

Terms of Reference for Evaluation

1. Evaluation Summary

Program/Project Number	Corona Response Fund
Partner Organisation/s	various
Project start date	1 st May 2020
Evaluation Purpose	An Assessment of CBM's Corona Response for Accountability and Learning Purposes.
Evaluation Type	Strategic Evaluation
Commissioning organisation/contact person	CBM Contact Person: Petra Kiel (Evaluation Manager)
Evaluation Team members	External evaluation team
Primary Methodology	Mixed Methods (based on document review and stakeholder interaction)
Proposed Evaluation Start and End Dates	It is expected that the evaluation will commence in early October and be completed in March 2021 (a maximum of 32 work days input is expected)
Anticipated Evaluation Report Release Date	The Evaluation Report is expected latest by end of March 2021
Recipient of Final Evaluation Report	CBM in particular the leadership, the Humanitarian Team and the Community Based Inclusive Development Initiative Team, the CBM Regional Hubs and the Country Offices.

2. Background

CBM is a Christian international development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world irrespective of race, gender or religious belief.

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak was first identified in Wuhan, China, in December 2019. The World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern on 30 January, and a pandemic on 11 March. As of 24 June 2020, almost 9 million cases of COVID-19 have been reported in more than 216 countries and territories, resulting in more than 469,000 deaths. More than 1.58 million people have recovered.¹

The virus increasingly threatens CBM's and its partner's work in projects in Africa, Asia and Latin America. There is news from many project countries that there are shortages of protective equipment in hospitals, and masks and hand disinfectants are in short supply.

Due to the supply situation in CBM's partner countries in Africa, Asia and Latin America it has become apparent that the people there will be hit even harder. Among other things, food shortages and a drastic slump in medical care have become reality – especially for people with disabilities. After all, they are often unable to build up stocks or reach health stations under their own steam.

CBM had therefore set up a Corona Response Fund (CRF) to prevent the worst from happening for those affected in its partner countries. The activities and projects covered under this relief fund are targeted towards people with disabilities, their communities and other persons in need of humanitarian assistance, in line with the humanitarian principles of humanity, neutrality, impartiality and independence.

The Programme and Finance Departments of CBM-I established a Corona Response Fund Operating Model to allow a fast-track process for the proposal of actions and related budgets. It was targeted primarily to existing partner organisations and the first deadline for applications was 26. April.

3. Evaluation Objective, Scope and Target Audience

The overall purpose of the suggested evaluation is an **assessment of the results of the CBM's Corona Response Fund (CRF) for accountability and learning purposes.**

Its objectives are

- a. To assess the relevance and coherence, the appropriateness and coverage, the efficiency and effectiveness of the CRF. The evaluation report shall enable CBM to communicate the results of the CRF to its donors and supporters.

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

- b. To draw out two to three case studies that show in how far the CBM supported projects or project components have contributed to positive changes in the life of persons with disabilities.
- c. The evaluation shall establish in how far the response adhered to and implemented the Core Humanitarian Standards of Accountability and Quality².

Scope: As of August, 36 projects have been funded under CRF and a representative sample of those will be assessed in more detail.

Target audience:

The primary target audience of the evaluation report and its findings is the entire CBM-I, in particular the Humanitarian Team, the CBM Regional Hubs and Country Offices, the Initiatives as well as the Fundraising Team.

The secondary target groups include local Governments of those countries where the CRF actions were carried out, as well as donor groups, incl. private funders. The results of the CRF Evaluation shall be published on CBM’s websites.

4. Evaluation Questions

The list below includes suggested evaluation questions of importance to CBM and its partners, however, the detailed questions shall be developed by the consultant together with the most suitable methodology.

The main focus of the evaluation is on effectiveness and efficiency for accountability and learning purposes.

- 1. Relevance/Appropriateness:** In how far have the selected projects addressed local needs as perceived by the local target groups and the local government/administration? In how far have the projects that were selected, addressed the most urgent issues, locations/communities and persons in need. How have the funds received been spent to support people in most need?
- 2. Connectedness.** In how far have the CRF interventions been connected to other responses to the Pandemic? In how far were they connected to the ongoing project work of CBM and its partners or complemented ongoing actions?
- 3. Coverage:** In how far have people in need and at risk been reached and in how far has the CRF addressed all people in an equal manner without leaving some behind?
- 4. Effectiveness:** In how far has the CRF funded individual projects achieved what has been set out to achieve? How have the interventions taken into consideration the specific needs of persons with different types of disabilities and of all ages? How have their needs been addressed to achieve the results in an equal manner? What are the results of the interventions for persons with disabilities and their communities (both negative and positive results, as well as any unexpected results)?

