programmes. UNICEF office will be involved in using evaluation findings for programme implementation and/or in deciding on the next programme and partnerships.
UNICEF CSR (Central South Region)	Key informant and primary stakeholder - Responsible for day-to-day programme implementation. The field offices liaise with stakeholders at decentralized levels and has direct beneficiary contact. It will be affected by the outcome of the evaluation. The findings will be used to strengthen the system through decentralization.
WFP field offices in Gedo and Banadir regions, Somalia	Key informant and primary stakeholder - Responsible for day-to-day programme implementation. The field offices liaise with

	stakeholders at decentralized levels and has direct beneficiary contact. It will be affected by the outcome of the evaluation.
Regional bureau (RB) for East Africa	Key informant and primary stakeholder - Responsible for both oversight of country offices and technical guidance and support, the regional bureau management has an interest in an independent/impartial account of operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. The regional bureau will be involved in the planning of the next programme, thus it is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight. The regional evaluation officers support country office/regional bureau management to ensure quality, credible and useful decentralized evaluations.
UNICEF Regional Office	Key informant and primary stakeholder - UNICEF Regional office is Responsible for both oversight of country offices and technical guidance and support, the regional bureau management has an interest in an independent/impartial account of operational performance as well as in learning from the evaluation findings to apply this learning to other country offices.
WFP HQ divisions	Key informant and primary stakeholder - WFP headquarters divisions are responsible for issuing and overseeing the rollout of normative guidance on corporate programme themes, activities and modalities, as well as of overarching corporate policies and strategies. They also have an interest in the lessons that emerge from evaluations, as many may have relevance beyond the geographical area of focus. Relevant headquarters units should be consulted from the planning phase to ensure that key policy, strategic and programmatic considerations are understood from the onset of the evaluation. They may use the evaluation for wider organizational learning and accountability.
UNICEF Headquarters (HQ)	Key informant and primary stakeholder - UNICEF HQ is responsible for issuing and overseeing the rollout of normative guidance on corporate programme themes, activities and modalities, as well as of overarching corporate policies and strategies. They also have an interest in the lessons that emerge from evaluations, as many may have relevance beyond the geographical area of focus. UNICEF HQ an interest in the review as it will shape further strategies of collaboration with WFP and other UN agencies and look at furthering delivering as one.
WFP Office of Evaluation (OEV)	Primary stakeholder - The Office of Evaluation has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralized evaluation stakeholders as identified in the evaluation policy. It may use the evaluation findings, as appropriate, to feed into centralized evaluations, evaluation syntheses or other learning products. [
WFP Executive Board (EB)	Primary stakeholder - the Executive Board provides final oversight of WFP programmes and guidance to programmes. The WFP governing body has an interest in being informed about the effectiveness of WFP programmes. This evaluation will not be

	presented to the Executive Board, but its findings may feed into thematic and/or regional syntheses and corporate learning processes.
External stakeholders	
Beneficiaries: populations in 9 target districts in Banadir region, 6 target districts in Gedo region and 3 target districts in Lower Juba	Key informants and primary/secondary stakeholders - As the ultimate recipients of programme assistance, beneficiaries have a stake in WFP and UNICEF determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.
Government: Ministry of Health, Ministry of Education Culture and Higher Education, Ministry of Public works, Office of the Prime Ministry, Ministry of Planning (MoPIED), Ministry of Agriculture and Irrigation, Ministry of Livestock, Forestry and Range and Ministry of Water and Energy	Key informants and primary stakeholder - The Government has a direct interest in knowing whether WFP and UNICEF's activities in the country are aligned with its priorities, harmonized with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest, including the design and implementation of future WFP & UNICEF activities.
United Nations country team (UNCT): WHO, UNFPA, FAO, UNDP, UN Women	Secondary stakeholder - The harmonized action of the UNCT should contribute to the realization of the government developmental objectives. It has therefore an interest in ensuring that WFP and UNICEF programmes are effective in contributing to the United Nations concerted efforts. Various agencies are also direct partners of WFP at policy and activity level.
NGOs including Cooperating Partners of UNICEF and WFP: CEDA, NCA, HIRDA, JDO, GEWDO, EDRO, WVI, IDF, RAAS	Key informants and primary stakeholder - NGOs are WFP's & UNICEF's partners for the implementation of some activities while at the same time having their own interventions. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships. They will be involved in using evaluation findings for programme implementation.
Donors : BHA, ECHO, kfw, FCDO, SIDA, CIDA etc.	Primary/secondary stakeholders - WFP and UNICEF interventions are voluntarily funded by a number of donors. Particularly this project is funded by BMZ and supported by KfW. They have an interest in knowing whether their funds have been spent efficiently and if WFP work has been effective and contributed to their own strategies and programmes.

3. Subject of the evaluation

3.1. SUBJECT OF THE EVALUATION

30. UNICEF Somalia and WFP Somalia are supporting the government's National Development Plan (NDP9) through "Strengthening Resilience in South-Central Somalia Programme (2018-2022), Phase 1" and "Building Resilient Schools in Somalia (2019-2022), Phase 2", with the financial support from the German Federal Ministry of Economic Cooperation and Development (BMZ), provided through the German Development Bank (KfW), and in collaboration with the Government of Somalia.
31. Phase 1 of a joint resilience programme with integrated interventions of nutrition, health, water, sanitation and hygiene (WASH) at facility, household and community-levels. Target regions, Banadir and Gedo, had been prioritized as of 2017 due to their high GAM rates, which exceed 15 per cent in both, and their SAM rates, which range from 2.1 to 3 per cent in North Gedo (riverine and pastoral) but is higher, at 4 per cent, among IDP in Banadir.
32. Banadir region is an administrative region in Southeastern Somalia which consists of seventeen districts. It covers the same area as the city of Mogadishu, Somalia's capital. It has the highest percentage of residents who are internally displaced persons among the regions of Somalia. The Gedo region, consist of six districts, is an administrative region in southern Somalia. The economy mostly depends on livestock and farming but the Gedo region has strong interregional and international cross-border trade with Kenya and some extent with Ethiopia. Target regions have been prioritized, as of 2017, due to their high GAM rates, which exceed 15 per cent in both, and their Severe Acute Malnutrition (SAM) rates, which range from 2.1 to 3 per cent in North Gedo (riverine and pastoral) but is higher, at 4 per cent, among IDPs in Banadir.

Phase I

33. The programme has the following goals **Phase I**: Increased access of individuals, households and communities to quality basic nutrition, health and WASH services and increased capacity to plan, manage and monitor recurrent shocks and stresses.
34. The programme outcomes for **Phase I** are as follow:
 - I. Increased availability of basic services delivered at facility and community levels.
 - II. Communities, households and individuals are engaged in the delivery of basic services, leading to improved knowledge, attitudes and practices that support better choices.
 - III. Strengthened local governance and management systems for the oversight and provision of basic services Focus populations Children under-5, mothers, pregnant and lactating women.
35. To strengthen the integration of services, UNICEF and WFP work with the same implementing partners to deliver prevention and treatment of malnutrition through 100 fixed and mobile sites¹⁷. In addition, UNICEF and WFP are integrating therapeutic feeding programme (OTPs) to treat children with severe wasting and providing Target Supplementary Feeding Programme (TSFPs) for children with moderate wasting.
36. As of the end of 2021, with support from UNICEF, 34 health facilities (110 per cent of the planned target), including OTPs, in Banadir (21) and Gedo (13) regions, have been provided with WASH services representing 100 per cent achievement of the planned target.
37. With the objective for Communities, households and individuals are engaged in the delivery of basic services, leading to improved knowledge, attitudes and practices that support better choices, in close collaboration with Ministry of Health (MOH), UNICEF and WFP, the curriculum for Community Health

¹⁷ The number of sites reduced to 100 in March 2020 due to two factors: 1) a few mobile sites have been consolidated and 2) a few sites are currently not accessible to due to the security situation in Gedo.

Workers has been developed and endorsed by MoH and partners for national use beyond the program areas.

38. With the objective for “Strengthened local governance and management systems for the oversight and provision of basic services Focus populations Children under-5, mothers, pregnant and lactating women”, Community Development Committees (CDCs) in the Gedo region continue to support communities using the Participatory Integrated Community Development (PICD) process.
39. WFP is building the supply chain capacity of the MoH through the construction of a central warehouse in Mogadishu to support safe storage centrally of essential drugs and nutritious food and as a function of a central distribution centre of drugs and supplies. With the COVID-19 outbreak in Somalia, UNICEF, WFP and its partners are committed to ensuring the program continuity and delivery of quality services and results for children. The delivery of critical integrated services such as SAM and MAM treatment continues to further protect children and women from morbidity and mortality.
40. In total, €57,500,000 of funding was provided for phase I, and 3,745,286 beneficiaries have been targeted in Gedo and Banadir between 2018 and 2020. Specific funding disaggregation per year for phase I will be shared during the inception phase. Please see Annex 2 for the targeted beneficiaries disaggregated by year and the list of activities under Phase I can be consulted in Annex 3.

Phase II

41. In Phase II, besides SDG 2, the JRP includes Education, WASH, Livelihoods. UNICEF and WFP aim to capitalize on investments and gains made in Phase I by addressing the root causes of children’s vulnerability; with a specific focus on multi-causal malnutrition, understanding their many constraints to accessing and benefiting from quality education and providing a safe, protective environment to transform children into productive members of their communities. In Phase II, UNICEF and WFP focus is on bringing all these elements together in a systematic way, and support children through a lifecycle lens. The Phase II intervention has been implemented in 13 schools in Banadir and 56 schools in Jubaland State (Gedo and Lower Juba).
42. The programme has the following goal for **Phase II**: Young and school-aged children have increased access to quality early childhood development and basic education, and adolescents have increased life skills, through safe and protective learning environments.
43. The programme outcomes for **Phase II** are as follow:
 - I. The most vulnerable children and adolescents have increased access to quality early childhood development, basic and nutrition-sensitive education.
 - II. Communities, Federal Government, Federal Member States, and Banadir Regional Administration are more resilient with increased capacity to support the provision of integrated education services for children and adolescents. Geographical Focus The regions worst affected by social, development and economic marginal.
44. Under Programme Phase II, with objective for the increased access to quality early childhood development, basic and nutrition-sensitive education, and to improve the teaching-learning environment at school and enhance the learning outcomes of an individual child, UNICEF has signed partnership agreements with four IPs to implement activities in all the 69 target schools. All the planned activities have been completed in Jubaland and Banadir.
45. With objective to support Communities, Federal Government, Federal Member States, and Banadir Regional Administration are more resilient with increased capacity to support the provision of integrated education services for children and adolescents.
46. Under the Safe Schools component, UNICEF, in partnership with United Nations Mine Action Service (UNMAS), provided community-based explosive hazard risk education to children and community members. The partnership aims to increase the safety of communities at risk of explosive hazards, particularly children, by providing risk education and increasing knowledge to adopt safe behaviours in at-risk environments. In Banadir, Lower Juba and Gedo region, the water system was rehabilitated and to date, most schools have access to an adequate water supply system and handwashing facilities.

