

Annex 1

Terms of Reference – Independent Evaluation of the “Enhancing the capacities of uniformed medical personnel deployed to UN Peace Operations” project

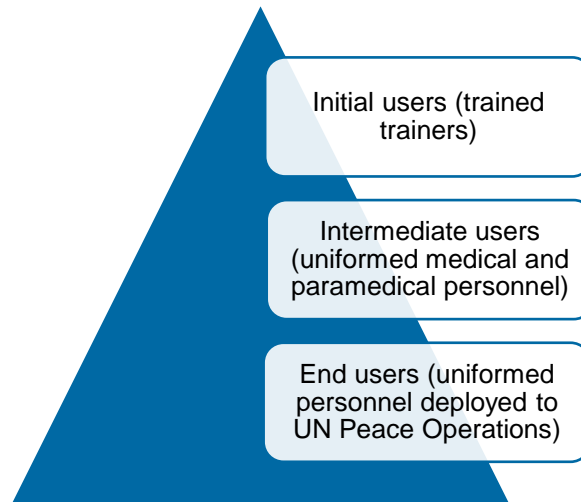
(C2021.TARPT104.CANDFA)

Background

1. The **United Nations Institute for Training and Research (UNITAR)** is a training arm of the United Nations, with the aim to increase the effectiveness of the United Nations in achieving its major objectives through training and research. UNITAR’s mission is to develop the individual, institutional and organizational capacity of countries and other United Nations stakeholders through high-quality learning solutions and related knowledge products and services to enhance decision-making and to support country-level action for overcoming global challenges.
2. UNITAR’s first Strategic Objective calls to “Promote peace and just and inclusive societies”. The sub-objective SO 1.1 “Support institutions and individuals to contribute meaningfully to sustainable peace” focuses on increasing institutions and individuals’ capacities to prevent continuation and escalation of violent conflicts, restore the rule of law, and build lasting peace. Special focus is placed on strengthening knowledge and skills of women as change agents in conflict analysis, negotiation and mediation; strengthening engagement of men and boys as agents of change in efforts to work towards ending sexual and gender-based violence and reducing the stigmatization; and improving the use of modern technologies to protect civilians and vulnerable populations.
3. The “Enhancing the Capacities of Uniformed Medical Personnel Deployed to UN Peace Operations” project, implemented between 24 December 2021 and 30 January 2024, and was amended until 30 June 2024, was conceived to **improve the performance of UN peace operations** in increasingly complex and high-risk environments **by enhancing the physical and mental well-being of female and male military and police personnel deployed to UN peacekeeping missions** [end users]. This would be achieved by *strengthening the capabilities, motivation (awareness) and opportunities of male and female medical and para-medical personnel* (military and police) deployed to UN peacekeeping operations [intermediate users] *to address physical and psychological trauma in a gender-responsive manner* and through *provision of training equipment*.
4. The intermediate users of the project are medical and para-medical personnel from countries (Chad, Ghana, Kenya, Niger, Rwanda, Senegal, Tanzania and Togo) among the 20 African troop and police contributing countries¹ deployed to the four high-risks missions: MINUSMA (now closed), MONUSCO, MINUSCA, and UNMISS. Intermediate users will be trained by UNITAR trainers [initial users],² who underwent a Training of Trainers (ToT) preparatory workshop as part of the project.

¹ Countries included in the previous phase and confirmed by the Government of Canada: Burkina Faso, Chad, Ethiopia, Ghana, Niger, Rwanda, Senegal, and Togo. Due to political situations in Ethiopia and Burkina Faso, Tanzania and Kenya were added instead.

² Trainers’ selection was planned to put emphasis on gender-balanced groups, additional francophone trainers, and trainers for advanced medical training.



5. The project planned to achieve its goals through the delivery of pre-deployment training and enhancement of training materials and resources (mobile application). More specifically, the project encompassed four components: i) revision of training packages (content/methodology) to integrate gendered needs and country or mission context; ii) delivery of preparatory ToT workshops for UNITAR trainers; iii) delivery of training and advanced training to medical and para-medical personnel on medical skills and mental health support to address trauma including the delivery of training materials; and iv) upgrade of the Android version of the [UN MissionMed app](#) and development of the iOS version. The project logic model can be found in Annex F.
6. The project built upon a previous phase of the intervention, “Strengthening response capacities of medical and para-medical personnel deployed to UN Peace Operations”, implemented between March 2020 and April 2021.³ Both phases were funded by the Government of Canada. As part of its activities, the precedent phase of the project comprised a gender-responsive / military / police-responsive needs assessment leading to adaptation of training packages, trainers’ preparatory workshops and delivery of eight training sessions. The Android version of the UN MissionMed app was also developed during this phase of the project (in English only).
7. The project is subject to an independent evaluation as per UNITAR Evaluation Policy.

Purpose of the evaluation.

8. The purpose of this evaluation is to assess the relevance, coherence, effectiveness, efficiency, likelihood of impact and likelihood of sustainability of the project; to identify good practices as well as any challenges that the project has encountered; to issue recommendations, and to identify lessons to be learned on design, implementation and management. The evaluation’s purpose is thus to meet accountability requirements, and to provide findings, conclusions, recommendations, and lessons learned to contribute to the project’s improvement, strategic direction, and broader organizational learning. The evaluation should not only assess how well the project has performed, but also seek to answer the ‘why’ question by identifying factors contributing to (or inhibiting) successful delivery of the results.

