

TERMS OF REFERENCE

Endline Assessments



Jan 2024

Project Title	Building The Resilience Capacities of Vulnerable Communities to Respond to Economic and Diminished Livelihood Crisis (BREAD)
Project code (FC/AID)	
Budget manager	
Project start and end data	April 2022- Mar 2024
Date of the survey	Feb/Mar 2024
Type of survey	Endline Assessment
Location of the survey	Parwan (Ghorban and Salang) Kapisa: (Tagab and Nijrab)
Attached documents	Result framework, Project proposal

Background

CARE 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.

CARE is implementing a two-year DANIDA funded project called “Building The Resilience Capacities of Vulnerable Communities to Respond to Economic and Diminished Livelihood Crisis (BREAD)” under the food security and resilience program.

The overall objective of the proposed project is to: Improve the food security and livelihoods of the most vulnerable IDP and host community populations affected by drought and conflict in Parwan and Kapisa provinces.

Scope and objectives of the project

CARE would like to commission an independent endline evaluation of the project in order to capture the extent to which the project was able to achieve following expected outcomes:

Outcome1: Improved access to lifesaving cash for food assistance and follow-up livelihood activities for vulnerable IDPs and host community households in IPC phase 3 and phase 4

Outcome 2: Improved community’s capacity to in to identify and manage the risk of disasters in their community.

Outcome 3: Protection needs & vulnerabilities reduced through services provided to women, children & youth in the target communities

Specific indicator confirming whether or not above outcomes have been achieved are:

- 80 % of targeted HHs not using erosive coping mechanisms during the hunger gap period.
- 60% of women who have actively participated in household decision-making in use of household income.
- 10% incomes at household level have increased
- 90% of community infrastructures identified as « to rehabilitate » that are rehabilitated and maintained.
- 50% of rehabilitated infrastructures rehabilitated through cfw having a direct impact on communities' resilience to natural shocks.
- % of Returnee IDPs and host communities with a supportive attitude toward women and children right
- % of individuals reporting that they could work collectively with others in the community to achieve a common goal. (CI 2030)

The endline assessment will also use DAC criteria to evaluate relevance, coherence, effectiveness, efficiency, impact and sustainability of the project intervention including cash for food, livelihood support, women economic empowerment, and as well as GBV and protection services.

Purpose, Objectives, and Rationale for Assessment

The endline assessment will be conducted to explore whether the project has achieved its intended results and potential short-term impacts generated by the project.

The **objectives** of the assessment are as follows:

- To determine the extent of contribution DANIDA funded project made to address needs of the targeted population in terms of food security and livelihood services
- To measure progress against outcome indicators on the LFA and identify key factors contributing to achieving or not achieving the indicators
- To generate lesson learned and recommendation linked to the context this project was implemented for future learning.
- To document key success gained, beneficiaries success case and reflect
- To ascertain the degree of achievement and progress toward project output, outcome and overall objective as set in project proposal and logical framework aligned with DAC criteria detailed above. The assessment will further information and/or validate:
 - Achievement of the outcome
 - Important changes in the context of the programme/project
 - Description of deviation from planned results incl. possible unintended outcomes
 - Appropriateness of chosen modality and partners
 - Prospects of sustainability and presentation of exit strategy

Assessment scope and Key questions

- To what extent the project has been implemented in a most efficient way compared to alternatives and consider differences in social and cultural contexts and gender relations across project locations
- Assess the implementation and process of the project to understand potential for learning, and outlining the project sustainability, effectiveness, efficiency and relevance (DAC criteria).
- Understand perceptions of the project participants on the effectiveness and equity of the project
- To what extent does the data provide information on participation and diverse perspectives and experiences of individuals (women and men), households and groups involved in the various project activities?
- Which component(s) and approaches of the project would offer the best opportunity for replication, up-scaling and/or adjustment?

Approach and Methodology

The contractor will be responsible for defining and carrying out the overall evaluation approach. This will include specification of the techniques for data collection and analysis, structured field visits and interactions with beneficiaries and the assessment team. However, evaluation tools, methodology and findings should be reviewed and validated with various stakeholders and approved by CARE's MEAL unit.

