



TERMS OF REFERENCE

FINAL PROJECT EVALUATION

RIMSCASSA

*“Rehabilitation, Inclusive Humanitarian Action, MHPSS,
& Stimulation Therapy in Crisis-Affected Sub-Saharan
Africa for vulnerable groups”*

1st July 2022 – 30 June 2024

General information

About Humanity & Inclusion

Created in 1982, Humanity & Inclusion (new brand name of Handicap International/HI) is an independent and impartial international aid organization working in situations of poverty and exclusion, conflict and disaster. Working alongside people with disabilities and other vulnerable groups, our actions are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights. HI was the co-winner of the Nobel Peace Prize in 1997 for its role in the International Campaign to Ban Landmines and was recently awarded (October 2016) a prize by the Office of the Presidency in Somaliland for services to Persons with Disabilities.

The Federation is responsible for implementing the network's social missions in around sixty countries. It operates under the names "Humanity & Inclusion" or "Handicap International" depending on the country.

About Humanity & Inclusion in the country/region

The RIMSCASSA project is a two-year project funded by the German Federal Foreign Office (GFFO) and co-funded by ADH to the tune of €11,4 million. The aim of this project is to improve humanitarian care for vulnerable populations in terms of rehabilitation (component 1), stimulation therapy (component 2), mental health activities and psychosocial support component 3), in order to make humanitarian action more inclusive (component 4). It is being implemented by HI in 6 different countries:

- **Central African Republic:** the project is being implemented in Bengassou (until August 23) and Bambari. In CAR, the 4 intervention components of the project are being implemented.
- **Mali:** the project is being implemented in Mopti and Djenne for all 4 of the project's components.
- **Democratic Republic of Congo:** the project is being implemented in North Kivu, in Goma, Kitchanga and Mweso. In North Kivu, the team is also implementing the 4 components of the project.
- **Rwanda:** In Rwanda, the project is being implemented in 5 refugee camps, 1 ETM and 2 urban areas (Kigali and Huye) across the country for the rehabilitation, mental health and inclusive humanitarian action activities.
- **Somaliland:** In Somaliland, the project is being implemented in 3 intervention zones: Hargueisa (Maroodi Jeex region), Burao (Togdheer region) and Erigavo (Sanaag region). The 4 components of the project are being implemented in Somaliland.

- **Chad:** Chad is coordination country for RIMSCASSA project. In Chad, the project is being implemented in N'Djamena (the capital), in the west in the Lac region (Baga Sola & Liwa), in the south in the Logone Oriental region and in the east in Adré in the Ouaddaï region.

1. Context of the evaluation

1.1 Presentation of the project to be evaluated

In the form of one or more tables, containing at least the following information:

Project title	Rehabilitation, Inclusive Humanitarian Action, MHPSS, & Stimulation Therapy in Crisis-Affected Sub-Saharan Africa for vulnerable groups (RIMSCASSA)
Implementation dates	1st July 2022 – 30 June 2024
Location/Areas of intervention	<p>Central African Republic (CAR): Bangassou (Prefecture of Mbomou) and Bambari (Prefecture of Ouaka)</p> <p>Chad: Provinces of N'Djamena (city of N'Djamena), Lac (départements of Foulï and Kaya), Logone Occidental (Moundou) and Logone Oriental (Goré), Ouaddaï (Adré)</p> <p>Democratic Republic of Congo (DRC): Province of Nord Kivu, Mweso Territory; Health zone of Rutshuru and Health zone of Goma.</p> <p>Mali: Mopti region: Mopti, Djenne, Douentza and Bandiagara cercles (pre-identified)</p> <p>Rwanda: Urban areas of Kigali & Huye, Gashora camp under the Emergency transit Mechanism, refugee camps of Mahama, Nyabiheke, Kiziba, Mugombwa and Kigeme and host communities</p> <p>Somalia: South Central Somalia: Benadir region (Mogadishu) & Somaliland: Sool region, Sanaag region, Togdheer region of Somaliland.</p>
Operating Partners	<p>CAR : Bambari General Hospital and Bangassou University General Hospital (in collaboration with MSF Holland, MSF Belgium and MDA)</p> <p>Chad: Centre d'appareillage et de réadaptation de Kabalaye (CARK), Maison Notre Dame de La paix (MNDP), Hôpital Notre-Dame des Apôtres, Baga Sola Hospital</p> <p>DRC: Mweso Reference General Hospital, and Mweso and Kitchanga health centers, General Reference Hospital (HGR) of Rutshuru, Health Zone of Goma</p> <p>Mali: AJDM</p>