³ End of activities after two non-cost extensions. Project expiration date was August 2021.

9. While the evaluation will include an assessment of all six OECD/DAC criteria, gender, disability and human rights, and environmental considerations will be taken into account. The evaluation's purpose is to serve learning and accountability purposes, and to be as forward-looking as possible to inform decisions on the design and planning of possible future phases and focus areas of this or similar projects.

Scope of the evaluation

10. The evaluation will cover Phase II of the project (December 2022 to June 2024). Although the scope of the evaluation does not include the 2020-2021 project phase, the evaluator should briefly review the previous phase's results when framing the evaluation's findings and conclusions without going into depth. In addition to dig up the results achieved in 2022-2024, the evaluation should provide forward-looking recommendations to inform possible future phases.

Evaluation criteria

11. The evaluation will assess project performance using the following criteria: relevance, coherence, effectiveness, efficiency, likelihood of impact, and likelihood of sustainability. The evaluation questions related to gender equality and the empowerment of women dimensions are marked with "GEEW". Questions related to environmental sustainability are marked with "ENVSUSE". Disability and human rights considerations should also be considered throughout the evaluation.
 - **Relevance:** *Is the project reaching its intended individual users and are project objectives and activities relevant to the initial, intermediate and final users' needs and priorities, and designed with quality?*
 - **Coherence:** *To what extent is the project complementing other similar programmes and projects and adhering to international norms and standards?*
 - **Effectiveness:** *How effective has the project been, through its four components, in delivering results and in reinforcing capabilities and increased awareness of uniformed medical and para-medical personnel?*
 - **Efficiency:** *To what extent has the project delivered its results in a cost-effective manner and optimized partnerships?*
 - **Likelihood of Impact:** *What are the potential cumulative and/or long-term effects expected from the project, including contribution towards the intended impact and intermediate outcome, positive or negative impacts, or intended or unintended changes?*
 - **Likelihood of Sustainability:** *To what extent are the project's results likely to be sustained in the long term? How is environmental sustainability addressed in the project?*

Principal evaluation questions

12. The following questions are *suggested* to guide the design of the evaluation, although the criteria applied to the outcomes and the final questions selected/identified will be confirmed by the evaluator following the initial document review and engagement with project management with a view to ensuring that the evaluation is as useful as possible with regard to the project's future orientation or other similar undertakings.

Relevance

- a. *To what extent is the project aligned with the Institute's efforts to helping Member States implement the 2030 Agenda for Sustainable Development and the UNITAR strategic framework 2022-2025, and particularly SDG 16 and SO 1.1 and [Global Affairs Canada / PSOPs guiding policies](#) ?*
- b. *How relevant are the project objectives, design and training activities to the capacity, performance and individual needs and priorities of the initial users, intermediate users, and end users of the project respectively? Is it equally relevant for female and male trainers/uniformed medical personnel/personnel deployed and francophone and anglophone stakeholders? (GEEW)*
- c. *How well did the project design build on the needs assessment and lessons learned from the previous phase (2020-2021)? Did the project reach its intended beneficiaries, namely gender-balanced trainers' groups, francophone trainers, and medical and para-medical personnel, to the extent possible? If not, what/who was missing and what could have been done differently?*

Coherence

- d. *How well is the project aligned with and complements other UNITAR programming focusing on enhancing capabilities of deployed personnel and particularly those supporting medical and para-medical personnel, e.g. through UNITAR's pre-deployment training projects?*
- e. *How well is the project aligned with and complements programming implemented by other institutions focusing on enhancing capabilities of deployed personnel and particularly those supporting medical and para-medical personnel?*
- f. *How well is the project aligned with relevant international frameworks and UN resolutions and priorities in the peacekeeping field, including the WPS Agenda, the UN Uniformed Gender Parity Strategy, Cruz Report, Action for Peacekeeping (A4P) and A4P+, Elsie Initiative for Women in Peace Operations, UN security Resolution 2518, pledges from peacekeeping ministerial, Global Affairs Canada's Framework for Assessing Gender Equality Results, amongst others?⁴ (GEEW)*

Effectiveness

- g. *To what extent have the planned outcomes and outputs of the project been achieved? What are the factors affecting the project and the individual's performance of initial, intermediate and end users?*
- h. *Has the project's design, with its multiple components, and partnerships been effective in delivering and attaining results, including the performance of the four implementing partners? (see annex I).*
- i. *To what extent and how is the project contributing to improved knowledge and skills, capabilities, motivations (increased awareness) and opportunities of uniformed medical and para-medical personnel to address physical and psychological trauma of deployed personnel in a gender-responsive manner? How effective is the mobile application as a learning reinforcement tool? Is progress per country varying? What is missing, if anything? (GEEW)*

Efficiency

- a. *To what extent has the project produced outputs in a timely and cost-efficient manner, including through grant arrangements with implementing partners (Rwanda Peace Academy, Department of Medical Services of Ghana Armed Forces, The Administration Police Service*

⁴ A non-exhaustive list of relevant frameworks is included in Annex C.

(APS) Kenya and Tanzania National Police) in comparison with alternative approaches? Were the project's resources (human and financial) used as planned and fully utilised?

