

TERMS OF REFERENCE

ANNEX 2

OCTOBER 2023

1. FINAL EVALUATION SERVICE:

TIMELINE: FEBRUARY 2024 – APRIL 2024

1.1. GOAL: The primary purpose of this final evaluation is to document evidence of change at the outcome and impact level to be used for Organisational learning and improvements of future programming and accountability towards donors, partners, and ultimately beneficiaries.

1.2. FINAL EVALUATION OBJECTIVES: The evaluation team is required to conduct an evaluation of the current ECHO program with CARE taking into consideration the OECD Development Assistance Committee (DAC) criteria for program evaluation, namely A) relevance, B) effectiveness, C) efficiency, D) impact and E) sustainability, within each of the program's outcome areas. The key objectives of this endline evaluation are to evaluate evidence of:

1. The degree to which the project's log frame was achieved and if the project has affected the conditions and people's lives in the target populations.
2. The internal and external factors that have contributed to those effects, with particular attention to coordination among partners, adaptive management, synergies, and intersectionality of the program's activities and outcome areas.
3. The unintended effects – positive and negative- that might have also occurred because of the project.
4. The degree to which the project targeted beneficiaries' women, girls, men, and boys and the extent of its sustainability.
5. The degree to which women and girls benefitted equally or more/less than men and boys from the project's activities, including the extent to which CARE achieved its ambitions to ensure that the project is consistently gender-responsive.
6. Highlight best practices, lessons learned, strengths, and challenges and provide informed recommendations to influence future WASH, Protection, LER, and ER (or cash) programming.

To achieve these objectives, the evaluation team will work with the commissioning office, the evaluation leadership, and relevant technical staff to refine and agree on the most appropriate strategies and methodology to source relevant evidence, related to the below over-arching questions.

The focus is on the achievement of the program; effectiveness/efficiency/ efficiency/ impact/ sustainability of interventions and lessons learned; and linkages/layers and exit strategies. The following are considered key questions for this evaluation:

Relevance:

1. Did the project accurately identify priorities for the communities' needs?
2. Did the project sufficiently differentiate between the needs of men and women, boys and girls, and between more vulnerable and less vulnerable households? If so, how? If not, why not?

3. Has the project met the specific needs and priorities of women, girls, men, boys, and PWD? Why or why not? And was the project responsive to the different needs of different genders? And how?
4. Is the project design appropriate for meeting the communities' priority needs?
5. Did interventions reach the targeted groups and individuals within the implementation areas? How effective and/or relevant was the targeting approach in achieving the project goal? Were interventions appropriate and effective for the target group based on the nature of their vulnerabilities?

Effectiveness:

1. Did the project achieve its planned outputs (according to the detailed implementation plan) on the planned timeline? Why or why not? Was the implementation timely in relation to the emerging needs on the ground?
2. Did the monitoring and evaluation system provide the right information at the right time to allow for timely project management and decision-making? Why or why not?
3. Was community participation sufficient throughout the needs assessment, design, implementation, and monitoring and evaluation of the project? Why or why not? If not, how can participation be increased in a future project?
4. To what extent did the activity consider gender equity, protection, age, physical and emotional challenges of the participants, and risks to participation in various interventions in project design and implementation?
5. Has the project been effective in building partners' capacity? If so, how has partner capacity been built? If not, why not? If not, how can this be improved for next time?
6. To what extent all community members (including various gender and age groups) are aware and able to access feedback and accountability mechanisms and to what extent the FCRM system is functional and appropriate?

Efficiency:

1. To what extent have the activity's interventions adhered to planned implementation and achieved intended goals, purposes, and outcomes?
2. Are the project's staffing and management structures efficient? Why or why not?
3. Were the implementing partners sufficiently supported by CARE? If yes, what were some good practices to replicate? If not, what was the limitation?

Impact:

1. Has the project achieved its planned impact (refer to Log frame indicators to determine planned impact)? Why or why not?
2. What changes — expected and unexpected, positive and negative — did targeted participants, community members, and other stakeholders associate with the activity's interventions? What factors appear to facilitate or inhibit these changes?
3. Did the impact vary for different targeted areas, households, or individuals (e.g., men and women)? If so, how and why?

