

Terms of Reference for PERIP Evaluation

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1. EVALUATION SUMMARY

Program/Project, Project Number	Project theme/ area		P#
	Health system strengthen and rehabilitation		3370, 3372, 3556
	Community Mental Health		3373, 3374
	Inclusive Livelihood		3375, 3377
	Accessibility, voice and capacity building		3371, 3369
	Inclusive Education		3557
Partner Organisation	Friends of Disabled/HRDC, The Leprosy Mission Nepal (TLMN), Center for Mental health and Counselling-Nepal, KOSHISH, REMREC, SAPPROS-Nepal, National Federation of the Disabled- Nepal, Save the Children Germany		
Project start* and end dates, Phase of project <i>Note: Most project contract is signed in September 2018</i>	3370	Jul 2016	Jun 2018
	3372	Jun 2016	Dec 2018
	3556	Oct 2016	Sep 2018
	3373	Jul 2016	Dec 2018
	3374	Jul 2016	Dec 2018
	3375	Jul 2016	Dec 2018
	3377	Jul 2016	Dec 2018
	3371	Jun 2016	Dec 2018
	3369	Nov 2016	Dec 2018
	3557	Sep 2017	Sep 2018
Evaluation Purpose	End of a major post emergency programme– lessons learned		
Evaluation Type (e.g. mid term, end of phase)	Final evaluation of PERIP – post earthquake		
Commissioning organisation/contact person	CBM CO Nepal Suraj Sigdel, CD and Shaurabh Sharma, Programme Manager-PERIP		
Evaluation Team members (if known)	Independent Consultant (1) Disability Inclusion (local) expert (1) IO PMEL representative (1), (CBM will arrange this)		

Primary Methodology	Mixed methods, participatory and inclusive approach
Proposed Evaluation Start and End Dates	15 th November to 25 th December 2018
Anticipated Evaluation Report Release Date	16 th January 2019
Recipient of Final Evaluation Report	<p>CBM Federation, in particular CBM SARO/ NCO CBM IO PMEL Department CBM Germany, Switzerland, Italy, New Zeland, Ireland CBM PERIP partners including DPOs Government of Nepal, Nepal Reconstruction Authority and Social Welfare Council</p>

2. BACKGROUND OF PROJECT

On 25 April 2015, a 7.8 magnitude earthquake rocked central mountain parts of Nepal. The quake and a series of aftershocks delivered a severe blow, causing widespread damage in infrastructure and loss of life. 35 of the country's districts were affected – 14 severely so. 498,852 houses were categorised as fully collapsed or damaged beyond repair, and 256,697 were partly damaged. Approximately 9,000 people lost their lives and more than 22,000 people were injured. Following the devastating Gorkha earthquake, CBM developed a Country Emergency Plan (CEP) focusing on injury and trauma management, psychosocial counselling and effective coordination mechanism for inclusive humanitarian response. The CEP came to an end in March 2016. In order to respond the longer rehabilitation and recovery of the people and communities affected by the earthquake CBM prepared a Post Emergency Response Implementation Programme with eight partner organisations. The project is designed in consultation with partners, people with disabilities, local stakeholders and learning from CEP and aligned to the priority sectoral needs highlighted by Post Disaster Needs Assessment (PDNA) report prepared by National Planning Commission. The project focuses on five major areas in 10 earthquake affected districts: health and rehabilitation, livelihood, education, mental health and psychosocial support, accessibility and inclusion. The project duration is of 33 months . PERIP projects were supposed to be implemented from April 2016 but it was for real implementation in the field.

While remaining within the mandate of CBM, as required in a post emergency situation PERIP has tried to address the interests of the wider communities affected by the disaster where people with disability are situated in addition to the specific need of persons with disability. PERIP has also tried to address the need for capacity development at community, partner, government agencies and country office level in all project ideas.

To ensure a quality implementation of the PERIP, it has taken into consideration available expertise (livelihood, accessibility and documentation) in the region and it seeks to create synergy at all levels. The projects are grouped in four main thematic areas;

- a. Improving access to health and rehabilitation in most affected communities by the earthquake
- b. Promote disability inclusive livelihood and education
- c. Increase accessibility within built environment using universal design principles and participation of persons with disability
- d. Build capacity of the government and non-government organisations disability inclusive development

Disaster have multiple effects on an individual and therefore, projects are designed to ensure cross referrals among partners/projects so that needs and rights of the target populations are comprehensively addressed. Learning from some of the new initiatives implemented will be useful for future planning of CBM's work. To ensure cross-learning within the implementation of the different projects

included in the PERIP, a special attention has been given to documentation of learnings. This will ensure continuity in the documentation process from the very beginning of implementation and will be an added value to the monitoring of the different projects providing qualitative information.

