



Terms of Reference (ToR)

Endline Evaluation for the FNGAP

**Year 2 Project: Improving Food & Nutrition
Security for Refugee Women, Children, and
Youth in Kyaka II**

October 2024

Signed by:
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10/22/2024



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Background

CARE International has been implementing the Fill the Nutrition Gap (FNGAP) Year 2 project in the Kyaka II refugee settlement building on Fill the Nutrition Gap year 1 project whose goal was to improve the availability and consumption of nutritious foods and reduce anaemia in women, children, and in their families and communities, located in the Kyegegwa district of Uganda. The project, funded by Latter-day Saint Charities, aims to increase the availability and consumption of nutritious foods, particularly among vulnerable groups such as children aged 0-23 months and pregnant and lactating women.

Kyaka II refugee camp settlement hosts over 134,000 refugees and asylum seekers and reduced food rations and limited access to agricultural inputs have led to worsening food and nutrition insecurity. With a focus on home gardens, the Lucky Iron Fish (LIF) initiative, and social behavior change interventions, the FNGAP 2 project seeks to improve the dietary diversity and iron intake of refugee households. The project has targeted **2,200** households (**1,540** refugee and **660** host community households) with nutrition-sensitive interventions. The duration of the FNGAP Year 2 project is from January 2024 to December 2024, spanning a total of one year. This timeframe covers the implementation of activities aimed at improving food and nutrition security in the Kyaka II refugee settlement. FNGAP 2 interventions build on previous efforts and extend to new zones within the settlement, engaging 70% of refugees and 30% of host communities.

The project aims to recruit a consultant firm or individuals to conduct this end of project evaluation. To measure and analyze the effects of its interventions, including their design, implementation, and results. This evaluation will also help determine the effectiveness of project strategies, activities, and interventions in producing the intended outcomes. The project's interventions are organized around three key outcomes: increasing the availability and consumption of nutritious foods, improving nutrition-related behaviours and gender norms, and promoting alternative livelihood options to enhance household food security. Below is a detailed outline of the expected outcomes and the key activities designed to achieve these goals.

1.1 Expected Outcomes and Key Activities

Outcome 1: Increased availability and consumption of nutritious foods

Target Group: 2,200 children under 23 months, pregnant and lactating mothers in Kyaka II Settlement.

The project aims to enhance food availability and consumption through the following activities:

1. **Targeting and Mapping of Households:** Identifying the 2,200 households (1,540 refugee and 660 host community households) that will benefit from nutrition interventions.
2. **Training of 80 Community-Based Trainers (CBTs):** Focused on **Farmer Field and Business Schools (FFBS)**, with an emphasis on nutrition-sensitive agriculture.

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3. **Training on VSLA (Village Savings and Loan Associations) Methodology:** To empower households to manage resources for food production and household sustenance.
4. **Establishment of Demonstration Gardens:** Groups will be trained on establishing home gardens, serving as learning models for others in the community.
5. **Provision of Nutrition Inputs:** Households will receive inputs to set up home gardens, enabling them to grow nutrient-rich crops.
6. **Monitoring and Support for Home Gardens:** Monthly facilitation for the CBTs to monitor and ensure that households adopt home gardening practices.
7. **Training on Post-Harvest Handling and Value Addition:** Ensuring households can store, preserve, and add value to their produce, which improves food security.

Through these interventions, the project will focus on improving maternal and child nutrition, addressing the immediate determinants of fetal, child, and maternal development, and improving iron intake through nutritious food production.

Outcome 2: Improved food and nutrition positive behaviours, practices, gender norms, and attitudes

Target Group: Children aged 0-23 months and pregnant and lactating women.

This outcome focuses on changing behavior and attitudes toward food and nutrition through the following key activities:

1. **Training of Village Health Teams (VHTs):** VHTs will be empowered to conduct outreach programs on nutrition and hygiene.
2. **Production and Distribution of IEC (Information, Education, and Communication) Materials:** These materials will disseminate information on good nutrition practices, sanitation, and hygiene.
3. **Training of Role Model Men (RMM):** RMM will be trained to facilitate gender dialogues and encourage men to take an active role in domestic responsibilities.
4. **Facilitation of Gender Dialogues by RMM:** Encouraging changes in gender norms, such as the redistribution of domestic labor, and addressing women's time poverty.
5. **VHT-led Outreaches on Nutrition and WASH (Water, Sanitation, and Hygiene):** Focused on raising awareness about proper hygiene and nutrition practices.
6. **Training of Mother Care Groups (MCGs):** The groups will focus on promoting better feeding practices and ensuring that vulnerable households access nutritional support.
7. **Referral and Follow-Up of Malnutrition Cases:** MCGs will refer malnutrition cases to appropriate health services and follow up to ensure the recovery of affected children.
8. **Facilitating Health Workers for Nutrition Outreach:** Supporting health workers to conduct outreach activities, including **MUAC (Mid-Upper Arm Circumference) assessments** to detect malnutrition.

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9. **"Men in the Kitchen" Campaigns:** These campaigns will challenge traditional gender roles and encourage men to participate in child feeding and care practices. The project will also include **radio talk shows** and printed IEC materials to reinforce positive nutrition practices among young children, mothers, and girls.

Outcome 3: Promoting alternative livelihood options to support the consumption of nutritious food at the household level

Target Group: Refugee and host community households engaged in income-generating activities.

To enhance household food security through livelihood diversification, the following activities will be implemented:

1. **Training of Community-Based Livestock Facilitators:** These facilitators will support households in managing livestock as an additional food and income source.
2. **Training of Households on Livestock Management Practices:** This will focus on ensuring proper care and feeding of small livestock, contributing to household nutrition and income.
3. **Procurement of Small Livestock for 80 Groups:** The provision of livestock (e.g., poultry, goats) to beneficiary households will improve dietary diversity and household resilience.
4. **Veterinary Extension Support:** District veterinary workers will provide ongoing livestock extension services to ensure the sustainability of livestock-based livelihoods.
5. **Training in Off-Farm Social Business Options:** Households will be trained in income-generating activities such as **craft-making, energy-efficient briquette production, soap making, and nutritious food flour production.**
6. **Behavior Change Campaigns on Alternative Energy Sources:** The project will promote **energy-efficient practices** and the **production of livestock feeds**, including protein-rich options like **black soldier flies** as a sustainable enterprise. Additionally, the project will support the planting of multipurpose trees such as **pawpaws (papaya), mangoes, calandra, and avocados**, contributing to household nutrition while promoting environmental sustainability.

