 **Title of Project/Program/Initiative**

**Terms of Reference**

**for**

**Contract to Conduct Type of Evaluation**

*The ToR details how an external evaluator will conduct an evaluation and is written at least 3-6 months before an evaluation is expected to take place. It makes explicit the evaluation’s purpose, objectives, and rationale, clearly defining roles and responsibilities of the evaluator, and provides information about resources available to conducting the evaluation. It is used to engage and hire consultants through a competitive bidding process, led by Procurement, and later serves as a basis for developing a contract between the organization and evaluator* *to ensure that evaluation objectives and deliverables are met as well as to determine the quality of the deliverables.*

*This document serves as a ToR template for CARE MEL staff, including guidance for developing the ToR (see italicized text next to the word TIP for guidance). All TIP and orange call-out boxes can be deleted from the final ToR. Text highlighted in yellow is intended to be filled in and completed by the ToR creator. Example language is also provided for some sections or are linked in the appendix. Feel free to use these sections as a guide when modifying your ToR.* *This is a guide and it may make more sense to combine or add certain sections based on your project, program, or initiative.*

# Background

*TIP: Describe the organizational and historical context in which the evaluation will occur as well as the project/program/issue to be investigated. Situate the important stakeholders, including donors, partners, implementing agencies and organizations.*

CARE is a humanitarian non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls.

The title of project/program/initiative in country is a X-year donor name-funded project running from date, year through date, year. This project/program/initiative supports name key participants to list program objectives. The project will list program’s main activities and components, and will target type and number of households in number and name of regions with the aim of program goal. The title of project/program/initiative is implemented by list implementing stakeholders and led by CARE, which plays an overall leadership role and implements field activities. Detail roles and responsibilities of all listed implementing agencies and organizations.

*See examples,* [here](#_Background_Example).

# Scope

**Definitions**

**Direct/indirect participants** are used for reporting on the REACH of CARE’s work, and this helps us determining the people directly and indirectly involved in CARE activities, receiving or not services/goods/resources, from CARE or through a partner.

* **Direct participants** include individuals that are directly engaged in actions towards change in policies or social norms.
* **Indirect participants** include those participants determined by the multiplier effectof an initiative’s actions. That means, individuals that would potentially benefit from policy or social norm changes the initiative promotes.

**Impact groups/target groups** are used when looking at the IMPACT of CARE’s work, and this helps us determining the people experiencing change/impact (impact groups) from the people that facilitate and/or influence those changes (target groups).

* **Impact group** includes the very specific population or particular stakeholder group that experiences a significant and transformation change that leads to overcoming underlying causes of poverty, social injustice, or critical humanitarian needs (e.g. pregnant women accessing quality maternal health services)
* **Target group** includes the specific groups which the project or initiative works, who play a critical role in facilitation change and making a difference for the impact group (e.g. household members, local leaders, service providers, and policy makers).

*TIP: Scope refers to the boundaries, scale and/or limits of the evaluation. Detail the activities or aspects of activities that are to be evaluated, the time covered, geographical focus, direct/indirect beneficiaries and impact/target groups. Also indicate items/issues that are outside of the scope of the evaluation (if any).*

The purpose of title of project/program/initiative is to program goal. The project/program/initiative has X sub-purposes and X expected outcomes outlined below:

1. list purpose, sub-purpose, or expected outcome

2. list purpose, sub-purpose, or expected outcome

3. list purpose, sub-purpose, or expected outcome

4. list purpose, sub-purpose, or expected outcome

To achieve the goal, the Title of project/program/initiative’s implements the following key activities, aligned with the project/program/initiative’s overall purposes and outcomes:

* list activities that are to be evaluated
* list activities that are to be evaluated
* list activities that are to be evaluated
* list activities that are to be evaluated

*See examples,* [here](#_Scope).

Table 1. Geographic Area and Population Coverage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Region** | **District** | **Community** | **Total Households** | **Total Household Members** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Table 2. Key Participants, Target, and Impact Groups

*TIP: Purpose refers to the reason why this evaluation is taking place. Is this evaluation intended for learning? Is it a donor requirement? Provide some rationale for why this evaluation has been commissioned then outline the specific objectives of the evaluation and why this evaluation important.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Participants** | **Impact or Target Group** | **No. Direct Participants** | **No. Indirect Participants** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Purpose, Objectives, and Rationale

**Example Types of Evaluation**

* **Baseline:** provides a reference point for assessing changes and impact by establishing a basis for comparison before an intervention or set of interventions takes place.
* **Mid-term:** a type of process evaluation conducted for an ongoing program/project/initiative.
* **Endline:** used to assess change and impact by comparing data from before and after program/project/initiative.
* **Impact:** assesses the impact that can be attributed to a specific intervention or set of interventions, including both intended and unintended impact.
* **Formative:** usually conducted when a new program or activity is being developed or modified to ensure that a program/project/initiative is feasible and/or appropriate before implementation.

The type of evaluation will be conducted to explain here why the evaluation is taking place. The evaluation intends to explain here what the evaluation intends to achieve. This is important because X. The type of evaluation is planned to take place in name of country from X date – X date.

The ***objectives*** of the evaluation are as follows:

* list objectives of evaluation
* list objectives of evaluation
* list objectives of evaluation
* list objectives of evaluation

*See examples,* [here](#_Purpose,_Objectives,_and).

Intended Users and Use

*TIP: Specify the intended user(s) and use(s) of the evaluation. From beginning to end, the evaluation process is designed and carried out around the needs of the primary intended users. They have the responsibility to do things differently because of their engagement in the evaluation process or with the evaluation findings.**Articulate the uses of both the evaluation findings and the processes. Using the findings of an evaluation can entail: making judgments of merit or worth; facilitating improvements, or generating knowledge. Examples of some communications are listed in Table 3.*

The evaluation findings and processes will be used and shared by relevant stakeholders, including lists users here to list intended uses here. The following table outlines the expected communications to be produced from the evaluation findings and processes (i.e. reports, presentations, etc.), the purpose of the communications, as well as the intended users.

Table 3. Communication and Reporting Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Communication Format** | **Purpose of Communication** | **User** | **Person Responsible** | **Timing/Dates** | **Notes** |
|  | Keep informed about evaluation progress |  |  |  |  |
|  | Present preliminary findings |  |  |  |  |
|  | Present completed/final findings |  |  |  |  |
|  | Document the evaluation and its findings |  |  |  |  |
|  | Document actions taken because of the evaluation |  |  |  |  |

# Evaluation Criteria and Questions

*TIP: The questions should be as specific as possible, because vague questions usually yield vague answers. There are many interesting and important questions that could be asked, but they need to be prioritized based on the primary intended uses of the evaluation.*

1. list evaluation question
2. list evaluation question
3. list evaluation question
4. list evaluation question

*See examples,* [here](#_Evaluation_Criteria_and)*. For more about developing evaluation questions,* [click here](http://www.betterevaluation.org/en/plan/engage_frame/decide_evaluation_questions).

# CARE’s MEL principles and standards

**The TOR should also be aligned with CARE’s evaluation** [principles, standards](http://careglobalmel.care2share.wikispaces.net/MEL+Approach%2C+Principles+and+Standards)**, and include at least one of** [CARE’s global indicators](#_CARES_Global_Indicators)**.** The fundamental propositions behind our evaluation principles and standards in CARE will guide the evaluation and should be clearly articulated. The evaluation should always respect the security and dignity of the stakeholders with whom CARE works, incorporating gender and power elements (see [CARE’s gender analysis framework](http://gendertoolkit.care.org/Pages/Gender%20Areas%20of%20Inquiry.aspx)) during the evaluation. To gain a better understanding of potential differences in gender and power elements, evidence should be able to be disaggregated by sex, age and other relevant diversity, etc. Lastly, the evaluation should be made accessible on CARE’s Electronic Evaluation Library and Projects/Programs Impact and Reach Information Reporting System (PIIRS), per the reporting requirements [documented here.](#_CARES_Global_Indicators)

|  |
| --- |
| **CARE’s MEL Standards** |
| ❶ Design of MEL systems based on a clear theory of change / evidence needs. |
| ❷ Define participants: direct/indirect participants and target/impact groups. |
| ❸ Indicators and/or questions for impact, outcomes and outputs in each participant group,  and the methods to track them. |
| ❹ Define the monitoring and evaluation moments and methods that best ensure robust and comparable  tracking of outputs, outcomes and impact. |
| ❺ Ensure your evidence can be translated into learning and support on the identification of potential for scale. |
| ❻ Make your evidence accessible, and ensure your MEL practices are participative and responsive to feedback. |
| ❼ Use your MEL system to continuously read the context and adapt to it. |
| **CARE’s MEL Principles** |
| ❶ MEL conducive to Accountability. |
| ❷ MEL conducive to Learning and potentially to Multiplying Impact. |
| ❸ MEL systems and practices are conducive to Adaptation. |
| ❹ MEL systems and practices balance purpose, methodological rigor and capacity. |
| ❺ MEL systems and practices consider ethical implications. |
| ❻ MEL systems and practices are dynamic and lead to action and are conducive to gender equality. |
| ❼ MEL systems and practices contribute to CARE’s global evidencing efforts |

# Approach and Methodology

The type of evaluation will take a X approach. The contractor will be responsible for defining and carrying out the overall evaluation approach. This will include specification of the techniques for data collection and analysis, structured field visits and interactions with beneficiaries and the evaluation team. Evaluation tools, methodology and findings should be reviewed and validated with various stakeholders and approved by the evaluation manager at CARE.