Which results could be attributed to the support of the partner and CBM and which ones were based on locally initiated initiatives (of communities, partner organisations, and of local administrations)?

² <https://corehumanitarianstandard.org/the-standard>

Have contexts that are already considered as fragile had an impact on the success of the CRF interventions? In how far has the intervention been able to adhere to a do-no-harm approach in fragile or conflict situations?

5. Efficiency or cost-effectiveness (of planning and of implementation): How efficiently have resources (costs, both financial, staffing, time) been used to achieve the planned results?

What were the specific challenges for CBM and partner staff during the crisis? How did they cope with the sudden demand and the limited options for action (lock-down, travel restriction, distancing etc.)?

How did partner organisations without any Humanitarian Action (HA) experience deal with the situation, the demand of the stakeholders and the sudden HA based expectations of CBM?

What market dynamics were observed due to sudden involvement of CBM and other organisations and how has that impacted on the effectiveness and efficiency of the interventions?

This component would also assess the timely implementation, adherence to budget and planned expenditure, creation of synergies with other stakeholders and projects, prioritisation of actions against other actions in order to achieve greater cost-effectiveness.

6. Safeguarding: How have the respective mechanisms been established, used and adhered to and what mechanisms are in place and used in order to ensure safeguarding of children and vulnerable adults? How have feedback and complaints mechanisms been put in place and used?

5. Methodology

Data Collection: The evaluation shall involve mixed methods to gather quantitative and qualitative data. It is expected that information is gained from a document review and from appropriate interactions with stakeholders.

Due to the continuing Covid 19 pandemic, the collection of data will be conducted mainly virtually. Any interviews and interactions with stakeholders need to be conducted using online conference tools and other IT based systems.

It is important to collect data from the target groups of the interventions, in particular from persons with disabilities. It can therefore be envisaged to use CBM's partner organisations and/or local enumerators to gather data on the ground based on guidance by the evaluators.

Stakeholders include: the persons in charge of the CRF at the CBM Bensheim Office, the Regional Hubs and the Country Offices; a sample of the target population in the individual response projects, local cooperating entities, incl. CBM partner organisations, local government agencies/administrations, local Civil Society Organisations and Organisations of Persons with Disabilities and other INGOs.

The following **principles** must be adhered to during the entire process:

- Human Rights based and gender sensitive
- Participatory and disability inclusive

- Safeguarding of children and adults at risk
- Data security and privacy
- Data Disaggregation (disability/gender/age)
- Do-no-harm

The detailed methodology to be used according to the actual situation (e.g. travel restrictions) will be developed by the evaluator in close collaboration with CBM at the start of the evaluation.

6. Limitations

The evaluation might be limited if the Covid-19 pandemic is on-going and travel restrictions persist. The collection of data from CBM supported partner organisations and local stakeholders might be impacted due to remote/digital communication limitations.

As most CRF interventions have commenced in late April/early May 2020 and reports are not expected before April 2021, outcomes might not yet be apparent by the time of the evaluation. However, it is expected that trends will be discovered towards effectiveness of the interventions implemented under the CRF.

7. Evaluation Team and Management Responsibilities

Commissioning responsibility

This evaluation is commissioned by CBM and managed by the Evaluation Manager with support of a Steering Group and the Humanitarian Team. The contract preparation, payment details, reporting requirements as well as day-to-day communication will be handled by the Evaluation Manager.

Evaluation Team

The evaluation can be conducted by an individual or a team of several evaluators. The consultant(s) must share between them the following expertise and experiences:

- Advanced degree in social sciences related to the topic.
- 10 years of practical work experience in development/humanitarian action with sound understanding of inclusive development or inclusive humanitarian action.
- At least 5 years of experience in evaluating strategies is essential, experience in emergency response assessments is an asset.
- Experience in disability inclusive development or issues that relate to persons with disabilities will be an asset.
- Practical Experience in rights-based, participatory evaluations.
- Ability to work independently, proactively seek out information and manage feedback and input primarily through remote working methods (IT-based surveys, phone interviews etc).
- Excellent written and verbal communication skills in English language. Language skills in French or Spanish will be an advantage.
- Ability to analyse and translate findings into practical guidance and present it in an appropriate format.

