

ANNEX III: Terms of Reference for Project Evaluation of ECHO Project in Esenyurt, Istanbul

1. Background

Turkey remains to be the largest host to refugees in the world, and the Esenyurt district of Istanbul is one of the districts that host the largest number of refugees. Save the Children Turkey has been implementing a project entitled, “Community-based Child Protection systems strengthening in Esenyurt” based on a Community Center with the involvement of Esenyurt Municipality. The project has started in July 2020 to be closed in October 2021.

This action addresses the gaps through direct service provision to ensure that children are receiving appropriate and timely care. Girls, boys, and their caregivers have been engaged in a series of activities designed to increase resilience and self-efficacy of the individual child while at the same time increasing the community based protective structures often provided by caregivers and other adults. Individualized case management has been provided to girls, boys and caregivers with complex issues that cannot be resolved by help desks. Additionally, Esenyurt Municipality has been involved in training on child protection and key issues around gender equality and disability inclusion. Ultimately, the goal is for the municipality to take over the key components, following the set-up of the Community Center and provision of capacity building to the stakeholders.

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.

Principle Objective: Increase life-saving protection services in Esenyurt through improved coordination, technical capacity and direct service provision

Specific Objective: Refugees and asylum seekers girls and boys and their families in Esenyurt district in Istanbul have increased access to information, community-based psychosocial support, and specialised child-focused protection services.

Specific Objective Indicators:

- % of surveyed individuals that report enhanced knowledge on refugee rights, benefits, and procedural remedies to access them after benefitting from the Action (Target: 70%)
- % of boys, girls, men and women who report satisfaction with the safety, accessibility and responsiveness of the direct services received (Target: 80%)
- % boys, girls, women, men who can identify and know how to report child protection risks (Target: 50%)

- % of beneficiaries able to engage with the Accountability Mechanism (Target: 80%)

Result 1: The capacity to deliver coordinated and quality protection services for vulnerable refugees and asylum seekers is increased.

Result 1 Indicators:

- # of individuals provided with rapid information and/or external referral to non-protection services at the Information and First Admission Desk (Target: 1.716)
- # of key stakeholders participating in coordination meetings (Target: 25)
- # of participants showing an increased knowledge on the protection subject in focus (Target: 16)
- % of caseworkers trained and supervised in CPCM demonstrate improvement in knowledge and competency in applying CM processes (Target: 80%)
- # of capacity building training delivered (Target: 14)

Result 2: Strengthened community-based protection mechanisms contribute to enhanced protection and resilience amongst vulnerable refugee and asylum-seeking girls and boys.

Result 2 Indicators:

- # of persons reached by the implementation of specific prevention measures (Target: 489)
- % of boys and girls who report increased feelings of safety and wellbeing (Target: 80%)
- % decrease in adult male and female caregivers who believe that physical and humiliating punishment is necessary for child-raising (Target: 80%)
- % of children who experienced any non-violent methods of discipline by a caretaker in the past month (Target: 60%)
- # of individuals participating in group activities focusing on awareness-raising and information dissemination (Target: 600)

Result 3: Vulnerable and hard-to-reach girls, boys, women and men have increased access to individually tailored services to enhance their protection, including from violence, abuse, neglect and exploitation

Result 3 Indicators:

- % of child and adult protection where the case plans for was completed (Target: 40%)
- # of Child Rights and Protection Monitoring reports produced (Target: 4)
- # of persons who receive an appropriate response (Target: 896)

2. Purpose of the Evaluation

The desired evaluation is an Impact Evaluation, designed as a *baseline and end-of-project analysis*. A quasi-experimental design with data collection from comparison groups within the beneficiary population, as some beneficiaries have received different and/or multiple services, to provide a good estimate of the scale of changes caused by the project and/or structured programmes.