Purpose, Objectives, and Rationale

2.1. Purpose of the Evaluation

The purpose of this endline evaluation is to assess the overall performance and impact of the FNGAP Year 2 project. Specifically, the evaluation will focus on measuring changes in key outcomes related to nutrition, food security, and gender norms, and will assess whether the project's objectives were achieved.



2.2. Evaluation Objectives

The key objectives of this evaluation are:

1. To assess the Relevance, Coherence, Effectiveness, Efficiency, and Sustainability of the project interventions in increasing the availability and consumption of nutritious foods (e.g., iron-rich foods, dietary diversity).
 - a. Assess the **relevance** of the project in addressing the food security and nutrition needs of the vulnerable groups.
 - b. Evaluate the **coherence** of project interventions with broader CARE initiatives and local community strategies.
 - c. Measure the **effectiveness** in achieving the project outcomes (nutritional, gender, and livelihood goals).
 - d. Review the **efficiency** of resource utilization.
 - e. Determine the **impact** of the interventions on nutrition and gender norms.
 - f. Assess the **sustainability** of the project's results and whether they will continue beyond project completion.
2. To evaluate the impact of the home gardens and Mosquito nets interventions on the nutritional status of the target population.
3. To assess changes in gender roles, specifically the redistribution of domestic work and its effect on women's time poverty and nutrition practices.
4. To measure the effectiveness of alternative livelihood activities in supporting food security and income generation.
5. To capture lessons learned and provide recommendations for future nutrition-sensitive interventions in refugee settings.
6. To what extent has the project met its defined goal and outcomes?
7. How has the management of the project contributed to/impeded the achievement of results?
8. What key lessons learned and best practices should inform future activities in the CARE Nutrition programming?

Scope of the Evaluation

The evaluation will cover the full scope of the project's activities, which were implemented from January 2024 to December 2024. It will focus on the Kyaka II refugee settlement and surrounding host communities in the Kyegegwa district as selected by the project team.

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3.1. Geographic Area and Population Coverage

Region	District	Community	Project Target Total Households	Total Household Members
Kyaka II	Kyegegwa	Refugee zones and host communities	2,200 households (1,540 refugees and 660 host community households)	~13,200 individuals

3.2. Target Groups

The primary target groups for this evaluation include:

- Children aged 0-23 months affected by the project
- Pregnant and lactating women affected by the project
- Extremely vulnerable individuals and households with specific nutritional needs affected by the project
- Refugees and host community members engaged in alternative livelihoods (e.g., livestock rearing, energy-efficient practices)

Evaluation Focus and Key Questions

4.1. Type of Evaluation

This evaluation scheduled to take place at the end of the FNGAP Year 2 project. It will assess the overall impact and effectiveness of the interventions aimed at improving the nutrition and livelihoods of refugee and host community households in the Kyaka II settlement. By evaluating the project's outcomes, the assessment will measure how effectively the project increased the availability and consumption of nutritious foods, enhanced positive nutrition-related behaviours, and promoted gender equity. Additionally, the evaluation will explore how the project supported the development of alternative livelihoods to strengthen household food security and resilience. This evaluation is critical in identifying the long-term benefits of the interventions, highlighting lessons learned, and providing recommendations for scaling similar programs in other refugee settings or vulnerable communities. The findings will offer insights to CARE and its partners into the project's contribution to maternal and child nutrition, gender role shifts, and household economic diversification.

4.2. Key Evaluation Questions

The evaluation will address the following high-level questions: Expanded questions can be found here **Table 4**. Focusing on Nutrition and Food Security, evaluate improvements in dietary diversity, iron intake, and food production sustainability, Gender Equity, assess shifts in domestic roles, involvement of men in caregiving, and changes in gender norms, Livelihoods, examine the success of alternative livelihood options and their impact on household income and food security, Sustainability, determine how sustainable the



interventions are and their potential for scalability. Below are the overarching OECD-DAC evaluation questions considered under this assignment.

Relevance:
<ul style="list-style-type: none"> To what extent did the project address the food and nutrition security needs of vulnerable groups (e.g., pregnant and lactating women, children under 23 months)?
<ul style="list-style-type: none"> How appropriate were the project’s interventions (e.g., home gardens, LIF) in addressing gender equity and food security challenges? Were the project’s objectives aligned with the local context and the needs of target beneficiaries?
Effectiveness:
<ul style="list-style-type: none"> How effective were the project’s interventions in increasing nutritious food consumption and improving iron intake? To what degree did the project achieve its intended outcomes, such as increasing the availability and consumption of nutritious foods, enhancing nutrition-related behaviours, and promoting gender equity? What factors contributed to or hindered the achievement of the project’s objectives?
<ul style="list-style-type: none"> How successful were the gender-focused interventions (e.g., "Men in the Kitchen" campaigns) in shifting household roles and increasing women’s involvement in economic decision-making?
Efficiency:
<ul style="list-style-type: none"> Were resources (funding, time, staff) used efficiently in delivering the project outcomes, particularly in establishing home gardens and facilitating alternative livelihoods?
<ul style="list-style-type: none"> How cost-effective were the project’s livelihood interventions in supporting household food security?
Impact:
<ul style="list-style-type: none"> What significant changes (positive or negative) can be attributed to the project in terms of nutrition, gender roles, and household economic diversification?
<ul style="list-style-type: none"> How has the project affected the overall food security and resilience of the target households?
Sustainability:
<ul style="list-style-type: none"> How sustainable are the project’s gains in improving food security and gender equity, and what measures have been taken to ensure continuity of benefits beyond the project’s end? Have any mechanisms been established to ensure the ongoing support and continuation of the project's outcomes within the community?
<ul style="list-style-type: none"> Can the interventions (e.g., home gardens, LIF, livelihood options) be scaled to other communities, and how sustainable are the behavior change outcomes regarding gender roles?