In line with best practice for disability inclusive development, a representative of an Organisation of People with Disability or person with a disability should participate in the evaluation as an evaluation team member or as a specific evaluation advisory group. The

applicant should provide suggestions and make provisions for such in the offer. CBM will provide guidance as needed.

8. Management of the evaluation

The **Evaluation Manager** is responsible for:

- Provision of documents to be reviewed and analysed
- Provision of background information
- Provision of details on stakeholder groups and establishing contacts
- Support of scheduling for interviews etc.
- Communication with consultant and Steering Group
- Approval of deliverables in line with this TOR and initiating of related payments

The **Consultant** is responsible for organizing all communications, requesting additional information as needed. The consultant is responsible to deliver within the agreed time frame and quality; the delivery of an inception and a final report. The draft evaluation report will be reviewed by CBM before the evaluator completes the final report.

Communication accessibility needs as they arise based on the people being interviewed is the responsibility of the evaluator though the evaluation commissioners will support as possible.

The CBM **Regional Hub** and **Country Offices** concerned will contribute to this evaluation by provision of materials and information and by their availability for interviews and completing surveys. They will also need to establish contacts to local partner organisations.

The **Evaluation Steering Group** will be established and has the task to oversee the entire evaluation process and to ensure that the evaluation meets the expectations of CBM. Its members will take part in the assessment of offers for this assignment to ensure transparency and fairness. They will provide input to the detailed methodology and schedule as well on the final report and jointly agree on it.

9. Expected Results

The following deliverables are expected:

1. An Inception Report that lines out the detailed methodology, time frame and schedule and responsibilities of each team member.
2. A final report based on the CBM standard format. The report shall be written in English and aligned with accessibility standards.
3. The 1-2 page summary of the report shall be drafted that can be used as a stand-alone document and allow CBM broad publication to stakeholders.
4. A presentation of the findings, results and recommendations to CBM at the end of the assignment (in form of a webinar/online presentation).
5. The results shall be shared to a broad audience and an easy-read version will be produced by CBM on the basis of the final report.

10. Duration and Phasing

The evaluation is expected to use between 24 and 30 working days consisting of the following steps:

Task	Location	Number of Days	Expected Dates
Briefing with CBM	online	1	October 2020
Inception Report	Home based	2	
Conduct of the assessment	Home based, online	16-20	November 2020 - January 2021
Draft report	Home based	3-5	February 2021
Commenting on report	CBM (2 weeks)		February 2021
Finalising report	Home based	3	March 2021
Online presentation	online	1	March 2021
TOTAL		24-32	

11. Contractual Matters

After signature of the contract, the consultant shall start with the agreed tasks immediately and CBM will provide all background documentation.

Payments will be done in two instalments: one after signature of the contract and one after approval of the final report and once all deliverables have been received to the expected quality by CBM. Besides daily fees CBM will cover cost that might arise for (accessible) communication. Details will be given in the contract.

Each team member, incl. interpreters, enumerators etc need to fully comply with and sign CBM's or the partner organisation's Code of Conduct and Child Safeguarding Policy as well as commitment to data security and privacy.

12. Applications

Expressions of Interest shall be submitted by 13. September to [petra.kiel \(at\) cbm.org](mailto:petra.kiel@cbm.org) and shall include:

- Brief description of consultancy firm/consultant/team
- Detailed CVs of each suggested team member
- Understanding of this TOR and suggested methodology
- Financial proposal
- Availability of team and suggested schedule

CBM is a disability inclusive employer and encourages qualified persons of all backgrounds to apply.

Only complete applications will be considered. CBM may require proof of similar evaluation experience in the form of previous reports and/or references during the selection process.

The contractor reserves the right to terminate the contract in case the suggested and agreed upon team members are unavailable at the start of the evaluation and no adequate replacement can be provided.

13. Background Documents (will be shared after Contract Signature)

- Corona Response Fund Documents
- Process Guidelines
- CRF-Grant Management
- Project Proposals + Logframes from all CRF-projects
- CRF Reports (as far as available at start)
- CBM Strategy Documents