- The results are expected to cover the differences at the beginning and the end of the project and while addressing the below specified key evaluation questions.
- The findings should cover the main causes of shortcomings, elaborate on the positive and/or negative impact of the implementation while reflecting on the achieved targets/results against objectives.
- Determine to what extent the aimed goal was achieved, and learn from the implementation strategies, processes and challenges encountered.
- Identify the main factors that adversely affect the aimed impact should be determined and elaborated in detail.

2.1.1. Integration of the end-line Study

To avoid assessment exhaustion, the research team is expected to conduct the endline assessment with mixed methods via tools provided by SCI, however, if deemed necessary by the evaluation firm, the tools can be revised and/or merged in the data collection for the evaluation. Alongside providing a comparative value against the baseline situation, the endline is expected to focus on whether beneficiaries' capacity and awareness on rights access to information and protection services improved, and whether beneficiaries can identify and know how to report child protection risks as a result of the action.

The research team/supplier is expected to provide additional input on the end line in their methodological approach for the project evaluation.

3. Objectives and Key Evaluation Questions

The evaluation is expected to utilize the DAC criteria and address the following key research questions:

3.1.1. Relevance

- I. To what extent has the project reached the most vulnerable and at-risk children?
- II. To what extent has the project taken beneficiaries'/community initiatives' needs into account in design and implementation, concerning age, gender, disability, and population groups?

- i. How was the project adapted to meet the different needs of the beneficiaries during the implementation?
 - ii. Assess the scope of the Community Engagement Strategy.
- III. Has the project ensured that children's voices are heard and reflected, both in project activities and more broadly in the interaction with Esenyurt Municipality?
- IV. To what extent program contents adapted to the Covid-19 pandemic situation.

3.1.2. Effectiveness

- I. Assess to what extent was the objective achieved and determine the factors contributing to achievement and non-achievement.
 - 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. Assess to what extent are outreach effective and performed as it was intended during the pandemic?
- III. Assess the effectiveness of protection interventions (Individual Protection Assistance, Case Management, Referrals) particularly focusing on vulnerabilities and risks.
 - i. What was the impact of procedural and regulatory challenges?
 - ii. What components and elements of the project were responsible for the change?
 - iii. How were the identified protection gaps addressed during the implementation?
- IV. Assess the function and performance of the First Admission Desk
 - i. Was it able to inform beneficiaries about relevant activities appropriately and on time?
 - ii. Did staff in First Admission Desk cooperatively work with other project staff who are responsible for PSS and Protection activities?
- V. Was the stakeholder engagement/coordination with Esenyurt Municipality executed appropriately?
 - i. Assess to what extent was the capacity building achieved and determine the factors contributing to achievement and non-achievement.
 - ii. Was the municipality able to participate in the project from design to implementation, where the project takes its priorities into account?
 - iii. Which components and elements of the project contributed to the successful cooperation?
- VI. Assess the shortcomings of the information management structure in place throughout the project, accounting for data protection principles.

3.1.3. Impact

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

3.1.4. Coverage and Non-discrimination

- I. Have all target groups been reached?
 - i. Were there other demographic groups that could/should have been included considering ethnicity, race, socioeconomic status, gender, exceptionalities, language, religion, sexual orientation, and geographical area?
- II. Have there been any constraints in terms of access to the services or goods provided through the project?
- III. Was the project gender-sensitive and disability-inclusive?
 - ii. If there were limitations in reach, what are the main causes?

3.1.5. Sustainability

- I. Will the changes caused by the project continue beyond the life cycle of the project?
- II. Has the project resulted in any leveraging of knowledge and interventions to ensure sustainable impact for children at scale?
- III. Has the project improved the awareness of Esenyurt Municipality on protection principles, rights, and risks faced by the affected populations?

3.2. Scope of the Evaluation

The evaluation will cover the affected population, primary residing in the Esenyurt district of Istanbul. Nevertheless, it should be noted that the Avclar district is considered to be a catchment area, as districts have intersecting neighbourhoods.

The primary population groups targeted by the project were Syrian beneficiaries, while Iraqi, Afghan, Palestinian, and local beneficiaries were reached too. The evaluation should be as inclusive as possible in reaching beneficiaries from different gender, age groups, vulnerabilities, as well as relevant stakeholders. Inclusion of children and youth through qualitative methods is a must.

