



**TERMS OF REFERENCE
CONSULTANCY SERVICE FOR
END OF PROJECT - INDEPENDENT EVALUATION**

Name of project:

Comprehensive Humanitarian Mine action and Protection Response to the Crisis-affected Population in Yemen

Project implementation dates: 01-July-2023 to 30-June-2025 (24 months)

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1. General information

1.1. About Handicap International / Humanity & Inclusion (HI)

Our vision: Outraged at the injustice faced by people with disabilities and vulnerable populations, we aspire to a world of solidarity and inclusion, enriched by our differences, where everyone can live in dignity.

Our mission: HI is an independent and impartial aid organization working in situations of poverty and exclusion, conflict and disaster. We work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.

On its 35th anniversary, the Handicap International network changed its name to Humanity & Inclusion.

Our Values: Humanity; Inclusion; Commitment; Integrity

1.2. About Handicap International / Humanity & Inclusion (HI) in the country/region

HI has been operating in Yemen from the early 2000s up to 2012, focusing on physical rehabilitation.

In 2015: With the context worsening at the end of 2014, it was decided in April 2015 to hand over the mission to the Humanitarian Action Division. The decision was implemented in July 2015. The revision of the Canadian project was proposed and presented to the donor in September, who extended the project until March 2016 (project revised one time then extended 2 times with a visit from the Desk made to Canada to explain constraints to the donor).

2017: The mission kept growing. HI provided direct services such as the direct provision of functional rehabilitation care and psychosocial support in 8 public health facilities in and around Sana'a city. It also provided technical support to these facilities plus one humanitarian partner health facility through the provision of assistive devices and equipment to establish rehabilitation units, coaching and training of the health facilities staff on functional rehabilitation and psychosocial support services, etc.

2018: HI implemented of a multi-purpose cash project aiming to support the most vulnerable households while also providing Prosthesis and Orthosis services in Sana'a. Within 2 consortia, HI has also continuously supported its partners on the integration and taking into account of inclusion and psychosocial mainstreaming elements within their projects.

In 2019, HI started rehabilitation and psychosocial support activities in a hospital in Aden, and worked at expanding its geographic and technical response in Yemen, to advise the health and rehabilitation services. Working through a consortium, HI continued to lead on inclusion training and awareness among humanitarian actors in Yemen to ensure that people the most vulnerable to marginalization are included in service provision. In Sana'a, HI has pursued its comprehensive rehabilitation support (including physical and functional rehabilitation, Assistive devices donation and MHPSS), in 4 hospitals and two Physiotherapy centers. Since August 2019, HI was forced to suspend its psychosocial support activities as part of its comprehensive rehabilitation services following an order from the authorities.

In 2020, HI mobilized activities to support Yemen's response to the global COVID-19 pandemic. HI provided direct support to WHO-designated COVID-19 centers, technical training, sensitization and awareness sessions, and supplied PPE and donations of hygiene kits and assistive devices. We worked to ensure our rehabilitation services would continue safely through remote follow-up of our patient's cases and reduce the risk of long-term impairment. We also disseminated critical advice on inclusion to make sure humanitarian actors could adapt their activities to COVID-19 while continuing to include people most likely to be marginalized. Moreover, HI opened a base in Mokha, Ta'izz and started the implementation of rehabilitation and psychosocial support activities in two health facilities.

2021: Since March 2021, HI has opened a new base in Hajjah City and commenced implementation of rehabilitation services in the city's main hospital. The mission is currently in the process of expanding its activities into Abs district hospital closer to the frontline where there are needs reported through MSF and authorities and has been noticed by HI in Hajjah according to the beneficiary pathway where most of the cases come from this area and neighbouring districts.

2022 HI has started its activities in AL Hudaydah governorate, by establishing sub base where currently HI operate from small office setup inside AL Thwarah hospital, aiming to expand to full base setup in 2023, this governorate is also closer to the frontlines of conflict where needs are the greatest and specialized health services in emergency rehabilitation are severely lacking. At the same time, HI will commence the implementation of Explosive Ordnance Risk Education at the last quarter of this year in the same governorate.

HI started working at Khokha health center in Hodeidah governorate in 2022.

