

Terms of Reference (TOR) for evaluations in NCA Bangladesh Program 2019

1. Context and Program Background

Since 25 August 2017, extreme violence in Rakhine State, Myanmar, has driven over 727,000 Rohingya refugees across the border into Cox's Bazar, Bangladesh. A situation of statelessness imposed over generations has rendered this population seriously vulnerable, even before the severe traumas of this most recent crisis. The people and Government of Bangladesh welcomed the Rohingya refugees with resounding generosity and open borders. The speed and scale of the influx was nonetheless a challenge, and the humanitarian community stepped up its support to help mitigate a critical humanitarian emergency. Refugees now face additional threats as they live in congested sites that are ill-equipped to handle the monsoon rains and cyclone seasons – with alarmingly limited options for evacuation. Many refugees have expressed anxiety about their future, explaining that while they wish to return, they would not agree to do so until questions of citizenship, legal rights, and access to services, justice and restitution are addressed.

2. Purpose of the Evaluation

To understand what has happened in the NCA emergency response in Cox's Bazar, Bangladesh (achievements and challenges) and the extent to which the **NCA humanitarian response achieved program objectives**, with specific **emphasis on core humanitarian standards (CHS)**, component four – Humanitarian response is based on communication, participation, and feedback

To improve future action: Enable **organizational learning** by targeting best practices, lessons learnt, and recommendations for future humanitarian operations, especially those related to internal organisation and implementing partners' coordination mechanisms.

In order to achieve these purposes, the following evaluation objectives will guide the work:

- To provide an independent assessment of the following aspects and values of the intervention:
 - a. Pertinence, appropriateness and relevancy (PAR).
 - b. Efficiency, which includes an assessment on resource management (ERM).
 - c. Efficacy, assessing the timely fulfilment of the project and program objectives (EFF).
 - d. Likelihood of Impact (IMP).
 - e. Coverage (COV).
 - f. Coordination: internal and external (COO).
 - g. Consultation and Participatory practices among PoC and stakeholders (CPP).
 - h. Strengthening of local capacities and sustainability (SLC)
 - i. Complaint and feedback mechanisms (COM)
 - j. Staff management aspects. (STA)
 - k. Organizational and institutional learning (OIL).
 - l. Alignment and harmonization (AAH).
 - m. Results-based management (RBM).
- Identify lessons learned and establish strategic and operational recommendations that provide useful, quality, evidence-based information for future NCA emergency responses. To contribute to NCA organizational learning, as well as to determine whether relief provided is appropriate to the context, based on expressed needs of both women and men and is of a quality and scale that meets NCA's commitments and expectations

3. Methodology

Desk review of pertinent documents from NCA and implementation partner; project proposals, internal programmatic and operational policies. Coordination and other publicly accessible documents and studies related to the Rohingya response.

Field based semi-structured interviews will be conducted with NCA program and partner staff, representatives of the affected population, partner organizations involved in the program and other stakeholders such as NGOs, UN agencies, coordination bodies ISCG, sectoral leads (WASH, GBV, MHPSS, SRH) and local authorities, Camp-In-Charges (CiC).

Consultation with the affected population using a variety of participatory methods such as focus groups/key informant interviews. Gender and conflict sensitivity will be key consideration.

Assess the critical enablers and barriers (internally and externally) that contributed to the program implementation, “seeking the explanations.” If agreement between informants on “explanations” cannot be achieved, then the differing opinions will be separately recorded

4. Evaluation Questions

I. Relevance – Assess design and focus of the NCA Humanitarian 2019 projects (NMFA + ECHO)

- To what extent did the Project achieve its overall objectives?
- What and how much progress has been made towards achieving the overall outputs and outcomes of the project for JRP (Joint Response Plan) 2019. (including contributing factors and constraints)

II. Effectiveness- Describe the management processes and their appropriateness in supporting delivery

- How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved?

III. Efficiency – Of Project Implementation

- Was the process of achieving results efficient? Specifically did the actual or expected results (outputs and outcomes) justify the costs incurred? Were the resources effectively utilized? What was the overall value for money (VfM) reflecting on expat /staffing /HO costs within the total allocated frames

IV. Coherence

- Assessment of coherence should focus on the extent to which policies of different actors were complementary or contradictory, for example, Bangladesh NGO Affairs Bureau policies (FD7 project approvals and closures), Refugees Relief and Repatriation Commission (RRRC) policies and process, etc. CiC approvals.

V. Connectedness

- What evidence is there of consultation with communities for their longer-term needs?

VI. Impact

- Are there wider effects of the NCA Humanitarian program – social, economic, technical, environmental – on individuals, gender- and age-groups, communities and institutions. Impacts can be intended and unintended, positive and negative, macro (sector) and micro(household).