*TIP: This is the section where the ToR can specify what type of evaluation design is wanted/needed/preferred. Will the evaluation design be experimental, quasi-experimental, or non-experimental? Longitudinal or cross-sectional? Mixed-methods, quantitative or qualitative?*

*The evaluation methods should be consistent with the evaluation purpose, objectives and principles and be the most appropriate to answering the evaluation questions. This should be specific and as detailed as possible regarding existing information sources, data collection instruments, protocols and procedures.*

*See examples,* [here](#_Approach_and_Methodology)*.*

## Primary Data

*TIP: This is where you describe your data collection approaches in detail, along with the sampling methodology and sample size calculations. Outline the specific sampling method you will use, like simple random sampling, stratified sampling, or cluster sampling, and include the sample size calculation used to determine the sample. Articulate whether your sampling will be beneficiary or population based, and, how you will collect data from the individuals or groups listed.*

The collection of primary data will involve mostly X methods, especially list specific methods. To answer the Key Evaluation Questions, data will be collected using insert sampling method, with a sample size of insert sample size. The sample will be population or beneficiary based.

Some of the key stakeholders that must be targeted through the primary data collection include:

* list key stakeholders to be assessed through data collection
* list key stakeholders to be assessed through data collection
* list key stakeholders to be assessed through data collection
* list key stakeholders to be assessed through data collection

The data collection process will include: describe the process in more detail here (note whether the evaluation will employ mobile data collection or paper questionnaires, if will there be a qualitative component of the evaluation, and, if so, what methods will be used. Consider whether piloting of data collection instruments is necessary and, if so, describe the process.

*See examples,* [here](#_Primary_Data_Collection).

## Secondary Data

The process, retrieving existing documents and data, will include: a desk review of existing literature including the project/program/initiative proposal, reports, formative research, implementation plans, M&E data, MIS system data, formal policy documents, official statistics, and other relevant quantitative and qualitative secondary data that will support the evaluation implementation strategies. Information will be provided to the external evaluation team as per the proposed evaluation schedule.

*See examples,* [here](#_Secondary_Data_Examples).

# Expectations

## Deliverables

*TIP: We want to maximize our learning and the use that not just the project, but also the entire organization can make of the evaluations and analyses we do. To accomplish this, we need to give consultants guidance on the kind of products we expect out of their ToRs. In this section list and describe in detail the deliverable you expect out of the evaluation. This can include reports, presentations, outlines, photos, videos, etc. The ToR creator can add other report requirements to the list below.*

*See examples,* [here](#_Deliverables_Examples).

## Final Report Requirements

The external evaluator is accountable to maintain the requirements for the content, format, or length of the final report, overall quality and approved timelines. They will produce a comprehensive report that assesses the achievements, relevance, coherence, coverage, effectiveness, efficiency, outputs and early outcomes of title of project/program/initiative so far, and provide prioritized recommendations to maximize results. To simplify this process, CARE has developed a evaluation report template that can be modified to meet the needs of all project, programs, and initiatives.



The report must include:

* **A Title:** A title that conveys the name of the project, location, implementation period, as well as the main impact or key finding of the report.
* An **executive summary that focuses** **both on process as well as impact** (except for baseline evaluations where we would not expect to see impact data) that is no more than 2 pages in length and is formatted so that it can be printed as a stand-alone 2-pager about the project.
* **A display of impact early in the report, including 3-5 key impacts/findings:** What changed because of the program? What happened in the world, and why did it matter? This are the most significant accomplishments, supported by solid evidence. Each impact should be written as one or two sentences. **Talk about impact early on the report** so that the audience does not have to read the entire report before seeing evidence of change.
* **3-5 key lessons learned:** These should be short, actionable, and the most important aspects of what the program/analysis found. They need to be relevant and new for people outside of the direct program.
* **3-5 bullets describing how the project got to impact/3-5 recommendations**: It is important to have non-jargon descriptions of what a project did to get to impact. These are highlights of the most effective, relevant, and scalable approaches and tools. If this is an analysis and not an evaluation, then this section should be 3-5 key recommendations for what the project/program/initiative should do based on your findings.
* **Shareable Evidence:** Clearly separate evidence collected by the external evaluation from the conclusions and recommendations must be submitted along with the final report. Sources of all evidence must be identified and conclusions must be based only on evidence presented in the report, and recommendations must directly correspond to the conclusions.

*For a list of other optional final evaluation deliverables, click* [here](#_Deliverables).

## Data Disclosure

*TIP: We at CARE collect and analyze data so that we can understand our impacts and channel learning back into our programming. When we collect data from the individuals and communities that we work with it is important that we ensure that data is as usable and useful as possible. In addition, we need to ensure that data is stored sensitively and safely. To ensure that data provided are predictable and usable, CARE has set forth the following data disclosure conditions for external evaluators to help ensure that CARE has access to high quality, and secure data. The ToR creator should review the requirements below and select what requirements they have for data expected from the external evaluation team.*

The external evaluator should deliver, at minimum, all files including: quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy to read format, and maintain naming conventions and labelling for the use of the project/program/initiative and key stakeholders.

**Minimum data requirements:**

* All datasets and tools are submitted with the final evaluation.
* Data are disaggregated by gender and anonymized
* All necessary permissions, approvals, etc. are required prior to data collection

**All documents should be compliant with the following conditions** **(see** [data format requirements](#_Acceptable_formats_for_1)**):**

* [Please insert clause on data ownership. Regulation on data ownership differs from country to country. Please ensure that a clause is inserted which ensures that CARE is compliant with necessary data ownership and data user regulation as well as with any donor requirements.]
* CARE requires that the datasets that are compiled or used in the process of external evaluation are submitted to CARE when the evaluation is completed.
* **Data** **must be** **disaggregated by gender**, age and other relevant diversity, etc.
* Datasets must be anonymized with all identifying information removed. Each individual or household should be assigned a unique identifier. Datasets which have been anonymized will be accompanied by a password protected identifier key document to ensure that we are able to return to households or individuals for follow up. Stakeholders with access to this document will be limited and defined in collaboration with CARE during evaluation inception.
* In the case of textual variables, textual datasets or transcripts please ensure that the data is suitable for dissemination with no de-anonymizing information **UNLESS** these are case studies designed for external communication and suitable permission has been granted from the person who provided the data. In these circumstances, please submit, with the case study, a record of the permission granted, for example a release form[[1]](#footnote-2).
* Where there are multiple datasets (for example both tabular and textual datasets) identifiers must be consistent to ensure that cases can be traced across data lines and forms.
* CARE must be provided with a final template of any surveys, interview guides, or other materials used during data collection. Questions within surveys should be assigned numbers and these should be consistent with variable labelling within final datasets.
* Formats for transcripts (for example: summary; notes and quotes; or full transcript) should be defined in collaboration between CARE and the external evaluator at the evaluation inception
* In the case of tabular datasets variable names and variable labels should be clear and indicative of the data that sits under them. Additionally, the labelling convention must be internally consistent and a full codebook/data dictionary must be provided.
* All temporary or dummy variables created for the purposes of analysis must be removed from the dataset before submission. All output files including calculations, and formulae used in analysis will be provided along with any Syntax developed for the purposes of cleaning.
* We require that datasets are submitted in one of our acceptable format types.
* CARE must be informed of and approve the intended format to be delivered at evaluation inception phase. Should this need to be altered during the project CARE will be notified and approval will be needed for the new format.
* The external evaluator will be responsible for obtaining all necessary permissions, approvals, insurance, and other required permits needed for data collection. These include required permits related to data collection from human subjects, including necessary ethical review board approvals (ERB) and health and accident insurance for evaluation team members.

# Roles, Responsibilities, and the Evaluation Timeline

*TIP: Some questions to consider when detailing roles and responsibilities are as follows:*

* *Who will approve the final products? Who will provide information and access to documents?*
* *Who will manage the contract/evaluation/quality assurance process and serve as a liaison with the evaluator/evaluation team?*
* *Who will design the evaluation?*
* *Who will collect and analyze data? Who will manage the gender analysis?*
* *Will staff assist with data collection? To what degree? Will they themselves be interviewed, etc.?*
* *Who will facilitate use? Who will present/disseminate findings?*
* *Who will write the report and the other agreed-upon deliverables?*
* *Who will participate in what meetings/workshops?*
* *Who will make logistical arrangements?*

*See examples,* [here](#_Roles_and_Responsibilities).

During data collection and analysis, the primary roles of CARE program staff and any implementing partner with direct stake in the project, are as informants and reviewers. They may review and provide comments on data collection tools, instruments, and all other deliverables before they are finalized. They must not collect primary data, or participate in translation, analysis, or interpretation of the data.

The following tables delineates the key roles and responsibilities of CARE Staff and the consultant during the evaluation process:

Table 5. Roles and responsibilities on evaluation team(s)

|  |  |
| --- | --- |
| **Person/Unit/Organization** | **Activity** |
| Insert Staff Name | List roles and responsibilities during the evaluation |
| Insert Staff Name | List roles and responsibilities during the evaluation |
| Insert Staff Name | List roles and responsibilities during the evaluation |
| Insert Staff Name | List roles and responsibilities during the evaluation |

The following tables delineates the evaluation timelines and milestones during the evaluation process.