HI started EORE interventions in Lahj (Al Ribat IDP camp) and in Mokha.

2023 HI started working at Al Jamhoriya hospital in Aden after phasing out of MSF hospital in Aden. Also worked in IDPs camps in Khokha and Mokha with mobile teams.

HI started NTS interventions along with EORE in Mokha (Taiz Governorate) and in Khokha, & Hays (Hodeidah Governorate).

2024 HI started working at Al Sadaqa hospital in Aden and PPC Taiz. HI also started support to Amin Nashir Institute in Aden in 2024. Also worked in IDP camps with mobile teams in Mokha and Khokha.

HI started EORE in Aden (Ammar bin Yasser IDP camp).

HI also started spot tasks for land clearing in Hays (Hodeidah Governorate)

HI has sustained its service provision in the designated health facilities (HFs) in Sana'a and Hajjah, while also extending its reach to the Abs district in Hajjah. Furthermore, HI has successfully expanded its operations into the Hodeida governorate to cover 4 health facilities, AL-Thawra hospital, AL-Marwaiah rehab center, AL-Zuhra hospital and AL-Jarahi hospital, addressing local needs by targeting four specific areas. Additionally, HI has resumed its mental health and psychosocial support (MHPSS) activities in the selected HFs through the use of an incentive team.

HI has also achieved the construction and equipping of a prosthetics and orthotics (P&O) center in Hodeida, aimed at serving beneficiaries from Hodeida and neighboring governorates. For P&O services, HI has transitioned its intervention approach from purchasing services to an incentive-based model, which is more sustainable and cost-effective.

HI has established a memorandum of understanding (MoU) with the Ministry of Social Affairs and Labor (MoSAL) to conduct community awareness sessions and collaborate on various initiatives, thereby enhancing its access to the community.

In the area of armed violence and reduction (AVR), HI has signed an MoU with YEMAC to carry out explosive ordnance risk education (EORE), non-technical survey (NTS), and explosive ordnance disposal (EoD) activities across multiple locations in Sana'a, Hajjah, and Hodeida.

Lastly, HI has initiated new sectors and interventions, including Inclusive Livelihood programs under the BMZ framework and gender-based violence (GBV) components supported by the GAC donor.

2. Evaluation Context

2.1. Brief Presentation of Project

Project title	Comprehensive Humanitarian Mine action and Protection Response to the Crisis-affected Population in Yemen
Implementation dates	01-July-2023 to 30-June-2025 (24 months)
Location/Intervention zones	Taizz, Aden, Lahj governorates.
Operational partners	Direct intervention and technical support to health facilities. No implementing partners
Target groups	People with disabilities, people with injuries, caregivers Handicap International Physiotherapist/Hospital Physiotherapist and medical staff for training in addition to humanitarian actors; Also, community people available in Health Facilities are targeted with inclusion awareness sessions and Explosive Ordnance Risk Education.
Project budget	4.854.234 Euro

Project objectives	Enhance functional independence, psychosocial well-being, safety and resilience of crisis-affected persons including people with functional limitations and EO victims through promoting access to integrated rehabilitation services, humanitarian mine action and disability inclusion.
Expected Outcomes	Outcome 1: Improve the access for persons with disabilities, injuries and their caregivers to quality integrated health services including physical and functional rehabilitation care, MHPSS and provision of P&O services Outcome 2: The communities living in and returning to highly contaminated areas feel safer from explosive ordnance hazards after receiving humanitarian mine action services by the end of the project Outcome 3: The access of the crisis-affected persons with disabilities and injuries to a range of protection, rights, and entitlement services in their communities has improved in collaboration with local CSOs, OPDs and key stakeholders
Expected Outputs	LF is attached
Main activities implemented	HI plans to target 57.513 beneficiaries

NOTE: Detailed Logical Framework and narrative project documents will be shared upon final selection.

