

TERMS OF REFERENCE

Endline Assessments



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|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Project Title | WAQAR: Livelihoods and Integrated Health and WASH Service Strengthening and Support for Displaced Populations in Afghanistan |
| Project code (FC/AID) | US3FA |
| Budget manager | Mirzakhon Basharmal |
| Project start and end data | June 2022- Nov 2024 |
| Date of the survey | Oct/Nov 2024 |
| Type of survey | Endline assessment |
| Location of the survey | Khost (Khost City (Matoon), Sabari, Alisher, Bak,, Gurbaz, Jajimaidan districts) and Paktya- Gardez |
| Attached documents | Result framework, baseline report & project proposal |

1. Introduction

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 Afghanistan is part of the global CARE International organization, which helps poor people in more than 100 countries in the world. CARE has worked in Afghanistan since 1961. CARE is an independent, non-political and impartial aid organization, which provides help to those who most need it. CARE works to bring positive change in the lives of poor people in Afghanistan. Currently, CARE Afghanistan is operating three programs: Resilience Program (RP), Education Program and Health, Equity & Right (HER) Program. The focus of CARE Afghanistan's programming is on education, health, women's empowerment, resilience, livelihoods food security, emergency/humanitarian response, and rural development.

WAQAR: Livelihoods and Integrated Health and WASH Service Strengthening and Support for Displaced Populations in Afghanistan is a two and half years EU funded project managed by UNOPS through the Lives in Dignity Grant Facility, running from April 2022 through Nov,2024. The impact of the project is that refugees and other displaced persons are productive members of their host communities and participate in furthering their common resilience, socioeconomic growth and development.

The project has two main outcomes including:

1. Increased income generation and livelihood opportunities for displacement affected persons
2. Increased access for displacement affected persons to integrated basic services (education, health, water, sanitation and energy)

The project targeted a total beneficiary of 192,384 in the two target provinces.

2. Purpose of the assessment

The overall purpose of the endline assessment is to: Measure and assess the progress and performance of the project against its objectives and indicators, and to identify the achievements, challenges, recommendations and lessons learned from the project's start and so far. In addition to that,

The endline assessment will cover the following:

- **Health:** The endline assessment will evaluate the access and utilization of health, immunisation and Sexual Reproductive Health, and Rights (SRHR) services by the target communities, and the quality and effectiveness of the services provided by the project staff and community health workers and community midwife. **The**

endline assessment will also assess the satisfaction and feedback of the beneficiaries and the stakeholders regarding the health services.

- **Nutrition:** The endline assessment will measure the impact of implementation of nutrition component on the nutritional status of the children under five years and the pregnant and lactating women in the target communities, and the coverage and quality of the nutrition therapeutic and preventive services provided by the project. The endline assessment will also examine the knowledge, attitudes, and practices of the beneficiaries and the communities regarding the IYCF, and the nutrition education and counselling services. The endline assessment will also identify the factors and barriers that influence the nutrition outcomes and behaviours of the target groups, and the best practices and lessons learned for improving the nutrition interventions and impact.

Specific objectives of the assessment:

- Evaluate Impact: Measure the effectiveness and impact of the WAQAR project by assessing the outcomes achieved and changes observed since the baseline assessment.
- Assess Achievement of Objectives: Determine the extent to which the project has met its goals and objectives as outlined in the project plan.
- Inform Decision-Making: Provide data and insights to stakeholders and decision-makers for future planning, resource allocation, and program improvements based on the findings of the assessment.
- Document Progress: Document the progress made over the project duration to understand the success factors and challenges faced in implementing the project activities.
- Support Learning: Capture lessons learned, best practices, and areas for improvement to enhance learning and guide future projects or similar interventions.
- Generate Evidence: Contribute to the body of evidence in the field by providing data that can be used for research, policy development, and advocacy related to similar projects or initiatives.
- Facilitate Sustainability: Identify strategies to ensure the sustainability of project outcomes and impact beyond the project period.
- Assess the implementation and process of the project to understand potential for learning, and outlining the project sustainability, effectiveness, efficiency and relevance (DAC criteria).