Primary Data collection method:

The collection of primary data will involve mix-methods; this could be including individual interview, unstructured or semi-structured interviews, as well as discussions with members of a variety of stakeholder groups (line department, local partner, peer NGOs, women led local CSOs), direct, indirect and /or non-beneficiaries (if required by the assessment tools) in targeted provinces and locations. It is recommended that the data collection process be done through kobo toolbox where context allow. However the data entry should be done at the Kobo toolbox.

Secondary Data: The process of retrieving existing documents and data will include a desk review of existing literature including the project proposal, reports, implementation plans, baseline report, M&E data, log frame, national policy documents, summary budget/ expenses, and other relevant quantitative and qualitative secondary data.

Assessment tools: Assessment tools will be developed and conduct field data collection by consultancy firm. The consultancy firm will develop the data collection tools presented to MEAL team and program technical team for validation and then build them into Kobo. The tools will also focus analysis of th situation at the beginning of project to compensate for baseline absence.

Roles, Responsibilities, and the Evaluation Timeline

During data collection and analysis, the primary roles of CARE program staff are as informants and reviewers. They may review and provide comments on data collection tools, instruments, and all other deliverables before they are finalized. The following tables delineate the key roles and responsibilities of CARE Staff and the consultant during the evaluation process:

TERMS OF REFERENCE (TOR) TEMPLATE

1. Preparation phase	W1-2	W 3-4	W 5	W1-2	W3 -5	W1-3
	Jan 2024			Feb 2023		Mar 2024
Terms of References						
Procurement Announcement						
Contract/POs						
Consultant's Kick-off meeting with CARE						
Review of project documents and other publicly available material from other agencies etc.						
Development of methodology/sample size						
Questionnaire Design, finalization and translation of tools						
Field team recruitment						
2. Field work						
Trainings to surveyors						
Field test						
Implementation of the survey						
3. Data entry						
Database creation						
Data entry						
Data cleaning and processing						
4. Data analysis						
Data analysis and cross sectorial analysis						
5. Reporting						
Submission of draft report to CARE Afghanistan and CARE Denmark						
Feedback of CARE entities on the draft report						
Final submission of the report						
Submission of final datasets with CARE						
6. Dissemination and follow-up						

TERMS OF REFERENCE (TOR) TEMPLATE

1. Preparation phase	Who implement	Who ensure quality control and verification	Who validate the final version	What deliverables and what is the audience
Inception report	Consultancy firm	MEAL team and program team	MEAL team	Inception report should detail out work plan (Based on consultation with the project staff, this document will provide draft data collection tools; list all the interviewees of the study with name or designation; name or designation of all the key informants; number and location of direct observations; proposed number, participants, gender, and location of focus group discussions; proposed sample of survey of demand enterprises; field work team and assignment of responsibilities for the field work; and field work data entry plan)
Questionnaire Design	Consultancy firm	MEAL team and program team	MEAL team	Tools to be developed by Consultancy firm and approved by CARE
Questionnaire translation	Consultancy firm	MEAL team and program team	MEAL team	Tools to be translated in local language (Dari/ Pashto) by Consultancy firm and approved by CARE AFG.
2. Field work				
Trainings/orientation to surveyors	Consultancy firm	Consultancy firm	Consultancy firm	Orientation session on tools to be delivered to the surveyors
Field test	Consultancy firm	Consultancy firm	Consultancy firm	Tools will be tested in field for one day by consultancy and after provision of possible required amendment to be finalized for final implementation
Implementation of the survey (data collection)	Consultancy firm	Consultancy firm	Consultancy firm	Consultancy firm will implement and manage the data collection and further analysis.
3. Data entry				
Database creation Data entry Data cleaning	Consultancy firm	MEAL team and program team	MEAL team	Database for FGD and survey (creation of kobo) to be developed by consultancy firm. Quality of data collection and data entry, provide drafting and finalization of database is responsibility of consultancy firm/consultant. Raw, compiled & cleaned database including quantitative output and syntax files, qualitative transcripts, field notes and verified Questionnaires to be delivered to CARE by Consultancy firm and to be attached as annex of report as well
4. Data analysis				
Data analysis	Consultancy firm	MEAL team and program team	MEAL team	Consultancy firm is responsible to compile, quality assure and analyze data and produce a consolidated report
5. Reporting				
	Consultancy firm	MEAL team and program team	Program	Consultancy firm is responsible to submit final assessment report incorporating 2-3 rounds of feedback depending upon quality of report. Final products should gain approval of CARE Afghanistan as final version.
Report Approval	DCD/ FSL Coordinator	MEAL	DCD-P	
6. Dissemination and follow-up				
	CARE AFG	DCD/ FSL Coordinator	MEAL	CARE Afghanistan has authority to disseminate final product as required.

