



TERMS OF REFERENCE
MID TERM PROJECT EVALUATION

Women's Health and System Strengthening (WHaSS) Project

1. Background

ADRA has been active in Nepal since 1987 and currently implementing Health projects/Programs in 21 out of 77 districts reaching to the underserved population supported by Australian Aid/DFAT, Open Heart International (OHI) Australia, DFID/UNFPA, Ministry of Foreign Affairs–Japan, Japan Platform, Help International (USA), FP2020 RRM, ADRA Networks/International and private donors. Over the course of its 33 years of program implementation, its coverage has reached more than 55 districts through four main thematic portfolios: health, livelihood, disaster risk management and education.

The Women's Health and System Strengthening (WHaSS) Project was initiated in July 2018, with planning to be concluded in June 2021. However, due to the immense need for service delivery and capacity building that continues to exist in the country and the constraints posed against the full-fledged implementation of the project by the COVID-19 pandemic, its being planned to be extended for additional two years. This will be the first evaluation planned in the project and will inform the new phase of the extended period.

2. Project Information

Goal: Improve the health of Terai and Hill women and girls and enable them to lead productive lives in their families and wider community

Outcome 1: Health system and clinical support strengthened in the intervention hospitals.

Outcome 2: Women and adolescent girls accessed effective, safe surgery and post-operative care from the 4 districts.

Outcome 3: Engaged communities in health education/behaviour change communication from the 4 districts.

Outputs 1.1: 120 medical and nursing staff receive comprehensive theory and practical training and assessment on screening, treatment and post-surgery care/follow up.

Outputs 2.1: 100% of all women and girls identified for uterine prolapse surgery will receive effective and safe surgery and post-operative care.

Outputs 3.1: Community education sessions conducted in 4 targeted districts of province # 1 and 2

Output 3.2: Develop a knowledge, attitudes, practiced behaviors (KAPB) survey for community education sessions including SWC evaluations.

3. Objectives of this evaluation

This will be a mid-term evaluation of formative nature that will refine and re orient Uterine Prolapse service modality and inclusion of additional components deemed necessary for the provision of greater range of services under the women's health project. The objectives of this evaluation are as follows:

- To determine progress throughout the course of project implementation against set targets and indicators
- To provide feedback that can be used for improvement of implementation modality.
- To identify challenges in project operation and readily apply corrective actions and make necessary adjustments.
- Utilize findings from this evaluation to redevelop and redesign project for future implementation with inclusion of additional components if deemed necessary and justified for efficacy and effectiveness.

4. Scope and Focus

The evaluation will review the current project cycle from July 2018 to June 2020. It will focus on all aspects of the current programming.

ANCP Evaluation Requirements As a project funded by the Australian Government's ANCP, specific requirements of the evaluation are outlined by DFAT, including:

- The evaluation will draw on monitoring data as well as new data collected through the evaluation, to assess the approach, methodology, outcomes and impacts of the project.
- The evaluation will examine the project in light of its original intention as well as how it has evolved, and any unintended consequences that have arisen.
- The evaluation will report on cross-cutting themes and provide disaggregated data in regard to gender (men, women), and people living with disability; and
- Provide evidence-based information that is credible, reliable, and valuable.

DAC Criteria: Key Evaluation Questions:

- **Relevance:** To what extent are the objectives of the programme still valid? Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives? Are the activities and outputs of the programme consistent with the intended impacts and effects?
- **Efficiency:** Were activities cost-efficient? Were objectives achieved on time? Was the project implemented in the most efficient way compared to alternatives?
- **Effectiveness:** What progress did the project make towards its stated objective and outcomes? Did the project's strategies succeed in supporting the self-reliance of communities in relation to the project's key outcomes?
- **Impact:** What impact and effects have resulted from project activities that contribute towards long-term social and economic change at the community level?
- **Sustainability:** To what extent did the benefits of this project continue after the project leaves the community? What were the major factors which influenced the achievement or non-achievement of sustainability. (Significant emphasis should be placed on this element in relation to data collection, the report and recommendations made. These will feed into the next phase of the project through the re-design process.)

