

ANNEX II: Terms of Reference for Outcome Evaluation of BPRM-Non Syrian Project in Zeytinburnu, Istanbul

1. Background

Save the Children Turkey, in partnership with AKDEM Association under Zeytinburnu Municipality, has been implementing a project entitled, “*Phase 2: Strengthening Protection and Resilience for Refugee, Asylum Seekers, and Host Community Children and Adults in Zeytinburnu, Istanbul*”. The project will be closed out in October 2021. The main goal of the project was improving protection, resilience and social cohesion for refugees, asylum seekers, and host communities through increased access to information and basic services, psychosocial support, and strengthening of community protection mechanisms and building capacity of service providers.

The implementation aimed to enhance the protection of vulnerable individuals and groups (e.g. access to information and legal guidance) and strengthen children’s protection from violence and abuse and their psychosocial wellbeing (e.g. structured workshops for children and their caregivers). The project also aimed to strengthen community-based structures through a multi-tiered awareness campaign on refugee rights, legal and social welfare system, available protection services, identification of risks, and link to relevant protection services through Individual Protection Assistance (IPA), case management, and referrals. Consequently, community-based structures (i.e. child/youth-led groups) were empowered to pursue their awareness-raising activities mainly focusing on protection issues.

It should be noted that several critical developments took place during the implementation, including but not limited to the Covid-19 outbreak. And most activities had to be held online instead of face-to-face.

GOAL: Protection, resilience and social cohesion is improved for refugees, asylum seekers, and host communities through increased access to information and basic services, psychosocial support, and strengthening of community protection mechanisms and building capacity of the service provider.

Objective 1: Refugees, asylum seekers, and host communities in Zeytinburnu have increased awareness of rights and services, and access to community-based mechanisms for identified protection concerns and social cohesion.

Indicators:

- % of beneficiaries who report an improved sense of safety and well-being at the end of the program, disaggregated by age and gender (Target: 70%)
- # of beneficiaries reporting protection violations who are referred to and receive assistance from appropriate legal, medical, or psychosocial support services, disaggregated by gender and age (Target: 1224)
- # of beneficiaries reached through centre-based awareness-raising and mass awareness-raising sessions (Target: 900)
- # and % of beneficiaries showing improved Turkish language skills (Target: 80%)
- # of children, youth, adults engaged via Children's Club, youth hub, and committees (Target: 120)

Objective 2: Girls and boys in Zeytinburnu have increased protection and resilience from violence, exploitation, abuse, and neglect Zeytinburnu via the strengthening of parental support mechanisms as well as the provision of child-centred psychosocial services.

Indicators:

- % of beneficiaries satisfied with the timing of the protection and assistance (Target: 60%)
- % of male and female caregivers who have increased knowledge on positive parenting practices and negative impact of physical and humiliating punishment (Target: 60%)
- # beneficiaries receiving protection and legal assistance provided (Target: 250)
- # of beneficiaries who completed parenting without violence and resilience programs (Target: 150)
- # of children who completed from Early Literacy and Math (ELM) programmes (Target: 30)

Objective 3: Municipal and local service providers have increased resources and capacity to respond to protection needs among the most vulnerable refugees, asylum seekers, and host community children and families in Zeytinburnu.

Indicators:

- # of joint activities/meetings conducted with district and provincial level service providers in line with protection monitoring findings (Target: 20)
- # of staff trained in recognizing and responding to protection incidents and concerns (Target: 20)

- % of individuals who improve their knowledge/skills of their country's laws and/or policies, compared with baseline, disaggregated by sex, government entity, and level of governance (sub-departmental, departmental, national) (Target 80%)
- # of staff trained in recognizing and responding to protection incidents and concerns (Target: 20)

2. The objective of the Evaluation

The desired evaluation is an Outcome Evaluation, designed as an end-of-project analysis. The results are expected to cover the achieved short-term and/or medium-term effects of the intervention. The findings should cover the main causes of shortcomings, achieved targets/results, determine to what extent the aimed output and outcomes were achieved, and learn from the implementation strategies, processes and challenges encountered.