Coordination

MEAL unit and program team will provide the consultancy with necessary support to undertake and implement the assignment and execute the objective of this ToR. This will have included:

- Provide initial briefing and existing work overview,
- Provide relevant documents and technical support,
- Monitor regularly, and provide feedback and ensure effectiveness of the contract,
- Support the consultant in accessing relevant stakeholders

Deliverables

Consultancy firm/Consultant to provide following deliverables to CARE as per agreed timeline during PO:

- Final English, Pashtu and Dari version of end-line questionnaire (including any changes) from the provided standardized questionnaire
- Final end-line schedule, and training materials used and provided to enumerators (must be with medical background) during training sessions.
- Inception Report – will include the proposed evaluation approach, Key Evaluation Questions matrix, sampling approach, timeline and roles, responsibilities, anticipated outputs and associated levels of effort of each of the evaluation team members. The consultant will prepare a Key Evaluation Questions matrix based on the objective, key questions and methods to consider as part of the Inception Report. The Key Evaluation Questions matrix should identify more-detailed areas of focus for each question, aspects to consider within each focus area, and methods for investigation.
- Final Evaluation implementation plan, which will include the final overall final evaluation process, timeline with detailed calendar of key activities and milestones, supervisor and enumerator training manual/guidance in English, sampling approach and methods, data collection tools, validation (data quality assurance) and data analysis plan showing how each question will be analyzed from the data collected.
- Lists of communities visited with types and numbers of informants at each, list of stakeholders interviewed and consulted
- Final analysis and complete written report with needed annexes

Final Report Requirements

The consultancy firm is accountable to maintain the requirements for the content, format, or length of the final report, overall quality and approved timelines. They will produce a comprehensive report that assesses the achievements, relevance, coherence, coverage, effectiveness, efficiency, outputs and early outcomes of the project so far, and provide prioritized recommendations to maximize results. To simplify this process, CARE has developed an evaluation report template that can be modified to meet the needs of all project, programs, and initiatives.

Suggested component includes but not limited to:

- Cover Page (1 page)
- Table of Contents (1 page)
- List of Acronyms (1 page)

- Acknowledgements
- Executive Summary (1-2 pages)
- Introduction (up to 5 pages) It should include the follow subsections:
 - Purpose and Evaluation objectives (1 page)
 - Evaluation Questions (1 page)
- Methodology and Study Design (up to 5 pages)
- Survey implementation including enumerators training, field test, data collection and data managemt
- Results (by Evaluation Question) (up to 10 pages)
- Analysis (up to 8 pages)
- Limitations and Challenges (up to 3 pages)
- Conclusions and Lessons Learned (up to 7 pages)
- Recommendations (up to 8 pages)
- Annexes (no page limit)
- Annex reporting on the CI indicators

Data Disclosure

The consultancy firm should deliver, at minimum, all 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 the use of the project/program/initiative and key stakeholders.

All documents should be compliant with the following conditions (see [data format requirements](#)):

Minimum data requirements:

- All datasets and tools are submitted with the final evaluation.
- Data are disaggregated by gender and anonymized
- All necessary permissions, approvals, etc. are required prior to data collection

- CARE MEAL will have ownership of all evaluation-related data and documentation. Communicating the findings from this evaluation and all communications will be dealt as per CARE's communication policy.

- CARE requires that the datasets that are compiled or used in the process of external evaluation are submitted to CARE when the evaluation is completed.