| Objectives | Indicators |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outcome 1: Increased income generation and livelihood opportunities for displacement affected persons | 1.2. % of beneficiaries reporting that the project activities are delivered in a safe accessible, accountable and participatory manner : Target: 75% |
| | 1.3 % of beneficiaries of all genders satisfied with their last engagement with service providers [SDG indicator 16.6.2]. Target: 80% |
| | % of beneficiaries receiving health care service who express satisfaction with services received. Target: 80% |
| | % of women of reproductive age who have their need for family planning satisfied with a modern contraceptive method. Target: 80% |
| | % of births attended by skilled health personnel |

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| Outcome 2: Increased access for displacement-affected persons to integrated basic services (education, health, water, sanitation and energy) | 2.1 Percentage of assisted displacement affected persons who gained or improved access to integrated basic services (education, water, sanitation, health and energy): Target: 90% |
| | 2.2 % improved access to health facilities rehabilitated with handwashing stations, latrines and drinking water sources: Target: 70% |
| | 2.3. % of trained health care providers who reported increase in their knowledge and practices after the training: Target: 80% |
| Output 2.1: Access to basic health services, GBV support, WASH and COVID-19 information through capacity building and health-systems strengthening | 2.1.1: Number of service providers trained for responding to the specific needs and vulnerabilities of displaced persons (disaggregated by sex, age, status and other context specific sub-categories) |
| | 2.1.2 Number of CHW and midwife health posts established and supported |
| Output 2.2 Improved health and awareness of communities on common illnesses and comprehensive health and hygiene, with specific focus on women and children (6-59 months), as well as support to people at the risk of GBV and GBV survivors. | 2.2.1: Number of displacement affected persons who gained access to national healthcare scheme (disaggregated by sex, age, status and other context specific sub-categories) |
| | 2.2.2: Number of displacement affected persons who report improved or gained access to essential integrated health services, (disaggregated by sex, age, status and other context specific sub-categories) |
| Output 2.3: Community access to SRHR through government and PPP services | 2.3.1: number of people accessed at least one SRHR service |
| | 2.3.2. Number of people provided with any type of modern contraceptive method |
| Output 2.4 Access to assessment of the pregnant and lactating women and children under five years for malnutrition, Infant and Young Child Feeding (IYCF) Counselling services and referral of the malnutrition cases | 2.4.1. Number of children under 5 and PLWs screened in the community by CHWs |
| | 2.4.2. child caregivers who received counseling on IYCF |
| Output 2.5. Under five children & women of reproductive age (WRA) got access to routine immunisation services through health facility -based services (two Sub Health Centers in Khost) | 2.5.1 Number of under five children received routine immunisation services as per National EPI policy. |
| | 2.5.2. Number of women of reproductive age received TT vaccine as per National EPI policy |
| Output 2.6 Community based advocacy for displaced people to access services designed and implemented | 2.5.1. Number of advocacy meetings conducted |
| | 2.5.2. Number of community influential received training on communication, negotiation, lobby and advocacy |

3. CARE's MEL principles and standards

CARE International has developed 7 monitoring, assessment and learning (MEL) Principles and standards which we use to inform our approaches to monitoring, assessment, accountability and learning. Our assessment standards state that:

- a. Assessments should provide CARE with a complete and comparable assessment of the before-after or with-without situation;
- b. Assessments should assess desired as well as unexpected outcomes;
- c. Assessments should be conducted in line with ethical principles by professionals who establish and maintain credibility in the assessment context;
- d. Assessments engage all key stakeholders, including CARE staff members to ensure ownership, buy-in and credibility of findings;

- e. Assessments need to meet high standards of methodological quality and produce findings which are appropriate to the purpose of the assessment;
- f. Progress against CARE's global impact indicators should be measured where it is possible to do so.

The assessment must always respect the security and dignity of the stakeholders with whom CARE works, incorporating gender and power elements (see CARE's gender analysis framework) during the assessment. To gain a better understanding of potential differences in gender and power elements, evidence should be able to be disaggregated by sex, age, and any other relevant criteria defined in collaboration with CARE.