Table 6. Evaluation timeline and milestones. *For an example of a completed evaluation timeline table,* [click here.](#_Evaluation_Timeline_Example_1)

| **Evaluation Activities** | ***Month Year*** | ***Month Year*** | ***Month Year*** | ***Month Year*** | ***Month Year*** | ***Month Year*** | ***Month Year*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Insert Activity |  |  |  |  |  |  |  |
| Insert Activity |  |  |  |  |  |  |  |
| Insert Activity |  |  |  |  |  |  |  |
| Insert Activity |  |  |  |  |  |  |  |
| Insert Activity |  |  |  |  |  |  |  |
| Insert Activity |  |  |  |  |  |  |  |
| Insert Activity |  |  |  |  |  |  |  |

Budget

*TIP: Estimate what resources you can dedicate to evaluation and include a budget range. An evaluation budget should include the costs of personnel, travel, supplies, time, translation, etc. The external evaluator will provide a more detailed budget based on the budget range you provide Procurement.*

*For more information, visit Better Evaluation’s* [*Evaluation Costing*](http://www.betterevaluation.org/en/evaluation-options/calculate_evaluation_costs)*.*

Required External Response to Terms of Reference

A technical and cost proposal based on this Terms of Reference (ToR) is requested from the consultant or consulting firm. The proposal should contain:

1. Detailed plan of action for field work indicating staff-days required
2. Specific roles and responsibilities of the team leader, supervisory chain and other core members of the evaluation team.
3. Schedule of key activities preferably in a format such as a Gantt chart.
4. Detailed budget with justification. The external evaluation proposal should include a reasonable detailed budget to cover all costs associated with the evaluation. This should be submitted by major activities and line items for CARE’s review and decision. This includes a break-down of the cost to contract external evaluation team members, international and local travel, and in-country lodging and per diem. Other related costs that might be in the budget include expenditures for hiring local personnel (drivers, translators, enumerators and other local technical experts), translating reports, and renting meeting rooms for presentations/workshops.
5. Updated CV of Team Leader and other core members of the Evaluation Team
6. A profile of the consulting firm (including a sample report if possible)

# Annex

## Developing Evaluation Questions

**Read more about how to develop evaluation questions here:**

* <http://www.betterevaluation.org/en/plan/engage_frame/decide_evaluation_questions>
* <https://www.cdc.gov/std/Program/pupestd/Developing%20Evaluation%20Questions.pdf>

**Check the quality of your evaluation questions using the checklists below:**

* Checklist: Develop high-quality evaluation questions Check your questions against these high-quality criteria to ensure a more relevant and useful evaluation, available at <https://evaluationtoolkit.org/system/resources/35/original/233_tool_questions.doc?1231731583>
* Good Evaluation Questions: A Checklist to Help Focus Your Evaluation, available at <https://www.cdc.gov/asthma/program_eval/assessingevaluationquestionchecklist.pdf>

## CARES Global Indicators

This table describes each **outcome and approach indicator.** Detailed guidance for their measurement can be found [here](http://careglobalmel.care2share.wikispaces.net/CARE%202020%20Strategy%20-%20Global%20Indicators%20and%20Markers#Global%20and%20Supplementary%20Indicators%20for%20Measuring%20Change). Please refer to the indicators relevant for your project/program and select at least 1 to be included in your evaluation. Note that information for indicators on the roles we play is already available via the PIIRS annual survey.

**Indicators for CARE 2020 Program Strategy**

|  |  |
| --- | --- |
| **Poverty and social injustice**   1. Proportion of the population below the international poverty line (SDG indicator 1.1.1) 2. Proportion of the population living below the national poverty line (SDG indicator 1.2.1) 3. Proportion of the population living in households with access to basic services (SDG indicator 1.4.1) | |
| **Humanitarian assistance**   1. # and % of disaster/crisis-affected people supported through/by CARE who:    * obtained adequate emergency shelter and/or recovered adequate housing    * had access to safe drinking water and adequate sanitation facilities and/or used adequate hygiene practices    * obtained adequate food quantities and quality, and/or adopted adequate nutritional practices    * had access to at least one SRH service (especially women of reproductive age and adolescent girls)    * recovered household goods, assets, and/or income opportunities 2. % of disaster/crisis affected people in areas of CARE responses who report satisfaction with regards to relevance, timeliness and accountability of humanitarian interventions | **Sexual, reproductive & maternal health and rights**   1. Demand satisfied for modern contraceptives among women aged 15-49 (SDG indicator 3.7.1) 2. Proportion of births attended by skilled health personnel (SDG indicator 3.1.2) 3. Adolescent birth rate (disaggregated by 10-14; 15-19 years) per 1,000 women in each age group (SDG indicator 3.7.2). Proxy indicator: Age at first delivery. 4. Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG indicator 5.6.1)   **The right to a life free from violence**   1. % of people who reject intimate partner violence 2. % of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months (SDG indicator 5.2.1) 3. % of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months (SDG indicator 5.2.2) |
| **Food and nutrition security and climate change resilience**   1. Prevalence of population with moderate or severe food insecurity, based on the Food Insecurity Experience Scale (FIES) (SDG indicator 2.1.2) 2. Prevalence of stunting among girls and boys under the age of five (SDG indicator 2.2.1) 3. # and % of people better able to build resilience to the effects of climate change and variability | **Women’s economic empowerment**   1. # and % of women who are active users of financial services (disaggregated by informal and formal services) (related to SDG indicator 8.10.2) 2. # and % of women who (report they) are able to equally participate in household financial decision-making 3. # and % of women with union, women's group or cooperative membership through which they can voice their labor rights |
| **The CARE approach**   1. # and % of people of all genders who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces 2. # of new or amended policies, legislation, public programs, and/or budgets responsive to the rights, needs and demands of people of all genders 3. # and % of people that have actively engaged in reducing their vulnerabilities to the shocks that affect them. | **CARE roles**  **Humanitarian action**   1. # and % of CARE's humanitarian initiatives complying with gender marker requirements   **Promoting lasting change and innovative solutions**   1. # and % of projects/programs that developed innovations for fighting poverty and inequality   **Multiplying impact**   1. # and % of projects/programs that influenced policy change 2. # and % of projects/programs that linked or worked with strategic alliances and partners to take tested and effective solutions to scale |

## Optional Final Evaluation Deliverables

**Other deliverables to consider for final evaluation package include:**

* Photos that show impact and tell a story (photos of focus groups answering questions or workshops do not make the human connection)
* Quotes and Human-Interest Stories
* A power point presentation: Once you have your executive summary with its headline and highlights, you can use that to build your PowerPoint presentation—because someone is going to have to present this work to at least one audience if you want it to go anywhere. Rules to remember for a good power point:

o No more than 6 words per slide—the 6-word summaries of lessons/impacts will be extremely helpful to put together social media and e-mail subject lines for relevant audiences

o Use visuals and photos—these are also great for formatted briefs, infographics, social media, and catching the human element

o Focus on relevance to your audience—people pay much more attention if you are helping them do their job than if you are telling them about yours.

o No Excel tables—they’re too small to read and usually don’t tell a story.

o Human connections: People—even the most expert and jaded among us—learn better if they can connect to something that feels real to them and they can see how it matters for themselves and others.

## Acceptable formats for data

Review the data formats below and select the data types and acceptable formats that are relevant to the commissioned evaluation.

|  |  |
| --- | --- |
| **Type of data** | **Acceptable formats** |
| **Tabular data with extensive metadata**  variable labels, code labels, and defined missing values | * proprietary formats of statistical packages: SPSS (.sav), Stata (.dta), MS Access (.mdb/.accdb) * SPSS portable format (.por) |
| **Tabular data with minimal metadata**  column headings, variable names | * tab-delimited file (.tab) * delimited text with SQL data definition statements * comma-separated values (.csv) * delimited text (.txt) with characters not present in data used as delimiters * widely-used formats: MS Excel (.xls/.xlsx), MS Access (.mdb/.accdb), dBase (.dbf), OpenDocument Spreadsheet (.ods) |
| **Geospatial data**  vector and raster data | * ESRI Shapefile (.shp, .shx, .dbf, .prj, .sbx, .sbn optional) * geo-referenced TIFF (.tif, .tfw) * CAD data (.dwg) * tabular GIS attribute data * Geography Markup Language (.gml) * ESRI Geodatabase format (.mdb) * MapInfo Interchange Format (.mif) for vector data * Keyhole Mark-up Language (.kml) * Adobe Illustrator (.ai), CAD data (.dxf or .svg) * binary formats of GIS and CAD packages |
| **Textual data** | * Hypertext Mark-up Language (.html) * widely-used formats: MS Word (.doc/.docx) * some software-specific formats: NUD\*IST, NVivo and ATLAS.ti * Rich Text Format (.rtf) * plain text, ASCII (.txt) * eXtensible Mark-up Language (.xml) text according to an appropriate Document Type Definition (DTD) or schema |
| **Image data** | * JPEG (.jpeg, .jpg, .jp2) if original created in this format * GIF (.gif) * TIFF other versions (.tif, .tiff) * RAW image format (.raw) * Photoshop files (.psd) * BMP (.bmp) * PNG (.png) * Adobe Portable Document Format (PDF/A, PDF) (.pdf) * TIFF 6.0 uncompressed (.tif) |
| **Audio data** | * Free Lossless Audio Codec (FLAC) (.flac) * MPEG-1 Audio Layer 3 (.mp3) if original created in this format * Audio Interchange File Format (.aif) * Waveform Audio Format (.wav) |
| **Video data** | * MPEG-4 (.mp4) * OGG video (.ogv, .ogg) * motion JPEG 2000 (.mj2) * AVCHD video (.avchd) |
| **Documentation and scripts** | * plain text (.txt) * widely-used formats: MS Word (.doc/.docx), MS Excel (.xls/.xlsx) * XML marked-up text (.xml) according to an appropriate DTD or schema, e.g. XHMTL 1.0 * PDF/UA, PDF/A or PDF (.pdf) * XHTML or HTML (.xhtml, .htm) * OpenDocument Text (.odt) |