- **Data must be disaggregated by gender**, age and other relevant diversity, etc.

- Datasets must be anonymized with all identifying information removed. Each individual or household should be assigned a unique identifier. Datasets that have been anonymized will be accompanied by a password protected identifier key document to ensure that we are

able to return to households or individuals for follow up. Stakeholders with access to this document will be limited and defined in collaboration with CARE during evaluation inception.

- In the case of textual variables, textual datasets or transcripts please ensure that the data is suitable for dissemination with no de-anonymizing information **UNLESS** these are case studies designed for external communication and suitable permission has been granted from the person who provided the data. In these circumstances, please submit, with the case study, a record of the permission granted, for example a release form¹.

¹ All release forms should be agreed in advance with CARE.

- Where there are multiple datasets (for example both tabular and textual datasets) identifiers must be consistent to ensure that cases can be traced across data lines and forms.
- CARE must be provided with a final template of any surveys, interview guides, or other materials used during data collection. Questions within surveys should be assigned numbers and these should be consistent with variable labelling within final datasets.
- Formats for transcripts (for example: summary; notes and quotes; or full transcript) should be defined in collaboration between CARE and the external evaluator at the evaluation inception
- In the case of tabular datasets variable names and variable labels should be clear and indicative of the data that sits under them. Additionally, the labelling convention must be internally consistent and a full codebook/data dictionary must be provided.
- All temporary or dummy variables created for the purposes of analysis must be removed from the dataset before submission. All output files including calculations, and formulae used in analysis will be provided along with any Syntax developed for the purposes of cleaning.
- We require that datasets are submitted in one of our acceptable format types.
- CARE must be informed of and approve the intended format to be delivered at evaluation inception phase. Should this need to be altered during the project CARE will be notified and approval will be needed for the new format.
- The consultancy firm will be responsible for obtaining all necessary permissions, approvals, insurance, and other required permits needed for data collection. These include required permits related to data collection from human subjects, including necessary ethical review board approvals (ERB) and health and accident insurance for evaluation team members.
- De-Identified data: please note all data and shared information or exchanged under this project shall first be anonymized and de-identified prior to transmission or sharing outside in any form hereunder, such that the data can no longer be related to an identifiable individual and can no longer constitutes Personal Information. The Disclosing Party shall be responsible for sanitizing Shared Information and ensuring that no Personal Information is included in the Shared Information.

Eligibility Criteria

The successful consultancy firm will have a solid track record on the criteria below, with examples of evidence for each:

General criteria

- Demonstrable relevant expertise and conducting similar assessment, studies and research

Technical Evaluation criteria

- Minimum **3-4** years of technical experience and knowledge on designing and conducting quantitative and qualitative survey/research with special focus on food security and livelihood, social sciences, or developmental studies, contract/ completion certificates to be attached as proof– **45 marks**

- List of successfully designed and managed large-scale robust research and end-line evaluations in similar nature and field (food security and livelihood)-a sample of relevant assessment should be shared – **30 marks**
- Study team leader and key teams need to have relevant degree/experience in food security and livelihood, social sciences, or developmental studies or equivalent education and experience - **15 marks**
- Team composition with M&E and research experts (preferably international staff for writing the narrative) – **10 marks**

Required External Response to Terms of Reference

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

1. Detailed plan of action for field work indicating staff-days required
2. Specific roles and responsibilities of the team leader, supervisory chain and other core members of the evaluation team.
3. Schedule of key activities preferably in a format such as a Gantt chart.
4. 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. This includes a break-down of the cost to contract external evaluation team members, international and local travel, and in-country lodging and per diem. Other related costs that might be in the budget include expenditures for hiring local personnel (drivers, translators, enumerators and other local technical experts), translating reports, and renting meeting rooms for presentations/workshops.
5. Updated CV of Team Leader and other core members of the Evaluation Team
6. A profile of the consulting firm (including a sample report if possible)

Submission Guideline

Interested candidates are requested to submit their proposals clearly defining their work approach and a proposed costing for the work to CARE Afghanistan Procurement Department - email address: (afg.procurement@care.org)