47. Strengthening the capacity of Community education committees (CEC) is very important to promote resilience and programme sustainability as they play an important role in the management of school and community resources. They provide an opportunity for parents and communities to be actively involved, including participation, and sharing responsibilities in school management and ownership.
48. The provision of educational materials to schools is a crucial component to improve the teaching and learning environment, particularly for children who may have difficulty purchasing school supplies, such as stationery, due to the economic situation of their families.
49. Strengthening teachers' capacity with relevant teaching skills is crucial and has a direct impact on improving the learning outcomes of children.
50. UNICEF, in collaboration with the child protection unit, partnered with UJAMAA to empower adolescents (girls and boys) to prevent sexual violence, FGM and other harmful cultural practices in Somalia. The project to prevent Gender-Based Violence (GBV) in schools is being implemented in all 69 schools across Banadir and Jubaland.
51. In total, €33,100,000 of funding was provided for phase II, and 91, 375 beneficiaries have been targeted in Jubaland and Banadir. Specific funding disaggregation per year will be shared during the inception phase. Please see Annex 4 for the targeted beneficiaries disaggregated by year. The list of activities under Phase II can be consulted in Annex 5.
52. The evaluation can rely on results frameworks and matrix for both phases of the programme (see annexes 6). They clarify the success indicators, the target for each year, as well as the assumptions and risks that could prevent the programme to achieving its objectives. Among others, the challenges related to political and security situation are highlighted as a potential risk. The current drought is also an area of concern as it could overwhelm service providers. There is no theory of change for this joint resilience programme. During the Inception Phase, the evaluation team will be expected to review existing results framework and develop a theory of change for this joint programme.
53. Although no specific gender analysis has been used to develop this evaluation ToR and no specific gender analysis has been produced concerning the joint resilience programme activities, the evaluation should mainstream gender perspectives and considerations through all stages of the evaluation and making sure that the most vulnerable women and girls will be considered adequately.
54. The evaluation can rely on existing evidence. Findings, conclusions and recommendations from the below assessment should be considered by the evaluation team:
 - An internal review of a joint WFP UNICEF resilience programme funded by BMZ through KfW entitled Strengthening Resilience in South Central Somalia, was realised in 2020.
 - Phase I & II, Mid Term Evaluation, 2020.
 - WFP Country Portfolio Evaluation, published in 2018, it covers all WFP activities in Somalia from 2012 to 2017. It assessed WFP's strategic positioning, the quality of and factors influencing WFP's decision making, and the performance and results of portfolio activities.
 - Evaluation of UNICEF's coverage and quality in complex humanitarian situations: Somalia. The objectives of the evaluation were to i) assess UNICEF' performance in achieving coverage and quality in Somalia in 2015-2018 and 2020-2021, ii) identify key enabling and inhibiting factors that influenced the delivery of high-quality humanitarian action in Somalia; and iii) capture good practice and innovation.

3.2. SCOPE OF THE EVALUATION

55. The decentralized evaluation will focus on the implementation period between 2018 and 2022.
56. The scope of this evaluation will cover all activities and processes related to UNICEF-WFP Joint BMZ/KfW Programme "Strengthening Resilience in South-Central Somalia Programme (Jan 2018- June 2022), Phase I " and "Building Resilient Schools in Somalia (Jan 2019- Dec 2022), Phase 2, with a view to informing future strategic and operational decisions.

57. The target regions for phase I are Banadir and Gedo. The target regions for phase II are Banadir and Jubaland State (Gedo and Lower Juba).
58. The target groups for Phase I, having a nutrition focus, are children under 2, under 5 and pregnant and lactating mothers; while Phase II are school children, and school related staff, including parents/community education committees.
59. The programme, does not include any intention efforts towards gender inclusion and only. Despite, in addition to sex-disaggregated data, the information collected should include a GEWE analysis. The evaluation findings should draw clear perspectives related to the different targeted groups, as well as pay attention to gender inequalities and specific gender vulnerabilities and concerns. Gender issues and gender dimensions will need to be clearly stated.
60. The logframe is shared in the Annex 6.

4. Evaluation approach, methodology and ethical considerations

4.1. EVALUATION QUESTIONS AND CRITERIA

61. The evaluation will apply the international evaluation criteria of Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability, ¹⁸. The evaluation will address the following key questions, which will be further developed and tailored by the evaluation team in a detailed evaluation matrix during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of the “Strengthening Resilience in South-Central Somalia Programme (2018-2022), Phase 1” and “Building Resilient Schools in Somalia (2019-2022), Phase 2, with a view to informing future strategic and operational decisions.

Table 2: Evaluation questions and criteria

Evaluation questions		Criteria
EQ1 How relevant is the programme design and implementation to the country context and the needs of its target beneficiaries?		Relevance
1.1	To what extent were the design and interventions of phase I and phase II were in line with the diverse needs of the community and beneficiaries, particularly in transition from Humanitarian phase to development phase?	
1.2	To what extent was the project gender-responsive and able to recognize, understand and address the diverse needs, vulnerabilities and perspectives of women, men, boys and girls in the Somali context through meaningful participation throughout the project cycle and tailored activities to respond to the identified needs?	
1.3	To what extent was the program intervention response to COVID-19 effective and appropriate?	
EQ2 How effective is the programme design and implementation to the country context and respond to the needs of its target beneficiaries?		Effectiveness
2.1	To what extent were the results and expected impact of the programme achieved? What were the main factors influencing the achievement or non-achievement of results? Most particularly:	

¹⁸ For more detail see: <http://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm> and <http://www.alnap.org/what-we-do/evaluation/eha>

	<ul style="list-style-type: none"> - To what extent was the design and implementation of the activities under phase 1 & 2 complementary to achieve the desired outcomes? - In what way, if any, has any joint planning, analysis and design conducted under the programme contributed to policy outcomes/results at local/regional/country level? - To what extent has the programme created or enhanced effective community level engagement in term of strengthening of community development? - How well have the referral mechanisms to other health and nutrition programmes (health facility to community and vice-versa) function? 	
2.2	<p>Has the programme appropriately considered gender and protection risks and the contribution of local power dynamics to possible inclusion/exclusion in its design, targeting and implementation processes?</p> <ul style="list-style-type: none"> - To what extent the recommendations and conclusions of the mid-term review were taken into consideration? 	
EQ3 To what extent is this programme coherent with other on-going relief, recovery, and development efforts?		Coherence
3.1	How was the programme synchronized and linked with the overall response of UNICEF, WFP, other UN agencies and partners interventions in relief/recovery/resilience building /development and with the relevant sector(s) that might have impact on education, health, and nutrition outcomes in the targeted regions?	
3.2	To what extent and how were multisector and multistakeholder partnerships and actions across the joint programme appropriately and effectively leveraged (sequenced, layered, integrated) for overall programme coherence and impact?	
EQ4 How efficient is the programme?		Efficiency
4.1	<p>How cost-effective is this programme compared to similar programmes in the country or within the sub-region?</p> <ul style="list-style-type: none"> - What were the external and internal factors influencing efficiency in terms of resources utilization (fund, time, etc.)? - What is the value-added of the joint intervention/investment? 	
4.2	How efficiently does the joint initiative contribute to coverage in service delivery (SAM, MAM, Vit A, immunization, school feeding, attendance, retention, and others)?	
4.3	To what extent is the assistance reaching the different groups of beneficiaries with the right quantity and quality of assistance, and at the right time?	
EQ5 How efficient is the programme?		Impact
5.1	<p>To what extent did the intervention contribute to long-term intended results? what are the main factors for the positive/negative impacts and what are the intended/unintended impacts? Most particularly:</p> <ul style="list-style-type: none"> - What long-term effects have been, or are likely to be, realized for community and household nutrition and health behaviour? - To what extent has the programmes resulted in more demand for better health and nutrition service delivery? - Are there any differences in behaviour or demand across gender, age group or disability dimensions? - To what extent has this joint programme transitioned from the protection of families and households in times of shock (absorption of shocks) to transition to adaptive resilience building, and how? - What has been the impact of the joint programming on school attendance and enrolment? 	

	<ul style="list-style-type: none"> - What impact has the programme had on the overall perception of community and parents about education particularly for girls? - What is the impact of monthly cash grant to children? - What has been the impact of school grants and IGA on overall attendance and retention of children in school? 	
5.2	To what extent did the combined effect of the different components of the programme contribute to building resilience and developing human capital of target beneficiaries?	
5.3	To what extent did the programme contribute to local conflict mitigation/resolution and possible peace outcomes?	
EQ6 To what extent are programme results sustainable?		Sustainability
6.1	<p>To what extent did programme design and implementation support transition planning and sustainability, such as capacity-building, empowerment and handover to national and local government institutions, community structures, local actors, and other partners? Most particularly:</p> <ul style="list-style-type: none"> - To what extent are key community structures and actors (e.g. Community education committees, Community Development Committees, local leaders, local organizations, etc.) active and supporting the sustainability of programme results? - To what extent did the project promote or advance local and national ownership and leadership? 	
6.2	<p>To what extent is it likely that the programme results and the benefits of the intervention will continue after WFP's and UNICEF work ceases? Most particularly:</p> <ul style="list-style-type: none"> - To what extent have the school grants supported sustainability of the project? - To what extent has to the programme influenced the government to increase investments in health, education, WASH and nutrition? - To what extent has this joint coordination led to longer-term partnerships and synergies across relevant sectors? 	

62. Gender Equality and empowerment of women and girls should be mainstreamed throughout. Allied to the evaluation criteria, the evaluation will address the above-mentioned key questions, which will be further be developed by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of the UNICEF-WFP Joint BMZ/KFW Programme which will inform future strategic and operational decisions, in particular to enhance gender equity across all programmes.

4.2. EVALUATION APPROACH AND METHODOLOGY

63. In accordance with the terms of reference, the evaluation team should adopt a participatory, consistent and iterative approach involving all stakeholders and make use of existing resources related to this intervention to address the evaluation questions mentioned in previous section (Table 2). The evaluation team is expected to expand upon the methodology described within these TOR, and develop a detailed evaluation matrix in the inception report. The methodology will be designed by the evaluation team during the inception phase and the evaluation team is expected to expand upon the methodology described within these TOR. The approach and methodology should:

64. Employ the relevant evaluation criteria above [Relevance, Effectiveness, Efficiency, Impact, Sustainability, and Coherence]. Apply an evaluation matrix geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints, as well as the approach should be sensitive and flexible to COVID-restrictions.