2.1. Key Evaluation Questions

The evaluation design is expected to address the below DAC criteria and research questions at a minimum:

2.1.1. Relevance

- xiv. To what extent has the project reached the most vulnerable and at-risk children?
 - i. What was the stakeholders' role in the alignment of the beneficiary populations and selection criteria?
- xv. To what extent has the project taken people's different needs into account according to age, gender, disability, and population groups (primarily Syrian and Afghan communities)?
 - i. How was the project or program adapted to meet those different needs?
- xvi. To what extent were joint meetings, supervision workshops and capacity building training, were relevant to partner's staff need in strengthening their knowledge and responses to protection incidents.

2.1.2. Effectiveness

- i. Did Save the Children and/or its partners implement the project as planned, if not, what were the underlying reasons/factors?
 - i. Has the project adapted to covid-19 adequately? Assess to what extent have been virtual implementation (covid-19 adaptations) fulfilled the project's and beneficiaries' needs.
- ii. How/on what basis was the beneficiary population and target groups selected?
 - i. Were there other demographic groups that could/should have been included?

- iii. Was the project design and partnership appropriate and managed effectively?

2.1.3. Impact

- iv. Assess the change/real difference the intervention made in the lives of the beneficiaries.
- v. To what extent were the project objectives achieved, what were the factors contributing to achievement and non-achievement.
- vi. Assess the impact of the project's covid-19 outbreak adaptation activities such as kit distribution.

2.1.4. Sustainability

- vii. Will the changes caused by the project continue beyond the life cycle of the project?
- viii. Has the project or programme improved the stakeholders'/SC's knowledge and programming to deliver results at scale?
 - ii. Has the project improved the awareness of stakeholders on protection principles, rights, and risks faced by the affected populations?
- ix. Has the transition plan been prepared in participating manner? Will Zeytinburnu Municipality take over to continue the activities after SCI leaves?

2.2. Scope of Services

The evaluation will cover the affected population, including all targeted refugee communities, residing in Zeytinburnu, Istanbul. The evaluation should be as inclusive as possible in reaching relevant stakeholders (local authorities, stakeholders, etc.) while the inclusion of children and youth is a must.

3. Evaluation Design & Methodology

The evaluation will be conducted externally by an independent firm, the hired researcher/team member is expected to assume the role of team leader. While SC will be facilitating access to the field, the contracted firm is expected to rely on their network if large scale fieldwork is proposed.

The evaluating firm is expected to draw the frame of the methodology for the evaluation, expand or restrict (with justification) the key evaluation questions. The firm should keep the below considerations in mind when submitting their design:

- All project materials will be provided for desk review. The initial methodology set can be revised following the desk research upon consultation with SC.
- A mixed-methods approach is desired for this study. The quantitative aspect is expected to be limited to end line data collection and to the tools used at the baseline phase which can be revised in line with the design proposed.

- Qualitative sampling shall depend on the principle of saturation, hence a fixed amount of FGDs and KIIs will not be favoured, instead, the evaluation firms are expected to submit a minimum and evidence-driven maximum number of FGDs/KIIs that may be conducted.
 - If control groups are going to be included in the design, the risk assessment needs to be approved by SC, particularly concerning children and youth participation.
- Separate FGDs will be conducted for boys and girls, women and men. Given that the project focuses on protection, no exceptions will be allowed for FGD recruitment. The age breakdown should be in line with the project's focus/selection criteria. The firm is expected to submit all procedures with the tools at the end of the inception phase, however, FGDs should be further disaggregated by the below criteria at a minimum.
 - Population group where different nationalities should not be put together unless it is desired for research purposes, justification is provided, and no conflict is foreseen in the light of the content
 - Age difference among the FGD participants should not exceed 5 years of age
 - The evaluating firm should ensure that CSG risks are mitigated, where a staff member is present outside the room, or coordinate with the SCI/partner teams to have focal points for children who wish to leave or need PFA.
- Child-friendly methodologies should be used in all child FGDs; interviews or surveys cannot be conducted with children.
- The evaluation methodology has to account for SC's ethical considerations, particularly concerning child participation.
- KIIs can be conducted with stakeholders, staff, community leaders, and hard to reach population groups.
- Children's well-being is paramount. It should be noted that as it is a protection project, data collection is open to unexpected disclosure or report of sensitive information. Accordingly, the firm's staff needs to be prepared to identify and intervene in case of disclosure during the evaluation, conduct internal referrals where relevant, and abide by confidentiality principles. Mandatory Child Safeguarding, Identification & Referral training will be provided by SCI before data collection.
- If the evaluating staff are not fluent in Arabic and/or Farsi, high-quality interpretation should be arranged by the firm. Additional project staff or resources will not be dedicated to the evaluating team.
- Designated SCI staff will be conducting on-site monitoring during the evaluation, joining data collection at observation capacity.
- Field teams should consist of teams of two during the qualitative data collection, consisting of a woman and a man if applicable. The research teams should be gender-sensitive during the qualitative data collection, where the team should consist of women facilitating/note-taking/translating in women's groups, and vice versa.