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| **TOR CHECKLIST** |
| **TOR CHECK 1:** **The purpose of the evaluation is clear, concise, and realistic.** |
| * Is there explicit mention of the intended users like who requires the evaluation results and what they will do with them? |
| **TOR CHECK 2:** **The scope and subject of the evaluation are clear and consistent in relation to the purpose and the questions.** |
| * Is background information present, including the problem being pursued and a program/project description? |

|  |
| --- |
| * Is there a clear description of the external political, economic, and social context   within which the program(s) and/or project(s) are situated? |
| * Is the scope of the evaluation, including time-period, implementation phases,   geographical area, and evaluation participants, made explicit? |
| **TOR CHECK 3:** **The legal and ethical bases for conducting the evaluation are outlined.** |
| * Is the TOR accompanied by the code of conduct for carrying out the evaluations? |
| **TOR CHECK 4:** **The evaluation questions address the contribution to development, organizational, and programmatic effectiveness.** |
| * Are the questions aligned with the purpose, objectives, and criteria of the evaluation? * Do the questions address the relevance, efficiency, and effectiveness of the programs or projects being evaluated, as well as the sustainability of results? |
| * Do the questions require the evaluation to provide disaggregated information by gender, ethnicity, and other relevant criteria? * Do the questions address gender equality? |
| **TOR CHECK 5: The product(s) of the evaluation respond to information demands identified in the statement of purpose.** |
| * Does the TOR clearly describe the deliverables and the audience(s) of such deliverables in terms of format, structure, and length? |
| * Is there a proposed structured for the final report that meets the organization’s requirements for evaluation reports? |
| * Does the TOR define which audience(s) requires what deliverables? |
| **TOR CHECK 6: The composition skills and experience required are commensurate to the task.** |
| * Does the TOR outline the requisite skills, experience, qualifications, and other relevant competencies for the tasks outlined? |
| * Is there a requirement for the independence of the evaluators, meaning that they have not been involved in the design, implementation, or monitoring of the programs or projects to be evaluated? |
| **TOR CHECK 7:** **The evaluation is manageable within time requirements.** |
| * Can the evaluation activities listed in the TOR be performed within the timeframe outlined in the proposed work plan? |
| **TOR CHECK 8: The evaluation is manageable with the budget allocation.** |
| * Can the evaluation activities listed in the TOR be performed with the proposed budget? |

# TOR Examples

Reference some well written TORs by clicking embedded documents below.

1. The document below is a TOR for a multi-year contract to conduct outcome assessments of the USAID funded program, Livelihoods for Resilience Activity.



2. The following documents are a mid-term evaluation TOR and gender analysis TOR for CARE Bangladesh’s SHOUHARDO III program funded by USAID.



3. The following documents is a final evaluation TOR for Nutrition at the Center in Zambia.



4. The following documents is a baseline evaluation TOR for Patsy Collins Trust Fund Initiative Cohort 3.



Examples of well written TOR sections are listed below.

## Background Examples

**Patsy Collins Trust Fund Initiative Cohort 3 Example:**

Founded in 1945 with the creation of the CARE Package®, CARE is a leading humanitarian organization fighting global poverty. CARE has seven decades of experience delivering emergency aid during times of crisis. Our emergency responses focus on the needs of the most vulnerable populations, particularly girls and women. Women and girls are at the heart of CARE’s emergency relief efforts because our experience shows that their gains translate into benefits for families and communities. Essential to CARE’s lifesaving humanitarian work is our commitment to help rebuild safer, stronger places that people call home. Our programs to improve health and education, promote social justice and open up economic opportunities make communities more resilient and less vulnerable to the forces that cause emergencies. Last year CARE worked in 90 countries and reached more than 72 million people around the world.

As part of its commitment to transformative programming and in-line with the new Education Sector Strategy 2020, CARE recently launched Cohort 3 of its Patsy Collins Trust Fund Initiative (PCTFI) to undertake an innovative, multi-sectoral and multi-faceted effort to address barriers for adolescent girls and boys to acquire learning skills and knowledge for survival and continued human development during and beyond formal school years. Through work in six CARE Country Offices (COs), the five-year (2015-2020) initiative is designed to use cross-sectoral approaches grounded in education to reach adolescents. The project will take place Mali, Kenya, Zimbabwe, Rwanda, Nepal, and Cambodia.

**Nutrition at the Center Example:**

As a global organization, CARE seeks to increase organizational and global commitment to effectively address the critical issues of hunger and malnutrition. Our vision is a world where malnutrition has been substantially reduced and where disparities in hunger have been eliminated between the poorest of the poor and those who are relatively more well off. This vision is grounded in our core belief that all children have a right to the best possible start in life and to optimal health, development and well-being.

Nutrition is part of CARE’s larger Food and Nutrition Security portfolio, which aims at reaching 50 million people by 2020. With generous support from the Sall Family Foundation, CARE has implemented the 4 country, 5 year integrated Nutrition program, Nutrition at the Center, since April 2013. The program aims at reducing stunting among children under 36 months.

**Shouhardo III Example:**

Strengthening Household Ability to Respond to Development Opportunities III (SHOUHARDO III) program is a Development Food Security Activity (DFSA) funded by United States Agency for International Development (USAID). It is a five-year program, with a goal to achieve improved gender equitable food and nutrition security and resilience of vulnerable people living in the Char and Haor regions of Bangladesh by 2020. The program is designed to reach Poor and Extreme Poor (PEP) people living in the program areas covering eight districts in Northern Bangladesh. SHOUHARDO III is implemented in partnership with six national Partner Non-Government Organizations (PNGOs) who deliver all activities with technical support from CARE. The integrated, multi-sectoral program includes activities that together increase agricultural productivity and household incomes; enhance maternal and child nutrition and health status; build household and communal resilience to disasters; achieve women’s and youth empowerment and improve public service delivery to rural communities. Specifically, the program runs from 29th September 2015 to 28th September 2020. The overall program value is USD 80 million from the United States Government with a complementary funding of USD 8 million from the Government of Bangladesh (GoB). It aims to achieve lasting change for 674,856 PEP women, adolescent girls, and children below five, men, and the youth – being made possible through the integrated development approach in its interventions.

To achieve its goal, five purposes have been designed namely:

1. Increased equitable access to income for both women and men, and nutritious food for men, women, boys and girls;
2. Improved nutritional status of children under five years of age, pregnant and lactating women and adolescent girls;
3. Strengthened gender equitable ability of people, households, communities and systems to mitigate, adapt to and recover from man-made and natural shocks;
4. Increased women’s empowerment and gender equity at family and community level and
5. Provision and utilization of public services (i.e. Local Elected Bodies & Nation Building Departments) for communities especially for PEP increased

SHOUHARDO III program has been touted as a model for reducing child malnutrition while contributing to greater livelihood security, resilience and women's empowerment. The program works across multiple sectors to address the underlying causes of poverty among the PEP people residing in Northern Bangladesh. The cross-sectoral integration is further strengthened by the inclusion of two cross-cutting approaches: women empowerment and push of improved governance.

## Scope Examples

**Nutrition at the Center Example:**

Nutrition at the Center (N@C) combines best practices together with country-specific needs to implement and evaluate an integrated approach to maternal and child nutrition, which includes activities related to strengthening:

1. Infant and young child feeding (IYCF) and maternal nutrition practices
2. Food security
3. Water, sanitation and hygiene (WASH) practices
4. Women’s empowerment and
5. Maternal health

This integrated approach will yield a significant sustainable impact for families and communities and validate the effectiveness of CARE’s women and community-centered programmatic approach. The goal of Nutrition at the Center is to improve the nutritional status for women (15-49) and children less than 3 years of age in identified resource poor geographical areas. Program objectives aim to:

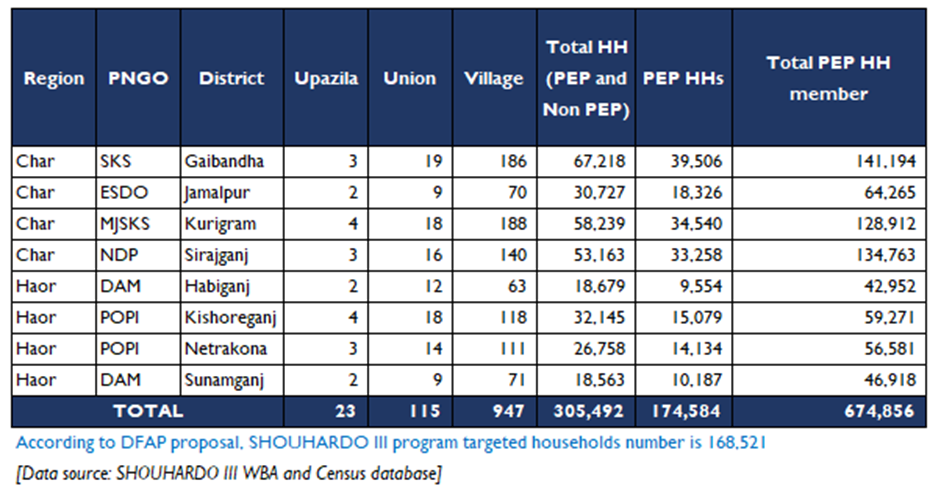
1. Improve nutrition-related behaviors
2. Improve use of maternal and child health and nutrition services
3. Increase household adoption of appropriate water and sanitation practices
4. Increase availability and equitable access to quality food