- b. *To what extent was the project including both activities and planned expenditures delivered as planned? To what extent did interim narrative/performance management framework reporting capture progress towards results? What caused deviations from the original plan? Did the project apply adaptive management to adjust to implementation challenges?*

Likelihood and early indication of impact

- c. *What real difference has the project made to improve physical and mental well-being of (military and police) personnel deployed to UN Peace Operations? Are there any differences between female and male uniformed deployed personnel? (GEEW)*
- d. *What other observable changes (positive or negative, intended or unintended) have occurred as a result of the project implementation?*

Likelihood of sustainability and early indication of sustainability

- e. *To what extent are the project's results likely to endure beyond the implementation of the activities in the mid- to long-term and under which conditions?*
- f. *To what extent has the project contributed to sustainability through creating an enabling environment through Training of Trainers (ToT) and the Mobile Application to maintain capacities and expanded knowledge- after project completion?*
- g. *What can we learn to inform the future design of similar programming?*

Gender Equality and Women Empowerment (GEEW)

The evaluation questions with gender equality and women empowerment dimensions are marked with “**GEEW**” in the above. Disability considerations should also be considered throughout the evaluation.

Environmental Sustainability in Evaluation (ENVSUSE)

The evaluation questions with the evaluation sustainability dimension are marked with “**ENVSUSE**” in the above.

Evaluation Approach and Methods

13. The evaluation is to be undertaken in accordance with the [UNITAR Evaluation Policy, the operational guidelines for independent evaluations](#) and the [United Nations Norms and Standards for Evaluation, and the UNEG Ethical Guidelines](#). The evaluation will be undertaken by a supplier or an international consultant (the “evaluator”) under the supervision of the UNITAR Planning, Performance Monitoring and Evaluation Unit (PPME). PPME shall support the evaluation team in gathering background documentation and other data collection processes.
14. Since the project focuses on capacity development, it is recommended to look at the different dimensions of capacity development, including:
- **Individual dimension** relates to the people involved in terms of knowledge, skill levels, competencies, attitudes, behaviours and values that can be addressed through facilitation, training and competency development.
 - **Organizational dimension** relates to organizations and networks of organizations. The change in learning that occurs at individual level affects, from a results chain perspective, the changes at organizational level.

- **Enabling environment dimension** refers to the context in which individuals and organizations work, including the political commitment and vision; policy, legal and economic frameworks and institutional set-up in the country; national public sector budget allocations and processes; governance and power structures; incentives and social norms; power structures and dynamics.

Table 1 - Capacity areas within the three dimensions

Individual	Skills levels (technical and managerial skills) Competencies Awareness and motivation	Essential knowledge, Cognitive skills, Interpersonal skills, Self-control, Attitude towards behaviour, Self-confidence, Professional identity, Norms, Values, Intentions, Emotions, Environmental barriers and enablers with specific focus on gender and disability inclusion (among others)
Organizations	Mandates Horizontal and vertical coordination mechanisms Motivation and incentive systems Strategic leadership Inter/intra institutional linkages Programme management Multi-stakeholder processes	Organizational priorities Gender and disability inclusion Processes, systems and procedures Human and financial resources Knowledge and information sharing Infrastructure Environmental sustainability Institutional support
Enabling environment	Policy and legal framework Political commitment and accountability framework Governance	Economic framework and national public budget allocations and power Legal, policy and political environment

15. In order to maximize utilization of the evaluation, the evaluation shall follow a participatory approach and engage a range of project stakeholders in the process, including the project implementation team, project partners, the beneficiaries, the donor and other relevant stakeholders. It should follow a mixed-methods and gender-responsive approach and data collection should be triangulated to the extent possible to ensure validity and reliability of findings. The evaluation will draw on primary (surveys, key informant interviews, focus group discussions) and secondary data (comprehensive desk review) to inform the evaluation methodology. It is recommended to follow a theory-based approach to impact evaluation, with a previous validation/review of the ToC and logic model.

16. The evaluator should follow mixed-methods approach for analysis in responding to the principal evaluation questions and present the findings qualitatively or quantitatively as most appropriate. Suggested methods and data collection tools include:

Theory-based approach to impact evaluation

The evaluator should consider whether [Outcome mapping](#) / [Outcome harvesting](#) / [outcome evidencing](#), [process tracing](#), congruence analysis, [contribution analysis](#), [episode study](#), or other theory-based approaches to evaluate the project's final outcome and impact, are suitable tools for answering the evaluation questions.

Comprehensive desk review

The evaluator will compile, review and analyse background documents and secondary data/information related to the project, including a results framework indicator tracking review. A list of background documentation for the desk review is included in Annex C. A template for document review suggested by PPME, can be found [here](#).

Stakeholder analysis

The evaluator will identify and relate the different stakeholders involved in the project. Key stakeholders at the global and national level include, but are not limited, to:

- Implementing partner institutions (see annex I);
- The donor (Government of Canada);
- Beneficiaries/participants at all levels: UNITAR trainers, medical and para-medical personnel and other deployed uniformed personnel;
- UNITAR project team;
- Troop or Police Contributing Countries;
- Etc.

Survey(s)

With a view to maximizing feedback from the widest possible range of project stakeholders, the consultant will develop and deploy a survey(s) following the comprehensive desk study to provide an initial set of findings and allow the evaluator to easily probe during the key informant interviews.

Key informant interviews

Based on stakeholder identification, the evaluator will identify and interview key informants. In preparation for the interviews with key informants, the consultant will define interview protocols to determine the questions and modalities with flexibility to adapt to the particularities of the different informants, either at the global, at the national or local level.

Focus groups

Focus groups should be organized with selected project stakeholders at the local levels to complement/triangulate findings from other collection tools.

Field visit

Field visits shall be conducted to two of the project countries Kenya, and Tanzania. All other countries will be consulted online.