65. The methodology chosen should demonstrate attention to impartiality and reduction of bias by relying on mixed methods (quantitative, qualitative, participatory etc.) and different primary and secondary data sources that are systematically triangulated (documents from different sources; a range of stakeholder groups, including beneficiaries; direct observation in different locations; across evaluators; across methods etc.). It will take into account any challenges to data availability, validity or reliability, as well as any budget and timing constraints. The evaluation questions, lines of inquiry, indicators, data sources and data collection methods will be brought together in an evaluation matrix, which will form the basis of the sampling approach and data collection and analysis instruments (desk review, interview and observation guides, survey questionnaires etc.).
66. Ensure through the use of mixed methods that women, girls, men and boys from different stakeholder's groups including people living with disabilities, participate and that their different voices are heard and used, with emphasize on the participatory and community feedback methods. The methodology should be sensitive in terms of gender equality and inclusion, indicating how the perspectives and voices of diverse groups (men and women, boys, girls, the elderly, people living with disabilities and other marginalized groups) will be sought and taken into account. The methodology should ensure that primary data collected is disaggregated by sex and age; an explanation should be provided if this is not possible. Triangulation of data should ensure that the perspectives and voices of both males and females from diverse backgrounds are heard and considered.
67. Utilizing sex and age disaggregated data and bearing in mind other intersecting identities/factors in the project locations, the evaluation should analyze how gender equality and social inclusion considerations were mainstreamed in the design and implementation of the intervention.
68. The evaluation findings should incorporate a gender analysis that reflects how the diverse needs, perspectives, and vulnerabilities of the targeted groups relate to and interacted with the objectives, implementation, and outcomes of the intervention.
69. Looking for explicit consideration of gender and equity/inclusion in the data after fieldwork is too late; the evaluation team must have a clear and detailed plan for collecting data from women and men in gender and equity-sensitive ways before fieldwork begins.
70. The evaluation findings, conclusions and recommendations must reflect an analysis of the gender dynamics. The findings should include a discussion on intended and unintended effects of the intervention on gender equality dimensions. The report should provide lessons/challenges/recommendations for conducting gender responsive evaluations in the future.
71. The following mechanisms for independence and impartiality will be employed. For the evaluation an Evaluation Committee and an Evaluation Reference Group will be set up in order to maintain impartiality. The evaluation will be contracted to independent and external evaluators. Views of all stakeholders are taken into account, with different views appropriately reflected in the evaluation analysis and reporting to enhance the impartiality.
72. The following risks to the methodology have been identified:
 - a. Quality and quantity of the existing data sets. To mitigate this, during the inception phase, the evaluation team will be expected to perform an in-depth evaluability assessment and critically assess data availability, quality and gaps expanding on the information provided in Section 4.3. This assessment will inform the data collection and the choice of evaluation methods. The evaluation team will need to systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data during the reporting phase.
 - b. Access to some sites or beneficiaries may be limited due to COVID-19 and associated travel restrictions, conflicts and instabilities. To mitigate this risk, the evaluation team needs to ensure the methodology is feasible and flexible, developing different scenarios (with a best-case scenario, and inclusion of potential scenarios based on whether international movements remain allowed). National team members may need to lead on the primary data collection, supported by international team members remotely who will attend on-line interviews with WFP and key regional and national stakeholders, where possible. Any key informant guiding questions should be simplified to the extent possible ensuring they

remain manageable. Remote data collection or alternative data collection methods should also be considered. WFP will provide an update on the ethical and political situations in Somalia, including recent COVID-19 regulations and restrictions.

73. Based on the methodology developed by the evaluation team during the inception phase, the evaluation team will have access to data from UNICEF and WFP Country Offices and from their sub-offices. Gender disaggregated data will also be shared when available. Data should be taken care of considering data confidentiality. A list of the main primary and secondary data is available in Annex 7 and will be completed during the Inception phase.
74. Among the main limitations in terms of data, qualitative information is limited, and primary data collection will be needed. It is expected that the evaluation will also collect information from other stakeholders through interviews, focus group discussions and review of documentation.
75. Concerning the quality of data and information, the evaluation team should:
 - assess data availability and reliability as part of the inception phase expanding on the information provided in section 4.3. This assessment will inform the data collection process.
 - systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data.

4.4. ETHICAL CONSIDERATIONS

76. The evaluation must conform to UN Evaluation Group ([UNEG ethical guidelines for evaluation](#)). Accordingly, the selected evaluation firm is responsible for safeguarding and ensuring ethics at all stages of the evaluation process. This includes, but is not limited to, ensuring informed consent, protecting privacy, confidentiality and anonymity of respondents, ensuring cultural sensitivity, respecting the autonomy of respondents, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results do no harm to respondents or their communities.
77. The evaluation firm will be responsible for managing any potential ethical risks and issues and must put in place, in consultation with the evaluation manager, processes and systems to identify, report and resolve any ethical issues that might arise during the implementation of the evaluation. Ethical approvals and reviews by relevant national and institutional review boards must be sought where required.
78. The team and evaluation manager will not have been involved in the design, implementation or monitoring of the WFP “Strengthening Resilience in South-Central Somalia Programme (2018-2022)” nor have any other potential or perceived conflicts of interest. All members of the evaluation team will abide by the 2020 UNEG Ethical Guidelines, including the Pledge of Ethical Conduct as well as the WFP technical note on gender. The evaluation team and individuals who participate directly in the evaluation at the time of issuance of the purchase order are expected to sign a confidentiality agreement and a commitment to ethical conduct. These templates will be provided by the country office when signing the contract.

4.5. QUALITY ASSURANCE

79. The WFP evaluation quality assurance system sets out processes with steps for quality assurance and templates for evaluation products based on a set of Quality Assurance Checklists. The quality assurance will be systematically applied during this evaluation and relevant documents will be provided to the evaluation team. This includes checklists for feedback on quality for each of the evaluation products. The relevant checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.
80. The WFP Decentralized Evaluation Quality Assurance System (DEQAS) is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice. This quality assurance process does not interfere with the views or independence of the evaluation team but ensures that the report provides credible evidence and analysis in a clear and convincing way and draws its conclusions on that basis.

81. The WFP evaluation manager will be responsible for ensuring that the evaluation progresses as per the DEQAS Process Guide and for conducting a rigorous quality control of the evaluation products ahead of their finalization.
82. To enhance the quality and credibility of decentralized evaluations, an outsourced quality support (QS) service directly managed by the WFP Office of Evaluation reviews the draft ToR, the draft inception and the evaluation reports, and provides a systematic assessment of their quality from an evaluation perspective, along with recommendations.
83. The evaluation manager will share the assessment and recommendations from the quality support service with the team leader, who will address the recommendations when finalizing the inception and evaluation reports. To ensure transparency and credibility of the process in line with the UNEG norms and standards,^[1] a rationale should be provided for comments that the team does not take into account when finalizing the report.
84. The evaluation team will be required to ensure the quality of data (reliability, consistency and accuracy) throughout the data collection, synthesis, analysis and reporting phases.
85. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in the WFP Directive CP2010/001 on information disclosure.
86. WFP expects that all deliverables from the evaluation team are subject to a thorough quality assurance review by the evaluation firm in line with the WFP evaluation quality assurance system prior to submission of the deliverables to WFP.
87. All final evaluation reports will be subject to a post hoc quality assessment (PHQA) by an independent entity through a process that is managed by the Office of Evaluation. The overall PHQA results will be published on the WFP website alongside the evaluation report.
88. The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the code of conduct of the evaluation profession.

5.1. PHASES AND DELIVERABLES

89. Table 4 presents the structure of the main phases of the evaluation, along with the deliverables and deadlines for each phase. Annex 8 presents a more detailed timeline.

Table 4: Summary timeline – key evaluation milestones			
Main phases	Indicative timeline	Tasks and deliverables	Responsible
1. Preparation	January 2022 to mid-October-November 2022	Preparation and review of ToR and quality assurance processes Selection of the evaluation team & contracting Document review	Evaluation manager
2. Inception	November-December 2022	Inception mission Inception report finalized in line with DEQAS standards Contracting local firm to support field data collection	Evaluation Team & Evaluation manager

^[1] UNEG Norm #7 states “that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability”

3. Data collection	January 2023	Fieldwork Exit debriefing	Evaluation Team
4. Reporting	February-March 2023	Data analysis and report drafting Comments process 3 Learning workshops (one for WFP, one for UNICEF, as well as one for other stakeholders) Evaluation report , written in English, and in line with DEQAS standards Clean data sets, including quantitative data sets in Excel, statistical software code, and transcripts and/or notes from focus group discussions and key informant interviews. Evaluation pamphlets, Two-page summary of the evaluation report Storytelling products for each of the targeted beneficiaries	Evaluation Team & Evaluation manager
5. Dissemination and follow-up	April-May 2023	Management response Dissemination of the evaluation report	Evaluation Committee chair, Evaluation manager, WFP & UNICEF's management

5.2. EVALUATION TEAM COMPOSITION

90. The evaluation team is expected to include maximum four members, including the team leader and it should include women and men of mixed cultural backgrounds and one Somalia national. To the extent possible, the evaluation will be conducted by a gender-balanced and geographically and culturally diverse team with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the ToR. At least one team member should have WFP or UN experience.
91. The team will be multi-disciplinary and include members who, together, include an appropriate balance of technical expertise and practical knowledge in the following areas:
- Expertise in resilience programme
 - Expertise in nutrition and nutrition service delivery
 - Expertise in WASH programming.
 - Experience in Education programming
 - Good understanding of gender-specific aspects of an intervention.
 - All team members should have strong analytical and communication skills, evaluation experience and familiarity with Somalia.
 - Oral and written language requirements include full proficiency in English.
92. The team leader will have expertise in one of the key competencies listed above as well as demonstrated experience in leading similar evaluations, including designing methodology and data collection tools. She/he will also have leadership, analytical and communication skills, including a track record of excellent English writing, synthesis and presentation skills. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and

managing the team; iii) leading the evaluation mission and representing the evaluation team; and iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

93. Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; and iv) contribute to the drafting and revision of the evaluation products in their technical area(s).
94. The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP evaluation manager. The team will be hired following agreement with WFP on its composition.

5.3. ROLES AND RESPONSIBILITIES

95. The WFP Somalia **management (Director or Deputy Director)** will take responsibility to:
 - Assign an evaluation manager for the evaluation.
 - Compose the internal evaluation committee and the evaluation reference group (see below)
 - Approve the final ToR, inception and evaluation reports
 - Approve the evaluation team selection
 - Ensure the independence and impartiality of the evaluation at all stages, including establishment of an evaluation committee and a reference group
 - Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the evaluation manager and the evaluation team
 - Organize and participate in two separate debriefings, one internal and one with external stakeholders
 - Oversee dissemination and follow-up processes, including the preparation of a management response to the evaluation recommendations.
96. The **evaluation manager** manages the evaluation process through all phases including: drafting this ToR; identifying the evaluation team; preparing and managing the budget; setting up the evaluation committee and evaluation reference group; ensuring quality assurance mechanisms are operational and effectively used; consolidating and sharing comments on draft inception and evaluation reports with the evaluation team; ensuring that the team has access to all documentation and information necessary to the evaluation; facilitating the team's contacts with local stakeholders; supporting the preparation of the field mission by setting up meetings and field visits, providing logistic support during the fieldwork and arranging for interpretation, if required; organizing security briefings for the evaluation team and providing any materials as required; and conducting the first level quality assurance of the evaluation products. The evaluation manager will be the main interlocutor between the team, represented by the team leader, as appropriate the firm's focal point, and WFP counterparts to ensure a smooth implementation process.
97. An internal evaluation committee (EC) is formed to help ensure a credible, transparent, impartial and quality evaluation in accordance with WFP evaluation policy. It will achieve this by supporting the evaluation manager in making decisions, reviewing draft deliverables (ToR, inception report and evaluation report) and submitting them for approval by the WFP Country Director/Deputy Country Director (CD/DCCD) who will be the chair of the committee, with equal membership representing WFP and UNICEF respectively. (Annex 9, information on the Roles and composition of the evaluation committee)
98. An evaluation reference group (ERG) is formed as an advisory body with representation from as appropriate, with representation from UNICEF, WFP, Government, other relevant UN agencies, Donor, NGOs, and Academia. The evaluation reference group members will review and comment on the draft evaluation products and act as key informants in order to contribute to the relevance, impartiality and credibility of the evaluation by offering a range of viewpoints and ensuring a transparent process. ERG will be providing advice and feedback to the evaluation manager and the evaluation team at key moments during the evaluation process. (Annex 10, information on the Roles and composition of the evaluation committee).
99. **The regional bureau:** the Regional Bureau Nairobi (RBN) will take responsibility to:

- Advise the evaluation manager and provide support to the evaluation process where appropriate
 - Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as required
 - Provide comments on the draft ToR, inception and evaluation reports
 - Support the preparation of a management response to the evaluation and track the implementation of the recommendations.
100. While the Regional Evaluation Officer, Nikki Zimmerman will perform most of the above responsibilities, other RBN-relevant technical staff may participate in the evaluation reference group and/or comment on evaluation products as appropriate.
101. Relevant **WFP Headquarters divisions** will take responsibility to:
- Discuss WFP strategies, policies or systems in their area of responsibility and subject of evaluation.
 - Comment on the evaluation TOR, inception and evaluation reports, as required.
102. **Other Stakeholders** (National Government including relevant ministries, implementing partners / NGOs, partner UN agencies) will be identified for providing inputs and interviews by the evaluation team in addition to the list provided by WFP which will be based on the preliminary stakeholder analysis in Table 1)
103. **The Office of Evaluation (OEV)**. OEV is responsible for overseeing WFP decentralized evaluation function, defining evaluation norms and standards, managing the outsourced quality support service, publishing as well submitting the final evaluation report to the PHQA. OEV also ensures a help desk function and advises the Regional Evaluation Officer, the Evaluation Manager and Evaluation teams when required. Internal and external stakeholders and/or the evaluators are encouraged to reach out to the regional evaluation officer and the Office of Evaluation helpdesk (wfp.decentralizedevaluation@wfp.org) in case of potential impartiality breaches or non-adherence to UNEG ethical guidelines.
104. The “Strengthening Resilience in South-Central Somalia Programme” in south-central Regions of Somalia is a joint-implementation programme by WFP Somalia Country office and UNICEF Somalia. This evaluation is a joint evaluation commissioned by WFP Somalia Country office, with cooperation of UNICEF Somalia. The Following in the and responsibilities of **UNICEF Somalia**:
- Confirm participation in the joint evaluation
 - Agree purpose, scope and objectives and the review/clearance of the ToR
 - Prepare library of information
 - Participate in team briefing meetings
 - Agree logistical and administrative arrangements for field visit
 - Appoint membership in EC and ERG
 - Review the Inception report, final report as a member of EC and ERG
 - Implement joint dissemination protocols after the DE finalized

5.4. SECURITY CONSIDERATIONS

105. **Security clearance** where required is to be obtained from WFP Somalia Country Office
106. Consultants hired by WFP are covered by the United Nations Department of Safety & Security (UNDSS) system for United Nations personnel, which covers WFP staff and consultants contracted directly by WFP. Independent consultants must obtain UNDSS security clearance for travelling from the designated duty station and complete the United Nations basic and advance security trainings (BSAFE & SSAFE) in advance, print out their certificates and take them with them.
107. As an “independent supplier” of evaluation services to WFP, the contracted firm will be responsible for ensuring the security of the evaluation team, and adequate arrangements for evacuation for medical or situational reasons. However, to avoid any security incidents, the evaluation manager will ensure that the WFP country office registers the team members with the security officer on arrival in country and arranges a security briefing by the relevant Area office Security officers for them to gain

an understanding of the security situation on the ground. The evaluation team must observe applicable United Nations Department of Safety and Security rules and regulations including taking security training (BSAFE & SSAFE), curfews (when applicable) and attending in-country briefings.

108. All planned field work must be coordinated with the relevant WFP area offices to ensure the safety and security of the Evaluation team during the field activities. The evaluation manager will be assisting the evaluation team to ensure a smooth implementation process.

5.5. COMMUNICATION

109. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders at the inception of the evaluation. Communication with the evaluation team and stakeholders should go through the evaluation manager.
110. Should translators be required for fieldwork, the evaluation firm will make arrangements and include the cost in the budget proposal.
111. Based on the stakeholder analysis, the communication and knowledge management plan (in Annex 11) and the communication plan (Annex 12) identifies the users of the evaluation to involve in the process and to whom the report should be disseminated. The communication and knowledge management plan indicates how findings including gender, equity and wider inclusion issues will be disseminated and how stakeholders interested in, or affected by, gender, equity and wider inclusion issues will be engaged.
112. As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. It is important that evaluation reports are accessible to a wide audience, thereby contributing to the credibility of WFP – through transparent reporting – and the use of evaluation. Following the approval of the final evaluation report. Three (3) workshops will be organized to disseminate the evaluation's findings and recommendations: for WFP Somalia Country office and UNICEF Somalia, as well as one for other stakeholders, i.e. National Government including relevant ministries, implementing partners / NGOs, partner UN agencies. The Evaluation final report will be translated into Somali language in order to ensure the dissemination to wider audiences.
113. The evaluation will provide evaluation pamphlets, a Two-page summary of the evaluation report, including Storytelling products for each of the targeted beneficiaries

5.6. BUDGET

114. This is a joint evaluation commissioned by WFP Somalia Country office, with cooperation of UNICEF Somalia. The evaluation will be financed from WFP Somalia Country office, with additional budget from UNICEF Somalia
115. The offer must include a detailed budget for the evaluation, including consultant fees, travel costs and other costs (interpreters, etc.).
116. Please send any queries to Mohammadnasir KHAN, Evaluation Manager mohammadnasir.khan@wfp.org, and copying Nikki Zimmerman, Regional Evaluation Officer. Nikki.zimmerman@wfp.org.

Annex 2: Beneficiaries targeted per year and per region by UNICEF and WFP jointly (Phase I)

Region	Population*	YR 1 - 2018	YR 2 - 2019	YR 3 - 2020
Gedo	TOTAL IN GEDO	394,649	406,489	418,684
	(including) Children U5	67,090	69,103	71,176
	(including) PLW	35,518	36,584	37,681.52
	(including) School aged girls	3,200	1,920	1,414
	(including) School aged boys	5,056	3,033	2,022
Banadir	TOTAL IN BANADIR	817,064	841,576	866,824
	(including) Children U5	138,901	143,068	24,322
	(including) PLW	73,536	75,742	78,014
Total		1,211,714	1,248,065	1,285,507

Annex 3: Activities Phase I

Activity Under Phase I	responsible agency
Severe wasting treatment for Children under 5	UNICEF
Moderate wasting treatment for Children under 5 and pregnant and lactating women	WFP
Mother and Child Health and Nutrition (MCHN) support to Children under 2 and pregnant and lactating women	WFP
Cash transfer worth US\$ 15 per month to pregnant and lactating women to buy fruits and vegetables to improve their diet diversity.	WFP
Vitamin A supplementation, micronutrient tablets, measles vaccination and de-worming to Children under 2	UNICEF
Micronutrient tablets to improve micronutrient status and prevent anaemia for pregnant and lactating women	UNICEF
Water supply, sanitation and hygiene services provided to health facilities and schools	UNICEF
National curriculum for Community Health Workers developed and endorsed by MoH	UNICEF
Training of Community Health Workers	Joint UNICEF & WFP
CWs support to 200,000 households with screening for malnutrition as well as nutrition, WASH and health messages.	Joint UNICEF & WFP
CHWs harmonized incentives support	Joint UNICEF & WFP
Community Development Committees (CDCs) in the Gedo region capacity strengthened	UNICEF
Community Development Committees (CDCs) in the Gedo region support communities using the Participatory Integrated Community Development (PICD) process.	UNICEF
MOH staff trained on the implementation of the community scorecard system to support capacity-building and strengthen governance for public health	UNICEF
Central warehouse in Mogadishu built to support safe storage of essential drugs and nutritious food and as a function of a central distribution centre of drugs and supplies.	WFP
Technical support to the SUN secretariat to develop a national fortification strategy	WFP

Annex 4: Beneficiaries targeted per year and per region by UNICEF and WFP jointly (Phase II)

	Breakdown by Children and Location	YR 1	YR 2	YR 3
Jubaland	TOTAL IN JUBALAND	16,992	19,541	21,495
	Children aged 3-5	532	612	673
	(including) Girls aged 3-5 years	239	275	303
	(including) Boys aged 3-5 years	293	337	370
	Primary & Secondary School-Aged Children	16,460	18,929	20,822
	(including) Primary/Secondary School-aged Girls	7,407	8,518	9,370
	(including) Primary/Secondary School-aged Boys	9,053	10,411	11,452
Banadir	TOTAL IN BANADIR	10,043	11,097	12,207
	Children aged 3-5	0	50	55
	(including) Girls aged 3-5 years	0	23	25
	(including) Boys aged 3-5 years	0	28	30
	Primary & Secondary School-Aged Children	10,043	11,047	12,152
	(including) Primary/Secondary School-aged Girls	4,519	4,971	5,468
	(including) Primary/Secondary School-aged Boys	5,524	6,076	6,684
Total		27,035	30,638	33,702

Annex 5: Activities Phase II

Activity Under Phase II	responsible agency
Capacity building of CECs, headteachers/deputies, and Education officers	UNICEF
payment of incentive to teachers	UNICEF
school grants and cash-grants to individual children	UNICEF
school meals provision	WFP
school kitchen gardens	WFP
door-to-door awareness campaigns to enrol children	UNICEF
CEC clubs to promote hygiene education.	UNICEF
ECE facilitator's training module was developed	UNICEF
support to MoECHE to strengthen Quality Assurance Standards to improve education service delivery and the quality of learning outcomes	UNICEF
Technical support to prepare a framework, cost, and relevant guidelines and tools to advocate for establishing and expanding the Quality Assurance Standards system for all schools in Somalia	UNICEF
An inter-ministerial task force was established to implement the Safe Schools Declaration (SSD) protocols.	UNICEF
The draft policy framework to implement SSD	UNICEF
provision of community-based explosive hazard risk education to children and community members to increase the safety of communities at risk of explosive hazards, particularly children	UNICEF
Training of Trainers (ToT) on explosive ordnance risk education (EORE) sessions	UNICEF
National Guidelines and Standards on WASH in schools drafted	UNICEF
School Infrastructure Planning Policy and Construction Guidelines developed	UNICEF
water system rehabilitated and connected to schools and the host community to improve access to sustainable, safe drinking water and hand washing facilities.	UNICEF
empower adolescents (girls and boys) to prevent sexual violence, Female Genital Mutilation (FGM) and other harmful cultural practices in Somalia	UNICEF

Annex 6: Results Framework (PHASE I)

Summary	Success indicators	Target Year 1: 1 January – 31 December 2018	Target Year 2: 1 January – 31 December 2019 ¹⁹	Target Year 3: 1 January – 31 December 2020 ²⁰
<p>Programme objective</p> <p>Levels of global acute malnutrition, severe acute malnutrition and moderate acute malnutrition in Gedo and Banadir regions are maintained below 15 per cent, 3 per cent and 12 per cent respectively</p>	<p>Indicator Name / Description:</p> <p>Global Acute Malnutrition: Baseline²¹: NA Target: Below 15%</p> <p>Severe Acute Malnutrition Baseline²²: NA Target: Below 3%</p> <p>Moderate Acute Malnutrition Baseline²³: NA Target: Below: 12%</p>	<p>GAM: Below 15%</p> <p>SAM: Below 3%</p> <p>MAM: Below 12%</p>	<p>GAM: Below 15%</p> <p>SAM: Below 3%</p> <p>MAM: Below 12%</p>	<p>GAM: Below 15%</p> <p>SAM: Below 3%</p> <p>MAM: Below 12%</p>
<p>Module objective:</p> <ul style="list-style-type: none"> Increased access to basic services at facility and community level by individuals and households. 	<p>Indicator Name / Description:</p> <ul style="list-style-type: none"> Proportion of severely malnourished children 6-59 months admitted for treatment Proportion of children 6-59 months with MAM who are admitted for treatment Proportion of children 6-23 months who benefit of 	<ul style="list-style-type: none"> 75% of children 6-59 months with severe acute malnutrition admitted for treatment in 15 districts in two regions 50% of children 6-59 months with MAM admitted for treatment 70% of children 6-23 months benefit from prevention of 	<ul style="list-style-type: none"> 75% of children 6-59 months with severe acute malnutrition admitted for treatment in 15 districts in two regions 50% of children 6-59 months with MAM admitted for treatment 70% of children 6-23 months benefit from prevention of 	<ul style="list-style-type: none"> 75% of children 6-59 months with severe acute malnutrition admitted for treatment in 15 districts in two regions 50% of children 6-59 months with MAM admitted for treatment 70% of children 6-23 months benefit from prevention of

¹⁹ 7 targets under Output 1 for Year 2 have been revised and shared with KfW in August 2019 as part of additional funding for WFP

²⁰ 7 targets under Output 1 for Year 3 have been revised and shared with KfW in August 2019 as part of additional funding for WFP

^{21,23} FSNAU data is not representative at district level.