- Where applicable, all evaluation activities must comply with covid-19 mitigations set by SCI.

3.1. Presentation of the Results

The evaluation firm should provide an inception report following the review of the secondary sources provided by SC before the fieldwork, which articulates the evaluation design and include the proposed methodology, sampling strategy, tools, team structure, and work plan. The fieldwork will be being following the presentation of the inception report to the relevant Save the Children staff.

All complaints, any identified incidents or concerns of CGS, Code of Conduct, fraud shall be reported as identified in line with SCI policies.

The evaluation firm is expected to submit all means of verification (i.e. interview outlines/notes, consent forms, FGD notes) together with the final report.

The evaluation firm shall not have exclusive copyright of the report or storing privilege concerning the collected data.

4. Duration of the Evaluation

The evaluation is expected to start by the 1st of October, and the fieldwork should be completed by the end of November. The evaluation is estimated to be completed in 30-40 workdays. The final report, including the integration of the feedback received from SC, must be submitted latest by the 30th of November.

5. Hired Firm's Staffing Profile

- University degree in a relevant field (i.e. social sciences, statistics, social work, psychology)
- Proven track record in conducting quality evaluations (preferably in the protection sector)
- Thorough knowledge of the implementation context/site
- Valid work permits to work in Turkey
- The research team should consist of staff fluent in Arabic/Farsi (Dari), English, and Turkish.

6. Organization, Roles and Responsibilities

SC staff will act as the advisory group during the evaluation process and provide technical assistance (provision of the necessary documents and information, review of the evaluation design, methodology, tools). Practical assistance will not be provided (i.e. in-country travel, translation/interpretation, accommodation).

SC's facilitation of the communication between the hired firm and partner organization and beneficiaries will be at a minimum/introductory level. The firm is expected to utilise its network

to reach local authorities and/or other stakeholders, appointments will not be arranged on demand. SC will try to ease reach if possible, however, the request should be established at the beginning of the evaluation and voiced on time.

6.1. Plan for Dissemination and Learning

The firm is expected to validate the findings through validation meetings/sessions and present them to SC Turkey and partner organization teams at the end of the evaluation process. All additional activities concerning dissemination and learning will be undertaken by Save the Children.

Logical Framework

Indicator	Indicator type	Target # and/or %	Baseline # and/or %	How measured/ documented/ collected
Objective #1: Refugees, asylum seekers, and host communities in Zeytinburnu have increased awareness of rights and services, and access to community-based mechanisms for identified protection concerns and social cohesion.				
Indicator 1.1: % of beneficiaries who report an improved sense of safety and well-being at the end of the program, disaggregated by age and gender (Standard BPRM Indicator)	Outcome	70% (disaggregated by gender, age, population group)	N/A This will be the first time the indicator is measured	Quarterly Assessment
Indicator 1.2: # of beneficiaries reporting protection violations who are referred to and receive assistance from appropriate legal, medical, or psychosocial support services, disaggregated by gender and age (Standard BPRM Indicator)	Output	Year 2: 1224 (disaggregated by gender, age, population group)	713 (as of Q2)	(Encrypted) Beneficiary database
Indicator 1.3: # of beneficiaries reached through centre-based awareness-raising and mass awareness-raising sessions	Output	Year 1: 2124 Year 2: 900 (disaggregated by gender, age, population group)	1014 (as of Q2)	Activity Plans Attendance sheets (at larger events)
Indicator 1.4: # and % of beneficiaries showing improved Turkish language skills	Output	Year 1: 270, 90% Year 2: 270, 90% (disaggregated by gender, age, and population group)	80% (as of Q2)	Pre-post tests (structured trainings) Self-assessment (language clubs) Attendance sheets