Gender, disability and human rights, and environmental sustainability

17. The evaluator should incorporate [human rights, gender, disability, and environmental sustainability](#) perspectives in the evaluation process and findings, particularly by involving women and other groups subject to discrimination. All key data collected shall be disaggregated by sex, UN country classification, disability, and age grouping and be included in the draft and evaluation report. Though this is a general requirement for all evaluations, this evaluation should particularly put emphasis on **gender equality and women’s empowerment**.
18. The guiding principles for the evaluation should respect transparency, engage stakeholders and beneficiaries; ensure confidentiality of data and anonymity of responses; and follow [ethical and professional standards that include the usage of AI tools \(guidelines will be shared with the evaluators\)](#).

Timeframe, work plan, deliverables and review

19. The proposed timeframe for the evaluation spans from June 2024 (recruitment of the evaluator) to September 2024 (publication of final evaluation report). An indicative work plan is provided in the table below.
20. The consultant shall submit an evaluation design/question matrix following the comprehensive desk study, stakeholder analysis and initial interviews with the project team. The evaluation design/question matrix should include a discussion on the evaluation objectives, methods and, if required, revisions to the suggested evaluation questions or data collection methods. The evaluation design/question matrix should indicate any foreseen difficulties or challenges/limitations in collecting data and confirm the final timeframe for the completion of the evaluation exercise, as well as a list of documents reviewed highlighting insights from every reviewed document.
21. Following data collection and analysis, the consultant shall submit a zero draft of the evaluation report to the evaluation manager and revise the draft based on comments made by the evaluation manager.
22. The draft evaluation report should follow the structure presented under Annex D. The report should state the purpose of the evaluation and the methods used and include a discussion on the limitations to the evaluation. The report should present evidence-based and balanced findings, including strengths and weaknesses, consequent conclusions and recommendations, and lessons to be learned. The length of the report should be approximately 30 pages, excluding annexes.
23. Following the submission of the zero draft, a presentation of emerging findings with discussion of evaluation recommendations and a draft report will then be submitted to Project Management to review and comment on the draft report and provide any additional information using the form provided under Annex G by 31 October 2024. Within one week of receiving feedback, the evaluator shall submit the final evaluation report. The target date for this submission is 8 November 2024. Subsequently, PPME will finalize and issue the report. The report will be shared with all concerned stakeholders.

Indicative timeframe:

Activity	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024

Evaluator selected and recruited						
Initial data collection, including desk review, stakeholder analysis						
Evaluation design/question matrix						
Data collection and analysis, including survey(s), interviews and focus groups and field visit						
Zero draft report submitted to UNITAR						
Draft evaluation report consulted with UNITAR evaluation manager and submitted to Project Management						
Presentation of emerging findings, recommendations and lessons learned						
Project Management reviews draft evaluation report and shares comments and recommendations						
Evaluation report finalized and management response by Project Management						
Dissemination and publication						

Summary of evaluation deliverables and indicative schedule

Deliverable	From	To	Deadline*
-------------	------	----	-----------

Evaluation design/question matrix	Evaluator	Evaluation manager	1 July 2024
Comments on evaluation design/question matrix	Evaluation manager	Evaluator	5 July 2024
Zero draft report	Evaluator	Evaluation manager	7 October 2024
Comments on zero draft	Evaluation manager	Evaluator	11 October 2024
Draft report	Evaluator	Evaluation manager	21 October 2024
Presentation of emerging findings, recommendations and lessons learned	Evaluator/evaluation manager	Programme Management	To be defined
Comments on draft report	Programme Management	Evaluation manager	31 October 2024
Final report	Evaluator	Evaluation manager	8 November 2024
Dissemination and publication of report	Evaluation manager		November 2024

*To be adjusted depending on the contract signature and to be agreed upon with the Evaluation Manager.

Communication/dissemination of results

24. The evaluation report shall be written in English and the Executive Summary shall be translated into French. The final report will be shared with all partners and be posted on an online repository of evaluation reports open to the public in UNITAR website as well as the UNEG website.

Evaluation management arrangements

25. The evaluator will be contracted by UNITAR and will report directly to the Director of the Strategic Planning and Performance Division and Manager of Planning, Performance Monitoring, and Evaluation Unit (PPME) ('evaluation manager').

26. The evaluation manager reports directly to the Executive Director of UNITAR and is independent from all programming related management functions at UNITAR. According to UNITAR's Evaluation Policy, in due consultation with the Executive Director/programme management, PPME issues and discloses final evaluation reports without prior clearance from other UNITAR Management or functions. This builds the foundations of UNITAR's evaluation function's independence and ability to better support learning and accountability.

27. The evaluator should consult with the evaluation manager on any procedural or methodological matter requiring attention. The evaluator is responsible for planning any meetings, organizing online surveys and undertaking administrative arrangements for any travel that may be required (e.g., accommodation, visas, etc.). The travel arrangements, if any, will be in accordance with the UN rules and regulations for consultants.

Evaluator Ethics

28. The evaluator selected should not have participated in the project's design or implementation or have a conflict of interest with project activities. The selected consultant shall sign and return a copy of the code of conduct under Annex F prior to initiating the assignment and comply with [UNEG Ethical Guidelines](#).

Professional requirements

29. The evaluator should have the following qualifications and experience:

- MA degree or equivalent in development evaluation, peace and conflict studies, development studies, or a related discipline. Knowledge of and experience in training design and delivery,

training evaluation, and in areas related to peacekeeping, trauma healing, and police / military training.