**Shouhardo III Example (note: this is also inclusive of some elements of the purpose section)**

SHOUHARDO III serves the most vulnerable and marginalized people. In the context of Bangladesh, these are the "extreme poor"—those do not have land to grow food. According to the final baseline study report of DFSA for Bangladesh, among the PEP, the typical household has adequate food only for 6.8 months per year and the per capita cash income is about $96 per year. Over 35% of children from these households aged under two are underweight and over 58% have stunted weight to height ratio. Only 11% children of 6-23 months receive an acceptable diet other than breast milk. In the Char and Haor regions where the program operates, an estimated 55% of the population are classified as PEP with high malnutrition. The situation is exacerbated by the geographical setup of the two regions which are frequented by floods due to monsoon season and upstream water flows:

Char Region: Kurigram, Gaibandha, Sirajganj and Jamalpur Districts

Haor Region: Kishoreganj, Netrokona, Habiganj and Sunamganj Districts



SHOUHARDO III is implemented through six local Partner Non-Governmental Organizations (PNGOs). The PNGOs implement all program activities at community level, monitor results and share program learning, among others. Each PNGO brings to SHOUHARDO III specific technical expertise as well as long and successful experience in improving food security and resilience in the program’s targeted districts. In addition, CARE has facilitated partnerships with World Fish, an international organization specializing in fisheries and private sector in the finance and agricultural marketing and production.

At the village level, the program works with Village Development Committees (VDC) from the communities representing a cross section of its demographics and interest with 50/50 male and female membership. The VDCs perform a dual role for supporting SHOUHARDO III implementation and ensuring sustainability for continued delivery of community-led activities. They also oversee the work of community volunteers.

To enhance ownership and facilitate implementation, as well as achieve national and local level program integration and alignment, the program works closely at different levels with the GoB. SHOUHARDO III formed the Program Advisory and Coordinating Committee (PACC) - a formalized structure at national, division, district and Upazila levels that bring together representatives from 14 ministries and relevant nation building departments. The committee plays a significant role to advise on strategic directions and policy guidelines of the program.

SHOUHARDO III’s key activities include: distribution of food rations to pregnant women and lactating mothers having children under two years of age; cash for work for program participants in areas where relevant activities are identified during lean period; infrastructure development and maintenance; increase in opportunities for women and push towards gender equity in communal socio-economic affairs; farmers training and agricultural inputs support; non-farm income generation skills training and building up of productive assets; savings promotion and access to loan; nutritional supplement promotion; linkages to health care service providers; training on nutrition, health and sanitation; mobilization of local resources for economic gains and hazard preparedness; inclusive local planning, early storm and flood warning; preparation of community and regional disaster response plans; and creating both demand and supply of improved service provision to communities.

To achieve the goal, SHOUHARDO III focuses on three principals and two cross-cutting purposes all of which are fully integrated and interdependent. The below section briefly states what each purpose covers. More details are found in the program’s Theory of Change and implementation guidelines.

(Further details are available in DFAP proposal, work plans and program guidelines/manuals.)

Purpose 1: Increased equitable access to income for both women and men, and nutritious food for men, women, boys and girls.

In rural Bangladesh, most poor people grow food to survive, yet most have access to limited or no land apart from their homesteads. The program provides training to the target communities to practice homestead gardening, with poultry and livestock rearing. Other participants are engaged in field crop production who are provided training on improved farming methods when they have access to land.

Non-farm income generating opportunities is also a key program area along with improved access to markets, savings mechanisms and access to credit. In addition to improve access to markets and income opportunities from non-farm sources, the program is also working at developing the life skills of its participants and employability among the youth.

The program has taken initiatives to build capacity of off-farm income-generating activities (IGA) participants based on the opportunity and interest of participants and considering market demand involving market actors. There are less off-farm income options to involve more number of participants in the remote villages. This has been a challenge for the program as participants are often not willing to move out of their villages.

Purpose 2: Improved nutritional status of children under five years of age, pregnant and lactating women and adolescent girls.

SHOUHARDO III is working to improve the nutritional and health outcome for children, women and other household members. In a context where ante and pre-natal care is weak, with stunting, wasting and underweight children are common, SHOUHARDO III is conducting courtyard sessions for pregnant and lactating mothers, sessions on growth monitoring practices (GMP), sustained lobbying and engagement with both government and private sector service providers to improve service delivery both in quality and penetration to remote locations.

The program aims to achieve this purpose through increased utilization of nutritious food for pregnant and lactating women, children under five, and adolescent girls, improved access to health and nutrition services, and reduced prevalence of water-borne diseases. In line with the SHOUHARDO III design, the program employs push-and-pull strategies to achieve the purpose. Push strategies include activities geared at stabilizing participants’ nutritious food consumption through promoting homestead gardens and nutrition-enhancing IGAs, access to micro-nutrient supplements especially from Ministry of Health and Family Welfare (MoH&FW) sources, provision of supplementary food rations to targeted pregnant women, lactating mothers and family members, targeted Social and Behavioral Change Communications (SBCC), i.e. Exclusive Breastfeeding, Separation of Children from Animal Feces, Intra-household food equity and Hand washing by mothers at critical times.. These efforts will ultimately help in improved nutritional status of children under five years of age, pregnant and lactating women and adolescent girls.

Purpose 3: Strengthened gender equitable ability of people, households, communities and systems to mitigate, adapt to and recover from man-made and natural shocks.

Bangladesh is particularly vulnerable to the effects of weather related disasters and emergencies mainly experienced in the form of floods, shifting rivers and cyclones. The program is increasing awareness of potential disasters, defining and implementing preparation and mitigation measure at community and institutional (Union Parishad) level. These are coupled with higher level action that includes national level resilience building initiatives especially around early warning and disaster response by GoB and other development actors to provide infrastructure and early warning dissemination that helps to reduce impact and effect of shocks on communities through preparedness, mitigation and response from the community and union level disaster management plan. Further activities towards diversifying income sources, increasing access to formal and informal safety nets, savings among other adaptation mechanisms are assisting residents better adapt to the shocks.

Purpose 4: Increased women’s empowerment and gender equity at family and community level.

Ensuring that women can play their role is critical to achieve economic and social development. The program is working to increase the agency of women and adolescent girls through Empowerment, Knowledge and Transformative Action (EKATA) model. EKATA uses a participatory process to enable groups to identify root causes of gender-based issues and find solutions to these problems. They prepare and implement action plans using their own resources. Women and girls use training in leadership, group dynamics and legal rights to complete gender analyses in their communities and work on VDCs to contribute to their own and local development.

The program is also using boys and men engagement approach to address social barriers to women empowerment. This is coupled with specific work with local influencers such as religious leaders and other people in the society to initiate and sustain a discussion on the challenges.

Purpose 5: Provision and utilization of public services (i.e. Local Elected Bodies & Nation Building Departments) for communities especially for poor and extreme poor increased.

SHOUHARDO III acknowledges that the primary mandate and role of service provision lies with the GoB. As the country progresses on a steady path of economic advancement, there are still gaps. It is in this context that the program engages local planning and government offices to ensure that services are reaching the farthest communities. This is done by ensuring enhanced supply of the services and at the same time building community level capacity to demand for the services. Many communities do not have local mobilization mechanisms, hence the program is continuing its work with VDCs as the key vehicle to ensure inclusive planning, prioritization and demand for services from lower level government responsible agencies e.g. Union Parishad and government service delivery departments. SHOUHARDO III is using a three-pronged strategy to work with youth to transform gender and power relationships in their homes and communities, ultimately leading to sustainable positive changes in the nutritional and health status of women and children.

## Purpose, Objectives, and Rationale for Evaluation Examples

**Patsy Collins Trust Fund Initiative Cohort 3 Example:**

The purpose of this consultancy is to provide support to the PCTFI Cohort 3 COs on improving data quality and management, setting up procedures and guidelines to (a) ensure that datasets are clean, complete and consistent and (b) to enable longitudinal tracking of sampled respondents identified at the baseline. As part of this process, it is expected that the consultant (s) will support project teams to develop and use electronic data collection protocols, using embedded quality checks to minimize cleaning. A combination of in-country and virtual support should be provided to PCTFI-funded projects in Mali, Rwanda, Kenya, and Nepal. The selected consultant (s) will be responsible for building the capacity of project implementation teams in country to incorporate data quality control and data management procedures in monitoring and evaluation processes, starting at the baseline. The selected consultants will work closely with country-specific consultant teams who will be responsible for designing and conducting baseline data collection.

The specific objectives of this consultancy are:

1. The development of training materials for data quality control and data management during mixed methods data collection, entry and cleaning processes. Data collection tools will be developed prior to the engagement of the consulting team by a different group of country-specific consultants working in partnership with project implementation teams.

2. Set up electronic data collection systems to gather baseline and monitoring data, in the countries where this is considered possible (subject to the considerations of the project team on power supply and network coverage in the remote areas where the projects are being implemented).