4. Assessment methodology

This assessment has the following key directions with relevant accountabilities:

- **Design tools, training enumerators:** This will be done by consultancy firm; where the consultant will develop initial draft of the tools and CARE will support in review. The consultant/consultancy firm will be responsible for defining and carrying out the overall assessment approach. This will include development of the questioners and data collection tools, specification of the techniques for data collection and analysis, structured field visits and interactions with beneficiaries and the assessment team.
- **Field data collection, data cleaning and verification:** data collection & the interview tools to be developed by the consultant firm as well as a thorough study of project documents, including agreement, proposal, LFA, implementation plan, financial overview, analysis of the collected data and writing of the report.
- **Literature review, cross-sectional analysis and report write-up:** this is expected from the consultancy to manage and provide contextualized, evidenced based, and technically appropriate report and finding meeting donors requirement. The process, retrieving existing documents and data, will include: a desk review of existing literature including the project proposal, result framework, formative research, relevant national health surveys and studies for Afghanistan, implementation plans, M&E data, formal policy documents, official statistics, and other relevant quantitative and qualitative secondary data that will support the assessment implementation strategies. Information will be provided to the external assessment team as per the proposed assessment schedule.
- **Presentation, donor discussion and dissemination:** CARE Afghanistan will present finding and discussion with the stakeholders, CARE will also engage the consultant support in the presentation of the technical findings where required.

4.1. Primary Data

To answer the Key assessment questions, data will be collected based on the methodology and tools proposed by the consultancy firm/consultant including KII, Semit structured interview, BNF survey, observation, and FGDs, approved by CARE Afghanistan, using the approved sample size which will be population or beneficiary-based. Findings of the data should be specific, disaggregated by sex, age and location, be concise and supported by quantitative and/or qualitative information that is reliable, valid and generalizable. The consultancy is expected to follow a collaborative and participatory approach ensuring close engagement with the project staff, relevant stakeholders, UN agencies working to contribute tot the same outcome and BNFs groups. Some of the key stakeholders that must be targeted through the primary data collection include:

- Local health service providers including BPHS implementing partners
- Provincial/district MoPH staff and cluster
- Targeted Health Facilities
- Community Health Workers/Project staff
- Health Facilities key personnel/HF's staff

4.2. **Secondary Data:** The process, of retrieving existing documents and data, will include: a desk review of existing literature including the project proposal, result framework, formative research, implementation plans, M&E data, formal policy documents, official statistics, and other relevant quantitative and qualitative secondary data that will support the assessment implementation strategies. Information will be provided to the external assessment team as per the proposed assessment schedule.

4.3. **Assessment tools:** Assessment tools will be developed by the consultancy firm/consultant; and CARE Afghanistan through its MEAL department will monitor field data collection. The consultancy firm/consultant

will develop the data collection tools, present them to CARE Afghanistan's program and MEAL technical teams for validation, and then build them into Kobo.

5. Responsibilities and tasks

| 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/consultant | CARE Afghanistan MEAL and program team | MEAL unit / Program | Inception report should detail out understanding about the ToR/ assignment, implementation work plan, data collection. methodology, sampling strategy, data collection questionnaire/ tools, output table (which related with the questionnaire) to MEAL unit and program team |
| Questionnaire Design | Consultancy firm/consultant | MEAL Unit | Health Equity and Right program (HER) program | Tools to be developed by consultancy and approved by CARE AFG. |
| Questionnaire translation | Consultancy firm/consultant | MEAL unit and program team | Monitoring and Assessment and Learning unit | Tools to be translated in local language (Dari/ Pashto) by consultancy and approved by CARE AFG. |
| 2. Field work | | | | |
| Trainings/orientation to surveyors | Consultancy firm/consultant | MEAL unit | MEAL unit | Orientation session on tools to be delivered to the surveyors |
| Field test | Consultancy firm/consultant | Consultancy firm/consultant | MEAL unit | 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/consultant | MEAL unit | HERP Program | PQ unit will lead field data collection |
| 3. Data entry | | | | |
| Database creation Data entry Data cleaning | Consultancy firm/consultant | MEAL and Consultancy firm/consultant | MEAL unit | Database for FGD and survey (creation of kobo) to be developed by consultancy. Quality of data collection and data entry, provide drafting and finalization of database is responsibility of consultancy. Raw, compiled & cleaned database including quantitative output and syntax files, qualitative transcripts, field notes and verified Questionnaires to be delivered to CARE AFG by consultancy and to be attached as annex of report as well |
| 4. Data analysis | | | | |

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|---------------------------------------|-----------------------------|------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Data analysis | Consultancy firm/consultant | MEAL and Consultancy firm/consultant | Program | Consultancy is responsible to compile, quality assure and analyze data and produce a consolidated baseline and gender analysis report |
| 5. Reporting | Consultancy | CARE Afghanistan and CARE Netherlands & Norway | HERP/Program | Consultancy 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 and CARE USA as final versions. |
| 6. Dissemination and follow-up | PM | SPC/MEAL | DCD | CARE Afghanistan has authority to disseminate final product as required. |