	Somalia: Diversity Action Network, Taakulo
Target Groups	<p>Among the people in need, the project targets particularly vulnerable persons:</p> <ul style="list-style-type: none"> - Persons with injuries and persons with disabilities, including those injured or impaired by explosive ordonances, small arms and light weapons, in need of rehabilitation and psychosocial support services; - Persons with psychological distress and mental health issues; - Malnourished children and their parents or caregivers; <p>Persons with disabilities and persons from other underrepresented groups who experience difficulties in accessing basic services on an equal basis with others.</p>
Project Budget	11 464 379€

Objectives of the project	Humanitarian outcomes for women and men as victims of violence and EO/SALW, persons with disability, children suffering from malnutrition and other persons in psychological distress amongst crisis-affected populations, are improved in terms of provision and access to basic and specific services that meet their needs, notably rehabilitation, Stimulation Therapy and MHPSS, and enhanced inclusion in general humanitarian response.
Expected results and indicators	<p>% of beneficiaries (disaggregated by gender, age, disability and status of EO/SALW victims) reporting increased access to the services that meet their needs (through direct service provision, referral and removals of barriers)</p> <p>Number of persons with disabilities / injuries (disaggregated by gender, age, disability and status of EO/SALW victims) receiving services to improve their functional abilities</p> <p>Number of malnourished children and their parents/caregivers (disaggregated by gender and disability) benefitting from services and support to prevent/limit developemental delays</p>

	<p>Number of persons with psychological distress or mental health issues (disaggregated by gender, age, disability, and CW/IED victim status) who have received MHPSS services</p> <p>Number of humanitarian actors that have taken action to remove barriers, enhance participation or empowerment of persons with disabilities and started to disaggregate data in their aid delivery (in compliance with the IASC Guidelines)</p>
Main activities implemented	<p>The first result responds to the needs of women, men and children injured by EO/SALW and other traumatic incidents and other persons with disabilities in terms of medical evacuation and rehabilitation. Their access to services will be increased through the mobilisation of community-based networks to locate persons in need and ensure medical evacuation, the engagement of health and protection workers to play an active role in the referral system and providing psychological first aid, the support to rehabilitation centers/units for providing quality, timely and gender & age sensitive rehabilitation and integrated MHPSS services, and the deployment of home-based follow-up care.</p> <p>The second result focuses on malnourished children to prevent developmental delays or incapacities through stimulation therapy. Activities are meant to implement the whole Stimulation Therapy approach in partnership with nutrition actors, encompassing sensitization of nutrition staff, deployment and training of physiotherapists, mobilizing communities in facilitating basic early stimulation, and ensuring access for parents to parental guidance and psychosocial support.</p> <p>The third result responds to the needs of crisis-affected populations with psychological distress and mental health problems. Their access to services will be increased through improved needs identification by health and protection workers and community-based protection structures, deployment of community-based non-specialist MHPSS, referrals to specialized mental health facilities and awareness creation to reduce stigma and inform families on available services.</p> <p>The fourth result is to enhance equitable access and meaningful participation for at risk populations with a focus on persons with disabilities, through the promotion of inclusive humanitarian action. This result will be achieved through engagement and support of humanitarian actors (local authorities and NGOs) in reducing institutional, attitudinal and environmental barriers & protection risks. Activities encompass</p>

	<p>assessments on the understanding of the IASC Guidelines on inclusion of persons with disabilities among humanitarian actors, followed by targeted technical support to adapt data collection and planning tools, and empowerment of persons with disabilities and their representative organisations to participate in coordination and monitoring of humanitarian actions.</p> <p>The fifth result complements the ongoing activities on protection in Somalia with an intervention on facilitating access to basic needs. HI will to distribute Multipurpose Cash Assistance (MPCA) for the current beneficiaries of MHPSS, Physical rehabilitation and protection in order to grant temporary relief by responding to the basic needs of households affected by the food crisis. This will be achieved by partnering with a national organization called TAAKULO and will be implemented in line with the CASH working group guidelines.</p>
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1.2 Justification of the evaluation

The "RIMSCASSA" project ends on 30 June 2024 and, in accordance with HI's planning, monitoring and evaluation policy, a final external evaluation will be carried out. The general objective is to evaluate the implementation of the program's commitments to the financial partner German Federal Foreign Office (GFFO) and the actions linked to the 5 criteria from HI's Quality Reference Framework (1. changes, 2. relevance, 3. effectiveness, 4. efficiency, 5. accountability to the population). The evaluation will facilitate accountability to beneficiaries and other stakeholders, as well as to the financial partner, while supporting the collection and documentation of best practices and lessons learned. They will also enable the project to assess its final progress in relation to the objectives set at the start of the intervention.