Summary	Success indicators	Target Year 1: 1 January – 31 December 2018	Target Year 2: 1 January – 31 December 2019 ¹⁹	Target Year 3: 1 January – 31 December 2020 ²⁰
	<p>prevention malnutrition programme</p> <ul style="list-style-type: none"> • Moderate Acute Malnutrition (MAM) treatment performance rate • Proportion of children 6-23 months of age who receive a minimum acceptable diet • No. of children under 1 year of age immunized for Penta 111 • No. of children 6-59 months receiving two doses of vitamin A in a year • No. of pregnant and lactating women receiving multiple micronutrient in the 15 districts in the two regions • No. of children 6-23 months receiving multiple micronutrient powders in the in the 	<p>malnutrition programme</p> <ul style="list-style-type: none"> • MAM performance rate: <ul style="list-style-type: none"> a. MAM default rate:< 15% b. MAM mortality rate: <3% c. MAM non-response rate: <15% d. MAM recovery rate: >75% • 12% of children 6-23 months of age receive a minimum acceptable diet • 43,622 (40%) children immunized for Penta 111 in 15 districts in two regions • 82,397 (40%) children 6-59 months received 2 doses of Vitamin A in 15 districts in two regions • 92,696 (85%) pregnant and lactating women received multiple micronutrient tablets in 15 districts in two regions 	<p>malnutrition programme</p> <ul style="list-style-type: none"> • MAM performance rate: <ul style="list-style-type: none"> a. MAM default rate:< 15% b. MAM mortality rate: <3% c. MAM non-response rate: <15% d. MAM recovery rate: >75% • 18% of children 6-23 months of age receive a minimum acceptable diet • 65,433(60%) children immunized for Penta 111 in 15 districts in two regions • 123,595 (60%) children 6-59 months received 2 doses of Vitamin A in 15 districts in two regions • 92,696 (85%) pregnant and lactating women received multiple micronutrient tablets in 15 districts in two regions 	<p>malnutrition programme</p> <ul style="list-style-type: none"> • MAM performance rate: <ul style="list-style-type: none"> a. MAM default rate:< 15% b. MAM mortality rate: <3% c. MAM non-response rate: <15% d. MAM recovery rate: >75% • 24% of children 6-23 months of age receive a minimum acceptable diet • 87,243(80%) children immunized for Penta 111 in the 15 districts in two regions • 164,793 (80%) children 6-59 months received 2 doses of Vitamin A in 15 districts in two regions • 92,696(85%) pregnant and lactating women received multiple micronutrient tablets in the 15 districts

Summary	Success indicators	Target Year 1: 1 January – 31 December 2018	Target Year 2: 1 January – 31 December 2019 ¹⁹	Target Year 3: 1 January – 31 December 2020 ²⁰
<ul style="list-style-type: none"> Increased capacity of actors and systems to plan and manage shocks. Increased safety nets for vulnerable populations to ensure stable acceptable food and nutritional status. 	<p>targeted districts in the two regions</p> <ul style="list-style-type: none"> No. of actions taken by communities based on community action and emergency response plans Number of people living in ODF communities. Proportion of people collecting water from an improved source increase 	<ul style="list-style-type: none"> 51,982 (70%) children 6-23 months received multiple micronutrient powders in 15 districts in two regions 40 actions taken by communities based on community action and emergency response plans in 15 districts in 2 regions 40,800 people living in ODF communities 50% 	<ul style="list-style-type: none"> 51,982 (70%) children 6-23 months received Multiple micronutrient powders in 15 districts in two regions 50 actions taken by communities based on community action and emergency response plans in 15 districts in 2 regions 120,000 people living in ODF communities 53% 	<ul style="list-style-type: none"> 63,121 (80%) children 6-23 months received Multiple micronutrient powders in the 15 districts in two regions 60 actions taken by communities based on community action and emergency response plans in 2 regions 200,000 people living in ODF communities 55%
<p>Output 1: Increased availability of basic services delivered at facility and community levels</p>	<p>Indicator name/description</p> <ul style="list-style-type: none"> No. of IMAM sites integrating MAM and SAM treatment. No. of moderate malnourished children 6-59 months receiving treatment No. of children 6-23 months receiving nutrition support throughout the year to prevent malnutrition 	<ul style="list-style-type: none"> 150 IMAM sites integrating MAM and SAM treatment 63,000 moderate malnourished children 6-59 months received treatment 41,345 children 6-23 months received nutrition support throughout the 	<ul style="list-style-type: none"> 111 IMAM sites integrating MAM and SAM treatment 62,500 moderate malnourished children 6-59 months received treatment 58,000 children 6-23 months received nutrition support throughout the 	<ul style="list-style-type: none"> 111 IMAM sites integrating MAM and SAM treatment 62,000 moderate malnourished children 6-59 months received treatment 58,000 children 6-23 months received nutrition support throughout the

Summary	Success indicators	Target Year 1: 1 January – 31 December 2018	Target Year 2: 1 January – 31 December 2019 ¹⁹	Target Year 3: 1 January – 31 December 2020 ²⁰
	<ul style="list-style-type: none"> • No. of moderate malnourished PLW receiving treatment • No. of PLW receiving nutrition support throughout the year to prevent malnutrition • No. of PLW receiving e-transfers to improve diet diversity • No. of women delivering at the Health Facility receiving food support • Number of health facilities (at least 80% of target) providing the package of services (health nutrition wash) by 2020 in 15 districts in two regions • Number of health facilities (at least 80% of target) facing no stock out of key commodities for health, WASH and Nutrition in 15 districts 	<p>year to prevent malnutrition</p> <ul style="list-style-type: none"> • 22,500 moderate malnourished PLW received treatment • 21,400 PLW received nutrition support throughout the year to prevent malnutrition • 21,400 PLW received e-transfers to improve diet diversity • 10,700 women delivering at the Health Facility received food support • 60% of health facilities providing the package of services (health nutrition wash) in 15 districts in two regions • 60% of health facilities facing no stock out of key commodities for health WASH and Nutrition in 15 	<p>year to prevent malnutrition</p> <ul style="list-style-type: none"> • 23,000 moderate malnourished PLW received treatment • 40,000 PLW received nutrition support throughout the year to prevent malnutrition • 35,000 PLW received e-transfers to improve diet diversity • 18,000 women delivering at the Health Facility received food support • 70% of health facilities providing the package of services (health nutrition wash) in 15 districts in two regions • 70% of health facilities facing no stock out of key commodities for health WASH and Nutrition in 	<p>year to prevent malnutrition</p> <ul style="list-style-type: none"> • 23,000 moderate malnourished PLW received treatment • 40,000 PLW received nutrition support throughout the year to prevent malnutrition • 35,000 PLW received e-transfers to improve diet diversity • 18,000 women delivering at the Health Facility received food support • 80% of health facilities providing the package of services (health nutrition wash) in 15 districts in two regions • 80% of health facilities facing no stock out of key commodities for health WASH and Nutrition in

Summary	Success indicators	Target Year 1: 1 January – 31 December 2018	Target Year 2: 1 January – 31 December 2019 ¹⁹	Target Year 3: 1 January – 31 December 2020 ²⁰
	<ul style="list-style-type: none"> • Number of health facilities (at least 80% of target) with skilled personnel in the provision of Nutrition, WASH and health services in 15 districts in two regions • Number of school children benefitting from WASH services • Number of Health Facility users using WASH services • Number of community people collecting water from improved water source. 	<ul style="list-style-type: none"> • districts in two regions • 60% of health facilities with skilled personnel providing services in 15 districts in two regions • 9,050 School children benefitting from WASH services • 4,200 Health Facility users using WASH services • 35,000 community people collecting water from improved water source. 	<ul style="list-style-type: none"> • 15 districts in two regions • 70% of health facilities with skilled personnel providing services in 15 districts in two regions • 14,000 School children benefitting from WASH services. • 5,950 Health Facility users using WASH services. • 53,000 community people collecting water from improved water source. 	<ul style="list-style-type: none"> • 15 districts in two regions • 80% of health facilities with skilled personnel providing services in 15 districts in two regions • 17,300 School children benefitting from WASH services. • 7,700 Health Facility users using WASH services. • 65,000 community people collecting water from improved water source.
<p>Output 2: Communities, households and individuals are engaged in the delivery of basic services, leading to improved knowledge, attitudes and practices that support better choices</p>	<p>Indicator name/description</p> <ul style="list-style-type: none"> • No. of households in the targeted communities receiving services from a community-based worker • No. of community workers (male/female) trained on nutrition 	<ul style="list-style-type: none"> • 40,000 households received services from a community-based worker in the 15 districts in two regions • 595 community-based workers trained and 	<ul style="list-style-type: none"> • 46,103 households received services from a community worker in the 15 districts in two regions • 461 community workers trained and delivering 	<ul style="list-style-type: none"> • 50,000 households received services from a community-based worker in the 15 districts in two regions • 500 community-based workers trained and

Summary	Success indicators	Target Year 1: 1 January – 31 December 2018	Target Year 2: 1 January – 31 December 2019 ¹⁹	Target Year 3: 1 January – 31 December 2020 ²⁰
	<p>screening and delivering services</p> <ul style="list-style-type: none"> • No. of community dialogues and public forums • No. of community action plans developed • Number of natural leaders identified to support attainment of ODF status • No. of communities with certified ODF status 	<p>delivering services in the 15 districts in two regions</p> <ul style="list-style-type: none"> • 312 community dialogues and public health forums in the 15 districts in two regions • 156 community action plans developed in the 15 districts in two regions • 76 natural leaders identified to support attainment of ODF status • 30 communities with certified ODF status 	<p>services in the 15 districts in two regions</p> <ul style="list-style-type: none"> • 312 community dialogues and public health forums in the 15 districts in two regions • 156 community action plans developed in the 15 districts in two regions • 140 natural leaders identified to support attainment of ODF status • 60 communities with certified ODF status 	<p>delivering services in the 15 districts in two regions</p> <ul style="list-style-type: none"> • 312 community dialogues and public health forums in the 15 districts in two regions • 156 community action plans developed in the 15 districts in two regions • 216 natural leaders identified to support attainment of ODF status • 100 communities with certified ODF status
<p>Output 3: Strengthened community governance and management for provision of basic services</p>	<p>Indicator name/description</p> <ul style="list-style-type: none"> • No. of transparently elected CDCs in 15 districts in 2 regions • No. of mother support groups established in 15 districts in 2 regions • No. of mother support group sessions conducted in 15 districts in 2 regions 	<ul style="list-style-type: none"> • 100 transparently elected CDCs in 15 districts in 2 regions stewarding services • 60 mother support groups established in 15 districts in 2 regions • 200 mother support group sessions 	<ul style="list-style-type: none"> • 100 transparently elected CDCs in 15 districts in 2 regions stewarding services • 60 mother support groups established in 15 districts in 2 regions • 200 mother support group sessions 	<ul style="list-style-type: none"> • 100 transparently elected CDCs in 15 districts in 2 regions stewarding services • 60 mother support groups established in 15 districts in 2 regions • 200 mother support group sessions

Summary	Success indicators	Target Year 1: 1 January – 31 December 2018	Target Year 2: 1 January – 31 December 2019 ¹⁹	Target Year 3: 1 January – 31 December 2020 ²⁰
	<ul style="list-style-type: none"> • Percentage of pregnant and lactating women receiving at least one IYCF counselling • Percentage of people receiving nutrition counselling against planned • Number of community members collecting water from WASH committee-managed water sources 	<p>conducted in 15 districts in 2 regions</p> <ul style="list-style-type: none"> • 55% of pregnant and lactating women receiving at least one IYCF counselling in 15 districts in 2 regions • >70% • 35,000 community members collecting water from WASH committee-managed water sources. 	<p>conducted in 15 districts in 2 regions</p> <ul style="list-style-type: none"> • 65% of pregnant and lactating women receiving at least one IYCF counselling in 15 districts in 2 regions • >70% • 53,000 community members collecting water from WASH committee-managed water sources. 	<p>conducted in 15 districts in 2 regions</p> <ul style="list-style-type: none"> • 75% of pregnant and lactating women receiving at least one IYCF counselling in 15 districts in 2 regions • >70% • 65,000 community members collecting water from WASH committee-managed water sources.