2.2. Reasons for the Evaluation

As part of HI's Project Quality Policy (PQP), a final external evaluation should be carried out for all projects with a duration equal or superior to 2 years and/or a budget above 3M EUR. The main purpose of this independent end-of-project evaluation is to assess the quality of design, inception and implementation of the project with achievement of its objectives through related activities. This exercise will also inform, assess and advise on the

implementation modalities (direct implementation, and collaboration with health structures). This evaluation shall also highlight the cross-cutting concepts of inclusion, gender, accountability, participation of local communities. Furthermore, this exercise will provide a set of best practices, lessons learned and recommendations for future interventions for continuous improvement of HI programming as per HI Project Quality Framework.

The users of this evaluation will be:

Type	Users
Handicap International	Head of Mission, Technical Head of Programs, MEAL Manager, Project Manager, area manager and technical staff.
Implementing HQ	Technical Advisors (MEAL and thematic areas), Operations Officer.
External Stakeholders	Donor, and other technical and operational staff at Field, Country or HQ Level.

3. Evaluation objectives (3 pages maximum)

3.1. Overall Objective of the evaluation

Assess the project, based on Handicap International Quality Framework which includes but not limited to changes (impact), efficiency, effectiveness, relevance and Accountability to population (HIPQP)

3.2. Specific Objectives & Scope of Evaluation

The specific objectives of this evaluation are:

- 1- Establish the relevance between the activities implemented and the project outcome which is Enhancing functional independence, psychosocial well-being, safety and resilience of crisis-affected persons including people with functional limitations and EO victims through promoting access to integrated rehabilitation services, humanitarian mine action and disability inclusion.
- 2- Determine the longer-term impacts on: Beneficiaries Empowerment, Community and caregivers, Strengthening Local Entities, Collaboration with Development Organizations, Health system, Gradual Transition and Succession Plan and whether these changes are sustainable. Considering that the Project has been designed to fill the gaps in humanitarian needs integrating sustainable and resilience parameters, to reach more sustainability in the services and building better resilience of the community in Health, Protection, Humanitarian Mine Action.
- 3- Determine to what extent project beneficiaries were able to participate and communicate with the project knowing that the needs of the targeted population was supposed to be identified through HI ongoing rehabilitation and psychosocial interventions, where HI through its designed and implemented tools and assessments would identify the needs of the beneficiaries during the activities' implementation, and ensure an active participation of the affected population in the planning and designing of new activities based on their expressional and observed needs.

The evaluation should clearly report on:

- Is the implementation of the proposed project consistent with the initial assessment, design and plan?
- Is the project implementation aligned with general and specific objectives stated in the project proposal?
- Does the project respect the work plan proposed to the donor?
- Has the designed project produced the expected impacts through the implemented activities?
- Have the project inputs been converted into project outputs and outcomes, as planned? (Quality and Quantity).
- Does the project respect the main donor guidelines? (Correspondence of Objectives-Outcomes – Outputs – Source of Evidence).
- Does the project take into account and meet the specific needs for persons with disabilities, children, women and elderly?

- According to the achieved Output-Outcomes, should the Organization change its approach or strategy for the upcoming similar project? Any recommendations must be in line with the evolving context of area of operations.

3.3. Evaluation Criteria (HI Quality Framework)

HI subscribes to the Quality Framework define in HI's Planning, Monitoring and Evaluation Policy, which is based on Development Assistance Committee (Base-HI QUALITY FRAMEWORK) criteria for evaluation:

- Changes/Impact
- Effectiveness
- Efficiency
- Relevance
- Accountability to population
- Sustainability

HI also promotes systematic analysis of the monitoring system and cross cutting issues (gender, inclusion, environment, protection etc.).

All HI external/independent evaluations are expected to use HI Quality Framework throughout the whole evaluation process. In particular, the evaluation must complete the following table and include it as part of the final report.

The evaluator will be expected to use the following table to rank the performance of the overall intervention using the HI QUALITY FRAMEWORK criteria. The table should be included either in the Executive Summary and/or the Main Body of the report.

Criteria	Rating			Rationale
	1: Criteria not Fulfilled 2: Partially Fulfilled 3: Fulfilled.			
	1	2	3	
Changes/Impact				
Effectiveness				
Efficiency				
Relevance				
Accountability to population				
Sustainability				

3.4. Key Evaluation Questions

The following set of questions shall be answered by this evaluation exercise.