4. Evaluation Design & Methodology

The evaluation will be conducted externally by an independent evaluation firm; the hired researcher/team member is expected to assume the role of team leader. Save the Children will facilitate access to the field and stakeholders where possible, however, the contracted evaluation firm is expected to rely on their network and secure operational permissions from the authorities 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 evaluation 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.

4.1. 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.

5. Duration of the Evaluation

The evaluation is expected to take place between the 1st of October and the 30th of November and to be completed in 40 workdays inclusive of the inception period and reporting. The final

report, including the integration of the feedback received from SC, is expected to be submitted by the 30th of November

6. Hired Firm's Staffing Profile

- University degree in a relevant field (i.e. social sciences, statistics, social work, psychology)
- The team must contain at least 1 social worker and 1 psychologist.
- The team must contain at least 1 staff member who has experience in conducting child FGDs through child-friendly methodologies
- The team must be gender-balanced
- Proven track record in conducting quality evaluations (preferably in the protection sector)
- The team lead should have a thorough knowledge of the implementation context/sites
- The team lead should have a thorough knowledge of protection-related regulations in Turkey
- Valid work permits to work in Turkey
- The research team should consist of staff fluent in Arabic, Farsi, English, and Turkish.

7. 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).

Save the children will facilitate the initial communication/coordination between the partner organization and the hired firm. However, the firm is expected to utilize its network to reach additional local authorities and/or other stakeholders.

8. Plan for Dissemination and Learning

The evaluation 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

Result #	Indicators	Target	Data Collection		
			Source/Mean of Verification	Frequency	The person who will collect data
Principal Objective: Increase life-saving protection services in Esenyurt through improved coordination, technical capacity and direct service provision					
Specific Objective: Refugees and asylum seekers girls and boys and their families in Esenyurt district in Istanbul have increased access to information, community-based psychosocial support, and specialised child-focused protection services.					
1	% of surveyed individuals that report enhanced knowledge on refugee rights, benefits, and procedural remedies to access them after benefitting from the Action (Custom)	70%	Endline Pre/post-tests	Monthly (where applicable) / Endline	MEAL Officer
2	% of boys, girls, men and women who report satisfaction with the safety, accessibility and responsiveness of the direct services received (Custom)	80%	Quarterly assessment Child FGDs	Quarterly	MEAL Officer
3	% boys, girls, women, men who can identify and know how to report child protection risks (Custom)	50%	Endline Child FGDs	Endline	MEAL Officer
4	% of beneficiaries able to engage with the Accountability Mechanism (Custom)	80%	Quarterly assessment Child FGDs	Quarterly	MEAL Officer
Result 1. The capacity to deliver coordinated and quality protection services for vulnerable refugees and asylum seekers is increased.					
1.1	# of individuals provided with rapid information and/or external referral to non-protection services at the Information and First Admission Desk (Custom)	1716	(Encrypted) Beneficiary Database	Monthly	Information and First Admission Desk Assistant
1.2	# of key stakeholders participating in coordination meetings (Custom)	25	Attendance records Coordination platform meeting minutes	Monthly	Community Engagement Officer (*Facilitator may change depending on the subject)
1.3	# of participants showing an increased knowledge on the protection subject in focus [ECHO Capacity building (Protection)]	16	Attendance records Pre-post tests	Monthly	CP/MHPSS Specialist, CM Coordinator
1.4	% of caseworkers trained and supervised in CPCM demonstrate improvement in knowledge and competency in applying CM processes (Custom)	80%	CP CM Quality Benchmarks (Social Worker Capacity Assessment) Competency Matrix (individual supervision)	Monthly	CP/MHPSS Specialist / CM Coordinator

