



Terms of Reference for Conducting End of Project Evaluation Access Protection Empowerment Accountability and Leadership (APEAL III)

1. Introduction

CARE International is a humanitarian non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls. APEAL III Project funded by ECHO is a 12-month protection focused project implemented in West Nile and Southwestern Uganda within a refugee context. The project implementation period spans from 1st May 2021 through 30th April 2022. The project is implemented in a Consortium approach with CARE International as the lead. The other members of the Consortium include International Rescue Committee (IRC), Save the Children International (SCI), Humanity and Inclusion (HI), War Child Holland (WCH), Transcultural Psychosocial Support Organization (TPO), Kabarole Research and Resource Centre (KRC), WoMena Uganda, Days for Girls (DFG), Uganda Law Society (ULS) and Community Empowerment for Peace and Development (CEPAD -WN).

2. Background

APEAL has delivered a comprehensive, integrated, evidence-based protection, GBV, child protection, disability and inclusion, mental health, and psychosocial support response for refugees from DRC and South Sudan as well as host communities in Uganda settled in Kyangwali, Kyaka II and Imvepi settlements. The settlements are in Kikuube, Kyegegwa and Terego districts respectively. The project targets 77,235 beneficiaries consisting of refugees and surrounding host communities. The project was implemented in a COVID 19 pandemic context. Interventions under APEAL project have been adapted to COVID 19 Context. Core interventions Include: GBV Prevention & Response, Protection Mainstreaming, Mental Health & Psychosocial Support, Disability Inclusion, Menstrual Health Management (MHM), Child Protection and Youth/Village savings & Loans Associations (Y/VSLA). APEAL project supports new refugee's arrivals and asylum seekers starting from refugee transit centres established closer to border entry points.

3. Rationale

APEAL partners have delivered a harmonized package of interventions to both refugee and host community project beneficiaries in Kyangwali, Kyaka II and Imvepi refugee settlements and therefore, seek to measure the impact of project interventions. The findings from the endline survey will provide information on shortcomings, successes and lessons learnt which will be used to inform implementation of future project interventions. Endline values on the findings will also be used as baselines for future projects. More details concerning the interventions about APEAL III i.e., log frame, budget and results to date will be availed during the inception meeting to the successful bidder. It's against this background that CARE as the lead for APEAL consortium intends to conduct an endline evaluation for the project hence sourcing for an expert to carry out the endline evaluation. The Consortium members will involve the Consultant in the development of data collection tools before data collection.

4 Purpose /Overall Objective

The overall objective is to analyze outcome against the DAC criteria -relevance, coherence, effectiveness, efficiency, Impact and sustainability. This objective will be pursued against the specific objective of the project which states that newly arrived refugees from DRC and South Sudan, as well as their host communities, receive continuous life-saving and multi-sectoral protection and assistance at all levels through the Access to Protection, Empowerment, Accountability and Leadership (APEAL) action. This includes GBV, CP, MHPSS-specific, and disability inclusion-sensitive services.

The evaluation exercise will assess the impact of APEAL III project interventions by comparing situation of

beneficiaries in the project locations at the start of the project and after implementing the project. This includes the projects alignment with the interagency standards on protection. This includes assessing the relevance and sustainability of project outcomes, approaches, models, and strategies. The evaluation intends to gather end of project data against all indicators included in the final approved log-frame to assess the extent to which planned targets at outcome and output level have been met. This is important because the evaluation will conduct a final review to cover aspects of project design, implementation modalities, targets achieved, any uncompleted activities and deliverables will be accounted for in the projection of results. The evaluation will document best practices, lessons learned as well as challenges that arose from project implementation.

4.1 Objectives of the Evaluation

- i. To assess the extent to which APEAL has contributed towards provision of multi-sectoral responses in protection, GBV Prevention and response, Disability Inclusion, Child Protection, MHM and Mental Health & Psychosocial support to beneficiaries.
(The endline will gather information about the extent to which expected results at outcome and output levels were reached, measuring each indicator as per the final approved Results Framework, at the end of the project.)
- ii. To identify and document intended outcomes, unintended outcomes, best practices, lessons learned as well as challenges experienced during project implementation.
(This is important because it will enable management to assess the extent to which the project has contributed towards improving the lives of the communities in which it was implemented, identify and document the intended outcomes, unintended outcomes, best practices, lessons learned as well as challenges experienced during project implementation.)
- iii. The endline survey will assess efficiency, effectiveness, relevance and appropriateness of models, strategies and project approaches applied towards attainment of the project goal. This includes the extent to which gender and resilience makers were considered throughout the project life.
(Make sample analysis to ascertain number of beneficiaries reached by each partner under each result compared to reach targets and the extent to which the commitment made to specific groups (adolescent girls, extremely vulnerable individuals, women, unaccompanied and separated children, PSNs, etc)
- iv. To assess progress made under protection mainstreaming approaches that have been used to strengthen community and institutional duty bearers while delivering protection, GBV, Disability Inclusion and MHPSS services.
- v. Assess the relevance and sustainability of project outcomes, approaches, models, and strategies.