Results Framework (PHASE II)

Summary	Indicators	Year 1: 2019	Year 2: 2020	Year 3: 2021	Verification sources	Assumptions / Risks
<p>Programme objective: Young and school-aged children have increased access to quality and relevant early childhood development support and basic education, and adolescents have increased life skills, that contribute to resilience.</p>	<p>Indicator Name / Description</p> <ul style="list-style-type: none"> • Number of young children with increased early learning readiness, disaggregated by gender <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 900 • Number of children with increased foundational literacy skills, disaggregated by gender <ul style="list-style-type: none"> ○ Baseline: TBE ○ Target: 80% • Number of adolescents with increased life skills, disaggregated by gender <ul style="list-style-type: none"> ○ Baseline: TBE ○ Target: 80% • Gender ratio: ratio of girls to boys enrolled in targeted ECD centres, schools, and Alternative Basic Education centres <ul style="list-style-type: none"> ○ Baseline: TBE ○ Target: 45% Girls & 55% Boys 	<ul style="list-style-type: none"> • 200²⁴ • Baseline to be established • Baseline to be established • Baseline to be established 	<ul style="list-style-type: none"> • 400 • 60% • 60% • 40% Girls & 60% Boys 	<ul style="list-style-type: none"> • 300 • 80% • 80% • 45% Girls & 55% Boys 	<ul style="list-style-type: none"> • EMIS • School attendance records • EGRA scores 	<ul style="list-style-type: none"> • Education investments are harmonised and enhanced to scale up services • Political and security situation in Somalia continues to improve • The emergency and drought does not overwhelm service providers • Institutional risks related to working with partners are appropriately mitigated ☒ Increased political stability, and no delays in implementation of activities • Increased and sustained commitment of CECs and communities to support resilience programming
<p>Intermediate Result: Increased and continuous children’s participation in school with early learning readiness, foundational literacy and life skills</p>	<p>Indicator Name/Description</p> <ul style="list-style-type: none"> • Number of children enrolled in the targeted ECD centres, schools, and Alternative Basic Education centres, disaggregated by gender <ul style="list-style-type: none"> ○ Baseline: 27,035 ○ Target: 33,702²⁵ • Retention rate in the targeted schools, disaggregated by gender 	<ul style="list-style-type: none"> • 27,035 	<ul style="list-style-type: none"> • 15% increase 	<ul style="list-style-type: none"> • 10% increase 	<ul style="list-style-type: none"> • EMIS • School attendance records 	<ul style="list-style-type: none"> • Increased and sustained political commitment to resilience building • Increased capacity of implementing partners to roll out program

²⁴ The yearly targets are not cumulative.

²⁵ The yearly targets are not cumulative; 15% annual increase in Year 2 and 10% annual increase in Year 3.

Summary	Indicators	Year 1: 2019	Year 2: 2020	Year 3: 2021	Verification sources	Assumptions / Risks
	<ul style="list-style-type: none"> ○ Baseline: TBE ○ Target: 80% • Gender ratio: ratio of girls to boys enrolled in targeted schools <ul style="list-style-type: none"> ○ Baseline: TBE ○ Target: 45% Girls & 55% Boys 	<ul style="list-style-type: none"> • Baseline to be established • Baseline to be established 	<ul style="list-style-type: none"> • 60% • 40% Girls & 60% Boys 	<ul style="list-style-type: none"> • 80% • 45% Girls & 55% Boys 		<ul style="list-style-type: none"> • Availability of partners to support activities in selected districts
<p>Output 1: Safe and protective learning environments for young children, school-aged children and adolescents are provided</p>	<p>Indicator Name / Description</p> <ul style="list-style-type: none"> • Number of classrooms constructed / rehabilitated <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 300 • Number of gender-sensitive WASH facilities constructed/rehabilitated <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 135 • Number of schools with kitchen and store facilities constructed <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 30 • Number of CECs trained to promote school farms and/or kitchen gardens <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 30 • Number of schools providing health and nutrition education sessions at least once per month 	<ul style="list-style-type: none"> • 90²⁶ • 40²⁷ • 15²⁸ • 15²⁹ • 85³⁰ 	<ul style="list-style-type: none"> • 125 • 60 • 10 • 30 • 85 	<ul style="list-style-type: none"> • 85 • 35 • 5 • 0 • 85 	<ul style="list-style-type: none"> • Implementing Partner Reports/School Meals Unit Reports • Construction Monitoring Reports • Capitation grant release forms • ECD Reports • Third party monitoring • Supervisory visits • Supplies Receipt Report • Radio/Media Coverage Survey 	

²⁶ The yearly targets are not cumulative.

²⁷ The yearly targets are not cumulative.

²⁸ The yearly targets are not cumulative.

²⁹ The yearly targets are not cumulative; in Year 2, WFP will train 15 new CECs and provide refresher training for the 15 CECs in Year 1.

³⁰ The yearly targets are not cumulative. The same 85 schools will receive health and nutrition education sessions each year.

Summary	Indicators	Year 1: 2019	Year 2: 2020	Year 3: 2021	Verification sources	Assumptions / Risks
	<ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 85 ● Estimated number of indirect beneficiaries reached through C4D campaign <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 689,000 ● Number of schools receiving capitation grants <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 85 ● Number of vulnerable children, particularly girls, benefiting from cash grants <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 10,000 ● Number of pilot model ECD centers established <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 10 ● Number of children (girls and boys) benefitting from clean drinking water <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 33,702 ● Number of children (girls and boys) benefitting from education supplies <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 33,702 	<ul style="list-style-type: none"> ● N/A ● 35 ● 3,000 ● 3 ● 15,000 ● 15,000 	<ul style="list-style-type: none"> ● N/A ● 85³¹ ● 7,000³² ● 5³³ ● 25,000 ● 25,000 	<ul style="list-style-type: none"> ● 689,000 ● 85 ● 10,000 ● 2 ● 33,702³⁴ ● 34,702³⁵ 		

³¹ The yearly targets are not cumulative. The same 85 schools will receive health and nutrition education sessions each year.

³² Year 2 and 3 targets are cumulative building up from the years before. For example, in Year 2, an additional 4,000 vulnerable children will be supported on top of the 3,000 children in Year 1. In Year 3, an additional 3,000 children will be supported on top of the 7,000 children from Year 1 and 2.

³³ The yearly targets are not cumulative.

³⁴ The yearly targets are cumulative building up from one year to the next.

³⁵ The yearly targets are cumulative building up from one year to the next and children who benefit from education supplies will continue to benefit with each year in school.

Summary	Indicators	Year 1: 2019	Year 2: 2020	Year 3: 2021	Verification sources	Assumptions / Risks
Output 2: Improved learning outcomes for early learning, basic education and alternative basic education support strengthened education resilience	Indicator Name / Description <ul style="list-style-type: none"> Number of school children per month provided with school meals <ul style="list-style-type: none"> Baseline: 12,000 Target: 33,702³⁶ Value of vouchers for school meals that is injected into the local economy through purchase of food at local retailers <ul style="list-style-type: none"> Baseline: 0 Target: € 4,686,945 Number of teachers who receive in-service training on ECD <ul style="list-style-type: none"> Baseline: 0 Target: 50 Number of children whose learning is assessed <ul style="list-style-type: none"> Baseline: TBE Target: 25% Number of children dewormed <ul style="list-style-type: none"> Baseline: 0 Target: 15,000 	<ul style="list-style-type: none"> 27,035 € 1,623,135 25³⁷ To be established 2,000³⁸ 	<ul style="list-style-type: none"> 30,638 € 2,042,636 50 25%³⁹ 10,000 	<ul style="list-style-type: none"> 33,702 € 1,021,174 50 25% 15,000 	<ul style="list-style-type: none"> Implementing Partner Reports/School Meals Unit Reports Training Reports Programme Reports Third party monitoring Supervisory visits EGRA reports Deworming Administration Report 	
Output 3: System strengthening to sustain access to quality learning opportunities in safe and protective learning environments.	Indicator Name / Description <ul style="list-style-type: none"> Number of CECs trained to implement school meals <ul style="list-style-type: none"> Baseline: 40 Target: 85⁴⁰ School Meals Unit established under the MoECHE 	<ul style="list-style-type: none"> 85 1 	<ul style="list-style-type: none"> 85 0 	<ul style="list-style-type: none"> 85 0 	<ul style="list-style-type: none"> Implementing Partner Reports/School Meals Unit Reports Training Reports Directorate Reports Third party monitoring Supervisory visits 	

³⁶ The yearly targets are not cumulative.

³⁷ The yearly targets are cumulative. In the second year, the first batch of 25 teachers will receive refresher training and an additional 25 teachers will receive the first training. In the third year, all ECD teachers will receive refresher training.

³⁸ The yearly targets are not cumulative.

³⁹ The yearly targets are not cumulative. Same group of children to be assessed.

⁴⁰ The yearly targets are not cumulative; the same targeted 85 schools will be reached each year.

Summary	Indicators	Year 1: 2019	Year 2: 2020	Year 3: 2021	Verification sources	Assumptions / Risks
	<ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 1 <ul style="list-style-type: none"> • M&E Unit established under Directorate of Planning & Budgeting of MoECHE <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 1 <ul style="list-style-type: none"> • Number of school CECs who received capacity building on health, WASH, nutrition and protection promotion through C4D <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 85 <ul style="list-style-type: none"> • Number of FGS and FMS MoECHE Safe School Declaration Implementation Plan established <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 4 <ul style="list-style-type: none"> • Strategy for prevention and control of iron deficiency and iron deficiency anemia at FGS developed <ul style="list-style-type: none"> ○ Baseline: 0 ○ Target: 1 	<ul style="list-style-type: none"> • 1 <ul style="list-style-type: none"> • 85⁴¹ <ul style="list-style-type: none"> • 2⁴² <ul style="list-style-type: none"> • 0 	<ul style="list-style-type: none"> • 0 <ul style="list-style-type: none"> • 85 <ul style="list-style-type: none"> • 2 <ul style="list-style-type: none"> • 1 	<ul style="list-style-type: none"> • 0 <ul style="list-style-type: none"> • 85 <ul style="list-style-type: none"> • 0 <ul style="list-style-type: none"> • 0 	<ul style="list-style-type: none"> • Strategy for prevention and control of iron deficiency and iron deficiency anemia • Annual EMIS Yearbook • Safe School Declaration Implementation Plan • Safe School Declaration Implementation Progress Report 	

⁴¹ The yearly targets are not cumulative; the same targeted 85 schools will be reached each year.