2. Objectives of the evaluation

2.1 Overall objectives and expectations of the evaluation

The final evaluation will report on the results and changes resulting from the project's intervention with regard to its targets and will identify the main lessons learned and best practices.

2.2 Specific objectives

The evaluation will cover the intervention carried out by HI between July 2022 and the end of December 2023 in Rwanda. For Chad, the Central African Republic, Mali, the DRC and

Somaliland, the evaluation will cover the intervention carried out between July 2022 and the end of June 2024.

The objectives of this evaluation will be to:

- Measure the quality of the RIMSCASSA project according to HI's quality reference criteria.
- To draw up recommendations that will provide input for the second phase of the project.
- Support the drafting of the project's final report.
- Make a detailed assessment of the quality and performance of the project in relation to the evaluation criteria

The project evaluation criteria will be:

1. **Change:** the project aims to bring about positive changes in the short, medium and/or long term for the target populations.
2. **Relevance:** the project meets the needs identified and is adapted to the context in which it is implemented.
3. **Effectiveness:** the project's objectives are achieved.
4. **Efficiency:** Resources (human, logistical, technical, etc.) are converted into results in a cost-effective manner.
5. **Accountability to local communities:** the project has put in place mechanisms to involve local communities.

2.3 Evaluation criteria and evaluative questions

Evaluation criteria	Evaluation questions
Changes	Does the project contribute to the empowerment of actors, target populations and services? Did the project anticipate, plan and formulate the continuity scenario so that the effects would continue after its end?
Relevance	To what extent did the project meet the needs of the affected populations? Has the project sufficiently adapted its actions to the context of the country of intervention?
Effectiveness	Do the results obtained contribute to the achievement of the project objective? Is the monitoring of results regular and has it allowed the necessary adjustments to the project to achieve its objectives?

Efficiency	<p>Did the intervention method adopted achieve the result at a lower cost?</p> <p>To what extent did the team identify and implement mitigation measures for project risks?</p>
Accountability to populations	<p>To what extent has the project put in place mechanisms to involve local populations?</p> <p>Were the mechanisms of feedback and complaints management inclusive, regardless of gender, age or disability?</p>

3. Evaluation methodology and organization of the mission (1 Page maximum)

3.1 Collection methodology

The general methodology to be adopted for the evaluation should generate both quantitative and qualitative information, and the specific methods to be employed should be participatory and inclusive, ensuring the involvement of all key stakeholders. Where possible, data should be triangulated to ensure a robust evaluation.

The final evaluation should reflect the following requirements:

- **A review of all relevant documents** provided by HI (project documents, report, Monitoring and Evaluation Plan, ...).
- **Qualitative methods** ensuring an in-depth analysis of all data collected and highlighting the most significant changes. This will include interviews, focus groups and other tools to gather relevant information.
- **Quantitative methods** will include tools to be administered to beneficiaries to collect figures relating to the progress of selected indicators. The lead consultant will be responsible for developing the evaluation methodology and tools demonstrating how data for each evaluation objective will be collected. He/she will hire and train the data collectors.
- **Direct observation**, taking into account the opinions and verbal and non-verbal behaviour of the people surveyed during the evaluation, to verify the positive changes in the target population with regard to the project.
- **Disaggregated data**: all data must be collected in a disaggregated manner, including by age, gender and disability.
- **Compliance with HI's evaluation framework**: the consultant will be provided with HI's quality guidelines and will be expected to draw on them.

The consultant will have to explain in the technical offer the appropriate analysis method according to the proposed collection methods as well as the tools to be used for the

collection, processing and/or analysis of the data. However, the data collection and analysis process will take into account HI's approaches, particularly with regard to inclusion and respect for our ethical values and principles on confidentiality, non-discrimination, respect for informed consent, etc.