4.3. Indicators to be Measured

The evaluation will focus on assessing both outcomes and outputs by measuring key performance indicators related to food and nutrition security, gender norms, and alternative livelihoods. Below is an excerpt list of the specific indicators that will be used to evaluate the

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impact and effectiveness of the FNGAP Year 2 project: The evaluation will focus on the following indicators from the IPTT:

- Dietary diversity (number of food groups consumed)
- Iron intake among pregnant and lactating women and young children
- Changes in household food security
- Reduction in women's time poverty and redistribution of domestic work
- Livelihood diversification (e.g., livestock management, alternative income sources)

Outcome 1: Increased availability and consumption of nutritious foods by 2,200 children under 23 months and pregnant and lactating mothers in Kyaka II Settlement

Key Performance Indicators:

1. **% of Pregnant and Lactating Women (PLW)** who consumed a diet of minimally adequate diversity on the previous day.
 - This indicator will measure dietary diversity, specifically whether PLW are consuming a sufficient number of food groups.
2. **% of children 0-23 months** who consumed a diet of minimum diversity over the previous 24 hours (disaggregated by sex – males and females).
 - This will track dietary diversity among children, assessing improvements in their consumption of varied food groups.
3. **Yields per unit area** for households practicing home gardening.
 - This will assess the productivity of demonstration gardens and home gardens, indicating improvements in household-level food production.
4. % of households with increased production of diverse and nutritious foods (for consumption and sale)
5. % of households consuming vegetables from household production
6. % of women who purchased (minimum # of promoted) diversified foods for consumption

Key Outputs to Be Measured:

1. **# of groups identified, profiled, and registered** through targeting and mapping of households.
2. **# of demonstration gardens established** and number of groups trained in their use.

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3. **# of Community-Based Trainers (CBTs) trained on VSLA methodology.**
4. **# of CBTs trained on FFBS nutrition-sensitive agriculture.**
5. **# of households that received nutrition inputs** for setting up home gardens.
6. **# of support visits made by CBTs** to monitor the adoption of home gardening practices.
7. **# of groups trained on post-harvest handling and value addition.**

Outcome 2: Improved food and nutrition positive behaviours, practices, gender norms, and attitudes among children 0-23 months and pregnant and lactating women in Kyaka II Settlement

Key Performance Indicators:

1. **% of Lactating Mothers** who report exclusive breastfeeding of their children under 6 months.
 - This will assess the adoption of appropriate infant feeding practices.
2. **% of people who report gender-positive attitudes toward social norms** (focusing on a specific gender norm).
 - This will track changes in gender roles, particularly the involvement of men in domestic tasks.
3. **Proportion of children 6-23 months** who receive iron-rich or iron-fortified foods designed for infants and young children, or iron fortified at home.
 - This measures iron consumption and nutritional intake for children within the target age group.
4. **% of women (reproductive age) who report a positive change in essential nutrition practices?**
5. **% increase of women empowered to make decisions related to diversified food production, sales, purchase and/ or consumption**

Key Outputs to Be Measured:

1. **# of Village Health Teams (VHTs) trained** on Infant and Young Child Feeding (IYCF) and FFBS nutrition tools.
2. **# of Role Model Men (RMM) trained** on FFBS and EMB (Empowered Beliefs and Behaviours).
3. **# of people reached by RMMs during gender dialogues and community outreaches.**



4. **# of households reached by VHTs on Nutrition and WASH (Water, Sanitation, and Hygiene).**
5. **# of Mother Care Groups (MCGs) trained** on nutrition, pregnancy care, lactation, and childcare.
6. **# of referrals made by MCGs** for malnutrition cases.
7. **# of people reached during nutrition outreaches**, including MUAC assessments.
8. **# of people reached during "Men in the Kitchen" campaigns and radio series.**

Outcome 3: Promotion of alternative livelihood options to support consumption of nutritious food at household level in Kyaka II settlement

Key Performance Indicators:

1. **% of households who actively participate in joint economic decision-making.**
 - This indicator assesses the degree of shared decision-making in households, particularly between men and women, related to economic activities.
2. **% of households reporting increased income** as a result of participation in project-supported livelihood activities.
 - This measures improvements in household economic status and resilience.

Key Outputs to Be Measured:

1. **# of CBTs trained on livestock management.**
2. **# of households trained on livestock management practices.**
3. **# of individuals who received small livestock** to support household food security and income generation.
4. **# of groups supported with veterinary extension services** to improve livestock management.
5. **# of groups trained on other off-farm social business options**, such as craft-making, energy-efficient briquette production, soap-making, and nutritious food flours.
6. **# of people reached during behavior change campaigns on alternative energy sources** (e.g., production of livestock feeds, growing of protein-rich black soldier flies, and planting of multipurpose trees like pawpaw, mango, and avocado).





Evaluation Design and Methodology

5.1. Evaluation Design

The evaluation will adopt a quasi-experimental design, which is well-suited for assessing the impact of the FNGAP Year 2 project. This design will involve comparing baseline data collected at the start of the project with endline data gathered at the conclusion of the project, allowing the evaluation to assess changes in key performance indicators. Unlike randomized controlled trials (RCTs), where participants are randomly assigned to intervention and control groups, a quasi-experimental design works with naturally occurring groups. This is particularly appropriate for the FNGAP project, given the complexities of working within a humanitarian setting where ethical and logistical constraints make randomization challenging. The project comparing outcomes before and after the intervention, the evaluation will be able to provide CARE and partners with robust insights into the effectiveness of the project in achieving its objectives. This design allows for the identification of changes and attribution in critical indicators such as dietary diversity, iron intake, household food security, and gender norms, while controlling for external variables that might influence the results. We shall adopt the Difference-in-Differences (DiD) method as the primary approach for this evaluation. This method aligns well with the project's structure, which involves comparing baseline and endline data across both intervention and non-intervention households. DiD will allow us to measure changes in key indicators, such as dietary diversity, gender role shifts, and household income, while controlling for time-related trends that may affect both groups equally. By examining the difference in outcomes between the treatment and comparison groups over time, this method will help isolate the impact of the interventions from other external influences. Given the project's focus on both refugees and host communities, stratified sampling combined with DiD will provide nuanced insights into the effects of the interventions across various sub-groups, ensuring that the evaluation captures the true impact of the project.

While the project acknowledges the limitation with this design, we have included strategies to mitigate them. For instance:

- **Propensity score matching (PSM)** will be employed to minimize selection bias by creating comparable groups based on observable characteristics. Those with treatment and non-treatment
- Use **Difference-in-Differences (DiD)** to account for confounding biases by measuring the change in key outcomes over time between intervention and non-intervention groups.
- **Multivariate regression** can control for other potential confounding variables that might influence the outcomes.
- These strategies would bolster internal validity despite the quasi-experimental nature of the design.