⁴² The yearly targets are not cumulative.

Results Matrix Updated for COVID-19 Response Plan

Activity	Indicators	Target: 2020	Achievements: (July – Dec 2020)	Target: 2021	Achievements (Jan-Aug 2021)	Remarks
1. Development, printing and distribution of appropriate IEC <u>print</u> materials (e.g. posters, leaflets, comics) on COVID-19 prevention	Number of students provided with appropriate IEC <u>print</u> materials	33,000 children (50% girls)	Nil	20,000	64,020 children (50% girls)	The IEC materials including brochures, stickers, and banners for billboards with prevention messages printed and supplied to MoECHE. The materials were distributed in schools as the case load increased during second wave in April-May 2021.
2. Development and distribution of learning materials for learning outside of school/at home (including the provision of textbooks)	Number of children provided with learning materials for learning outside of school/at home	6,000 students (50% girls)	29,587 Primary level students (48% girls)	3,000 students (50% girls)	64,020 students (50% girls)	Children from grades 1 to 4 and 5 to 8 benefit with set of 8 or 9 books respectively. Book to children ratio reduced from is 1:2 to 1:1 in all grades except grade 1. Target was overachieved
3. Provision of psychosocial support through head teacher network	Number of head teachers engaged to provide psychosocial support	300 Head teachers (20% female)	34 Head teachers	200 Head teachers (20% female)	325 Head teachers and 17 ToTs on PSS	All planned target achieved
4. Provision of safe and adequate WASH facilities	Number of schools provided with safe and adequate WASH facilities	50 schools	Nil	50 schools	100 schools	The planned target achieved

Results Matrix Food Security Component of Joint Resilience Programme, Gedo, Somalia

Summary	Indicators	Year 1: 2019	Year 2: 2020	Verification sources	Assumptions / Risks
<p>Programme objective: Improved food security situation of targeted population</p>	<p>Indicator Name / Description</p> <ul style="list-style-type: none"> Percentage of households employing emergency Livelihoods Coping Strategy <ul style="list-style-type: none"> Baseline: 37% Target: 20% Percentage of households in targeted communities reporting benefits from an enhanced livelihood asset base <ul style="list-style-type: none"> Baseline: 0 Target: 50% 	<ul style="list-style-type: none"> • • • • 20% • • • • • • 25% 	<ul style="list-style-type: none"> • • • • 20% • • • • • • 50% 	<ul style="list-style-type: none"> Household Interviews Post-Distribution Monitoring 	<ul style="list-style-type: none"> Political and security situation in Somalia continues to improve, and no delays in implementation of activities The emergency and drought does not overwhelm service providers Increased capacity of Implementing partners to roll out program Availability and continuous access of partners to support activities in selected districts
<p>Output 1: Increased access to livelihoods interventions</p>	<p>Indicator Name/Description</p> <ul style="list-style-type: none"> Number of households enrolled in livelihoods activities <ul style="list-style-type: none"> Baseline: 0 Target: 3,020 Percentage of planned assets created and functional <ul style="list-style-type: none"> Baseline: 0 Target: 100% 	<ul style="list-style-type: none"> • • • 1,510 • 100% 	<ul style="list-style-type: none"> • • • 1,510 • 100% 	<ul style="list-style-type: none"> Cooperating Partner Reports Monitoring (WFP staff and third party monitors) 	

Annex 7: List of secondary data

Source	Data
From UNICEF	<ul style="list-style-type: none"> a. UNICEF corporate policy and guidance documents; b. Annual report of the Agency c. Monitoring system databases for this intervention d. Case-study, 2019 e. Partners' report f. Mid-term Review, Phase II, 2020
From WFP	<ul style="list-style-type: none"> g. WFP corporate policy and guidance documents; h. Standard Project Report 2018, 2019, Annual Country Report 2020 i. VAM and Monitoring system databases (VAM, mVAM, COMET and complaints and feedback mechanisms) and regular reports. j. Post distribution Monitoring Reports 2018-2020 k. Process monitoring (2018-2020) l. Mid-term Review, Phase I, 2019, m. SLEAC November 2019 and other coverage reports n. Regular Local implementing partner's reports o. Regular Sites monitoring reports
Common for both agencies	<ul style="list-style-type: none"> p. Operational documents (CSP or project document, budgets, mission reports, distribution reports, SITREPs for emergencies, coordination meetings NFR, CO reporting and planning documents); q. log frame r. Donor report s. Agreement/FLA with partners, Cooperating partners' related information (lists of partners by activity and location, FLA, MOU, field mission reports); t. Previous evaluations, reviews, lessons learned and any other type of evaluative exercise; u. Other relevant document related to this intervention, i.e. minutes of meetings
Other sources	<ul style="list-style-type: none"> v. FSNAU data and report w. Micronutrient Survey 2019 x. Somali Health and Demographic Survey 2019 y. Qualitative Maternal Nutrition Research (Gedo and Banadir) 2019 z. National Development Plan 9. aa. EMIS 2018-19 bb. External literature (government policies, inter-agency appeals, etc.). cc. Other relevant reports related to these interventions i.e. from Nutrition, WASH , Food Security, Education cluster reports

Annex 8: Timeline

	Phases, deliverables and timeline	Key dates
Phase 1 - Preparation		Up to 9 weeks
EM	Desk review, draft ToR and quality assurance (QA) by EM and REO using ToR QC	January - September 2022
EM	Share draft ToR with quality support service (DEQS) and organize follow-up call with DEQS	14 th July 2022
ERG	Review and comment on draft ToR	21 July - 28 July 2022
EM	Review draft ToR based on comments received and submit final ToR to EC Chair	28 July - 15 September - 2022
EC Chair	Approve the final ToR	15 September 2022
EM	Launching Expression of Interest	15 September- 6 October 2022
EM	Assess evaluation proposals and recommends team selection	8-13 October 2022
EM	Evaluation team recruitment/contracting	14-20 October 2022
EC Chair	Approve evaluation team selection and recruitment of evaluation team	21 October 2022
Phase 2 - Inception		Up to 7 weeks
EM/TL	Brief core team	24 October 2022
ET	Desk review of key documents	25 -28 October 2022
ET	Inception mission in the country (if applicable)	31 October - 4 November 2022
ET	Draft inception report	16 November 2022
EM	Quality assurance of draft IR by EM and REO using QC, share draft IR with quality support service (DEQS) and organize follow-up call with DEQS	24 November 2022
ET	Review draft IR based on feedback received by DEQS, EM and REO	07 December 2022
EM	Share revised IR with ERG	07 December 2022

ERG	Review and comment on draft IR	16 December 2022
EM	Consolidate comments	19 December 2022
ET	Review draft IR based on feedback received and submit final revised IR	23 December 2022
EM	Review final IR and submit to the evaluation committee for approval	30 December 2022
EC Chair	Approve final IR and share with ERG for information	30 December 2022
Phase 3 – Data collection		Up to 3 weeks
EC Chair/ EM	Brief the evaluation team at CO	January Specific dates TBD
ET	Data collection	January Specific dates TBD
ET	In-country debriefing (s)	January Specific dates TBD
Phase 4 - Reporting		Up to 11 weeks
ET	Draft evaluation report	February 2023 Specific dates TBD
EM	Quality assurance of draft ER by EM and REO using the QC, share draft ER with quality support service (DEQS) and organize follow-up call with DEQS	February 2023 Specific dates TBD
ET	Review and submit draft ER based on feedback received by DEQS, EM and REO	February 2023 Specific dates TBD
EM	Circulate draft ER for review and comments to ERG, RB and other stakeholders	March 2023 Specific dates TBD
ERG	Review and comment on draft ER	March 2023 Specific dates TBD
EM	Consolidate comments received	March 2023 Specific date TBD
ET	Review draft ER based on feedback received and submit final revised ER	March 2023 Specific date TBD
EM	Review final revised ER and submit to the evaluation committee	March 2023

		Specific date TBD
EC Chair	Approve final evaluation report and share with key stakeholders for information	March 2023 Specific date TBD
Phase 5 - Dissemination and follow-up		Up to 4 weeks
EC Chair	Prepare management response	April Specific date TBD
EM	Share final evaluation report and management response with the REO and OEV for publication and participate in end-of-evaluation lessons learned call	April 2023 Specific date TBD

Annex 9: Role and Composition of the Evaluation Committee

The Evaluation Committee (EC) is a temporary group responsible for overseeing the evaluation process, making key decisions and reviewing evaluation products submitted to the Chair for approval.

It helps ensuring due process in evaluation management and maintaining distance from programme implementers (preventing potential risks of undue influence), while also supporting and giving advice to the Evaluation Manager.

Key decisions expected to be made by the EC relate to the evaluation purpose, scope, timeline, budget and team selection as well as approving the final TORs, inception report and evaluation report.

The purpose of the EC is to ensure a credible, transparent, impartial and quality evaluation in accordance with WFP Evaluation Policy 2016-2021. It will achieve this by supporting the evaluation manager in making decisions, reviewing draft deliverables (TOR, inception report and evaluation report) and submitting them for approval by the CD/DCD who will be the chair of the committee.

Procedures of engagement

- EC members will be expected to provide feedback electronically to the EM on the draft Inception Report, the Baseline desk review, and the Evaluation Report. EC members will be informed at least one week before the assignment and will have up to two weeks to provide their comments.
- The EC members are expected to virtually participate to the Inception report debriefing, Field data collection debriefing, and the Evaluation report debriefing, as well as to participate to ERG members meeting, when separated. All EC meetings will be held via electronic conference call on Teams.
- The EM will ensure that the evaluation team responds to comments, whether by incorporating them in the reports or providing rationale where feedback is not incorporated. Comments will be recorded in a comments matrix to help ensure a transparent and credible process.

Evaluation Reference Group Composition

Evaluation Committee	Agency
The WFP Country Director or Deputy Country Director (Chair of the Evaluation Committee)	WFP
WFP Evaluation manager (Evaluation Committee Secretariat)	WFP
WFP Head of Programme or programme officer	WFP
WFP programme officer directly in charge of the subject(s) of evaluation	WFP
UNICEF Head of Programme – Deputy Representative	UNICEF
UNICEF programme officer(s) directly in charge of the subject(s) of evaluation	UNICEF
Regional evaluation officer from UNICEF	UNICEF
Regional evaluation officer (REO) from WFP	WFP
WFP Country office monitoring and evaluation officer	WFP
UNICEF Country office monitoring and evaluation (M&E) officers	UNICEF
WFP Country office procurement officer (if the evaluation is contracted to a firm)	WFP

Annex 10: Role and Composition of the Evaluation Committee

Purpose and role: The evaluation reference group (ERG) is an advisory group providing advice and feedback to the evaluation manager and the evaluation team at key moments during the evaluation process. It is established during the preparatory stage of the evaluation and is mandatory for all decentralized evaluations.

The overall purpose of the evaluation reference group is to contribute to the credibility, utility and impartiality of the evaluation. For this purpose, its composition and role are guided by the following principles:

- **Transparency:** Keeping relevant stakeholders engaged and informed during key steps ensures transparency throughout the evaluation process
- **Ownership and Use:** Stakeholders' participation enhances ownership of the evaluation process and products, which in turn may impact on its use
- **Accuracy:** Feedback from stakeholders at key steps of the preparatory, data collection and reporting phases contributes to accuracy of the facts and figures reported in the evaluation and of its analysis.