Values-Based Approach Key Evaluation Questions

The consultant should complete the key evaluation criteria for the values-based approach impact measurement.

5. Methodology and Approach

It is expected that it will be conducted using both qualitative and quantitative techniques for data collection and shall utilize a range of tools as:

Quantitative:

Primary Data Survey: Use of questionnaires and interview schedules to collect 1st hand information from sample and have proven basis for the discussion of project /project progress, effectiveness and efficiency.

Secondary Data Collection and Review: To assist in determining impact and ensuring results are contextualized. This includes district and community statistics, as well as relevant statistics or reports from other agencies working in the area reviewed. Literature review of national/ international publications and practices will form a major part of this method of data collection. Documents to include project design documentation, log-frame, annual and quarterly performance reports.

Qualitative:

Focus Group Discussions: To obtain detailed qualitative comments or community perspective on the success of project. The FGDs will provide important means to verify and validate primary data collected through quantitative methods and should include both the project beneficiaries and other stakeholders.

In-depth Interviews: To gain stakeholders' perspectives on project outcomes and perceptions of particular elements of the project. This should include interviews with district and community leaders, beneficiaries, health facility in-charge and Municipality Health coordinators, partner NGO and project staff, etc. The FGD and KII together will support to triangulate data collected in combination with the quantitative data collected.

Other tools: The consultant may use other tools of data collection and verification as Field visits/direct observation, PRA tools/techniques, case story and photos to provide proven samples of the project impact on girls, boys, women, men, families, and communities.

The selected methodology, sample size, data collection tools chosen for the evaluation and other information on methodology shall be detailed by the consultant in the technical proposal on the Request for Proposal notice.

6. Indicative Timeframe

| Activity | Dates | Number of Days | Person/s involved |
|-----------------------------------------------|------------------|----------------|-----------------------------------------------------|
| 1. Draft workplan and call for EOI | Jan 7-11, 2021 | 7 | WHaSS Project PC, ADRA Nepal HTL, OHI |
| 2. Finalization of consultant | Jan 11- 14, 2021 | 5 | ADRA Nepal Health Team |
| 3. field study/literature review | Jan 15-31. 2021 | 15 | Consultant, Enumerators, Project staff |
| 4. 1 st draft report to ADRA Nepal | Feb 1-5, 2021 | 5 | Consultant |
| 5. Initial feedback on draft report | Feb 6-10, 2021 | 5 | reviewed by ADRA Nepal and OHI |
| 6. Revised draft by consultant | Feb 11-13, 2021 | 3 | reviewed by PC, M&E Coordinator, HTL, CD-ADRA Nepal |
| 7. Submission of Final Report | Feb 14-15, 2021 | 2 | Consultant to ADRA Nepal to OHI |
| Total Days | | 42 Days | |

7. Expected Deliverables

| Deliverables | Timeline | Remarks |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Submission of: An inception plan, implementation plan with timeline and final survey protocol. | Within 5 days of the signing of the contract. | Electronic copy submitted (1st instalment - 40% payment) |
| Training to Enumerators, Data collection & monitoring report, cleaned quantitative datasets, data analysis and interpretation completion report. | Within the 15 days of the submission of the aforementioned deliverable. | A brief report, (2nd instalment- 40% payment) |
| <ul style="list-style-type: none"> Final set of cleaned data, Hard/ original copies of all data collected, Case stories, photos, maps, and others during the evaluation including consent for case studies and photos. Final Study report (both electronic and a hard copy) after incorporating the comments and suggestions, PowerPoint presentation containing findings and recommendations and 2-page standalone summary sheet of survey report and manuscript | Within one month of the signing of the contract | Final report submitted and endorsed (3 rd Instalment- 20% payment) |

8. Standard report format (example) which can also be used for baseline, midterm review and evaluation.

- I. Table of contents
- II. Executive Summary -with brief summary {bulleted} of key findings, and recommendations
- III. Introduction/context
- IV. Objectives of the study
- V. Methodologies and Approach
- VI. Limitations of the study
- VII. Presentation of findings and analysis addressing the objectives and Key Evaluation Questions in the ToR
- VIII. Conclusions
- IX. Recommendations with clear guidelines how this can be captured in the redesign or other projects.
- X. Annexes – photos, maps, workplan and other important documents
- XI. Maximum number of pages for the final report to be limited to 25 pages (Annexes are separate to this limit).
- XII. Prepare manuscript with maximum 2500 words.