3. Training local enumerators and CO staff on the use of electronic data collection.

4. Provide training to CO staff and local enumerators on the implementation of data quality control and data management procedures during baseline data collection (noting that data collection tools will be slightly different for each of the six projects/ countries).

5. Set up systems for longitudinal tracking of adolescent girls and boys identified through the baseline sample, ensuring that project teams will be able to re-contact respondents on an annual basis.

6. Working with the baseline data collection consultants and project implementation team, support the development of data entry repositories for both baseline and ongoing specified monitoring data, taking into account the need for longitudinal analysis of data.

7. Training and coaching of project implementation teams on (a) implementation of data quality control mechanisms in monitoring systems and (b)set up of monitoring databases.

**Nutrition at the Center Example:**

The purpose of the endline survey is to collect quantitative information on nutrition-related topics and be able to measure achievement/impact of the program during the Final Evaluation. Nutrition-related topics include: infant and young child feeding practices, food security, child nutritional status, maternal nutrition, WASH, and women’s empowerment. Households with women of reproductive age (WRA) (ages 15-49) and **children under three** in the sample areas will be eligible for inclusion in the survey. The consultant in collaboration with the respective CARE country office will review and agree upon the specific indicators as well as appropriate disaggregation and stratification for reporting endline results.

Final evaluation of the project is planned to take place in in Zambia from November – December 2017. Objectives of the evaluations are:

1. To provide an objective assessment of the achievements and results, weaknesses and strengths of the project,
2. To document evidence, lessons learned and good practices per country and globally to inform future nutrition programming.

**Shouhardo III Example:**

The MTE will be conducted as a process evaluation centered on the implementation methods, interventions management and operational modalities. The MTE will primarily will test how well the program activities are following implementation plans and provide a clearer picture on whether the specific interventions are relevant to addressing the underlying causes of food and livelihood insecurity in SHOUHARDO III areas. Additionally, this evaluation is intended to verify evidence of early changes in the target communities and population: positive and negative, intended and unintended, and compare them to the changes anticipated in the TOC and LF. Moreover, it will also seek to identify the factors in the activity’s implementation or context that appear to promote or impede the changes. It also aims to recommend adjustments to improve the effectiveness and appropriateness of interventions in the targeted communities.

Moreover, the MTE should examine the internal staff and management structure and the impact of recent structural revision over the activity implementation. The MTE should review how resources are utilized, sub grant managed, internal and external communication and coordination done, compliance USAID policy and regulation, partnerships and relationship with host government and other stakeholders Being a process evaluation, the MTE will focus on implementation processes – including project management, monitoring, the application of results/findings of program studies, and intervention protocols including outputs and inputs.

OBJECTIVES: The specific objectives of the MTE are as follows:

1. To evaluate the quality and effectiveness of program delivery – this will cover both CARE and its implementing partners – by looking into the strengths and weaknesses of activity implementation and program management; quality of outputs in terms of adherence to terms, agreed with FFP and their appropriateness and perceived value to target communities; and identifying factors that appear to enhance or detract from the quality.
2. To present yearly evidence of changes (intended and unintended, positive and negative) associated with activity interventions and outputs; assess how well the observed changes reflect the TOC and LF; and identify factors in the implementation or context that impede or promote the observed and intended changes.
3. To review systems for capturing and documenting lessons learned and assess the extent to which they are used in project implementation and refining project design, including feedback from the perspective of stakeholders and participants. This would cover assessing processes to use evidence including baseline results and monitoring data for adjusting project strategies. Also it will assess how well the project is seeking out, testing and adapting new ideas and approaches to enhance projects’ effectiveness or efficiency.
4. To determine the extent to which outcomes, systems and services are designed and being implemented to continue after the project ends and assess progress made on implementing sustainability strategies.
5. To determine the appropriateness and effectiveness of support for gender equity in terms of access to, participation in, and benefit from project interventions. Assess the extent to which project interventions target youth, support greater capacities for local governance and address sources of environmental risk.
6. To recommend adjustments to the TOC and LF, activity design, resource allocation, activity management, M&E Plan, or implementation that could improve the likelihood of achieving sustainable results by the program’s end, based on the yearly evidences collected and conclusions drawn for the evaluation objectives above.

## Evaluation Criteria and Questions Examples

**Nutrition at the Center Example:**

The Final Evaluation will attempt to answer the following:

1. Integrated Approach to Nutrition: If an integrated program model approach is effective in reducing stunting, and how successful the project was in addressing the barriers affecting a) water, sanitation and hygiene practices, b) food security and access to nutritious foods, c) access to and utilization of health services, d) gender equality by addressing gender based violence and e) changes in maternal, infant and young child nutrition behaviors and practices. Assessment of the impact of participation in all program core interventions will determine any synergistic effect of the project’s integrated, multi-sectoral approach.

2. Intervention Effectiveness: Using qualitative information key informants including, program staff, program participants and non-participant and quantitative end-line data, to generate triangulated evidence to evaluate the effectiveness of core program interventions.

3. Sustainability: Qualitative and quantitative evidence will provide insights into its likely sustainability and potential for scale-up. This will include interviews with government representatives and other stakeholders to assess the influence and uptake of program interventions into existing platforms and systems as well as strengthened capacities of local or national actors to adopt N@C proposed interventions or scale them up.

**Shouhardo III Example:**

For Objective 1:

1. How well have the interventions met planned schedules, targets, and outputs? What factors promoted or inhibited adherence to schedules? How were problems and challenges managed?

2. What are the strengths and challenges to the overall implementation process, management, communication and collaboration so far? What factors appear to promote or challenge the activity operations or effective collaboration and cooperation among the various stakeholders?

* Specifically: The strengths and challenges should also be streamlined by each technical component, in terms of acceptance by local communities, producing quality outputs. Evaluation of the linkages established by the project with complementary projects in Char and Haor areas and beyond as well as relevant government departments.

3. In each technical sector, what are the strengths of and challenges to the efficiency of interventions’ implementation and their acceptance in the target communities? How well do implementation processes adhere to underlying principles and activity protocols? What factors in the implementation and context are associated with greater or lesser efficiency in producing Outputs of higher or lower quality? Which interventions and implementation processes are more or less acceptable to members of the target communities and why?

* To what extent are the project interventions meeting the needs of the target beneficiaries, specifically needs of women and youth? Are they aligned with the Bangladesh’s country strategies and policies and/or with USAID development goals, objectives, and strategies?

For Objective 2:

4. What early evidences of changes—expected and unexpected, positive and negative—do community members and other stakeholders associate with the program interventions? What factors appear to promote and deter these changes? Which interventions appear to be more or less potential to influence knowledge or behaviors? How do the changes correspond to those hypothesized by the TOC?

* Specifically: to focus on the TOC and assess any changes, identify gaps, external outcomes and stakeholders.
* Are objectives of the project in keeping with locally defined needs and priorities? Should the direction of the project be changed to better reflect those needs and priority?
* To what extent have interventions aligned with planned targets of participant, timelines and outputs? Any extenuating elements that impeded or accelerated plans? How were challenges mitigated or addressed?

For Objective 3:

5. How have SHOUHARDO III management and technical specialists used data to inform programmatic decisions, referral and follow up? What processes have been instituted to improve data collection and data quality? How has the project improved effectiveness or efficiency as a result of new ideas or approaches brought into the activities? How is information generated by the projects used to inform decision-making? How can this be made more effective?

For Objective 4:

6. Has the project developed and implemented sustainability strategies? What organizations, services or relationships are required to sustain the early evidences of changes observed by the review team? Has the project identified the changes to be sustained, and the necessary services required to sustain these changes? Have the projects identified the potential service providers? What are the motivations of the service providers to continue service provisioning after the projects end? What has been done so far to increase the motivation? What would be the motivation of the beneficiaries to receive these services? Have the projects identified the resources and capacity strengthening supports for the service providers? What has the project done to ensure that this motivation does not diminish after the project ends? To what extent are government officials, formal and informal local leaders (whose support and understanding will be critical for continuing program initiatives once the project has ended) involved in project activities and included in ongoing program discussions and decision-making processes? Are there proper identification of roles on who should be doing what for a sustainable exit for the program – particularly on the improvement of services from the GoB?

For Objective 5:

7. How effective are program design and implementation mechanisms in addressing the cross-cutting issues of gender, governance, the environment and targeting of youth? What (if any) challenges have projects encountered in these areas that may not have been anticipated in the project design, and how have the projects responded? To what extent do project interventions and implementation mechanisms reflect integration of these cross-cutting priorities? What steps have the activities taken to ensure that staff has adequate capacity for addressing these cross-cutting issues? Are there any yearly evidences of changing roles, relationships, communication and decision-making dynamics among women and men, young and old, in relationship to food security at the household and community levels? How were the findings and recommendations of the Year 1 gender analysis considered, and what specific changes to the program strategy and project activities, were made? Is the project activities drawing on the potential of women, men, boys and girls as much as possible?

For Objective 6:

8. Based on the findings from Questions 1–5, how could the activity be modified to improve its acceptability to targeted communities or the efficiency and effectiveness of its implementation? How should the TOC and LF be refined or modified?

* An assessment of efficiency should consider whether the same results could have been achieved with fewer resources or whether alternative approaches could have been adopted to achieve the same results

## Approach and Methodology Examples

*The following is an example of a mixed methods approach.*

**Patsy Collins Trust Fund Initiative Cohort 3 Example:**

Each of the COs has different research questions, M&E frameworks, and tools; therefore, the approaches and materials will need to be tailored for each of the COs involved. Some of the tools used by each CO may be applicable to other Cohort 3 programs at different points in time (e.g. baseline, midline, and endline, or applied annually or bi-annually as part of monitoring processes). The work should build upon the guidance provided in CARE’s “Dialogues with Data” Guide as well as CARE’s Common Indicator Framework.