The endline Evaluation will ensure data has been collated for each indicator and analysed with respect to baseline data. In addition to gathering data against project indicators, this Endline will try to answer the following questions.

Relevance	To what extent did the intervention objectives and design respond to beneficiaries' partners and government needs, policies, and priorities, and continue to do so if circumstances change?
Coherence:	The compatibility of the intervention with other interventions in settlements, sectors, and ECHOactions. The compatibility of the intervention with other interventions in the country, sector or institution.
Effectiveness	To what extent the intervention achieved its objectives, and its results, including any differential results across groups.
Efficiency:	To what extent the intervention delivered results in an economic and timely way
Sustainability	To what extent the intervention net benefits continue, or are likely to continue
Impact	What difference is the intervention making

5. Scope of the Study

The scope of this study entails conducting a desk review and collecting both quantitative and qualitative data from project locations i.e., Kyaka II, Kyangwali and Imvepi refugee settlements for APEAL project whose implementation spans from 1st May 2021 to 30th May 2022. The expanded geography of project locations attracts demanding logistical tasks and capacity while conducting the evaluation. KII's will provide information in

Nyakabande, Matanda and Sebagoro. Familiarity with the context is key too successful completion of this assignment. Data collection shall culminate into preparing an endline evaluation report. It is critical for the Consultant to have concrete experience in at least three thematic areas implemented by APEAL Consortium. The thematic areas include GBV, MHPSS, Disability Inclusion, Child Protection, VSLA and MHM. At least two permanent team members of the Consultancy should have competency in the thematic areas implemented by the Consortium. The endline Evaluation will ensure data has been collated for each indicator and analysed with respect to baseline data.

The principal objective of APEAL III project is to Enhance multi-sectoral responses by providing targeted life-saving protection, mental health, psychosocial support and disability inclusion services to Congolese and South Sudanese refugees and vulnerable host communities in Kyangwali, Kyaka II and Imvepi settlements. This study will measure protection components of the project based on the below four results but no limited to:

- i. Targeted populations are identified, screened, and have access to quality, timely, and appropriate GBV and protection (including legal) services appropriate to their age and gender
- ii. Children including unaccompanied and separated children (UASC) are identified, screened, and have access to quality child protection services that are timely and appropriate to their age and gender with the necessary support from parents, foster care persons and teachers.
- iii. Targeted populations are identified, screened, and have access to quality, timely, and appropriate Mental Health and Psychosocial Support (MHPSS) as well as disability and inclusion services appropriate to their age and gender in response to the increasing MH risks that refugees and host communities face
- iv. Strengthen the capacity of community structures, duty bearers and stakeholders to identify, respond, support and refer persons in need of MHPSS, comprehensive rehabilitation, disability and inclusion, protection and GBV services
- v. Advocate for and support the setting of standards and harmonized approaches to refugee protection and MHPSS at the national level

The Endline study will collect data against relevant protection indicators from the UNHCR Refugee Response Plan (RRP) for 2019 & 2020 that CARE and other actors have an obligation to report on. The information on indicators on RRP will be agreed together with APEAL Partners.

6. Methodology

This will be a multi-faceted study that involves evaluation of various thematic interventions under humanitarian protection. The Consultant shall review assessment reports from APEAL partners and key protection stakeholders in Uganda. Indicators that measure specific impact on individuals should be provided respective partners. The study will take a mixed-methods (qualitative and quantitative data collection and analysis) approach. The consultant will be responsible for defining and carrying out the overall evaluation approach while CARE provides leadership to APEAL Consortium on the required metrics based on the log-frame, as well as the endline methodology. This will include specification of the techniques for data collection and analysis, structured field visits and interactions with beneficiaries and the evaluation team.

Evaluation tools, methodology and findings will be reviewed and validated with various stakeholders and approved by the APEAL Project Management Unit. **DG Echo Protection Mainstreaming Key Outcome and Indicator Monitoring Tool will be used to measure indicators under specific object 1 of the project.** Collection of primary data shall consist of quantitative and qualitative methods, especially structured questionnaires, FGDS and KIIs. Appropriate sampling techniques shall be used to collect both primary and secondary data. Secondary data shall be collected through desk review of existing literature such as project proposal, Interim/quarterly reports, implementation plans, M&E data, formal policy documents, and other relevant quantitative and qualitative secondary data that will support the evaluation exercise. Evaluation tools, methodology and findings will be reviewed and validated with various stakeholders and approved by the APEAL Consortium Project Management Unit. Use of appropriate sampling techniques shall be proposed by the consultant to collect both primary and secondary data

7. Expected Outputs and Deliverables

The consultant will be expected to:

- Final inception report by the Consultant to be submitted to CARE within Seven (7) days after the inception meeting. The inception report should contain draft data collection tools, sampling, sample size and a detailed endline evaluation matrix. Develop data collection tools for the study and use DG Echo Protection Mainstreaming Key Outcome and Indicator Monitoring Tool to measure mandatory indicators.
- Prepare and submit a draft evaluation report.
- Prepare and submit a comprehensive and well-organized Final Report complete with standard reporting formats (main body of the report should be a maximum of 60 pages in length, excluding TOC, tables, and annexes). Draft reports shall be reviewed by the PMU.
- Prepare abridged Report synthesizing the main findings and indicators of the survey (not to exceed 7-10 pages in length).
- Submit data files including quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy-to-read format and maintain naming conventions and labelling for use by APEAL Consortium partners and key stakeholders. To simplify this process, the evaluation report will be completed in CARE developed evaluation report template that can be modified by the consultant

8. Timeframe for the Evaluation

The Endline evaluation will be conducted in Kyaka II, Kyangwali and Imvepi in Kyegegwa, Kikuube and Terego districts respectively between **11th April 2022** to **31st May 2022**. This period includes time spent reviewing the draft report and providing feedback to the Consultant. Billable days must not exceed 30 working days. The final report must be submitted by **31st May 2022**. The proposal should contain an elaborate work plan capturing all the activities that need to be undertaken.

9. Governance and Management of the assignment.

The consultant shall work jointly with the Consortium MEAL Team headed by the MEAL Advisor for the Consortium. The Consortium Manager shall oversee the entire exercise with support from Programme Quality and Learning (PQL) Manager and APEAL Project Management Unit (PMU).

10. CARE's MEAL Principles and Standards

Both APEAL partners and the Consultant will ensure the Evaluation is conducted as stipulated in the TOR. One or two more indicators for CARE / Consortium partners /Country Indicators to be added depending on the Consortium partner's needs. The evaluation should always respect the security and dignity of the stakeholders with whom CARE works, incorporating gender and power elements during the evaluation. Evidence should be disaggregated by sex, age and other relevant diversities in line with the project's log-frame.

11. Required External Response to Terms of Reference

A technical and cost proposal based on this Terms of Reference (ToR) is requested from consultants or consulting firm The proposal should contain:

- i. Detailed work plan with key parameters and indicators to be considered for the evaluation including methodologies for data collection and dissemination.
- ii. Specific roles and responsibilities of the team leader, supervisory chain and other core members of the report writing for the exercise.
- iii. Schedule of key activities in the report writing process preferably in a format such as a Gantt chart.
- iv. Detailed budget with justification. The external evaluation proposal should include a reasonable detailed budget to cover all costs associated with the evaluation. This should be submitted by major activities and line items for CARE's review and decision.
- v. Updated CV of Team Leader and other core members of the Consulting Team
- vi. A profile of the consulting firm with at least three sample works and recommendation letters

12. Qualification of Consultants / Consultancy Firms

Individual consultants or consultancy firms meeting the following profile are invited to send a technical and financial proposal specifying the following:

- Applicant's lead must have a minimum of a master's degree in a social science such as Humanitarian Studies, Psychology, Counselling, Project Planning and Management etc. A PhD is an added advantage. Part of his team must include expertise with master's level education in the one of the preferred areas mentioned above.
- Demonstrated experience (at least 5 years) providing senior level technical advisory role to a range of clients (INGOs, UN agencies, Government of Uganda institutions) conducting Baseline and endline studies; A track record of assessments conducted with recommendation letters in the past 5 years, a summary of the scope, the date when it was conducted and the name and details of the client (including contacts of the person who can be contacted for reference checks) must be attached with the application;
- Experience in conducting evaluations for complex humanitarian interventions. Evidence of such works in Uganda is highly preferred.
- Familiarity with key indicators from relevant refugee strategies and frameworks is highly preferred, including indicators from the Refugee Response Plan for 2019 & 2020 that CARE and other actors need to report on.
- Evidence of availability of appropriate qualifications, man-power and key staff that will constitute the team.
- Further, to this consultant or firm must indicate how they intend to mobilize the professional skills for proper completion of the assignment.
- In the case of an independent consultant, financial capacity, and willingness to pre-fund the work as CARE is not able to pay advances. A payment plan will be drawn based on agreed deliveries.
- Evidence of official registration in Uganda as a consultancy firm (submit evidence of registration). Individuals do not need to provide this requirement.
- Include the Curriculum Vitae of the key consultants with a minimum of 60% direct dedication and at least two assistants with a minimum of 90% direct dedication to this work.

Interested persons/firms MUST submit their proposals to UGA.Logistics@careuganda.zohodesk.com.

Hard copies applications should be sent to Care International P.O Box 7280, Kampala (Union House 5th Floor, Luthuli Avenue). The subject of the email/address on the envelop should read **Application for Conducting APEAL End of Project Evaluation**. No applications shall be accepted later than **1st April 2022** Close of Business. Please note that applications will be reviewed on a rolling basis.