A. CHANGES/IMPACT:

- 1- Has there been a measurable improvement in the daily functioning and mental well-being of beneficiaries who received integrated rehabilitation services (physical / functional rehabilitation, MHPSS and assistive devices)?
- 2- Did awareness raising sessions and mass media campaigns focused on safer behaviors regarding explosive ordonnance risks cause changes in behavior among target communities?

B. EFFECTIVENESS:

- 1- What measurable improvements in the nutritional status and psychological well-being of children with malnutrition can be observed during project activities?
- 2- Did the training of community focal points increase the identification and reporting of beneficiaries in need of victim assistance?

- 3- Have advocacy and coordination efforts in accessibility and inclusive humanitarian services led to changes in service provision among international and local aid actors?
- 4- To what extent were the project objectives achieved?
- 5- For what reasons, if any, were project objectives not or only partially achieved?
- 6- Have unintended effects (positive or negative) resulted from the project measures? If so, which ones and how were they responded to?
- 7- Which external factors may have had a positive or negative impact on effectiveness?
- 8- Is the existing monitoring system sufficiently suitable and capable of recognizing changes in the political context or risk assessment as well as problems in implementation in good time, and does it enable rapid control decisions to be made if necessary?

C. EFFICIENCY:

1. Was timely access to rehabilitation and MHPSS services achieved using the available resources efficiently?
2. Did the project team optimize the use of financial, human, and material resources while strengthening rehabilitation services in local health facilities?
3. Was the selection of intervention locations, beneficiary targeting, and decision-making and monitoring processes conducted in a cost- and time-efficient manner?
4. Were the grant funds used in a way that minimized waste and maximized output relative to the resources spent?

D. RELEVANCE:

- 1- How does the strengthening of rehabilitation services in local health facilities specifically address the needs of individuals with disabilities and injuries?
- 2- What percentage of beneficiaries receiving P&O device services also access rehabilitation services—specifically physical and functional rehabilitation, MHPSS, and assistive devices within the same community?
- 3- Are the objectives of the project(s) in line with the priorities and needs of the partners and target groups?
- 4- To what extent have gender and diversity aspects and conflict sensitivity issues been taken into account?
- 5- Is the commitment based on an appropriate, gender-sensitive context and needs analysis?
- 6- How visible are the projects in the target countries, how visible is the German contribution compared to the contributions of other actors?

E. Accountability to populations:

1. Has the project established accessible and functional feedback and complaints mechanisms for affected populations?
2. Did the project respond to feedback from affected populations in a timely and appropriate way?

The evaluation report is expected to provide sets of:

- a. Best Practices
- b. Lessons Learned
- c. Recommendations

F. Sustainability:

1. Do the project's interventions have a medium-, long term positive effect for the target population?
2. Were structural measures able to have a lasting positive impact on the welfare situation of the beneficiaries?

4. Evaluation methodology

The evaluation must comply with evaluation principles and quality standards according to DEGeval or OECD. A mix of quantitative and qualitative data collection and analysis methods of empirical social research shall be used to carry out the evaluation. Both, secondary and primary data are to be collected, as far as possible in the project context.

In general, the evaluation exercise will follow the following mandatory steps:

1. Initial Briefing with HI management at Coordination and in the field.
2. Development of data collection tools in close collaboration with HI management.
3. Agreement on schedule with specific dates with HI management at coordination and in the field.
4. Submission and approval of Inception report including data collection tools.
5. Data Collection in the field.
6. Submission of preliminary findings and workshop with HI management in HQ. The preliminary findings will be shared with all relevant stakeholders, as advised by the management.
7. Submission of Draft report.
8. Incorporating stakeholders' feedback in draft report.
9. Final draft submission.

Overall quality of the process will be ensured by:

1. All the results of the evaluation, as well as an assessment of their limitations, should be made available to the people concerned with the evaluation (All relevant stakeholders as approved by HI Management)
2. The results are disseminated through the appropriate channels and in a format that is suited to the recipient (funding body, general public, beneficiaries, experts or other).
3. The results of the evaluation are produced and disseminated within the appropriate time-frame according to the use intended for them.
4. When disseminating the evaluation report, the commissioning party is bound not to change the nature of the evaluation's findings.