During the work with each CO team, trainings and systems should be set-up in a participatory and capacity-building manner. The purpose of this exercise is both to ensure timely quality control of baseline data collections as well as to build capacity for M&E best practices. The consultant(s) should also lead the team through an exercise of pilot testing the electronic tools, and use the results to inform the full baseline data collection, as well as monitoring activities. Activities include:

1. Development of training materials that match each CO’s research framework/sampling framework/data collection tools related to:

a. Data collection (preferentially using electronic data collection tools for both qualitative and quantitative methods), including tracking systems to identify progress in data collection and attrition rates)

b. Data entry (inclusive of full transcription of qualitative data)

c. Data cleaning

d. Data management

*These tools should be drafted and shared with CARE USA for review before their use in-country.*

2. Provision of training and capacity building around each of the four topics covered in Task 1, through on-the-job coaching and mentoring to project implementation teams and external enumerators. It is anticipated that this will take place during a one-week initial training on data collection procedures, as well as on-the-ground feedback during the piloting and revision process (one week), and finally one week for data entry (for qualitative data and, in the cases where electronic data collection is not possible, quantitative data as well), cleaning, and management.

3. Manage the pilot testing of electronic tools for baseline data collection

a. Provide detailed feedback on data collection tactics and the performance of data collectors

b. In consultation with CARE USA, the CO team and the local consultants who designed the tools, make adjustments to the data collection tools, as needed based on pilot test results

4. Development of a tracking system for the management of data collection that matches the sampling framework and provides outputs indicating:

a. Progress in data collection (disaggregated by location and type of respondent/ tool)

b. Progress in data entry

c. Attrition rates in the cohorts tracked longitudinally by the project (from the second round of data collection onwards

*This should match the sampling plan and monitoring plan for easy tracking. It is anticipated that these tools would be based on a simple Excel document.*

5. Development of quantitative and qualitative data entry electronic repositories. These should contain:

a. The final written surveys/tools in Word and PDF formats

b. Copies of the completed and cleaned electronic databases (in both Excel and SPSS)

c. Blank data entry forms/electronic shells for future data collection using the same tools. For quantitative data, this should be in Excel.

d. Mapping of inventory: what exists and where. This should also include a cross-reference to where the original paper copies of the surveys (as applicable) are housed. This is a simple-to-use Excel or Word document

e. Written protocols to be followed for data entry (as applicable)

f. Complete codebooks in both Excel and SPSS for each quantitative database

6. Development of data cleaning systems. This includes:

a. Data cleaning and quality check protocols during data collection, ensuring consistency and completeness of datasets

b. Data cleaning and quality check protocols during data entry (as applicable)

c. Written protocols capturing this process, including mention of specific cleaning checks relevant to each database

7. Longitudinal tracking sheet for baseline sample, inclusive of unique identifiers for each respondent.

8. Final analysis of data quality for the baseline datasets, noting issues and solutions. The quality analysis will be conducted in partnership with project implementation teams as part of the coaching process.

*The following is an example of a mixed methods approach, including a quantitative endline survey, key informant interviews, as well as anthropometric data collection.*

**Nutrition at the Center Example:**

Data collection instruments and data collection procedures, including anthropometry assessment will be identical to those of the initial baseline survey. A local/national consulting firm will be recruited to conduct end-line data collection and analyses working in coordination with CARE Zambia and N@C headquarters’ technical support team, CARE USA. Qualitative key informant interviews will help enhance our understanding of the project’s intervention participation and effectiveness and will further allow triangulation with quantitative findings.

All evaluation activities will be coordinated with CARE, Zambia and CARE USA headquarters’ staff. The Program Manager from CARE Zambia will be in regular communication with the hired consulting firm in order to coordinate the implementation of evaluation activities; additionally, CARE USA will also participate/support this process. Consultant will assume responsibility for implementing the following activities:

1. Hire enumerators and enumerator team supervisors with approval from CARE, Zambia office and in coordination with CARE USA. Each team should have 1 team supervisor to ensure quality.

2. Translate survey instrument into the local language

3. Provide survey instrument interview training in coordination with CARE Zambia, and CARE USA staff

4. Assist and secure IRB approval

5. Assist with the acquisition of height/weight boards for children, weighing scales for mothers.

6. Conduct N@C endline survey using the provided sampling design and endline questionnaire

7. Will use ODK software to program tablets for electronic data collection

8. Assure data quality during field data collection in coordination with CARE Zambia office

9. Provide electronic version of any field notes or observations during data collection to CARE Zambia office

10. Export complete data and provide endline data set to CARE USA in SPSS format (.sav)

11. Conduct basic frequency and cross-tab analysis as needed; any bar charts as needed

12. Write and submit complete endline report using provided analysis plan to CARE Zambia office and CARE USA.

*The following is an example of a mixed methods approach, including a population based quantitative midterm survey, focus group discussions, and field interviews.*

**Shouhardo III Example:**

The MTE will take a mixed methods approach. The contractor will be responsible for defining and carrying out the overall evaluation approach. This will include specification of the techniques for data collection (such as individual interviews and/or focus group discussions, observations in the field etc.) and analysis, structured field visits and interactions with beneficiaries and evaluation team. Evaluation tools, methodology and findings should be reviewed and validated with various stakeholders and approved by the donor.

While largely a qualitative process evaluation, the contractor will: a) review and assessment of the quantitative data available on program performance from the baseline survey results; b) review of the existing M&E data (Census survey data, Longitudinal Study, Beneficiary Based Sample Survey, Routine Monitoring data) stored at the central and regional levels and c) consider small scale beneficiary based quantitative survey or other measures if deemed necessary by the contractor and approved by the program and donor. To meet the data requirement for objective 2, the contractor may need some quantitative data. The primary sources of the quantitative data would be baseline survey results, existing M&E data (census survey, beneficiary based sample survey results, routine monitoring data, panel data/longitudinal study) available. However, small scale beneficiary based quantitative survey or other measures, if deemed necessary by the contractor, can be considered with approval from the donor. In such circumstances, the contractor should explain the purpose, sampling methods, and potential biases and representativeness for such quantitative survey. For example, the small scale beneficiary based survey can be used to provide additional information on the changes in behavior, practice, attitudes and knowledge that individuals have made themselves as well as for making conclusions from the extensive qualitative assessments. Key areas of the survey would be Agriculture and livestock, maternal child health and nutrition, hygiene practices, access to government service and participation and women economic empowerment. Results from these surveys should not be extrapolated beyond the local context. This data will be used to provide some additional information for making the conclusions from the extensive qualitative work. The quantitative survey could also provide a rough indication of the status on the key indicators of baseline study although this shouldn’t be comparable since Baseline was population based and this would be beneficiary based survey.

This is critical for the MTE team, through discussion with the program and attending formal briefing, to be well oriented for identifying key stakeholder groups, e.g., various target groups and beneficiaries, implementing partners, government partners, and other external collaborators, who should be included among MTE informants. The MTE informants should include people representing the different population subgroups benefiting as from only one program component/activities, as well as from the multiple program interventions. The evaluation must also include individuals who live in targeted communities but who have not directly benefited from any program intervention, as well as individuals who were excluded from the program interventions (looking for evidences of both inclusion and exclusion errors) and to get outsiders’ impressions of the interventions’ implementation and relevance. Furthermore, learning about non-beneficiaries’ practices and changes during the activity implementation period will help evaluators distinguish which reported and observed changes might be associated with activity interventions and which are related to general shifts in the context.

## Primary Data Collection Examples

**Shouhardo III Example:**

The collection of primary data will involve mostly qualitative methods, especially unstructured or semi-structured interviews and observation. To answer the Key Evaluation Questions the direct observations and inquiries at a purposively selected sample of intervention sites and outputs will be required, as well as discussions with members of a variety of stakeholder groups, including direct, indirect and non-beneficiaries in targeted communities. Some of the key stakeholders groups that must be assessed through the primary data collection include:

• CARE Bangladesh Staff

• USAID/ Bangladesh Mission Staff

• USAID/FFP/WDC staff, especially AOR and M&E contacts

• FFP and FTF awardees in Bangladesh

• GOB Officials/ Local Government Division (LGD) – National to Union/ Village level

• Project staff from all levels – Head Quarter (HQ) to frontlines

• Partner NGO staff and executives

• INGOs, local NGOs, PVOs, CBOs

• Community Volunteers

• Village Saving and Loan Association (VSLA), Village Development Committee (VDC), Youth Group and Women groups

• Technical partners

The process will include: Qualitative data collection conducted with beneficiaries and stakeholders. Within each community, several subgroups will be selected for focus group discussion (FGD) to better understand the effectiveness of key interventions in the project. FGDs may include: Community Health, Agriculture and Empowerment Volunteer, Village Development Committee, Mothers Group, community leaders, farmers group members (FFBS), Village Savings Group members, EKATA Group members, Lead Farmers, Participants, Union Disaster Committees and other project related stakeholder groups. Respondents for the focus group discussions will be randomly selected to minimize selection bias. Key informant interviews (KII)s will be conducted with the donor, implementing partners, government officials, and Union Parishad members and Program advisory coordination committee (PACC) at Divisional, District and Upazila level. In-depth interviews (IDIs) will be conducted with direct, indirect and non-beneficiaries in targeted communities.