6. Coordination

CARE Afghanistan MEAL unit and program team will provide the consultant with necessary support to undertake and implement the assignment and execute the objective of this ToR. This will include:

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

7. Chronogram of the assessment

The following tables delineates the assessment timelines and milestones during the assessment process:

| | Week 1-2 | Week 3-4 | Week 5 | Week 1-2 | Week 3-5 | Week 1-2 |
|--------------------------------------------------------------------------------------------|-----------|----------|--------|----------|----------|----------|
| 1. Preparation phase | Sept 2024 | | | Oct 2024 | | Nov 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 | | | | | | |

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|-----------------------------------------------------------------------|--|--|--|--|--|--|
| Data entry | | | | | | |
| Data cleaning and processing | | | | | | |
| 4. Data analysis | | | | | | |
| Data analysis and cross sectorial analysis | | | | | | |
| 5. Reporting | | | | | | |
| Submission of draft report to CARE Afghanistan | | | | | | |
| Feedback of CARE entities on the draft report | | | | | | |
| Final submission of the report | | | | | | |
| Submission of final datasets with CARE | | | | | | |
| Presentation of the Assessment Findings, Learning and Recommendations | | | | | | |
| 6. Dissemination and follow-up | | | | | | |

8. Results and findings utilization

The assessment findings and processes will be used and shared to relevant stakeholders, including CARE Afghanistan, CARE USA, the donor and concerned local stakeholders.

9. Final report template

It is recommended to use CARE’s template for the report and, where required, use the endline assessment format to ensure alignment of the comparison between endline and baseline situations.

The assessment report should be structured as below (projects to add additional chapters, as needed).

- Acronyms
- Acknowledgement
- Table of content
- List of Figures and tables
- Executive summary
- Introduction
- Methodology
- Findings, Results and Identified Outcomes
- Lessons learned
- Conclusions and recommendations
- Annexes

IMPORTANT NOTES:

- The external evaluator **must submit a FINAL version of the report** within the timeline and comply with data protection, ethical concerns, and others as relevant. A final report needs to be received prior to allocation of final payment. A report titled ‘draft’ will not be accepted as final.

10. Data protection and management

Data Disclosure

The external evaluator 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](#)):

- MEAL Dept will have ownership of all assessment-related data and documentation. Communicating the findings from this assessment 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 assessment are submitted to CARE when the assessment is completed.
- **Data must be disaggregated by gender**, age and other relevant diversity, disability, and target group / displacement status per the LiD requirements etc.
- Datasets must be anonymized with all identifying information removed. Each individual or household should be assigned a unique identifier. Datasets which 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 assessment 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.
- 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 assessment inception phase.
- 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 assessment 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 external evaluator 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 assessment team members.

11. Eligibility Criteria

The successful consulting firm/consultant and service provider having a solid track record on the criteria below, with examples/list of evidence for each:

General criteria

- Demonstrable relevant expertise and conducting similar assessment, studies, and research,
- Independent consultant (individual), Service provider and/or consultancy firm can apply for the assignment to meet the criteria and provide quality services including design methodology, analysis of the data and report.

Technical Assessment criteria

- Minimum 3 years of experience with, and knowledge on designing and conducting quantitative and qualitative survey/research with special focus on the health & nutrition, or developmental studies, contract/ completion certificates to be attached as proof– **45 marks**

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

- List of successfully designed and managed large-scale robust research assessments and in similar nature and field (health & nutrition)– **30 marks**
- Study team leader and key teams need to have relevant degree/experience in health & nutrition, 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**

12. Required External Response to Terms of Reference

A technical and cost proposal based on this Terms of Reference (ToR) is requested from the consultant or 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 survey/assessment team.
3. Schedule of key activities preferably in a format such as a Gantt chart.
4. Detailed budget with justification. The consultant/consultancy firm proposal should include a reasonable detailed budget to cover all costs associated with the assessment. 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 consultant/consultancy firm 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 Team
6. A profile of the consulting firm (including a sample report if possible)

13. Payment mechanism

The payment will be done in two instalments as follows:

First instalment (30%): upon the completion of kick-off meeting, approval of inception report and tool development.

2nd instalment (70%) will be paid upon the completion and finalization of the assessment report.

14. 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 Head - email address