VII. Gender and conflict sensitivity

- Was gender taken into consideration generally and are there good examples of innovative thinking? Were the gender minimum standards known and implemented?

- Is there evidence of women and girls being consulted and their needs being met? Is the level of consultation and involvement what one could expect from NCA response in the given context?
- How have safety issues for women, men, girls and boys been addressed to ensure safe access?

5. Timing and Responsibilities

- 4 days home-based desk review, 7 days in-country in Rohingya camps and NCA/Partner offices, ½ day of “reflection” workshop for field staff, 5 days home-based report finalization. Total of 17 days.
- As part of evaluator selection process, candidate must provide at least one previous sample of humanitarian program evaluations performed.
- Post-graduate degree in Humanitarian Studies, Disaster Management, Development Studies, and/or relevant Social Sciences discipline.
- At least 5 years’ experience of conducting evaluations of emergency and humanitarian programmes. Knowledge of the Rohingya regional context and language will be an advantage
- Familiarity with international quality and accountability standards applied in emergencies.
- Experience in the use of participatory methodologies and developing equality and gender sensitive evaluation methodologies. Competency in Equality & Gender issues
- Excellent facilitation skills, co-ordination, negotiation skills and oral and written communication skills in English (particularly report writing).
- Experience in assessing organizational capacity and gaps and ability to recommend the corrective measures

6. Deliverables and Budget

- Inception Report
- Half day reflection workshop in Cox’s Bazar
- Draft Report and Final Report
- NCA feedback and comments to draft report within 10 days of submission by consultant
- Final report to be submitted to NCA 10 days after receiving NCA comments to draft report. Allowance of two rounds of comments.
- Evaluation report within the requirements: **1-3-25**: One page: Recommendations. Three pages: Executive Summary. Main report section max 25 pages: Main report section can contain, but is not limited to the following sub-section headings:
 - Introduction
 - Description of the evaluation methodology
 - Situational analysis with regard to the outcome, outputs, and partnership strategy
 - Analysis of opportunities to provide guidance for future programming
 - Key findings, including best practices and lessons learned
- Appendices: Charts, terms of reference, field visits, people interviewed, documents reviewed
- Presentation of evaluation report including recommendations. Audience includes field staff of NCA + partners in-country, and NCA Head office + Bangladesh management staff.

Annex I: NCA 2019 Bangladesh humanitarian program results framework:

OVERALL GOAL	INDICATOR	SOURCES OF VERIFICATION
Communities and women, men, boys and girls affected by the Rohingya crises receive life-saving GBV and WASH assistance appropriate and relevant to their immediate needs	<p>Number of people affected by the Rohingya crisis reached by GBV response</p> <p>Number of people affected by the Rohingya crisis reached by WASH response</p>	Final Report, narrative and financial
INTERVENTION LOGIC	INDICATORS	SOURCES OF VERIFICATION
OUTCOME 1	Number of people (disaggregated by sex and age) with timely access to life-saving quality GBV, SRH and MHPSS services	Monitoring and evaluation reports
OUTPUT 1.1 GBV survivors, and women and girls at risk safely access GBV case management and psychosocial counselling services in static health facilities.	<ul style="list-style-type: none"> - # of survivors supported with needed services, including PSS, health and GBV case management (disaggregated by age and sex) - % increase in skills and knowledge of staff in advanced GBV case management 	Patient register Pre and post test results GBVIMS
OUTPUT 1.2 Communities are aware of available GBV and SRH/ASRH services	<ul style="list-style-type: none"> - % of beneficiaries who report increased awareness of GBV (including psychosocial support) and SRH/ASRH services (disaggregated by age and sex) - # of individuals participating in awareness raising activities on GBV, SRH and PSS (disaggregated by age and sex) 	Attendance lists Monitoring and evaluation reports
OUTPUT 1.3 Women and girls of reproductive age access culturally and age appropriate SRH/ASRH information and services.	<ul style="list-style-type: none"> - # of women receiving post-partum care by skilled health service providers (disaggregated by age) - % of clients at health facilities referred by TBAs for SRH/ASRH - # of women and adolescents participating in SRH/ASRH, gender equality and MHM discussions (disaggregated by age) - # of beneficiaries receiving information through the helpline (disaggregated by service, sex and age) 	Medical forms and registration Clients list Call database
OUTCOME 2 Community leaders, faith actors and community members including men, and boys are mobilised to prevent violence, address the social norms that are the root cause of GBV and promote social cohesion.	<ul style="list-style-type: none"> - % of community members who express attitudes that support prevention of GBV (disaggregated by age and sex) 	Group facilitator records/outcome and monitoring forms.