Additionally, the evaluation will employ both quantitative and qualitative methods to ensure a comprehensive understanding of the project's outcomes. Quantitative methods will include structured household surveys, focusing on key metrics like nutritional intake, gender role



shifts, and economic decision-making within households. These should/will provide measurable data on the project's impact. On the other hand, qualitative methods, such as focus group discussions and key informant interviews, will delve deeper into beneficiaries' experiences and perceptions, capturing nuances that quantitative data may miss. These qualitative insights should/will help explain how and why certain outcomes were achieved and explore unintended consequences or challenges encountered during implementation.

The combination of these methods within a quasi-experimental framework should/will enable the evaluation to provide a well-rounded, evidence-based assessment of the project's success in improving nutrition and livelihoods. It also ensures that the findings are both statistically valid and contextually rich, which is crucial for generating actionable recommendations for future programming in refugee settings.

5.2. Data Collection Methods

1. Quantitative Data Collection:

- *Household surveys* will be conducted with a representative sample of the 2,200 target households. Based on the calculations, a representative sample size for the 2,200 households involved in the FNGAP Year 2 project would be approximately 384 households. This sample size assumes a 95% confidence level and a 5% margin of error. The survey will measure changes in dietary diversity, iron intake, and food security.
- *Sampling*: Stratified random sampling will be used to ensure representation of both refugee and host community households.

2. Qualitative Data Collection:

- *Focus group discussions* with community-based trainers (CBTs), Village Health Teams (VHTs), and project beneficiaries.
- In consultation with the project team, Key informant interviews will be conducted with project staff, local leaders, and health workers.

5.3. Comparability with Baseline

The evaluation will compare findings with baseline data; however, since we are using a quasi-experimental design, the analysis will not rely solely on baseline data. Instead, the comparison will be made between the treatment group (intervention) and a comparison group (non-intervention) over time, ensuring a more robust evaluation of the project's impact.

To accurately capture the intervention's effect, the evaluation will employ the Difference-in-Differences (DiD) method. This approach will measure changes in key indicators across both the intervention and comparison groups between baseline and endline. By comparing how the intervention group performed relative to the comparison group over time, DiD helps control for time-related effects and external factors that could influence both groups.

Additionally, to address potential selection bias and ensure that the comparison group is as similar as possible to the intervention group at baseline, the evaluation will use propensity



score matching (PSM). This method adjusts for differences in observable characteristics between the groups, further enhancing the internal validity of the analysis. This combined approach will ensure that the evaluation not only measures changes over time but also isolates the impact of the intervention while controlling for external variables and selection biases that may otherwise confound the results.

5.4 Sampling Strategy for the FNGAP 2 Endline Evaluation

We shall adopt a stratified random sampling approach to ensure proper representation of both refugee and host community households. To address the risk of non-response bias, we will plan for oversampling beyond the required sample size. This ensures that even if some selected households do not respond, the final sample remains representative. Additionally, follow-up efforts will be undertaken, including multiple contact attempts (in-person or through phone) and community mobilization with the help of local leaders or Village Health Teams (VHTs), to increase response rates.

We will also account for attrition or changes in household composition that may occur between baseline and endline assessments. This will involve tracking households that participated in the baseline survey to minimize dropouts and, where necessary, replenishing the sample with similar households that fit the original selection criteria. In cases where replenishment is needed, households will be matched as closely as possible based on key characteristics such as household size, socioeconomic status, or refugee/host community classification to ensure consistency in the evaluation.

Recognizing that household surveys may not fully capture the nuances behind observed changes, the evaluation will integrate qualitative data collection methods. This will include focus group discussions (FGDs) with beneficiaries and in-depth interviews with key stakeholders such as project staff, health workers, and community leaders. These qualitative methods will provide deeper insights into behaviours, perceptions, and contextual factors that drive changes in dietary diversity, iron intake, and household food security. By combining quantitative and qualitative approaches, the evaluation will deliver a comprehensive understanding of the project's impact.

Roles and Responsibilities

6.1. CARE Team

The following CARE staff will supervise the evaluation process:

- Project team: Review of evaluation tool, Mobilization of evaluation respondents.
- Gender Advisor: ensure the integration of gender-sensitive analysis throughout the evaluation process, focusing on assessing the project's impact on gender equity, roles, and norms.
- MEAL Advisor: Overall supervision of the evaluation process and quality assurance.
- Project Manager: Coordination of evaluation activities and logistics.
- Program and PQL Manager: Technical oversight and review of evaluation deliverables.

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- CARE USA technical teams: Overall quality Assurance of the evaluation.

6.2. External Evaluation Consultant

The external evaluation team will be responsible for:

- Designing the evaluation methodology and tools
- Generate and inception report including exact evaluation timeline
- Conducting field data collection
- Analyzing both quantitative and qualitative data
- Producing the evaluation report and presenting findings to CARE staff

Evaluation Timeline

Table 1: Evaluation Timeline Guide

Milestone	Month 1	Month 2
Inception report and tools finalization	X (1 week)	
Data collection - 3-4 weeks (ensure robust field team capacity and pre-planning).	X (2 weeks)	X (2 weeks)
Data analysis and draft report		X
Final report submission		X
Data validation and interpretation workshop		X

Deliverables

The key deliverables for this evaluation include:

1. Evaluation proposal and inception report: Detailed evaluation design and data collection plan. More details under Requisites for Evaluators Presenting a Proposal for this Terms of Reference section.
2. Data sets: Raw quantitative and qualitative data, anonymized and formatted according to CARE standards.
3. Draft evaluation report: Preliminary findings for review by CARE staff.
4. Final evaluation report: A comprehensive report that adheres to CARE’s evaluation report template. Final report will be limited to 20 pages, with a focus on key findings, strategic recommendations, and actionable insights. More detailed information, such as raw data, analysis methodologies, and supplementary findings, should be included in annexes. A 2-page executive summary that highlights the top-line findings and strategic recommendations.
5. Presentation: A PowerPoint presentation summarizing the key findings and recommendations. Including 2-4 pager infographics
6. **Detailed Survey Implementation Plan (DSIP)**

The DSIP will provide a comprehensive guide for executing the evaluation, covering:





- **Methodology:** Detailed description of the quantitative and qualitative data collection approaches, including sampling strategy and data collection tools.
- **Critical Tasks:** A breakdown of the activities required for survey planning, data collection, analysis, and reporting.
- **Anticipated Outputs:** Specific outputs expected at each stage, including draft and final reports, presentations, and data summaries.
- **Timelines:** Date-bound timelines for each activity presented in a Gantt chart or similar format.
- **Resource Needs:** A detailed list of resources required (e.g., enumerators, translators, transportation, materials).
- **Roles and Responsibilities:** Assignment of responsibilities to key personnel, including the evaluation team and project stakeholders.
- **Detailed Sampling Plan:** Specification of sampling methodology, sample size calculation, strategy for managing non-response bias, and protocols for handling attrition or sample replenishment.