4. Was there any unintended impact from the project, either positive or negative? What impact was most valuable to participating communities? Why?

Sustainability:

1. What is the likelihood that the community will be able to sustain the impact of the project? How do you know?
2. What has the project done to support community structures or groups to be able to continue to address community needs and sustain project impact? Is this sufficient?

Coherence and Lessons Learned:

1. To what extent the intervention was compatible with other interventions in a country, sector, or institution.
2. What are the lessons learned best practices, strengths, and challenges regarding program design and implementation?
3. What are the recommended changes to targeting for future programs?

Outcome Indicators:

- Percentage of beneficiaries satisfied with the quality of services provided at the AMAL Hospital and PHC center (Output1) and (Output2)
- Percentage of targeted survivors who report increased access to SRH /Protection Services (Case management) (Output 3)
- Percentage of beneficiaries who express satisfaction with the delivered aid in terms of relevance, timeliness and accountability (Output4 and Output5)
- Percentage of Reduced Coping Strategies Index (rCSI)
- Percentage of households with a poor, borderline, adequate FCS
- Percentage of people with improved access to WASH services as a result of rehabilitation, operational, and emergency interventions (disaggregated by sex, age and PWD).

2.3 METHODOLOGY: The evaluation firm will be responsible for proposing the evaluation methodology, based on the information contained in this section. Those should be inclusive of, but not limited to the following:

- Desk review
- Analysis of existing project data (including third-party monitoring reports) and measurement against project indicators
- Qualitative and Quantitative interviews/in depth interviews / FGDs with, beneficiaries, non-beneficiaries, and other stakeholders at the field level
- Qualitative interviews with Partner & CARE staff at Türkiye level.

A mixed method approach (Qualitative and Quantitative) for data collection and analysis should be applied whereby methods should be participatory, inclusive, and ensuring the participation of key stakeholders and most importantly project beneficiaries of various age and genders. Where possible, data should be triangulated to ensure a robust evaluation methodology. The evaluation team, prior to the evaluation, will develop and submit the project evaluation plan and an inception report that comprise of evaluation matrix (framework), data collection tools, and analysis plan and other relevant documents.

Also, a secondary desk review should be undertaken to understand the context as well as the project. Key project documents will be shared with the evaluation team, which will include a project proposal, donor reports; MEL documents (log-frame, MEL plans and monitoring reports), and other relevant documents.

The evaluation team is expected to conduct a qualitative and quantitative methods evaluation using tools and a work plan approved by CARE's MEL Unit. Data collection shall involve visits to a sample of project locations, meetings with targeted beneficiaries, non-beneficiaries from the community, and other key stakeholders. The evaluation team will lead the qualitative data collection, including supervising data collection teams and completing the debriefing, data cleaning and analysis within the approved timeline. All data collection tools should include CARE standard informed consent, all data have to be in line with CARE and the Government of Türkiye data protection protocols.

The evaluation team will work closely with the PQ MEL Unit, Director of PQ, ECHO Program & Project Managers and other key staff from CARE & partners to complete the evaluation successfully. A focal point for support will be allocated from CARE to facilitate the coordination in Türkiye /Syria. The evaluation team are requested to commit to following and focusing on the below ethical consideration from the inception phase of the evaluation until the production of the final report:

1.3. FINAL EVALUATION DELIVERABLES The evaluation team will be responsible for the following key deliverables:

- Detailed evaluation inception report with a methodological focus on evaluation purpose and objectives, each technical component, and relevant evaluation criteria.
- Detailed and live evaluation plan to be finalized at the inception phase and updated regularly.
- Set of data collection tools in English and Arabic with adequate consideration of gender to be reviewed and approved by CARE before the start of the data collection.
- Full set of raw data (in an organized format) as well as a set of evaluation photographs with relevant signed consent forms.
- Debrief and presentation of overall findings and recommendations. (Online or face-to-face)
- Comprehensive evaluation report with relevant annexes (report structure to be agreed with CARE).