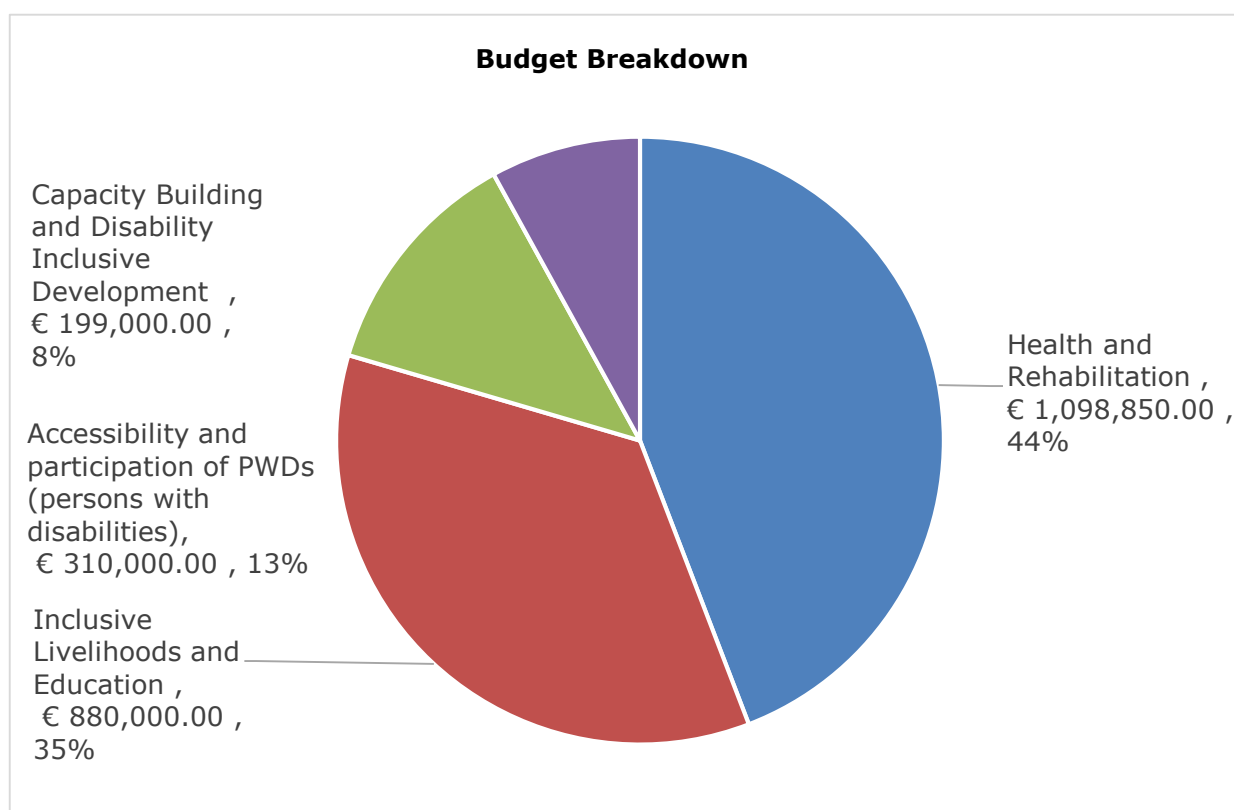
The plan was mainly focused on the severely hit districts categorised by the government of Nepal. CBM's immediate emergency response was also focused in those districts. This continuity will support people affected by the earthquake including persons with disabilities towards full recovery through optimization of their skills, knowledge and capacities. The accessibility project however, was planned within the Kathmandu valley in order to develop accessible model public places and to influence policy makers at central level. The plan covers a period of 33 months starting from April 2016 to December 2018. All the projects have a clear exit strategy or a way forward.

The estimated targeted beneficiaries per thematic area in PERIP are given in the below table.