7. **Data Treatment and Analysis Plan**

This plan will outline how the data will be processed and analysed, ensuring methodological rigor. It will include:

- Data **cleaning protocols** and procedures to handle missing data or outliers.
- **Syntax for variable transformations** used during analysis.
- A plan for **disaggregating data** by demographic groups, including gender and community classification (refugee vs. host community).
- **Statistical tests and models** to be applied for key analyses (e.g., difference-in-differences).

8. **Raw and Cleaned Dataset**

The contractor will provide both the **raw and cleaned datasets**, ensuring that the data is accessible and usable for further analysis or audits. The dataset deliverables will include:

- **Data Dictionary / Codebook:** A document listing all variables, including descriptions, coding schemes, and transformation rules.
- **Edit Rules and Data Cleaning Logs:** Documentation of the steps taken during data cleaning and any rules used to correct inconsistencies or errors.
- **Analysis Outputs:** Summary statistics, tables, and other outputs generated during analysis.
- **Analysis Syntax:** Code or syntax files (e.g., from SPSS, Stata, or R) used to perform the analysis, including transformations and statistical tests applied



to the data. These will ensure reproducibility and transparency of the evaluation process.

Budget

The indicative budget for this evaluation should not exceed \$ 15,000. The evaluator or evaluation team is expected to submit a detailed budget covering:

- Professional fees (lead evaluator, technical experts, enumerators)
- Travel and accommodation costs
- Data collection and reporting
- Costs for dissemination (e.g., meetings, presentations)

Responsible Data Management and Safeguarding

The Evaluation will adhere to the highest ethical standards, with particular focus on ensuring the safety, dignity, and rights of all participants, especially vulnerable groups such as children, pregnant and lactating women, and refugees. The following ethical guidelines will be strictly observed throughout the evaluation process:

1. Informed Consent:

- **Voluntary Participation:** All participants must provide informed and voluntary consent before engaging in any data collection activities, whether surveys, interviews, or focus group discussions. This includes explaining the purpose of the evaluation, how the data will be used, and the participant's right to withdraw at any time without penalty.
- **Clear Communication:** Consent procedures must be communicated in **a language that the participant understands**. Participants will be given enough information to make an informed decision about their involvement in the study. For those who may have limited literacy skills, oral consent procedures will be used to ensure understanding.
- **Age-Appropriate Consent:** For minors (children under 18 years), consent must be obtained from a parent or legal guardian, and where applicable, assent will be obtained from the minor to ensure they agree to participate in the evaluation.

2. Confidentiality and Privacy:

- **Data Anonymization:** To ensure the confidentiality of participants, all data will be anonymized before analysis. Identifiable information such as names, addresses, and other personal details will be removed to protect participant identity.
- **Secure Data Storage:** All data collected during the evaluation will be securely stored, ensuring that only authorized personnel have access. Digital data will be stored in password-protected systems, and physical copies (if any) will be kept in locked cabinets.

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- **Privacy During Interviews:** During data collection, measures will be taken to ensure that interviews or focus group discussions are conducted in private settings, where participants feel safe and free to speak without fear of retaliation or judgment.

3. Safeguarding Vulnerable Groups:

- **Protection of Children and Pregnant/Lactating Women:** Special precautions will be taken when working with vulnerable populations, including children and pregnant/lactating women. Trained enumerators will be briefed on how to engage with these groups in a sensitive and non-intrusive manner. Interviews or discussions with women and children will be conducted in a manner that respects their well-being and safety. Where possible, refreshments should be provided to cater for such groups
- **Cultural Sensitivity:** The evaluation will be conducted with a deep understanding of the cultural norms within the Kyaka II refugee settlement and surrounding host communities. Gender norms, religious beliefs, and local customs will be always respected. Female enumerators will be deployed where appropriate to engage women, particularly in matters of **reproductive health, child nutrition, and household gender roles**.
- **Avoiding Harm:** The evaluation team will ensure that participation does not expose individuals to any form of psychological, physical, or social harm. For example, questions related to **household gender dynamics** or **nutrition practices** will be framed sensitively to avoid any potential distress or conflict within households.

4. Ethical Considerations for Data Collection with Refugees:

- **Context of Vulnerability:** Refugees in the Kyaka II settlement may be dealing with trauma, insecurity, and ongoing uncertainty. The evaluation team must be trained to handle sensitive topics, such as nutrition insecurity or displacement, with compassion and understanding. Evaluators will refrain from asking questions that could re-traumatize or make participants uncomfortable.
- **Consultation with Local Authorities:** Data collection with refugees will involve consultations with local authorities like the OPM, camp commandant and community leaders (like the RWCs) to ensure the evaluation does not disrupt the community or raise security concerns. Prior approval will be sought from relevant district and local stakeholders to conduct interviews and surveys within the settlement.

5. Gender and Power Dynamics:

- **Gender-Sensitive Approaches:** The evaluation will use gender-sensitive data collection tools and approaches to capture the perspectives of both men and women. The Gender Advisor will work with the evaluator to ensure that gender-related issues, such as changes in domestic roles (e.g., men participating in domestic tasks through the "Men in the Kitchen" campaign), are explored without reinforcing negative stereotypes or triggering harmful discussions.



- **Empowerment of Women:** In line with the FNGAP project's focus on improving gender norms, female participants, particularly pregnant and lactating women, will be



encouraged to share their views in safe environments, ensuring their voices are heard and respected during the evaluation process.

6. Ethical Approval and Compliance:

- **Institutional Review:** This evaluation will not require any local IRB approval.
- **Training of Enumerators:** All enumerators/RAs and data collectors will be trained on ethical standards, including the importance of safeguarding, confidentiality, and informed consent. They will also receive training on handling sensitive topics, managing difficult situations, and respecting participant rights.