- At least 7 years of professional experience conducting evaluation in the field of capacity building. Knowledge of United Nations Norms and Standards for Evaluation.
- Technical knowledge of the focal area including the evaluation of peacekeeping related topics, as well as contemporary developments in multilateral efforts to develop policing capacities in broader peacekeeping missions.
- Field work experience in Africa.
- Excellent research and analytical skills, including experience in a variety of evaluation methods and approaches. Experience in evaluation using Kirkpatrick method is an advantage.
- Excellent writing skills.
- Strong communication and presentation skills.
- Cross-cultural awareness and flexibility.
- Availability to travel.
- Fluency in oral and written English and French.

Annexes:

- A. List of contact points**
- B. Event data available on the UNITAR Event Management System**
- C. List of documents and data to be reviewed**
- D. Structure of evaluation report**
- E. Project logical framework**
- F. Audit trail**
- G. Evaluator code of conduct**

Annex A: List of contact points

Project Management to complete

B: Event data available on the Event Management System from 31.01.2022 to 29.04.2024⁵ - additional events to be added

Start date (Y-m-d)	End date (Y-m-d)	Event title	Event ID	Location city	Location country
2022-04-03	2022-04-13	STM Training of Trainers (4 - 14 April 2022 - Accra, Ghana)	8878	Accra	Ghana
2022-09-19	2022-09-30	Training of Trainers for Medical and Para-medical Personnel - Dar Es Salaam, Tanzania [19 - 30 September 2022]	9754	Dar Es Salaam	United Republic of Tanzania
2022-10-03	2022-10-22	Pre-deployment Training for Medical and Para-medical Personnel - Lome, Togo [3 - 21 October 2022]	9756	Lome	Togo
2022-10-10	2022-10-28	Pre-deployment Training for Medical and Para-medical Personnel - Accra, Ghana [10 - 28 October 2022]	9757	Accra	Ghana
2022-11-14	2022-12-02	Pre-deployment Training for Medical and Para-medical Personnel - Ouagadougou, Burkina Faso [14 Nov - 2 Dec 2022]	9758	Accra	Ghana
2022-11-21	2022-12-09	Pre-deployment Training for Medical and Para-medical Personnel - Dakar, Senegal [21 Nov - 9 Dec 2022]	9759	Accra	Ghana
2023-01-09	2023-01-18	Pre-deployment for medical and paramedical personnel deploying to UN peace operations: Training of Trainers [Dar es Salaam, Tanzania - 09.01.2023 - 18.01.2023]	10507	Dar es Salaam	United Republic of Tanzania
2023-02-20	2023-03-10	Formation préalable au déploiement du personnel médical et paramédical dans les opérations de maintien de la paix [Niamey, Niger - 20.02.2023 - 10.03.2023]	10508	Niamey	Niger
2023-03-06	2023-03-24	Formation préalable au déploiement du personnel médical et paramédical dans les opérations de maintien de la paix [Lome, Togo - 6.03.2023 - 24.03.2023]	10509	Lome	Togo
2023-03-27	2023-04-13	Pre-deployment for medical and paramedical personnel deploying to UN peace operations [Gishari, Rwanda - 27.03.2023 - 14.04.2023]	10510	Gishari	Rwanda
2023-05-01	2023-05-18	Pre-deployment training for medical / paramedical personnel deploying to UN peacekeeping missions - Thiès, Senegal [2 May 2023 - 19 May 2023]	10754	Thiès	Senegal
2023-08-20	2023-08-31	Pre-deployment training for medical / paramedical personnel deploying to UN peacekeeping missions - Accra, Ghana [21.08.2023 - 01.09.2023]	10755	Accra	Ghana
2023-08-13	2023-08-28	Pre-deployment training for medical / paramedical personnel deploying to UN peacekeeping missions - N'Djamena, Chad [August 14th - August 29th, 2023]	10825	N'Djamena	Chad

⁵ List of events delivered in 2024 might be incomplete.

2023-07-30	2023-08-17	Pre-deployment training for medical / paramedical personnel deploying to UN peacekeeping missions - Moshi, Tanzania [July 31st - August 18th, 2023]	1082		United Republic of Tanzania
2023-09-03	2023-09-21	Pre-deployment training for medical / paramedical personnel deploying to UN peacekeeping missions - Kanyonyo, Kenya [04/09 - 22/09/2023]	1096	Moshi Kanyonyo	Kenya

Annex C: List of documents/data to be reviewed

- Interim and final narrative and financial reports
- Legal Agreement
- Logical Model and Theory of Change
- Project Description
- UNITAR website content
- Event Management System Data
- Some documents related to the 2020-2021 phase, including needs assessment
- Documents related to the four implementing partners
- Relevant international frameworks including [*Strategic Guidance Framework for International Policing*](#), [*Women, Peace and Security \(WPS\) Agenda*](#), [*the UN Uniformed Gender Parity Strategy*](#), [*Cruz Report*](#), [*Action for Peacekeeping \(A4P\)*](#), [*Integrated Peacekeeping Performance and Accountability Framework*](#), [*Elsie Initiative for Women in Peace Operations*](#), [*Africa Peace Support Trainers Association's values and objectives*](#), [*UNSC Resolution 2242 \(2015\) on Women and Peace*](#), [*the Policy on United Nations Police \(2014\)*](#), [*UN Security Resolution 2518*](#); [*Global Affairs Canada's Framework for Assessing Gender Equality Results*](#); and other relevant UN frameworks.
- Any other document deemed to be useful to the evaluation