9. Ethical Guidelines

It is expected that the Consultants will adhere to all the policies of DFAT/ADRA/ OHI pertaining to safeguarding and protection, as the following ethical guidelines and principles:

- **Informed consent:** All participants are expected to provide informed consent following standards and pre-agreed upon consent protocols. For example, if project beneficiaries are minors, parents/guardian's consent should be sought.
- **Compliance to ADRA's values and ethical standards,** including child protection and adult safeguarding, PSEAH, Gender, Environmental protection, and others.
- **Confidentiality:** Utmost confidentiality must be exercised in respect of identities of participants and all data collected.
- **Integrity/honesty:** Evaluator to display honesty and integrity in their own behavior and attempt to ensure the honesty and integrity of the entire evaluation process.
- **Respect for people:** The Consultants respect the security, dignity and self-worth of respondents, program participants and other stakeholders. It's expected that the Consultants will receive informed consent of the participants to ensure that they can decide in a conscious, deliberate way whether they want to participate or not. The Consultants will avoid exposing respondents to further harm as a result of the response.
- **Responsibilities for general and public welfare:** The Consultant should take into account and be sensitive of the social, cultural and religious dynamics of the population. Consultants should take proactive efforts to create safe spaces for participants and vulnerable groups, especially women, to share information freely and safely without the presence of judgment, shame, or risk of harm. This may require women to question women, and men to question men, for example.
- **Do no harm:** The Consultants should take great care not to cause emotional/psychological harm during data collection as questions may relate to highly sensitive information. Issues of sensitivity may vary between communities, genders etc. Considering the scenario with COVID-19, consultants may use hybrid model for data collection, where while it is expected that maximum data is derived through face to face, on site data collection, they may also use self-administered questionnaire and remote collection tools where appropriate. Special consideration will have to be given to the beneficiaries / respondent's level of education, understanding and skill in responding via the remote tools.

10. Competency Requirements

Consultant Qualifications

- Be a reliable and effective with extensive experience in conducting evaluations and a proven record in delivering professional results.
- Fluent in English and the local language.
- Follow and agree to abide by ADRA's, rules and policies, including Safeguarding/Child Protection Policy, Child Protection Code of Conduct, anti-corruption and fraud policy etc.
- Follow participatory, strengths-based approaches to the evaluation.
- Use a mixed methods approach to data collection.
- Focus on program learning and improvement when presenting findings and recommendations.
- Engage openly with the local community, listen to, and synthesize varied perspectives.
- Ensure children, youth, women, girls, and people with disability participate in the evaluation process.
- Have advanced skills and knowledge in monitoring, evaluation and learning methods and approaches; conducting community-based evaluations; and project sustainability mechanisms and processes.

The Consultant should have:

- Experience and skills in evaluating projects with both clinical and public health components.
- Experience and skills working with NGO partner to collaborate and conduct evaluations.
- Cross-cultural sensitivity.
- Knowledge and experience in relevant subject matters, e.g., health, especially Reproductive health, and women's health.
- Experience and skills in learning-oriented data processing, information analysis, and report writing.
- Experience and skills in participatory processes, rural and social development, and cross cutting such as gender and disability inclusion.
- Commitment to accomplish work by given deadlines.

11. Evaluation Criteria

The procurement committee will evaluate the proposals submitted to ADRA based on a pre-determined criterion using weighted scoring method. Technical and Financial Criteria will be provided with the following weightage.

Technical Criteria: 80%

Financial: 20%