7. Data Management and Ownership:

- **Ownership and Use of Data:** In accordance with CARE Uganda’s data policy, all data collected during the evaluation will be the property of CARE Uganda and Latter-day Saint Charities. The data will not be shared with third parties or used for any other research purposes without prior written consent from CARE Uganda and the relevant stakeholders as further highlighted in the intellectual section.
- **Retention and Disposal:** After the evaluation, all data will be retained for a specific period (as per CARE’s data retention policies) and will be safely disposed of once it is no longer needed. Digital data will be securely deleted, and any physical documents will be shredded.

The evaluation will adhere to CARE’s responsible data management and safeguarding policies. Informed consent will be obtained from all participants, and data will be anonymized to ensure confidentiality. All datasets will be submitted in formats acceptable to CARE (e.g., .csv, .xlsx, .sav). An example below;

Table 2: Data Types

Type of data	Acceptable formats
Tabular data with extensive metadata	<ul style="list-style-type: none"> • Formats of statistical packages: SPSS (.sav), Stata (.dta), MS Access (.mdb/.accdb) • SPSS portable format (.por)
Tabular data with minimal metadata	<ul style="list-style-type: none"> • tab-delimited file (.tab) • delimited text with SQL data definition statements • comma-separated values (.csv) • delimited text (.txt) with characters do not present in data used as delimiters • widely used formats: MS Excel (.xls/.xlsx), MS Access (.mdb/.accdb), dBase (.dbf), OpenDocument Spreadsheet (.ods)
Geospatial data vector and raster data	<ul style="list-style-type: none"> • ESRI Shapefile (.shp, .shx, .dbf, .prj, .sbx, .sbn) • Geo-referenced TIFF (.tif, .tiff) • CAD data (.dwg) • Geography Markup Language (.gml) • ESRI Geodatabase format (.mdb) • MapInfo Interchange Format (.mif) for vector data • binary formats of GIS and CAD packages
Textual data	<ul style="list-style-type: none"> • Hypertext Mark-up Language (.html) • Widely used formats: MS Word (.doc/.docx) • Rich Text Format (.rtf) • Plain text, ASCII (.txt)





Type of data	Acceptable formats
	<ul style="list-style-type: none"> Extensible Mark-up Language (.xml) text according to an appropriate Document Type Definition (DTD) or schema
Image	<ul style="list-style-type: none"> JPEG (.jpeg, .jpg, .jp2) if original created in this format GIF (.gif) TIFF other versions (.tif, .tiff) RAW image format (.raw) Photoshop files (.psd) BMP (.bmp) PNG (.png) Adobe Portable Document Format (PDF/A, PDF) (.pdf) TIFF 6.0 uncompressed (.tif)
Audio	<ul style="list-style-type: none"> Free Lossless Audio Codec (FLAC) (.flac) MPEG-1 Audio Layer 3 (.mp3) if original created in this format Audio Interchange File Format (.aif) Waveform Audio Format (.wav)
Video	<ul style="list-style-type: none"> MPEG-4 (.mp4) OGG video (.ogv, .ogg) motion JPEG 2000 (.mj2) AVCHD video (.avchd)

Requisites for Evaluators Presenting a Proposal for this Terms of Reference

A **technical and cost proposal** is requested from a reputable firm or individual or evaluation team here referred to as the **Evaluator** based on the Terms of Reference (ToR) outlined above. The proposal should meet the following minimum requirements:

1. Detailed Evaluation Design:

- A thorough description of the overall evaluation design, including a clear methodology for both quantitative and qualitative data collection, as specified in the ToR.
- The design should include how the evaluator plans to utilize the quasi-experimental framework for comparing baseline and endline data to measure changes in key indicators such as dietary diversity, gender role shifts, and income levels within households.
- Explanation of how the evaluator will incorporate tools like household surveys, focus group discussions, and key informant interviews to provide a comprehensive understanding of the project’s outcomes.

2. Schedule of Key Activities:

- A timeline for all major evaluation activities, preferably presented in a Gantt chart format.
- The schedule should include the inception phase, data collection (quantitative and qualitative), data analysis, and the submission of draft, final reports, dissemination

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- A specific plan for primary data collection, outlining the required resources (e.g., enumerators/RAs, data collection tools, technology, training etc), and how the evaluator will ensure the sample is representative of the 2,200 target households (including refugees and host communities).

3. Detailed Budget:

- A comprehensive budget that covers all costs associated with conducting the evaluation.
- The budget should include the evaluator's fees for the lead evaluator, technical experts, enumerators, translators, driver, and other necessary team members.
- The budget should also account for any local travel, in-country lodging and per diem or facilitations, as well as materials or other related costs (e.g., translation services, venue hire for presentations, communication etc).
- Any additional costs for delivering key deliverables such as the evaluation report, data sets, infographics pagers and presentations should be clearly itemized.

4. Description of the Evaluation Team:

- A detailed description of the evaluation team, specifying the roles and responsibilities of each team member.
- The proposal should include the team leader (usually the lead evaluator) and identify the supervisory chain for ensuring the quality and timeliness of deliverables. A single point of contract (SPOC) should also be identified.
- For each team member, their specific responsibilities should be clearly outlined, such as leading data analysis, field coordination, or conducting focus group discussions.
- If any members of the evaluation team have been involved in the design, implementation, or monitoring of the FNGAP Year 2 project, their roles in the evaluation must be clarified to ensure transparency and avoid conflicts of interest.

5. Updated CVs:

- Include the updated CV of the Team Leader and all other core members of the evaluation team, highlighting relevant experience with evaluations in nutrition, food security, gender norms, and livelihoods in refugee settings.
- The CVs should demonstrate prior experience in using quasi-experimental designs, conducting nutrition evaluations, and working in similar humanitarian or refugee contexts.

6. Profile of the Consulting Firm or Individual

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- Provide a brief profile of the consulting firm, outlining relevant experience in conducting evaluations in food security, nutrition, livelihoods, and gender equity projects.
- The profile should highlight any past work either with CARE or similar organizations and projects in refugee settings or humanitarian interventions.

7. Sample Report

- A sample report from an evaluation previously conducted by the evaluator or evaluation team.
- The sample report should ideally showcase experience in evaluating nutrition-sensitive agriculture, gender-transformative programming, or similar interventions, particularly in refugee settings or within food and nutrition security projects.