Annex D: Structure of evaluation report

- i. Title page
- ii. Executive summary
- iii. Acronyms and abbreviations
1. Introduction
2. Project description, objectives and development context
3. Theory of change/project design logic
4. Methodology and limitations
5. Evaluation findings based on criteria/principal evaluation questions
6. Conclusions
7. Recommendations
8. Lessons Learned
9. Annexes
 - a. Terms of reference
 - b. Survey/questionnaires deployed
 - c. List of persons interviewed
 - d. List of documents reviewed
 - e. Evaluation question matrix
 - f. Evaluation consultant agreement form

Annex E: Project Theory of Change submitted for project proposal

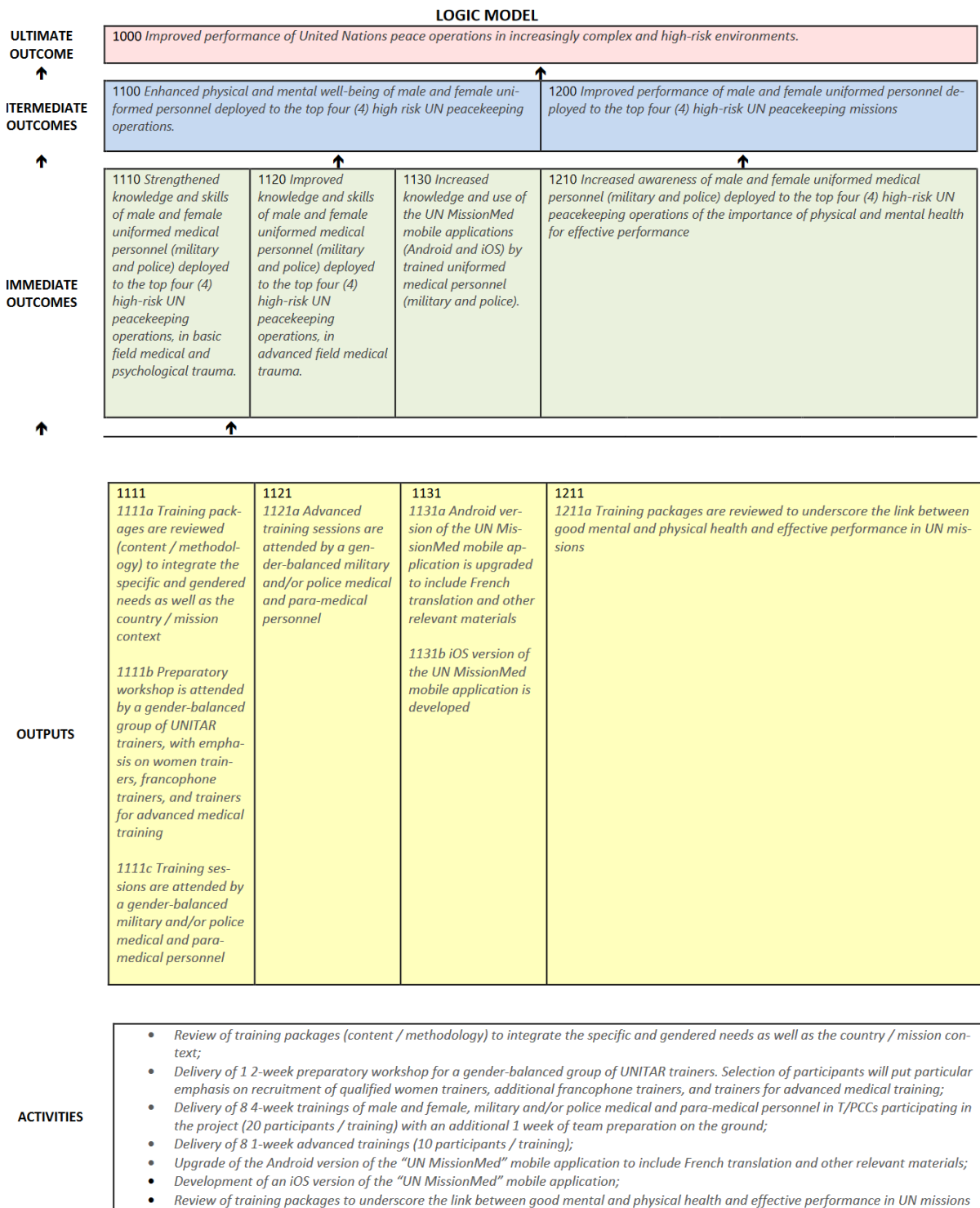
At its heart, peacekeeping is about safety – but it comes at a high risk to those who serve the cause of peace. Deployed military and police units cannot promote safety for those under their mandate if they do not know how to effectively address and treat their own physical and psychological trauma. The peacekeeping missions to which they are deployed are by definition traumatic and dangerous environments, and threats to physical and mental health in such environments are manifold. By taking advantage of the momentum and building on the results and political will achieved by the first phase of this project, we can ensure that they are equipped with the knowledge and skills, and have internalised the behaviour required, to look after themselves and their fellow peacekeepers in a gender responsive way. Specifically, we aim to strengthen the knowledge and skills of male and female uniformed medical personnel (military and police) deployed to the top four (4) high-risk UN peacekeeping operations, in basic as well as advanced field medical and psycho-logical trauma; increase the knowledge and use of the UN MissionMed mobile applications (Android and iOS) by trained uniformed medical personnel (military and police); and finally, to increase their awareness of the importance of physical and mental health for effective performance.