If deemed necessary and approved by the donor, small scale beneficiary based quantitative survey by the contractor will be conducted. In such circumstances, the contractor should explain the purpose, sampling methods, and potential biases and representativeness for such quantitative survey. For example, the small scale beneficiary based survey can be used to provide additional information on the changes in behavior, practice, attitudes and knowledge that individuals have made themselves as well as for making conclusions from the extensive qualitative assessments. Results from these surveys should not be extrapolated beyond the local context.

## Secondary Data Examples

**Shouhardo III Example:**

The process will include: Desk review of existing literature, including project proposal, reports, baseline report, formative research, Longitudinal Survey report, Beneficiary Based Sample Survey Report, M&E data, MIS system and other relevant quantitative and qualitative secondary data to establish and assess the theory of change of the project, implementation strategies, allocations of resources, and relevant results. Information will be provided to the MTE team as per the MTE schedule at section 4.3 Time Frame.

## Deliverables Examples

**Patsy Collins Trust Fund Initiative Cohort 3 Example:**

For each CO, the following deliverables are expected:

1. Training materials for each Country Office, matching Task 1.
2. A written short training report for each CO. This should include the results of pilot testing and documented agreed-upon corrections made during the process. The purpose of this report is both for documentation as well as to be used for reflection and further training amongst the team. The training materials from Deliverable 1 should be clearly cross-referenced in this report.
3. Final copies of the tools, in Word or Excel format, after piloting (matching the electronic version). There should only be one version of each tool used during data collection. Along with the tools, there should be an inventory matrix of what tools exist, and for which respondent groups.
4. Finalized tracking system, matching Task 4.
5. Finalized data entry repositories and protocols, matching Task 5
6. Data cleaning written protocols, matching Task 6
7. Clean electronic data sets in Excel and SPSS
8. Finalized longitudinal tracking sheet, matching Task 7.
9. Data collection report, inclusive of a detailed description of the sample (number of respondents disaggregated by tool type, sample point, and respondent-specific identifiers such as gender, age and conditions), issues faced during data collection, entry, and cleaning, and solutions used (including any changes in protocols), and a description of the databases generated. The analysis of data quality (referred in Task 8, above) should be included in the data collection report.

**Nutrition at the Center Example:**

The consultant will submit to CARE Zambia and CARE USA the following:

1. Final English version of endline questionnaire (including any changes) from the provided standardized questionnaire
2. IRB approval (complete application package)
3. Final endline schedule, and training materials used and provided to enumerators during training sessions.
4. Manage and supervise data entry (only if un-able to do electronic data collection)
5. A cleaned complete data in SPSS (.sav) format with definitions and associated codes (value labels) to CARE USA.
6. Any syntax used to clean the data (.sps)
7. Any syntax used for initial analysis
8. Final analysis and complete written report with needed annexes

**Shouhardo III Example:**

The Mid Term Evaluation (MTE) will be in form of an external review and will be conducted by an independent external contractor. The MTE team is expected to comprise expatriate and local experts with expertise in relevant program sectors (e.g., Agriculture & Livelihood, MCHN, food security, WASH, DRR, gender, empowerment and Good Governance) in Bangladesh.

This section itemized the key deliverables (neither inclusive nor organized by order of priority) required from the MTE contractor within the agreed timeline.

1. Inception Report – will include the proposed evaluation approach, Key Evaluation Questions matrix, sampling approach, timeline and roles, responsibilities, anticipated outputs and associated levels of effort of each of the evaluation team members. The MTE contractor will prepare a Key Evaluation Questions matrix based on the objective, key questions and methods to consider as part of the Inception Report. The Key Evaluation Questions matrix should identify more-detailed areas of focus for each question, aspects to consider within each focus area, and methods for investigation. See USAID’S Office of Food for Peace Policy and Guidance for Monitoring, Evaluation, and Reporting for Development Food Security Activities, December 2016 Annex 3 for illustrative examples.
2. MTE implementation plan - will include the final overall mid-term evaluation process, timeline with detailed calendar of key activities and milestones, supervisor and enumerator training manual/guidance (English and Bengali), sampling approach and methods, data collection tools, validation (data quality assurance) and data analysis plan showing how each question will be analyzed from the data collected.
3. Lists of sites visited with types and numbers of informants at each, list of stakeholders interviewed and consulted
4. Digital transcripts of interviews including discussions, such as FGDs, KIIs and IDI.

## Roles and Responsibilities Examples

**Shouhardo III Example:**

During data collection and analysis, the primary roles of the program staff and any implementing partner with direct stake in the project, are as informants and reviewers. They may review and provide comments on data collection tools and instruments before they are finalized. They must not collect primary data, or participate in translation, analysis, or interpretation of the data.

The following will be the key roles and responsibilities for the Mid Term Review Participants:

|  |  |
| --- | --- |
| **Person/Unit/Organization** | **Activity** |
| Chief of Party (CARE Bangladesh/SHOUHARDO III) | * Give orientations for mid-term review team, and advice the team * Provide approvals for any expenses related to MTE * Provide the review team with the entire project documents for review. * Coordinate the mid-term review exercise both to office and field work, in terms of follow up the project Management * Oversee results dissemination with key partners * Advice for dissemination results of MTR * Provide support to the MTE contractor to carefully review the TOC and LF and adjust the program activities accordingly based on the evaluation findings |
| Deputy Director Food Security and Senior Technical Advisor-M&E (CARE HQ) | * Give the final feedback to the MTE tools * Review the ToR for MTE * Give inputs for external contractor or MTE team * Participate on MTE reporting process * Review the MTE report * Oversee quality assurance of the mid-term review * Comment on the deliverables of the mid-term review. * Oversee results dissemination with key stakeholders. * Advice for dissemination results of MTE |
| Deputy Chief of Party, Senior Team Leader-KMAL and Senior M&E Coordinator (CARE Bangladesh/SHOUHARDO III) | * Ensure that the review team has all logistical support necessary for the conduct the process properly * Review the tools for data collection * Provide selection of enumerators and supervisors for MTE process * Monitor the data collection * Monitor the conduct of the project review by the mid-term review team. * Oversee quality assurance of the mid-term review * Ensure that all deliverables of the project review meet the expectations of SHOUHARDO III Program * Review the 1st draft report of MTE and submit to SHOUHARDO III Program Management Team (PMT) * Comment on the deliverables of the review * Oversee results dissemination with key stakeholders. |
| Mid-term review field team (Regional Coordinators, Regional Senior Technical Manager, Regional M&E Manager, Technical Managers)- (CARE Bangladesh/SHOUHARDO III) | * Participate in training, as MTE supervisors * Supervise all field data collection * Give necessary support for MTE logistics, as well during the field data collection * Provide any additional support for the contractor when needed * Participate in dissemination process of MTE results |
| Partners, Govt. and other Project staff | * Provide feedback to MTE tools * Participate in all meetings with Mid-term review team * Provide feedback and information on the project as requested for the Mid-term review * Provide feedback on the deliverables of the mid-term review |
| Additional stakeholders (beneficiaries, on the ground partners as UP chairs) | * Participate in meetings with mid-term review team, discussions, and agreements about the process, etc. * Provide feedback and information as requested for the mid-term review * Participate in evaluation debrief and stakeholders meeting |
| USAID | * Review MTE SoW and give recommendations to operationalize the process * Provide relevant information about the project procedures, approaches and operations through MTE questions addressed to the main key informant, prior to the field data collection. * USAID officers may provide comments on, and will give final approval for, the evaluation plan, data collection tools, timeline and logistical plan before the MTE contractor begins field work. * Participate in discussions regarding the evaluation findings and recommendations (evaluation debrief and stakeholders meeting) |

## Evaluation Timeline Example

Table 6. An evaluation timeline example from a Nutrition at the Center endline ToR

| ***Pre-evaluation preparation activities include*** | *Sept 2017* | *Oct 2017* | *Nov 2017* | *Dec 2017* | *Jan 2018* | *Feb 2018* | *Mar 2018* | *Apr 2018* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Develop scope of work | *X* |  |  |  |  |  |  |  |
| Recruit consultants |  | *X* |  |  |  |  |  |  |
| Review of baseline reports and other program documents | *X* | *X* |  |  |  |  |  |  |
| Determining sample size, including inclusion and exclusion criteria for each target group in both intervention and control sites | *X* |  |  |  |  |  |  |  |
| Design of survey instruments and purchase of equipment | *X* | *X* |  |  |  |  |  |  |
| Pre-testing and Refine of survey tools |  |  | *X* |  |  |  |  |  |
| Seek ethical approval from governments | *X* | *X* |  |  |  |  |  |  |
| **Final evaluation activities** |  |  |  |  |  |  |  |  |
| Selection and training of data collection/ field staff |  | *X* |  |  |  |  |  |  |
| Data collection / field work, including;   * interviews; anthropometric measurement children and women |  |  | *X* |  |  |  |  |  |
| Quality Control - monitoring and supervision; data reporting |  |  | *X* | *X* |  |  |  |  |
| Data cleaning/entry and data export (.sav) |  |  |  | *X* | *X* |  |  |  |
| Data analysis and report of findings |  |  |  | *X* | *X* |  |  |  |
| Dissemination of program evaluation findings |  |  |  |  |  | *X* | *X* | *X* |

1. All release forms should be agreed in advance with CARE. [↑](#footnote-ref-2)