Intellectual Property

The ownership of the evaluation report and all associated data, findings, and recommendations will rest with CARE Uganda. All data and reports, including the findings and recommendations generated from the FNGAP Year 2 evaluation, will remain the property of CARE Uganda and must not be published, shared, or disclosed to any third party by the consulting agency/firm without prior written consent. The complete data set and final report will be the sole property of CARE Uganda and any relevant donors or stakeholders, including Latter-day Saint Charities. The contractor will not have any rights to use the data for their own research purposes, nor license the data for use by others, without the written approval of CARE Uganda and Latter-day Saint Charities. Furthermore, unless otherwise specified in the award's provisions, CARE Uganda reserves all rights, title, and interest to data first acquired or produced under this award. In addition, Latter-day Saint Charities reserves a royalty-free, worldwide, non-exclusive, and irrevocable right to use, disclose, reproduce, prepare derivative works, distribute copies to the public, and publicly perform or display the data in any manner and for any purpose, and to authorize others to do so.

Qualifications for Evaluation Firm/Individual Evaluator

1. Education and Professional Background:

- Advanced degree in social sciences, public health, nutrition, development studies, agriculture, or a related field.
- Specialization in food security, nutrition-sensitive programming, or gender equity in humanitarian or development contexts is highly preferred.

2. Relevant Experience:





- Minimum of 7 years of experience conducting impact evaluations in the areas of nutrition, livelihoods, and gender-sensitive programming, particularly in refugee settings or humanitarian interventions.
- Proven experience with quasi-experimental designs, including baseline-endline comparisons, and familiarity with both quantitative and qualitative methodologies.
- Demonstrated experience in collecting, analyzing, and interpreting gender-disaggregated data and conducting gender-sensitive evaluations.

3. Technical Skills:

- Expertise in designing and implementing nutrition-sensitive agriculture and food security evaluations.
- Strong skills in statistical analysis (e.g., use of software like SPSS, Stata, Power BI) and experience with qualitative data analysis (e.g., NVivo, Atlas.ti).
- Ability to develop data collection tools, manage fieldwork logistics, and ensure high data quality control.

4. Experience with Donor-Funded Projects:

- Familiarity with working on evaluations funded by international donors such as USAID, Latter-day Saint Charities, or similar organizations.
- Experience in producing high-quality reports that meet donor requirements and standards.

5. Strong Communication Skills:

- Proven ability to present complex evaluation findings in clear, concise, and accessible language for diverse stakeholders, including technical experts and non-specialists.
- Excellent report-writing skills with a strong emphasis on producing actionable recommendations.

6. Cultural and Contextual Awareness:

- Experience working in East Africa or similar contexts, with a deep understanding of the refugee and host community dynamics in Uganda.
- Sensitivity to the local cultural, gender, and socio-economic context, particularly in refugee settlements.

7. Ethical and Safeguarding Considerations:

- Commitment to ethical standards in research and evaluation, CI's responsible data management protocols, including obtaining informed consent, ensuring confidentiality, and applying safeguarding principles for vulnerable populations, especially women and children.

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Project documents to be submitted

- ✓ FNGAP 2 Proposal
- ✓ Baseline Report
- ✓ Program Logical Framework (LF)
- ✓ Summarized PPT for FNGAP 2
- ✓ Program Theory of Change (ToC)
- ✓ Detailed Implementation Plan (DIP)
- ✓ Program Management Unit, Coordination and Staffing Plan/Structure
- ✓ FNGAP 2 M&E plan
- ✓ Any research studies or evaluations conducted knowledge management products.

Key Contacts for FNGAP Year 2 Evaluation

For further information or clarifications regarding this evaluation, please contact the following personnel:

1. Doreen Ruta – Project Manager
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Email: Robert.Suuna@care.org
3. Grace Kemirembe – Programme Manager
Email: Grace.Kemirembe@care.org
4. Charles Owuor – PQL (Programme Quality and Learning) Manager
Email: Charles.Owuor@care.org

Signed by:

Charles Owuor, PhD

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END



Annex 1: Checklist to Assess an Evaluator's Proposal for FNGAP Year 2 Evaluation

The table below outlines criteria that will be used to assess the completeness and quality of an evaluator's proposals. The team commissioning the evaluation for FNGAP Year 2 will use these criteria during the recruitment and contracting process for selecting the evaluator or evaluation team. The table includes assigned scores to each criterion, with higher scores given to elements that are particularly critical for the success of the FNGAP Year 2 evaluation. For example, evaluation design and primary data collection carry significant weight, while items like budget clarity and team composition are also important but slightly lower in score.

Table 3: Evaluation Assessment Criteria

Criteria	Details	Score (out of 100)
1. Evaluation design and alignment with ToR		35
1) Alignment with the evaluation purpose and questions	The proposal should clearly describe how it will address the impact and effectiveness of the FNGAP project in improving nutrition and livelihoods among target households.	
a) The type of evaluation	Clear identification of the quasi-experimental design, comparing baseline and endline data.	5
b) Methods to be used	Description of quantitative methods (household surveys) and qualitative methods (focus group discussions, key informant interviews).	5
c) Main focus of the evaluation	The focus should be on coherence, impact, and sustainability, particularly regarding changes in dietary diversity, iron consumption, and gender norms.	5
d) Actors and their roles	Clear description of the roles of key stakeholders involved in data collection (e.g., community-based trainers, Village Health Teams, and project beneficiaries).	4
e) Evaluation questions	Detailed explanation of how the evaluator will answer the key evaluation questions, such as improvements in nutritional outcomes, gender norms, and household economic decision-making.	6
f) Indicators and disaggregation	Clear description of how the evaluation will measure indicators from the IPTT (e.g., % of PLW with adequate dietary diversity, % of children with minimum dietary diversity, and yields per unit area) with disaggregation by sex, age, and location.	5

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Criteria	Details	Score (out of 100)
g) Unintended outcomes and learning	Description of how the evaluation will capture unintended outcomes, learning, and possible failures in implementation.	5
2. Primary data collection		15
1) Sampling method	A clear explanation of the sampling method used for household surveys, ensuring it is representative of the 2,200 households (1,540 refugee and 660 host community households).	7
2) Ethical considerations	Clear mention of ethical considerations for data collection (e.g., ensuring informed consent, maintaining confidentiality, and considering gender sensitivities when collecting data from vulnerable groups such as pregnant and lactating women).	8
3. Secondary data collection		5
1) Sources of secondary data	Identification of secondary data sources, including project documents such as the IPTT, baseline reports, and other relevant studies to ensure comparability of data.	5
4. Deliverables and dissemination of results		15
1) Commitment to expected deliverables	The proposal should commit to providing all deliverables specified in the ToR, including the evaluation report, data sets, presentations, and other dissemination materials.	
a) Final evaluation report	The final evaluation report should adhere to CARE's quality standards and provide comprehensive insights into the impact of the project, particularly regarding improvements in nutrition, gender norms, and livelihoods.	6
b) Data ownership and formats	CARE will retain ownership of all final data sets, and the evaluator must provide data in formats accepted by CARE (e.g., CSV, Excel, SPSS).	5
c) Dissemination options	The proposal should clearly outline options for presentations and dissemination, such as slide decks, community workshops, or summary reports for different stakeholders.	4
5. Evaluation plan with key activities		10