Mental health in particular remains insufficiently understood and often stigmatized across the globe – and this is especially true for highly masculinized contexts of the military and police, where poor mental health resulting from psychological trauma experienced in the field can be seen as a weakness. Physical and psychological wellbeing can promote de-escalation of conflict, as physically and psychologically healthy personnel are more likely to handle difficult and tense situations in a suitable manner, avoiding exacerbating the conflict. A unit that is weakened or incapacitated due to casualties or illness, including those suffering psychological trauma, cannot perform as effectively in UN peacekeeping. Improving the peacekeepers' capacities to properly address both types of trauma in line with UN standards, and remain aware of the link between poor health and poor performance, is crucial for improving the overall performance of peacekeepers – and thereby of peacekeeping missions.

Learning these critical skills and being thoroughly versed in how to apply them in a gender responsive way will allow for enhanced physical and mental well-being of male and female uniformed personnel deployed to the top four (4) high risk UN peacekeeping operations. Furthermore, improved physical and mental wellbeing among peace-keepers served by medical staff will improve the performance of male and female uniformed personnel deployed to the top four (4) high-risk UN peacekeeping missions.

The improved physical and psychological wellbeing of deployed male and female personnel leads to the ultimate intended outcome of this project: improved performance of UN operations in increasingly complex and high-risk environments. Improved performance in such conflict-affected environments is not just about the capabilities of deployed military and police, but is about completing the mandate of the mission, for the benefit of those deployed and the local populations under their protection. From medical and para-medical personnel learning the skills and behaviours necessary to address physical and psychological trauma in a gender-responsive manner, to the resulting improved physical and psychological wellbeing of all male and female deployed personnel, UN missions can better fulfil their mandate: keeping local populations safe.

Annex F: Project Logic Model and Logical Framework submitted for project proposal



EXPECTED RESULTS ¹ (from logic model)	INDICATORS (environmental sustainability and gender equality where possible)	BASELINE DATA	TARGETS include time range where possible	DATA SOURCES	DATA COLLECTION METHODS	FREQUENCY	RESPONSIBILITY
ULTIMATE OUTCOME							
1000 Improved performance of United Nations peace operations in increasingly complex and high-risk environments	Number of peacekeeping missions evaluated as performing to standards by the Comprehensive Planning and Performance Assessment System (CPAS)	Baseline data will be collected during the initial phase of the project	A target will be established based on baseline data	Comprehensive Planning and Performance Assessment System (CPAS) results	Compilation of existing statistics	Beyond end of project	Project Coordinator
INTERMEDIATE OUTCOMES							
1100 Enhanced physical and mental well-being of male and female uniformed personnel deployed to the top four (4) high risk UN peacekeeping operations.	% reduction of fatalities within UN peacekeeping operations	Sex-disaggregated / military / police-disaggregated baseline data will be collected during the initial phase of the project	A target will be established based on baseline data	Records by UN DPO, and if accessible, T/PCCs	Compilation of existing statistics	Bi-annual and end of project (final)	Project Coordinator
1200 Improved performance of male and female uniformed personnel deployed to the top four (4) high-risk UN peacekeeping missions	% reduction of instances of hospitalization during deployment (due to physical or psychological trauma)	Sex-disaggregated / military / police-disaggregated baseline data will be collected during the initial phase of the project	A target will be established based on baseline data	Records by T/PCCs	Compilation of existing statistics	Mid-term and end of project	Project Coordinator
IMMEDIATE OUTCOMES							
1110 Strengthened knowledge and skills of male and female uniformed medical personnel (military and police) deployed to the top four (4) high-risk UN peacekeeping operations, in basic field medical and psychological trauma.	% of male and female participants (from military and police) successfully meeting the completion requirements of the basic training session	To be determined based on results form the first project	85% of male military and/or police participants (82 total) and 85% of female military and/or police participants (54 total) successfully meet the completion requirements of the training session	Final reports of level II evaluation (knowledge, skills and behaviours)	Level II evaluation questionnaire	At the end of each training session	Project coordinator
	% of male and female participants (from military and police) indicating an increased confidence in their capacities to address physical and psychological trauma	To be determined based on results form the first project	85% of male military and/or police participants (82 total) and 85% of female military and/or police participants (54 total) indicate increased confidence in their capacities to address physical and psychological trauma in a gender-responsive manner	Final reports of self-evaluation	Self-evaluation matrix	Before and after the training session	Project coordinator
1120 Improved knowledge and skills of male and female uniformed medical personnel (military and police) deployed to the top four	% of male and female participants (from military and police) successfully meeting	To be determined based on results form the first project	85% of male military and/or police participants (82 total) and 85% of female military and/or police	Final reports of level II evaluation (knowledge, skills and behaviours)	Level II evaluation questionnaire	At the end of each training session	Project coordinator