Table 1: *Thematic Areas of interventions under PERIP*

Thematic Target					
Area	Mental Health	Livelihoods	Physical Rehabilitation	Accessibility	Inclusive Education
People with Mental Illness	1,385				
Persons with disabilities		1,030	7,200		
Health professionals	110		600		
Parents/family /community members and care givers	1,140	9,050			
School children/ students	14,550				258
School teachers	510				860
Female Community Health Volunteers	120				
Local government unit staff				400	
Total	17,815	10,080	7,800	400	1,118
Grand Total	37,213				

Graph 1: Budget wise split between Sectoral Intervention under PERIP



Programmes were implemented with a variety of existing and new partners. Please refer to the detailed overview of partners, project type, and progress in the annex.

3. EVALUATION OBJECTIVE, SCOPE AND INTENDED USE

a. OBJECTIVE OF THE EVALUATION

The main purpose of the evaluation is to measure the impacts of the PERIP;

- In responding to the needs identified in the project areas and subsequently in the CBM PERIP interventions in Nepal.
- In including persons with disabilities as primary stakeholder and enhancing their access to rehabilitation/ reconstruction phase and post emergency interventions.

b. SCOPE OF THE EVALUATION

The scope of the evaluation are a selection of post emergency projects implemented following Gorkha earthquake-2015 Nepal, covering the period from June 2016 to the time of the evaluation in 2018.

For an effective management and in order to provide an appropriate scope for the evaluation, a selection will be made which projects and which aspects to include in the evaluation itself, distinguished for desk based and field based evaluation.

Despite there is a detail logical framework to follow for clear objectives and results to achieve in given period of time, additional themes will be given special attention in this post programme evaluation as:

- The efficiency of the PERIP management Including:
 - Efficiency and quality of relationship, communication and support to Partners
 - Internal communication responding and managing expectation of different stakeholders (Country programme team, MA program, MA programme and communications)
 - Adequate planning and management of human resources, finance, and project monitoring at RO and CO level and the interaction between the two entities
- The level of successful (or not) inclusion principles implementation:
 - Consideration of universal design and accessibility
 - Participation/ involvement of organisation of persons with disabilities or individual with disabilities in planning, implementing and monitoring.
 - Effective advocacy for inclusion at all level (government, INGO, local NGO)

There are technical visits and/ or mid-term assessment of mental health, accessibility and livelihood took place which shall be provided information in relation to mid-term progress and track with key recommendation to concerned project partners, which can be referred as input for final analysis. Target audience and intended use

The evaluation should primarily enable CBM to apply the lessons learned as to whether successful programmes and good practice can be replicated in future and in the case of challenges, to possibly prevent these to occur in future similar programmes.

In view of the above the primary target group of the outcome of this report are members of the CBM Federation, in particular South Asia Regional Office (SAR), Emergency Response Unit (ERU), International Office (IO) and Member Associations (MAs). Each of these entities shall distribute the report further as deemed appropriate.

Specific lessons learned on thematic part finding will be shared with the partners and stakeholders involved in these programmes.

4. EVALUATION QUESTIONS

In the preparation phase the lead evaluator will prepare such questions together with evaluation team.

1. Relevance, quality of design and appropriateness:

This measures the extent to which the project is suited to the priorities and policies of the target group, the government emergency response and recovery plan, the partner organisation, to local and national development priorities, to CBM policies, including changes over time.

Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability, and cost-effectiveness.

2. Effectiveness:

This measures the extent to which the project actually achieved what it set out to do and the level of satisfaction of beneficiaries.

3. Efficiency or cost-effectiveness (of planning and implementation):

This measures the outputs in relation to the inputs (costs, both financial, staffing, time) and whether funds are used in the least costly way in order to achieve the desired results. This generally requires comparing alternative approaches in achieving the same outputs, to see whether the most efficient process has been adopted.

4. Impact - Contribution to change:

This assesses the positive and negative consequences of the project activities, direct and indirect, intended and unintended.

5. Sustainability:

The likely ability of an intervention to continue to deliver benefits for an extended period of time after completion. Projects need to be environmentally as well as financially and socially sustainable.

In addition to the above three criteria may be used, in particular in the case of emergency actions.

6. Accessibility:

The evaluation must consider the accessibility aspect of the projects and how all the projects ensured the accessibility while delivering its interventions.

7. Gender:

The evaluation **must** consider gender aspects of the project and report on the same. Data collected must be disaggregated according to gender.