For the Participatory Qualitative Evaluation to provide qualitative data the following methods might be used for a representative sample that include internal/ external stakeholders, direct/ indirect beneficiaries including but not limited to:

- Desk study and review of relevant project documentation.
- approaches.
- Focus Group discussion with project beneficiaries and other stakeholders.
 - The Participatory Qualitative Evaluation proceeds like the following:
 - Desk Review.
 - Focus Groups.
 - Write up and share.

4.1. Collection Method

The evaluator shall adopt a mixed-method approach where following data collection tools maybe applied.

1. Secondary data analysis and reviews with existing data management approaches and M&E Systems in place.
2. Key Informant Interviews.
3. Focus Groups discussion. FGDs should be conducted for an average of one hour to a maximum of 90 minutes and held in a neutral location where the participants could speak freely with the protection of their confidentiality.
4. Observation.

POINTS OF ATTENTION

1. Please note that all the data collection tools shall cover all HI quality framework points under the study.
2. The field data collection exercise will take place in four distinct geographical areas.
 - a. Taizz governorate
 - b. Aden Governorate.
 - c. Lahj Governorate.

3. **The proposed methodology should take into consideration the implementation modalities chosen:**
 - a. Direct Implementation
 - b. Implementation through partners with remote management (if any).
4. **Consultants are expected to collect an appropriate range of data using direct and indirect method approach.**
This includes (but not limited to):
 - a. **Direct information:** Group discussions with beneficiaries and related stakeholders, KII – observation visit to project sites and to the facilities where HI implements its activities.
 - b. **Indirect information:** Desk Review and Secondary information analysis.

4.2. Actors involved in the Evaluation

Management: This evaluation will be coordinated by Coordination office of HI in Sana’a. The lead focal point for this exercise will be the Country MEAL Manager with the support of a steering committee comprising of Technical Head of Program, one PM, one area manager, one technical and one support unit staff (to be decided).

External Stakeholders: Consultant and their team will work with targeted populations, community leaders/representatives, donor, local authorities, other NGO actors in the field, cluster representatives and other related stakeholders.

5. Principles and values

Selected consultant(s) and the team will comply with the following institutional policies and values of HI.

- Adapting participatory approach
- Respect security policies, protocols and procedures
- Child Protection Policy
- Protection of Sexual Exploitation and Abuse Policy
- Code of Conduct Policy
- HI Values

Humanity: Our work is underpinned by the value of humanity. We include everyone, without exception and champion each individual’s right to dignity. Our work is guided by respect, benevolence and humility.

Inclusion: We advocate inclusion and participation for everyone, upholding diversity, fairness and individual choices. We value difference.

Commitment: We are resolute, enthusiastic and bold in our commitment to developing tailored, pragmatic and innovative solutions. We take action and rally those around us to fight injustice.

Integrity: We work in an independent, professional, selfless and transparent manner.

6. Expected deliverables and proposed schedule

6.1. Deliverables

The evaluation exercise will have the following expected milestones and deliverables.

1. *Inception report specifying the methodology and data collection tools.*
2. *Preliminary findings Workshop with HI Management.*
3. *Draft report and a possible feedback document to provide feedback.*
4. *Final report, with PowerPoint presentation and summary (mandatory).*

6.2. Evaluation Schedule

Activities	Evaluator Working Days
Evaluation briefing with Mission (coordination team).	1
Desk review, preparation of field work in close coordination with evaluation focal point of HI.	3
Inception Report (including data collection tools).	3
Travel to Aden and security briefing.	1
Geographic Zone (Aden) Direct information which includes Interviews/group discussions with beneficiaries and related stakeholders – observation visit to project sites and to the facilities provided to the beneficiaries.	4
Geographic Zone (Lahj) Direct information which includes Interviews/group discussions with beneficiaries and related stakeholders – observation visit to project sites and to the facilities provided to the beneficiaries.	4
Geographic Zone (Mokha) Direct information which includes Interviews/group discussions with beneficiaries and related stakeholders – observation visit to project sites and to the facilities provided to the beneficiaries.	4
Return Travel	1
Indirect information which includes desk review and Secondary information analysis.	3
Debrief Workshop in-country & Presentation of Preliminary findings.	1
Draft Report	3
Feedback from Handicap International Management and Final Report with Data sets.	2
Total:	30 working days