3.2 Actors involved in the evaluation

Technical unit and project team of each member programme of the project (Chad, CAR, DRC, Rwanda, Mali and Somaliland).

The project team (in particular the project manager and operations manager) will be responsible for the effective planning and implementation of the activity. The technical unit will provide input to the ToRs, data collection tools and evaluation report.

Partners and beneficiaries

Partners and beneficiaries will be contacted to participate in the evaluation/data collection activities.

The Steering Committee (COPIL)

It will be made up of the multi-country Chief of Party, 3 MEAL Managers, 2 Project Managers and 1 Rehabilitation Specialist. Its main mission is to :

- Select and/or validate the choice of service provider.
- Supervise all activities carried out by the consultant,
- Participate in and/or validate the scoping exercise and the inception report.
- Assemble the evaluation team
- Monitor data collection and/or validate results
- Help formulate and/or validate the evaluation conclusions
- Contribute to the formulation and/or validation of recommendations
- Help formulate and/or validate the action plan for implementing the recommendations.

3.3 Organization of the mission

Scoping phase :

- Kick-off meeting
- Document review
- Inception report

Assessment phase

- Field mission
- Data collection
- On-the-spot feedback

Reporting phase

- Completing the questionnaire
- Feedback on the provisional report
- Validation of the final report (based on the quality grid in PJ, chapter 6)

4. Principles and values

4.1. Protection and Anti-Corruption Policy

<u>Code of Conduct</u>	<u>Protection of beneficiaries from sexual exploitation, abuse and harassment</u>	<u>Child Protection Policy</u>	<u>Anti-fraud and anti-corruption policy</u>
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4.2. Ethical measures*

As part of each evaluation, HI is committed to upholding certain ethical measures. It is imperative that these measures are taken into account in the technical offer:

- **Guarantee the safety of participants, partners and teams:** the technical offer must specify the risk mitigation measures.
- **Ensuring a person/community-centred approach:** the technical offer must propose methods adapted to the needs of the target population (e.g. tools adapted for illiterate audiences / sign language / child-friendly materials, etc.).
- **Obtain the free and informed consent of the participants:** the technical proposal must explain how the evaluator will obtain the free and informed consent and/or assent of the participants.
- **Ensure the security of personal and sensitive data throughout the activity:** the technical offer must propose measures for the protection of personal data.

*These measures may be adapted during the completion of the inception report.

4.3. Participation of stakeholders and populations



- Consultation of partners for surveys
- Consultation of the population in the construction of the interview grids:
 - Women, men, girls, boys, adults and children who have received at least one mental health and psychosocial support service, psychological support, occupation therapist, functional rehabilitation in refugee camps and host communities.
 - Community volunteers who have benefited from training and capacity-building services.
 - Community members and families of direct project beneficiaries who participated in community awareness-raising activities.

- Partners who have benefited from training on inclusive humanitarian action
- Disabled people's organisations that have benefited from skills-building activities.

5. Expected deliverables and proposed schedule

5.1. Deliverables (in French and in English)

- ✓ An inception report refining / specifying the proposed methodology for answering the evaluation questions and an action plan. This inception report will have to be validated by the Steering Committee.
- ✓ A presentation document presenting the first results, conclusions and recommendations, to be presented to the Steering Committee.
- ✓ A final report of approximately 30 pages maximum and annexes
- ✓ A summary of 15 pages

<i>The final report should be integrated into the following template:</i>	<i>The quality of the final report will be reviewed by the Steering Committee of the evaluation using this checklist:</i>
 TS8_Template_Final_Report.docx	 TS7_Final_Report_Quality_Checklist.docx

5.2. End-of-Evaluation Questionnaire

An end-of-evaluation questionnaire will be given to the evaluator and must be completed by him/her, a member of the Steering Committee and the person in charge of the evaluation.

5.3. Evaluation dates and schedule

The evaluation will take place in two stages:

- February 2024: In Rwanda
- April 2024: Central African Republic, DRC, Mali, Somaliland & Chad.