Members are expected to review and comment on draft evaluation deliverables and share relevant insights at key consultation points of the evaluation process.

The main roles of the evaluation reference group are as follows:

- Review and comment on the draft ToR
- Suggest key references and data sources in their area of expertise
- Participate in face-to-face or virtual briefings to the evaluation team during the inception phase and/or evaluation phase
- Review and comment on the draft inception report
- Participate in field debriefings (optional)
- Review and comment on the draft evaluation report and related annexes, with a particular focus on: a) factual errors and/or omissions that could invalidate the findings or change the conclusions; b) issues of political sensitivity that need to be refined in the way they are addressed or in the language used; c) recommendations
- Participate in learning workshops to validate findings and discuss recommendations (3 workshops are planned)
- Provide guidance on suggested communications products to disseminate learning from the evaluation.

Evaluation Reference Group Composition

Evaluation Reference Group	Agency
Country Director or Deputy Country Director (Chair)	WFP
Evaluation Manager (secretary or delegated chair)	WFP
Head of Programme, Somalia	WFP, UNICEF
Head of M&E Somalia	WFP, UNICEF
Head of Supply Chain Unit	WFP
Other WFP CO and UNICEF Somalia staff with relevant expertise e.g. nutrition, resilience, gender, school feeding, partnerships	WFP, UNICEF
Government, NGOs and donor partner(s) (with knowledge of the intervention and ideally an M&E profile)	Government, NGOs, Donors
Regional Evaluation Officer	WFP
Evaluation Specialist	UNICEF
Regional Monitoring Advisor	WFP
Regional Programme Officers	WFP
Gender Adviser	WFP
Regional Head of VAM and/or Monitoring	WFP
Senior Regional Nutrition Adviser	WFP
Regional School Feeding Officer	WFP
Chief of Sections	UNICEF

Annex 11: Communication and Knowledge Management Plan

To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. Communication with the evaluation team and stakeholders should go through the evaluation manager ensuring a clear agreement on channels and frequency of communication with and between key stakeholders.

As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report, dissemination will be broad and workshops will be conducted internally and with partners, to discuss evaluation results and recommendations, and the way forward.

WFP and UNICEF should be treated as the primary stakeholder/users in this evaluation. All communication should be cleared by both stakeholders before being shared with any additional stakeholders. A joint plan of frequency and lines of communication will be agreed upon by the review consultant, WFP and donors before the stage of data collection commences.

The Evaluation Team (ET) will contact the Evaluation Manager (EM) for purposes of clarification and feedback, to support in coordination of data collection and debriefing meetings, to share draft and final deliverables with the Evaluation Committee (EC) and Evaluation Reference group (ER) for review and comment, and for any other issues that may arise. The review consultant will be responsible for communicating with and managing the relationship with the RM.

The EM will circulate all review products for comments by the EG members. The EM will also circulate for comments to relevant units at CO and RB the draft inception report and draft review report with executive summary. English is the language of the deliverables - and any translation needs will be done by the review team.

Following the approval of the final report, the review consultant will produce a two-page brief containing key messages, main findings, conclusions, implications or recommendations. The brief will be distributed to a wider internal and external audience using the available corporate channels.

Annex 12. Communication Plan

When <i>Evaluation phase</i>	What <i>Communication product (e.g. TOR, inception report, Final Report etc)</i>	To whom- <i>Target organization or individuals/position (e.g. NGO partner, head of government ministry, donor representative)</i>	What level <i>Organizational level of communication (e.g. strategic, operational, field etc.)</i>	From whom <i>Lead commissioning office staff with name/position (e.g. Country Office Director, evaluation manager)</i>	How <i>Communication means (e.g. meeting, interaction, etc.)</i>	Why <i>Purpose of communication (e.g. solicit comments, share findings for accountability)</i>
Planning Dec 2021	Tentative time and scope of evaluation	UNICEF, Government counterparts, NGO partners, UN agency partners, donors	Strategic + Operational	-Head of commissioning officer OR -Head of subject being evaluated	Email -or during a regular coordination meeting	To confirm the intention to learn/ account for results for the subject
Preparation Jan-Mid Oct 2022	Draft TOR	Key stakeholders Through the Evaluation reference Group; and directly to stakeholders not represented in the ERG	Operational/ Technical	Evaluation manager	Email; plus a meeting of the ERG if required	To seek for review and comments on TOR
	Final TOR	Key stakeholders Through the Evaluation reference Group; and/or directly	Strategic + Operational/ Technical	Commissioning office director OR head of subject being evaluated	Email; plus discussions during scheduled coordination meetings as appropriate	Informing stakeholders of the overall plan, purpose, scope and timing of the evaluation; and their role

When <i>Evaluation phase</i>	What <i>Communication product (e.g. TOR, inception report, Final Report etc)</i>	To whom-Target organization or individuals/position (e.g. NGO partner, head of government ministry, donor representative)	What level <i>Organizational level of communication (e.g. strategic, operational, field etc.)</i>	From whom <i>Lead commissioning office staff with name/position (e.g. Country Office Director, evaluation manager)</i>	How <i>Communication means (e.g. meeting, interaction, etc.)</i>	Why <i>Purpose of communication (e.g. solicit comments, share findings for accountability)</i>
Inception Nov 2022- Dec 2022	Draft Inception report	Key stakeholders Through the Evaluation reference Group; and/or directly	Operational/ technical	Evaluation manager	Email	To seek for review and comments on draft Inception report
	Final Inception Report	Key stakeholders Through the Evaluation reference Group; and/or directly	Strategic + Operational/ Technical	Commissioning office director and/or Head of subject being evaluated	Email; plus discussions during scheduled coordination meetings as appropriate	Informing stakeholders of the detailed plan of the evaluation; and their role including when they will be engaged
Data collection and analysis debrief Jan - February 2023	Debriefing power-point	Key stakeholders Through the Evaluation reference Group; and/or directly	Technical/ operational	Evaluation manager And/or the head of subject being evaluated	Email	Invite the stakeholders to the external debriefing meeting, to discuss the preliminary findings
Reporting February - April 2023	Draft Evaluation report	Key stakeholders Through the Evaluation reference Group; and/or directly	- management and technical levels	Evaluation manager, on behalf of the evaluation committee	Email	Request for comments on the draft report

When <i>Evaluation phase</i>	What <i>Communication product (e.g. TOR, inception report, Final Report etc)</i>	To whom- <i>Target organization or individuals/position (e.g. NGO partner, head of government ministry, donor representative)</i>	What level <i>Organizational level of communication (e.g. strategic, operational, field etc.)</i>	From whom <i>Lead commissioning office staff with name/position (e.g. Country Office Director, evaluation manager)</i>	How <i>Communication means (e.g. meeting, interaction, etc.)</i>	Why <i>Purpose of communication (e.g. solicit comments, share findings for accountability)</i>
	Final evaluation Report	<ul style="list-style-type: none"> -Key stakeholders Through the Evaluation reference Group; and/or directly -General public 	<ul style="list-style-type: none"> All levels - Community radios -Users of WFP.org -Users of partners websites 	<ul style="list-style-type: none"> - Evaluation manager; plus the head of subject being evaluated - Evaluation manager -Focal point at the partner organizations 	<ul style="list-style-type: none"> Email -Posting report on www.WFP.org -Posting on partners websites 	<ul style="list-style-type: none"> Informing all key stakeholders of the final main product from the evaluation -Making the report available publicly
Dissemination & Follow-up April – May 2023	Draft Management Response to the evaluation recommendations	<ul style="list-style-type: none"> -Key stakeholders Through the Evaluation reference Group; and/or directly 	<ul style="list-style-type: none"> Management and technical level, depending on subject of evaluation and their responsibility in taking the action 	<ul style="list-style-type: none"> Evaluation manager, on behalf of the evaluation committee 	<ul style="list-style-type: none"> -Email, -and/or an organized face-to-face session 	<ul style="list-style-type: none"> - communicate the suggested actions on recommendations and elicit comments, especially on actions required by external stakeholders

When <i>Evaluation phase</i>	What <i>Communication product (e.g. TOR, inception report, Final Report etc)</i>	To whom- <i>Target organization or individuals/position (e.g. NGO partner, head of government ministry, donor representative)</i>	What level <i>Organizational level of communication (e.g. strategic, operational, field etc.)</i>	From whom <i>Lead commissioning office staff with name/position (e.g. Country Office Director, evaluation manager)</i>	How <i>Communication means (e.g. meeting, interaction, etc.)</i>	Why <i>Purpose of communication (e.g. solicit comments, share findings for accountability)</i>
	Final Management response	-General public	-Users of WFP.org -Users of partners websites	Evaluation manager -Focal point at the partner organizations	-Posting report on www.WFP.org -Posting on partners websites	-Making the MR available publicly

Annex 13: Bibliography

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- PESS, Educational Characteristics of Somalia People, 2015.
- The Somali Health and Demographic Survey 2020
- UNICEF State of the World's Children 2016, data tables available at: <http://data.unicef.org/resources/the-state-of-the-world-s-children-2016-statistical-tables.html>
- United Nations Evaluation Group: Norms and standards: [United Nations Evaluation Group: Norms and standards | UNCTAD](#)
- World Bank national accounts data, and OECD National Accounts data files. GDP per capita for Somalia: <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=SO>
- Worldometers: <https://www.worldometers.info/coronavirus/country/somalia/>

Annex 14: Acronyms

BSAFE & SSAFE	United Nations basic and advance security trainings
BCC	Behavioural Change Communication
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (German Federal Ministry of Economic Cooperation and Development)
C4D	Communication for Development
CEC	Community education committees
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CD / DCD	Country Director / Deputy Country Director
CDC	Community Development Committees
CO	Country Office
CW	Community Workers
DE	Decentralized Evaluation
DEQAS	Decentralized Evaluation Quality Assurance System
EC	Evaluation Committee
ERG	Evaluation Reference Group
ET	Evaluation Team
FGM	Female genital mutilation
FGS	Federal Government of Somalia
FNG	Fill the Nutrient Gap
GAM	Global Acute Malnutrition
GBV	Gender-based violence
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
HQ	Headquarters
IDP	Internally Displaced Persons
IGAs	Income Generating Activities
IPC	Integrated Food Security and Humanitarian Phase Classification
IR	Inception Report
IT	Information Technology
IYCF	Infant and Young Child Feeding
KFW	Kreditanstalt für Wiederaufbau (Reconstruction Credit Institute/German Development Bank)
MAM	Moderate Acute Malnutrition
MCH	Mother and Child Health
MCHN	Mother and Child Health and Nutrition
MND	Micronutrient Deficiency
MoH	Ministry of Health
MoPIED	Office of the Prime Ministry, Ministry of Planning
MTR	Mid-Term Review
MT	Micronutrient Tablets
NAR	Net Attendance Ratio
NDP	National Development Plan
NGO	Non-Governmental Organization
OEV	WFP Office of Evaluation

OTP	Therapeutic feeding programme
PDM	Post Distribution Monitoring
PHQA	Post Hoc Quality Assessment
PICD	Participatory Integrated Community Development
QS	Quality Support
SAM	Severe Acute Malnutrition
SCOPE	WFP's beneficiary and transfer management platform
SDG	Sustainable Development Goal
SUN	Scaling Up Nutrition
ToR	Terms of reference
TSFP	Target Supplementary Feeding Programme
UNCT	United Nations Country Team
UNDSS	United Nations Department of Safety & Security
UNEG	United Nations Evaluation Group
UNICEF	United Nation Children's Fund
UNMAS	United Nations Mine Action Service
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

WFP Somalia Country office

<https://www.wfp.org/countries/Somalia>

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