Criteria	Details	Score (out of 100)
1) Manageability of the evaluation plan	The evaluation plan should be clearly structured, with timelines, roles, and deliverables outlined for each phase of the evaluation (e.g., inception, data collection, analysis, draft report, final report).	10
6. Evaluation budget		10
1) Budget feasibility	The proposed evaluation design and activities should be achievable within the budget provided, including adequate resources for fieldwork, data collection, and analysis.	5
2) Budget clarity	The budget should include all necessary costs, such as:	
a) Professional fees	Fees for the lead evaluator, technical experts, enumerators, translators, drivers, and other team members required for the FNGAP evaluation.	3
b) International and local travel	Travel costs for in-country travel to the Kyaka II settlement and host communities, as well as international travel (if applicable).	1
c) In-country lodging and per diem	Costs for lodging and per diem for evaluation team members during fieldwork.	1
d) Materials and other related costs	Other costs related to materials, venue hire for presentations, data collection equipment, etc.	1
7. Evaluation team		10
1) Composition and skills	The evaluation team should have the necessary skills and experience for assessing nutrition interventions, livelihood development, and gender equity programming in refugee contexts. CVs or profiles should be included.	5
2) Roles of team members	The proposal should provide a clear description of the roles of each team member, particularly for key tasks such as data collection, analysis, and report writing.	5

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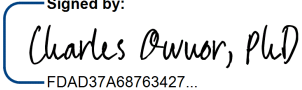

Table 4: Expanded Evaluation Questions

Nutrition and Food Security	
1. Impact on Nutritional Outcomes:	<ul style="list-style-type: none"> To what extent has the project increased the availability and consumption of nutritious foods, specifically among the targeted 2,200 children under 23 months and pregnant and lactating mothers in the Kyaka II settlement? How effective were the home gardens and the Lucky Iron Fish (LIF) initiative in improving the dietary diversity and iron intake of the target households? What changes have been observed in the consumption of nutrient-dense foods as a result of the project’s interventions, and are these changes sustainable beyond the project period?
2. Sustainability of Nutrition-Sensitive Agriculture:	<ul style="list-style-type: none"> To what extent have households adopted home gardening practices, and how sustainable are these practices in maintaining increased food production and nutrition over time? What impact has the provision of agricultural inputs and post-harvest training had on food production, storage, and household resilience to food insecurity?
Gender Equity and Behavior Change	
3. Changes in Gender Norms and Roles:	<ul style="list-style-type: none"> How effective have the project’s efforts been in changing gender norms and domestic roles within households, particularly through the “Men in the Kitchen” campaigns? To what extent have men and boys become more involved in domestic and caregiving responsibilities, and how has this influenced women’s time poverty and their ability to engage in nutrition-sensitive activities like child feeding? What evidence exists of lasting shifts in attitudes towards gender equity, and what challenges remain in changing entrenched gender norms in the community?
4. Social and Behavior Change Communication (SBCC):	<ul style="list-style-type: none"> How effective have the behavior change campaigns (e.g., radio talk shows, IEC materials) been in promoting positive nutrition behaviors and improving hygiene practices among pregnant and lactating women and children under 23 months? How successful were the Mother Care Groups (MCGs) and Village Health Teams (VHTs) in promoting exclusive breastfeeding, complementary feeding, and overall infant and young child nutrition?
Livelihoods and Economic Empowerment	
5. Livelihood Diversification:	<ul style="list-style-type: none"> How successful were the project’s interventions in promoting alternative livelihoods such as livestock management, energy-efficient technologies (e.g., briquettes), and small-scale enterprises (e.g., soap making, craft production)? To what extent have households increased their income through livelihood diversification, and how has this impacted their ability to afford and access nutritious foods?
6. Economic Decision-Making:	<ul style="list-style-type: none"> To what extent has the project influenced joint economic decision-making within households, particularly in the use of income generated from the Village Savings and Loan Associations (VSLA) methodology? How has participation in VSLA impacted household financial stability and the ability to invest in food security and nutrition?
Program Impact and Effectiveness	



<p>7. Effectiveness of Project Interventions:</p> <ul style="list-style-type: none"> Which interventions (e.g., home gardens, LIF, gender campaigns, livelihood options) have had the greatest impact on achieving the project’s objective of improving nutrition and food security among vulnerable groups in Kyaka II? Were there any unintended outcomes, both positive and negative, as a result of the project activities?
<p>8. Comparability to Baseline:</p> <ul style="list-style-type: none"> How do the outcomes at the end of Year 2 compare to the baseline data collected at the start of the project, particularly in terms of nutritional status, gender roles, and household livelihoods? Have there been significant improvements in key indicators such as dietary diversity, iron consumption, and gender equity, and how do these improvements vary across different demographic groups (e.g., by age, gender, location)?
<p>Sustainability and Scalability</p>
<p>9. Sustainability of Project Gains:</p> <ul style="list-style-type: none"> What measures have been put in place to ensure the sustainability of the project’s achievements after the project ends (e.g., continued use of home gardens, lasting changes in gender roles, adoption of alternative livelihood options)? To what extent can the project’s successful interventions be scaled to other zones within the Kyaka II settlement or to other refugee-hosting communities in Uganda? How sustainable are the project’s gains in improving food security and gender equity, and what measures have been taken to ensure continuity of benefits beyond the project’s end? Can the interventions (e.g., home gardens, LIF, livelihood options) be scaled to other communities, and how sustainable are the behavior change outcomes regarding gender roles?

Approvals

Prepared By	Reviewed By	Approved By
Robert Suuna K. MEAL Advisor Date: 15/10/24	Charles Owuor PQL Manager Date:	Doreen Ruta Project Manager Date:
 SK Robert	Signed by:  FDAD37A68763427... 10/22/2024	Signed by:  88502029F5FD45B... 10/22/2024