Phase		Number of days
Scoping phase (Common to the 6 countries)	Scoping meeting with the Steering committee (COPIL) Documentary review Inception report	6 days

Evaluation phase (Stage 1 in Rwanda & stage 2 in the 5 other countries)	Field mission & data collection*: Rwanda: 8 days Chad: 10 days DRC: 8 days Mali: 8 days Somaliland: 8 days CAR: 8 days Post-mission debriefing <i>*The proposed duration of field missions does not include travel time to get to the country.</i>	50 days
Reporting phase (Common to all 6 countries)	Completion of questionnaire Feedback on the provisional report Validation of the final report	15 days
Total duration of the mission		71 days

6. Means

6.1 Expertise sought from the consultant(s)

- Have at least a Master's degree in Statistics, Social Sciences, International Development, Economics or other relevant field;
- Have experience in project monitoring and evaluation, especially in the design and implementation of project evaluations, as well as the conduct of qualitative and quantitative surveys;
- Previous evaluations carried out by consultants.
- Good knowledge of the humanitarian sector, emergency response and crisis management;
- A good knowledge of the context of the 6 countries where the project will operate would be an asset;
- Professional experience with Humanité & Inclusion would be an asset, with a good knowledge of inclusion;
- Good knowledge of project management;

- Excellent analytical and writing skills;
- Excellent oral and written communication skills in English and French (bilingual);
- Good interpersonal skills and professional adaptability

6.2 Budget allocated to the evaluation

The budget proposed by the consultant must take into account **all the costs inherent** in the consultancy, including during field missions:

- Daily expenses for each participant
- International and local travel expenses
- Local accommodation costs
- Translation costs
- Logistics costs
- etc.

Payment will be made in 3 instalments:

Instalment 1: 40% on signature of the contract

Instalment 2: 40% on submission of the first draft report

Instalment 3: 20% on validation of the final report (based on the quality checklist).

6.3. Available resources made available to the evaluation team

- *HI vehicle for transport (consultant, data collectors and HI team)*
- *HI staff for accompaniment*
- *Project documents: project proposal, logical framework, evaluation report format, HI quality guidelines, HI policies, annual reports*
- *Data collection software (SurveyCTO)*

7. Submission of applications

Administrative offer

1. HI forms duly completed and signed (shared on request)
2. Proof of being legally registered and in good standing with the administrative authorities in your country

Technical offer (max 20 pages)

1. Presentation of the bidder :
 - Evaluations already carried out in relation to the subject of this evaluation
 - Knowledge of Humanity & Inclusion

2. Detailed description of your offer

- Understanding of the expectations regarding this evaluation
- Detailed description of the content of the proposed stages (diagnosis, analyses, action plan, reporting, etc.)
- Description of the proposed methodology for data collection (to be confirmed at the scoping meeting)
- Resources implemented
- Strengths and added value of your offer to carry out this assignment
- Willingness to travel to the countries
- Detailed schedule

3. Presentation of the team that will be working on this assignment and division of responsibilities between its members

The CVs of the contributors must be shared (max 2 pages per contributor). The future contract will be concluded on the basis of the names and qualifications of the people involved in this project. When submitting its service proposal, the contract holder will identify a team dedicated to carrying out the assignment and will specify the names and qualifications of the people making up the team. Should these people leave the contractor's structure, HI reserves the right to terminate the contract without compensation to the contractor.

4. References on the type of missions corresponding to the mission of the present call for tender, including the name of the contracting organisation and the name and telephone number of a contact person in the contracting organisation (HI reserves the right to contact the organisations listed as references).

Detailed financial proposal

- Lump sum commitment
- Breakdown of costs (rate per profile, number of days proposed, transport, per diem, etc.).
- Payment schedule
- A declaration on honour, duly dated and signed, to show that the applicant company:
 - is not bankrupt or being wound up, has not ceased trading or has not entered into an arrangement with creditors ;
 - has fulfilled its obligations relating to the payment of social security contributions in accordance with the legal provisions of the country in which it is established; and
 - has not been convicted by a final and binding judgement of an offence or serious misconduct detrimental to its professional integrity;

HI reserves the right to relaunch a new selection procedure for an evaluator if the proposals received are not deemed to be of sufficient quality.

Please address your offer before **22 of January 2024 (12 pm)** to : appel.offres@tchad.hi.org

For more information : s.de-saint-pern@hi.org

8. Appendices

- [HI's Quality Framework](#), on which all evaluators must base their evaluation.
 - [The Disability - Gender - Age Policy](#), which must guide the approach and the construction of evaluation tools in the technical offer.
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