1.5	# of capacity building training delivered (Custom)	14	Attendance sheets	Monthly	CP/MHPSS Specialist, CM Coordinator
Result 2. Strengthened community-based protection mechanisms contribute to enhanced protection and resilience amongst vulnerable refugee and asylum-seeking girls and boys					
2.1	# of persons reached by the implementation of specific prevention measures [ECHO Prevention of and response to violence]	489	Attendance sheets, MoM, YRP Toolkit	Monthly / End of Cycle	Community Engagement & MHPSS Officers
2.2	% of boys and girls who report increased feelings of safety and wellbeing (Custom)	80%	Pre-Post FGDs tests	End of Cycle	Community Engagement & MHPSS Officers
2.3	% decrease in adult male and female caregivers who believe that physical and humiliating punishment is necessary for child-raising	80%	Attendance sheet survey Parent FGDs	End of Cycle	Community Engagement & MHPSS Officers
2.4	% of children who experienced any non-violent methods of discipline by a caretaker in the past month	60%	Parent survey Child survey FGDs	End of Cycle	Community Engagement & MHPSS Officers
2.5	# of individuals participating in group activities focusing on awareness-raising and information dissemination	600	Attendance sheets Intake Forms	Monthly	Community Engagement & MHPSS Officers
Result 3. Vulnerable and hard-to-reach girls, boys, women and men have increased access to individually tailored services to enhance their protection, including from violence, abuse, neglect and exploitation					
3.1	% of child and adult protection where the case plans for was completed (Custom)	40%	(Encrypted) Database IPA/CM	Quarterly	MEAL Officer, CM Coordinator
3.2	Child Rights and Protection Monitoring reports produced (Custom)	4	Child Rights and Protection Monitoring Reports	Monthly	CP/MHPSS Specialist, PM, Community Engagement & MHPSS Coordinator
3.3	# of persons who receive an appropriate response [ECHO Prevention of and response to violence]	896	(Encrypted) Database IPA/CM	Monthly	Case Workers
Activities under Result 1					
A.1. Conduct ongoing community engagement strategic analysis for each targeted district with quarterly reviews					
A.2. Establish Information and First Admission Desks in Esenyurt					
A.3. Design, develop and train users on the CommCare database for case management and follow up of program participants, with monthly follow up with users					
A.4. Set up an accountability mechanism in the targeted locations to ensure information sharing about the services provided, opportunities for participation and channels for complaints and feedback					
A.5. Facilitate protection coordination meetings with local-level service providers and local leaders in Esenyurt					
A.6. Establish a Project Management Committee, organize quarterly meetings and project kick-off					
A.7 Facilitate capacity building and technical supervision for staff and technical supervisors, based on technical capacity building needs assessments and follow-up					
A.8. Provide ongoing supervision and coaching to front line workers and team leads, as well as monthly staff well-being sessions					
A.9. Provide Capacity building for Esenyurt Municipality staff					
A.10. Support municipalities to provide suitable, safe spaces for protection and psychosocial support activities					
Activities under Result 2					

A.1. Information provision and awareness-raising on protection-related topics in Esenyurt districts through social media
A.2. Arrange for Thematic Information Meetings twice per month with creative and participatory information dissemination and routine follow up
A.3. Facilitate the establishment of 10x/ new Children, Youth Adult and Caregivers Clubs, to stimulate development, recovery and wellbeing
A.4. Support the implementation of 4 Child/Youth-led Initiatives to enhance protection (e.g. bullying and discrimination)
A5. Strengthening of children and adolescents' peer social networks through training in "I Support My Friends"
A6. Develop and roll out series of structured sessions for parents, caregivers, boys and girls, to enhance child well-being
A7. Distribute PSS to vulnerable families in Esenyurt
Activities under Result 3
A1. Provide child-centred Protection Assistance (including IPA and case management, with a special focus on child protection) and facilitate access to other services including registration, legal, health, education and immediate basic needs
A2. Develop and pilot a child rights monitoring mechanism, and facilitate space for girls and boys to share their recommendations
A3. Conduct child-centred Protection Monitoring quarterly and produce 4x reports being presented back in coordination meetings