7. Resources

7.1. Expertise required from the consultant(s)

1. Relevant degree / equivalent experience related to the evaluation to be undertaken.
2. Relevant experience for multi-sectorial and integrated approach.
3. Significant field experience in the evaluation of humanitarian / development projects in similar themes.
4. Significant experience in coordination, design, implementation, monitoring and evaluation of programs.
5. Experience in OECD-HI QUALITY FRAMEWORK Criteria based evaluations.
6. Good communications skills and experience of workshop facilitation.
7. Ability to write clear and useful reports (may be required to produce examples of previous work).
8. Fluent in English (Arabic will be an asset).
9. Understanding of donor requirements.
10. Ability to manage the available time and resources and to work to tight deadlines.

7.2. Resources available to the evaluation team (data, document, etc.)

- Evaluation Toolkit

- Project Proposal and Log-frame
- Project Budget
- Assessments
- Reports
- Dataset of beneficiaries (anonymous)
- Any other related documentation to evaluate the project.
- Set of Institutional policies of HI.

8. Submission of bids

Bids/Offeres should be submitted until this **30/06/2025** date. Offers received after this date/time will not be considered. Offers should be sent to the following address: Email ID: hitenderyemen@yemen.hi.org

8.1. The technical proposal should contain:

1. Profile / CV of the Consultant(s) and proposed team.
2. Previous work samples/examples of final evaluation studies with references.
3. Proposed methodology
4. Provide clear work plan with timeline (in days and weeks) in the form of a gantchart or related format.
5. Furthermore, the proposed methodology shall have coverage of all HI Quality Framework points, direct and indirect-method approach, if any, with clear timelines for all the phases of this study. (Please refer to 6.2: Evaluation Schedule).

8.2. Financial Proposal

The financial proposal should outline:

1. Service Cost
2. Other costs total (please specify, eg. Lodging, Meal, Services, etc).
3. Total Transport costs
4. Any translation services (human and document) of interviews and documents.
5. TOTAL Cost inclusive of applied Tax or related obligations in agreement to the proposed schedule of payments terms.

9. INSURANCE

The consultant(s) and its team is responsible for personal/life/travel and health insurance during the evaluation. The consultant will also provide any necessary materials (including their own laptops) required for the evaluation.

10. SCHEDULE OF PAYMENTS

Upon submitting the proposals, the consultants agree upon the below given schedule of payments.

- 30% upon receiving official approval from local authorities for all bases.
- 40% upon approval of first draft of evaluation report.
- 30% upon approval of final draft of the evaluation report with presentation and summary.

All payments will be made upon reception of invoice and signature of the selected consultants, by cheque in USD, under the name of the contracting parties. The offer and payments are subject to in-country fiscal regulations applicable and fulfillment of deliverables.

11. Annexes

Following Annexes will be shared with the selection consultant.

1. The Evaluation Process.
2. PQP

3. *Report Template*
4. *Related documentation of the project (log frame, proposal, budget, reports, assessments etc.)*
5. *Assessing quality of the Evaluation – Template*
6. *Child Protection Policy*
7. *Protection, Sexual, Exploitation and Abuse Policy*
8. *Code of Conduct Policy*
9. Datenschutz und Vertraulichkeit
10. Datenschutz
11. Datenverarbeitung durch die Auftragnehmerin

Alle gesammelten Dokumente und erhobenen Daten sind vertraulich und bei personenbezogenen Daten gemäß den datenschutzrechtlichen Bestimmungen zu behandeln und ausschließlich für die Evaluierung zu verwenden. Interviews werden grundsätzlich anonymisiert. Die Befragten werden in den Berichten nicht ohne ihre Einwilligung zitiert. Spätestens ein Jahr nach Abschluss einer Evaluierung (Abnahme des Evaluierungsberichts) vernichtet die Auftragnehmerin die Daten und Dokumente dauerhaft und datenschutzkonform.