<p>OUTPUT 2.1</p> <p>Community leaders, faith actors and community member including men and boys are actively engaged to prevent GBV and challenge existing social norms that support GBV.</p>	<ul style="list-style-type: none"> - # of staff, changemakers, and TBAs trained as local activists and peer educators through the SASA! Approach - # of community drama listening groups conducted (disaggregated by age and sex) - # of structured men and boys engagement groups conducted 	<p>Training records</p> <p>Group facilitator records</p>
<p>OUTCOME 3</p> <p>Women and girls of reproductive age are able to apply safe hygiene practices with increased access to quality MHM facilities, products and information</p>	<p>Number of people (disaggregated by sex and age) with access to cultural appropriate MHM facilities (information, materials and facilities)</p>	<p>Monitoring and evaluation reports</p>
<p>OUTPUT 3.1</p> <p>Women and girls of reproductive age have access to culturally appropriate MHM products</p>	<ul style="list-style-type: none"> - # of women and adolescent girls in their reproductive age that have access to culturally appropriate material to manage their menstruation hygienically (disaggregated by age) - % of the community members that have attended awareness sessions on MHM can mention at least two key messages related to MHM 	<p>Distribution lists</p> <p>Post distribution monitoring report</p> <p>Baseline Assessment (FGD)</p> <p>Attendance Sheets</p>
<p>OUTPUT 3.2</p> <p>Women and girls of reproductive age have access to safe and gender-sensitive WASH facilities, addressing MHM needs</p>	<ul style="list-style-type: none"> - # of females accessing WASH facilities with improved menstrual hygiene management systems (disaggregated by age) 	<p>Baseline Assessment (FGD)</p> <p>Work progress reports</p>

Annex II: Additional evaluation questions

I. Relevance – Assess design and focus of the NCA Humanitarian 2019 projects (NMFA + ECHO)

- To what extent were the results (impacts, outcomes and outputs) achieved?
- Were the inputs and strategies identified, and were they realistic, appropriate and adequate to achieve the results?
- Was the project relevant to the identified needs?

II. Effectiveness- Describe the management processes and their appropriateness in supporting delivery

- To what extent did the Project's M&E mechanism contribute in meeting project results?
- How effective were the strategies and tools used in the implementation of the project?

III. Efficiency – Of Project Implementation

- Did project activities overlap and duplicate other similar interventions (funded nationally and/or by other donors? Are there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs?
- Could a different approach have produced better results?
- How did the project financial management processes and procedures affect project implementation? (FD7 approval impacts, if any?)

IV. Coherence

- How the governments policies (FD7, multiple, complex and changing authorization levels etc.) impacted the delivery and the quality of the projects as well. What could we learnt from it, and how could we integrate/anticipate these constraints into the future responses.

V. Connectedness

- Will there be rehabilitation or recovery programs to link emergency response to the longer-term solutions?
- Has NCA or partners taken into account the possible negative impacts that the response might have in the short, medium and long term on:
 - o the environment (including ecological aspects)?
 - o the local economy and people's livelihoods?
 - o the social, political and security context?
- Are the plans for the next phase robust enough? Has any transition or exit planning begun? What needs to change? What should be done beyond the initial timeframe to contribute to resilience building and risk reduction?

VI. Impact

- Are there wider effects of the NCA Humanitarian program – social, economic, technical, environmental – on individuals, gender- and age-groups, communities and institutions. Impacts can be intended and unintended, positive and negative, macro (sector) and micro(household).'

VII. Gender and conflict sensitivity (lots of CHS component 4 related questions included here)

- Is there evidence of men and boys being consulted and their needs being met?
- Is there evidence of adverse effects (e.g. safety, sexual exploitation and abuse, gender relations) of the response on the different groups (women, men, children, people with disabilities, HIV affected, marginalized etc) within the population?
- Were vulnerabilities and threats identified and addressed?
- Was the need to incorporate specific protection activities considered?
- Who was targeted and were the targeting methods effective and accurate? Was targeting done with the affected population's input?
- What proportion of financial and non-financial resources has been allocated and utilized to address the specific gender issues /needs identified?
- Are staff aware of gender and accountability being core to Oxfam programs? Have staff been made aware of the Code of Conduct?
- What evidence is there of inclusive affected population consultation, participation and satisfaction with services/goods supplied?
- Is there evidence of program changes due to affected population feedback?
- Was post-distribution monitoring conducted?
- Is there a monitoring system in place and how effective is it?
- How has the flow of information been to the affected population? Look at both the mechanism in place and whether the affected population are happy with it.
- Is there a feedback/complaints system in place? How was it set up (after consultation) and how is it being used? Do people know about it and do they get answers to their questions? How are complaints documented and dealt with?
- Are ICTs being used and if so, are they appropriate and adequate for what is needed?