8. Child Safeguarding:

First and foremost, please keep in mind to adhere to child safeguarding ethics during the entire evaluation process if children are involved. The evaluation **must** inquire whether child safeguarding policies and guidelines are in place and implemented at partner level and report on action needed.

9. Disability Inclusive Development:

Understand the level to which **persons with disabilities** benefit and are empowered by the projects, **non-discrimination** is practiced and evidenced in the programme.

5. METHODOLOGY

Several thematic projects are designed in a single logical framework under PERIP broad framework. The key monitoring and evaluation plans under PERIP consists of periodic monitoring visits by programme officers/ managers, internal advisors/ initiatives, assessment and evaluations. It is envisaged that the main evaluation itself is one component of the entire review of the PERIP with at least one thematic assessment already taken place during the project implementation which would feed the information to consolidate and further analyse the final evaluation findings.

Prior to the field part of the evaluation, comprehensive projects documentation about the entire programme will be provided to the evaluation team.

The evaluation activity involves a combination of desk review, joint meetings of the evaluation team and field visits. During the field visits, interviews, consultation

and feedback meetings will be scheduled with the partners and beneficiaries. DPOs/Persons with disabilities should be given particular attention and be actively involved in the evaluation led by disability inclusion expert, ideally in their roles as beneficiaries and in other roles such as implementers. All documentation and interactions should consider gender and disability inclusion aspects (male/female) and differentiate between interventions for adults and children. Accommodation needs to be provided where necessary (translation, accessibility, time, etc.) After the evaluation, processed information and general findings should be shared as much as possible with the partners (and with beneficiaries through partners).

The detailed methodology shall be finalized by the evaluation team.

6. LIMITATIONS

The main implementation area covers several districts across the highly earthquake affected areas. Given the the nature of a post-emergency interventions together with the size of the programme, the variety of intervention and the geographical scope does not allow to carry out a comprehensive evaluation looking into all aspects. Therefore a prioritisation of the scope of the evaluation had to be done.

The time allocation for the field part of the evaluation is maximum two weeks which limits the field activities accordingly.

Travel in the affected areas is generally considered as safe and thus does not present a limitation. However, consultants will receive a briefing of safety and security. The consultant shall take appropriate measures for themselves to ensure safe travel and implementation.

7. EVALUATION TEAM AND MANAGEMENT RESPONSIBILITIES

a. COMMISSIONING RESPONSIBILITY

The evaluation is commissioned by the Nepal Country Office in South Asia (SARO) in coordination with IO Monitoring and Evaluation Department. Other stakeholders include MAs, mainly initially represented by respective programme focal persons who have been assigned to coordinate the post earthquake response on behalf of CBM MAs. SAR and ERU will also involve Programme Development at International Office as required and appropriate.

b. EVALUATION TEAM

The evaluation team shall be made up of an professional expert in evaluation and an inclusion expert, ideally a person with lived experience of disability. The team shall be complemented by the CBM PMEL representative

The **lead** of the evaluation team should have ideally the following combined experiences:

- Advanced Degree in International Development, Social Sciences or similar field related to the scope of work.

- Proven work experience in South Asia, especially Nepal in the field of Interantional Development and/or Humanitarian Response
- Proven Evaluation experience of working in Nepal
- Proven Evalaution experience in the context of emergencies/humanitarian assistance of programmes of a similar nature and scope

The inclusion expert will have

- At least 5 years of work experience in a field similar to the scope of this assignment
- Experience working in WHO/CBR/CBID framework
- Experience and knowledge on Universal Design and Accessibility
- Knowledge of gender and child safeguarding issues
- Lived experience of disability would be an advantage

The CBM representative will have (arranged by CBM)

- Experience with CBM's funding mechanism and financial implementation of post emergency work.
- Experience and active involvement in Operational issues (HR, Finance, etc.)

The selected consultants (lead and inclusion experts) will be required to comply with CBM's Safeguarding of children and adult at risk policy and sign the code of conduct.

C. MANAGEMENT OF THE EVALUATION AND LOGISTICS

Regional/ Country Office will coordainte with IO, ERU and MA during the planning and implementation of this evaluation and seek every possible support for the implementation of the evaluation phase.

