



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

### **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 IV Project funded by ECHO is a 22-months protection focused project implemented in West Nile and Southwestern Uganda within a refugee context. The project implementation period spans from **1st May 2022 through 28th Feb 2024**. 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), Days for Girls (DFG), Uganda Law Society (ULS) Community Empowerment for Peace and Development West Nile (CEPADWN) and Tumaini for Refugee Women (TRW).

### **2. Background**

APEAL IV Project delivered a comprehensive, integrated, evidence-based protection, GBV, child protection, disability and inclusion, mental health, and psychosocial support response for refugees from the Democratic Republic of Congo (DRC), South Sudan, other refugee nationalities as well as host communities neighbouring Kyangwali, Kyaka II, Nakivale and Imvepi refugee settlements in Uganda. These settlements are located in Kikuube, Kyegegwa, Isingiro, and Terego districts respectively. During refugee influx new arrival refugees/ asylum seekers were provided with protection services by the Consortium while at the transit centres. The transit centres include Nyakabande, Matanda and Bubukwanga located in Kisoro, Kanungu and Isingiro districts respectively. The project targets 218,233 beneficiaries consisting of refugees and surrounding host communities.

### **3. Rationale**

APEAL partners delivered a harmonized package of interventions to both refugee and host community project beneficiaries in Kyangwali, Kyaka II and Imvepi refugee settlements including border entry points that experienced refugee influx. Therefore, we 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 IV i.e., MEAL Plan, budget, and results to date will be available 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 Consultant will engage the Consortium partners 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 protection services such as Gender Based Violence (GBV) Prevention and Response, Child Protection (CP),<sup>1</sup>

Mental Health and Psychosocial Support (MHPSS)-specific, and Disability Inclusion (DI) -sensitive services. The evaluation exercise will assess the impact of APEAL IV 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. Approaches under Community Based Protection(CBP) will also be assessed.

v. Assess the relevance and sustainability of project outcomes, approaches, models, and strategies.

VI. To assess how service linkages and inter consortia referrals under Basic Needs Approach (BNA) have contributed to meeting the holistic needs of beneficiaries supported by APEAL IV Project.

The endline Evaluation will ensure data has been collected for each indicator and analysed with respect to baseline data. Outcome level indicators for the project include:

- % Of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner
- % Of the targeted population reporting improved psychosocial wellbeing at the end of the intervention
- % Of vulnerable individuals targeted by APEAL IV adopting negative coping strategies.
- % Of people referred by APEAL internally or externally who report to be satisfied with the referral services

- % Of total beneficiaries reached by this action that are among those concerned by the recent or future emergency situations (i.e., increased influx of refugees from DRC) since March 2022 and during the duration of the action

In addition to collecting data against project indicators, this endline will try to answer the following questions.

<b>Relevance</b>	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?
<b>Coherence:</b>	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.
<b>Effectiveness</b>	To what extent the intervention achieved its objectives, and its results, including any differential results across groups.
<b>Efficiency:</b>	To what extent the intervention delivered results in an economic and timely way
<b>Sustainability</b>	To what extent the intervention net benefits continue, or are likely to continue
<b>Impact</b>	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 , Nakivale and Imvepi refugee settlements and Nyakabande transit center in Kisoro for APEAL project whose implementation spans from 1st May 2022 to 28th Feb 2024. Familiarity with the context is key to 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, 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 analyzed with respect to baseline data.

The principal objective of APEAL IV project is; Congolese and South Sudanese refugees and vulnerable host communities in Kyangwali, Kyaka II, Nakivale and Imvepi settlements have their needs for life-saving and multi-sectoral protection assistance met. Specifically, the project aims to achieve the following.

- Targeted populations are identified, screened and have access or are effectively referred to quality, timely, and appropriate GBV and protection services appropriate to their age and gender.
- Children are identified, screened and have access or are effectively referred to quality child protection services that are timely and appropriate to their age and gender with the necessary support from parents, foster carers and community-based structures.
- Targeted populations are identified, screened and have access or are effectively referred to quality, timely and appropriate Mental Health and Psychosocial Support (MHPSS) and disability and inclusion services appropriate to their age and gender.
- Formal and informal community structures, duty bearers and stakeholders are capacitated to respond to GBV, Protection and Child Protection, MHPSS, disability and inclusion and people-centred referrals and response.

- v. New refugee arrivals and asylum seekers have access to material items necessary for their basic living including emergency GBV, protection, MHPSS and child protection appropriate to their age and gender.

The Endline study will collect data against relevant protection indicators from the UNHCR Refugee Response Plan (RRP) for 2022-2023 that CARE and other actors have an obligation to report on. The information on indicators on RRP will be agreed together with APEAL Partner.

## 6. Methodology

This will be a multi-faceted study that involves evaluation of various thematic interventions under humanitarian protection i.e., Child Protection (CP), GBV prevention and response, Disability Inclusion (DI) and Mental Health and Psychosocial Support (MHPSS). 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 objective 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. 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. (They should organize a workshop to validate the findings)
- 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 and MEAL TWG.
- 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, Nakivale and Imvepi refugee settlements located in Kyegegwa, Kikuube, Isingiro and Terego districts respectively. Nyakabande Transit center located in Kisoro district will also be covered. The maximum evaluation period for the evaluation is six calendar weeks

starting from **20<sup>th</sup> February 2024**: 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 not later than **24<sup>th</sup> March 2024**. 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, Programme Manager Humanitarian & Nexus 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. Possession of A PhD will be 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 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](mailto:UGA.Logistics@careuganda.zohodesk.com) The subject of the email should read **'Application for Conducting APEAL IV End of Project Evaluation'**. No applications shall be accepted later **than 21st January 2024** Close of Business. Please note that applications will be reviewed on a rolling basis.

DocuSigned by:  
*Jimmy Taka*  
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