Indicator 1.5: # of children, youth, adults engaged via Children's Club, youth initiative, and committees	Output	Year 1: -80 Year 2: 120 (disaggregated by gender, age, and population group)	29 (as of Q2)	Children's Magazines Activity Reports Attendance sheets/lists Meeting Minutes (if applicable) PAR Report
Objective #2: Girls and boys in Zeytinburnu have increased protection and resilience from violence, exploitation, abuse, and neglect Zeytinburnu via the strengthening of parental support mechanisms as well as the provision of child-centred psychosocial services.				
Indicator 2.1: % of beneficiaries satisfied with the timing of the protection and assistance (Standard BPRM Indicator)	Outcome	60%	N/A This will be the first time the indicator is measured	(Encrypted) Beneficiary database Activity Reports
Indicator 2.2: % of male and female caregivers who have increased knowledge on positive parenting practices and the negative impact of physical and humiliating punishment	Outcome	Y2: 60%	N/A This will be the first time the indicator is measured with this tool	Caregiver Survey
Indicator 2.3: # beneficiaries receiving protection and legal assistance	Output	Year 2: 250 (disaggregated by gender, age, and population group)	106 (as of Q2)	(Encrypted) Referral/consultation database
Indicator 2.4: # of beneficiaries who completed parenting without violence and resilience programs	Output	Year 2: 150 (disaggregated by gender, age, and population group)	87 (as of Q2)	Resilience Toolkit (PPAT, child FGDs) ACP2 Pre-Post Questionnaire (Quarterly) Attendance sheets Activity Reports
Objective #3: Municipal and local service providers have increased resources and capacity to respond to protection needs among the most vulnerable refugees, asylum seekers, and host community children and families in Zeytinburnu.				
Indicator 3.1: % of individuals who improve their knowledge/skills of their country's laws and/or policies, compared with baseline, disaggregated by sex, government entity, and level of governance (sub-departmental,	Outcome	80% (disaggregated by gender, age, and population group)	0% (as of Q2)	Pre-posttests/ KIIs

departmental, national) (Standard BPRM Indicator)				
Indicator 3.2: # of joint activities/meetings conducted with district and provincial level service providers in line with protection monitoring findings	Output	20 (disaggregated by service provider)	27 (as of Q2)	Meeting minutes/Activity Reports
Indicator 3.3: # of staff trained in recognizing and responding to protection incidents and concerns (Standard BPRM Indicator)	Output	20 (disaggregated by gender, age, training topic)	11 (as of Q2)	Training reports Attendance sheets Pre-post tests
Activities under Objective 1				
1.1.1 Biannual review of the community engagement strategic analysis				
1.1.2 Continuation of a regular update of service mapping in Zeytinburnu and surrounding districts				
1.1.3. Review existing and update/develop new information and awareness-raising materials as needed				
1.1.4. Conduct in-centre awareness-raising sessions and distribute relevant supportive materials during these sessions				
1.1.5. Conduct awareness-raising campaigns at the community level (outside centre)				
1.1.6. Further strengthen (year 2) refugee information / first-admission desk at the centre				
1.2.1. Provision of Turkish Language classes				
1.2.2. Support Language Café to empower women				
1.2.3. Facilitate the further strengthening of a Children's Club				
1.2.4. Facilitate the establishment and strengthening (year 2) of a Youth Initiatives				
1.2.5. Further strengthening (of CBCPCs)				
Activities under Objective 2				
2.1.1. Roll out SC's Parenting Without Violence Common Approach, including i) Caregiver sessions, ii) Resilience Program Workshops for children and youth and iii) joint parents-children workshops				

2.1.2. Roll out monthly Supporting My Friend-trainings
2.1.3. Roll out of The Building Brains and Early Literacy and Math (ELM) Common Approaches
2.2.1. Facilitate access to/make available child protection case management support in collaboration with PDoFLSS and UNHCR
2.2.2. Facilitate access to protection for SGBV cases in collaboration with PDoFLSS
2.2.3. Provide Individual Protection Assistance to support access to basic services (health, documentation, etc.)
2.2.4. Make available Emergency Protection Funds, managed by a specially designed SoP aligned with the municipalities existing support schemes
2.2.5. Make available individual legal consultation service
Activities under Objective 3
3.1.1. Protection monitoring meetings with district and provincial level service providers
3.1.2 Training on topics related to quality child protection and child-focused MHPSS programming
3.1.3. Interpreter will be hired and training on psychological counselling through translation conducted.
3.1.4. Supervision and facilitation of self-care/wellbeing sessions for staff
3.2.1 Facilitate the strengthening of the accountability mechanism
3.2.2 Coaching and guidance to ensure human resources and financial management