Regional/Country Office has responsibility for:

- Preparing all background documentation
- Agreeing and financing contracts with the lead evaluator
- Organising in-country logistics
- Coordination with key stakeholders and partners participating in the evaluation
- Reviewing the inception report, draft final report to ensure correctness of terms, standard procedures and the likes cited in the report.
- Approval of the Final Report

Project Partner has responsibility for:

- Agree with CBM on itinerary and scope for the visit
- Make arrangements as necessary for the agreed visit and scope

Lead Evaluator has responsibility for:

- Propose the detailed methodology of the evaluation and design relevant tools (questionnaires, surveys etc.)
- Act as the main resource for reporting from the time of the desk review onwards, i.e. preparing the desk review, inception report and final reporting
- Incoporate inputs of other experts (either in-house or out-sourced) as specified in this TOR
- Lead field visits and ensure coherence in meetings
- Stimulate coordination and avoidance of unnecessary overlapping of themes

The evaluation process below will be followed to ensure stakeholders' input while maintaining the integrity and independence of the review report according to the following lines.

- **Inaccuracy:** Inaccuracies are factual, supported with undisputable evidence, and therefore should be corrected in the review report itself.
- **Clarifications:** A clarification is additional, explanatory information to what the Evaluation Team provided in the report. It is the decision of the Review Team whether to revise their report according to a clarification; if not, the review management response team can decide whether to include the clarification in their management response.
- **Difference of opinion:** A difference of opinion does not pertain to the findings (which are factual), but to the conclusions and/or recommendations. These may be expressed to the Review Team during the review process. It is the decision of the Review Team whether to revise their report according to a difference of opinion; if not, the Management Team response team can decide whether to include the clarification in their management response.

8. EXPECTED DELIVERABLES

Below are key deliverables of the PERIP final evaluation;

Planning meeting among evaluation team members (proposed: Nov 2nd week) – The planning meeting will be held to discuss and clarify individual roles and responsibilities and agree on tasks such as preparing questionnaire, working on schedules, etc.

Inception Report (due by: Nov 2nd week) – The inception report will include the proposed methodologies, data collection and reporting plans with draft data collection tools such as interview guides, a timeframe with firm dates for deliverables, and the travel and logistical arrangements for the team.

Field visits (as mutually agreed with PERIP team) – The field visits will be organized agreed by all members and partners and as agreed by evaluation team members, country team and the partners. Accordingly, the travel and logistical arrangements will be made for the visits.

First Draft Report (due by: December 30) – A draft report, consolidating findings from the evaluation, identifying key findings, conclusions, recommendations and lessons for the current and future similar projects, will be submitted to the Management Team.

Final Report (due by: February 7) – The final report will contain a short executive summary (no more than 3 pages) and a main body of the report. The main body of the report covers the background of the intervention reviewed, a description of the evaluation methods and limitations, findings), conclusions, lessons learned, and clear recommendations. Recommendations should outline that the project staff and the reviewers have in common or different views based on the feedback sessions to discuss the findings. The report should also contain appropriate appendices, including a copy of the ToR, cited resources or bibliography, a list of those interviewed and any other relevant materials (e.g., tools). The final report

will be submitted in 2 weeks after receipt of the consolidated feedback from the CBM on the first draft report.

9. DURATION AND PHASING

The field part of the evaluation shall take place for nine days exclusive of travel during 2nd half of November or mid-December. The total evaluation will take place mainly during November-December 2018 with a maximum of 18 days in total for team leader and 12 days for inclusion expert.

Task	Location	Team leader's days	Inclusion expert's days
Preparatory work, desk review and inception report	Kathmandu base	4	2
Field visits (incl. FGDs, KII, meetings, etc.)	Selected districts base	9	9
Analysis and report writing	Home base	3	1
Report Finalization	Home base	2	0
Total work days		18	12

10. COSTS AND PAYMENTS

CBM will be paid/ reimbursed to the consultants and partners according to details laid out in respective contracts. Travel and logistics will be arranged by CBM/ partners.

11. APPLICATION PROCEDURE AND DEADLINE

Organization/Candidate submit the following information in their application:

- A technical proposal including understandings of the assignment, detailed proposed methodology based on the TOR, a clear work plan including coordination mechanism with evaluation team;
- CV for team leader with list of similar experiences/assignments and a sample reports
- CV for inclusion expert with list of similar experiences/assignments
- A financial proposal (breakdown budget inclusive of fees of inclusion expert)

Complete applications should be sent by email to:

- CBM Nepal Country Office; email: info.nepal@cbm.org

Deadline for the submission of the applications: 26th October 2018