(4) high-risk UN peace-keeping operations, in advanced field medical trauma.	the completion requirements of the advanced training session		participants (54 total) successfully meet the completion requirements of the training session				
1130 Increased knowledge and use of the UN MissionMed mobile applications (Android and iOS) by trained uniformed medical personnel (military and police).	% of male and female participants (from military and police) downloading the UN MissionMed mobile application	Not applicable	70% (112 total) of military and/or police participants trained download the UN MissionMed mobile application	UNITAR records	Document evidence	Once	Project coordinator
1210 Increased awareness of male and female uniformed medical personnel (military and police) deployed to the top four (4) high-risk UN peace-keeping operations of the importance of physical and mental health for effective performance	% of male and female participants (from military and police) can demonstrate the link between physical and psychological wellbeing and effective performance	Not applicable	85% of male military and/or police participants (82 total) and 85% of female military and/or police participants (54 total) can demonstrate the link between physical and psychological wellbeing and effective performance	Final reports of self-evaluation	Self-evaluation matrix	Before and after the training session	Project coordinator

OUTPUTS							
1111a Training package is reviewed (content / methodology) to integrate the specific and gendered needs as well as the country / mission context	# of training packages reviewed to integrate the specific and gendered needs as well as the country / mission context	Not applicable	8 gender-responsive / military / police-adapted training packages developed	Gender-responsive / military/police-adapted training packages	Document evidence	Once after training packages development	Project coordinator
1111b Preparatory workshop is attended by a gender-balanced group of UNITAR trainers	# of UNITAR trainers attending the preparatory workshop, disaggregated by sex and language (English / French / other), and area of expertise	Not applicable	A gender-balanced group of 16 UNITAR trainers attend the preparatory workshop (9 male/7 female ratio: 56%/44%)	Report of the preparatory workshop	Attendance list	Once after workshop completion	Project coordinator
1111c Training sessions are attended by a gender-balanced / military and/or police groups of medical and para-medical personnel	# of male and female medical and paramedical personnel from the military and/or police attending the training sessions	Not applicable	A gender-balanced group of 160 medical and para-medical personnel from the military and/or police attend the training session (96 male/64 female ratio: 60%/40%)	Report of the training session	Attendance list	At the end of each training session	Project coordinator
1121a Advanced training sessions are attended by a gender-balanced / military and/or police groups of medical and para-medical personnel	# of male and female medical and paramedical personnel from the military and/or police attending the training sessions	Not applicable	A gender-balanced group of 80 medical and para-medical personnel from the military and/or police attend the training session (48 male/32 female ratio: 60%/40%)	Report of the training session	Attendance list	At the end of each training session	Project coordinator

1131a Android version of the "UN MissionMed" mobile application is upgraded to include French translation and other relevant materials	# of upgraded Android UN MissionMed mobile applications	Current version of Android UN Mission-Med mobile application	1 Android versions of the "UN MissionMed" mobile application is upgraded to include French translation and other relevant materials	Mobile application	Document evidence	Once	Project coordinator
1131a iOS version of the "UN MissionMed" mobile application is developed	# of iOS UN Mission-Med mobile applications	Not applicable	1 iOS version of the "UN MissionMed" mobile application is developed	Mobile application	Document evidence	Once	Project coordinator
1211a Training packages are reviewed to underscore the link between good mental and physical health and effective performance in UN missions	# of training packages reviewed to underscore the link between good mental and physical health and effective performance in UN missions	Not applicable	8 gender-responsive / military / police-adapted training packages are reviewed	Gender-responsive / military/police-adapted training packages	Document evidence	Once after training packages review	Project coordinator

Annex H: Evaluation Consultant Code of Conduct and Agreement Form*

The evaluator:

1. Must present information that is complete and fair in its assessment of strengths and weaknesses so that decisions or actions taken are well founded.
2. Must disclose the full set of evaluation findings along with information on their limitations and have this accessible to all affected by the evaluation with expressed legal rights to receive results.
3. Should protect the anonymity and confidentiality of individual informants. He/she should provide maximum notice, minimize demands on time, and respect people's right not to engage. He/she must respect people's right to provide information in confidence and must ensure that sensitive information cannot be traced to its source. He/she are not expected to evaluate individuals and must balance an evaluation of management functions with this general principle.
4. Sometimes uncovers evidence of wrongdoing while conducting evaluations. Such cases must be reported discreetly to the appropriate investigative body. He/she should consult with other relevant oversight entities when there is any doubt about if and how issues should be reported.
5. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, he/she must be sensitive to and address issues of discrimination and gender equality. He/she should avoid offending the dignity and self-respect of those persons with whom he/she comes in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, he/she should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
6. Is responsible for his/her performance and his/her product(s). He/she is responsible for the clear, accurate and fair written and/or oral presentation of study imitations, findings and recommendations.
7. Should reflect sound accounting procedures and be prudent in using the resources of the evaluation.

Evaluation Consultant Agreement Form⁶

Agreement to abide by the Code of Conduct for Evaluation in the UN System

Name of Consultant: _____

Name of Consultancy Organization (where relevant): _____

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation. and I declare that any past experience, of myself, my immediate family or close friends or associates, does not give rise to an actual or perceived conflict of interest.

Signed at *place* on *date*

Signature: _____

*This form is required to be signed by each eval

⁶www.unevaluation.org/unegcodeofconduct

Annex I: list of implementing partners

Name	Type of organization	Dates	Amount in local currency	Amount in USD ⁷
The Rwanda Peace Academy	Government	10 October 2022 – 15 Dec 2022 and additional grant (tbc)	445012162.01 RWF	
Department of Medical Services of Ghana Armed Forces	Government	23 August 2023 – 30 September 2023	78387 GHS	
The Administration Police Service (APS) Kenya	Government	28 September 2023 – 30 October 2023	1899050 KES	
Tanzania National Police	Government	tbc	14730000 TZS	

⁷ Exchange rates may vary.