

ToR for End of Project Evaluation - Mugu Initiatives for Community Advancement (MICA) Project

UMN Monitoring, Evaluation, Accountability and Learning (MEAL)
Team

Evaluation: End of Project Evaluation

Project Name: Mugu Initiatives for Community Advancement (MICA) Project

Implementing Partners: Karani Community Development Centre (KCDC)

Project Locations: Mugum Karmarong RM and Soru RM

Period Reviewed: 4 years (01 January 2020 - 31 December 2023)

Funding Partner: PMU

1. BACKGROUND

1.1 Project Description

UMN, in its new change process, intends to be more effective in strengthening people-centric and bottom-up sustainable development to bring about the fullness of life for all in a transformed Nepali society. Mugu, one of the most underdeveloped and remotest districts in the country, has been a focus of UMN since 1999. In line with current priorities for a community-led development process and localised decision-making, UMN has been implementing 'Mugu Initiatives for Community Advancement (MICA)' project (01 January 2020- 31 December 2023). The project aims at resolving the key factors that are holding the marginalised communities back by enabling them to identify and solve their own problems and improving their access to quality education and quality health care.

The project has been implemented in one of the most underdeveloped and underserved places in the country, namely, Karan and Soru belts (regions) of Mugu district located in Karnali Province. These two belts lie in Mugum Karmarong Rural Municipality (RM) and Soru RM, respectively. These two belts are distinct in many respects of demography, caste/ethnicity, culture and tradition, and development issues. Hence, the project has adopted two distinct strategies and interventions in these two rural municipalities. Interventions in Mugum-Karmarong are focused in a) Improving access to government school education, b) Improving access to healthcare services, and c) Improving women's agency, voice and representation in decision-making forums related to health and education services. Here, it is the second phase of the Mugu Community Transformation (MCT) project, which was also funded by PMU. In Soru belt, however, stage one (the foundational stage) of the 'conscientisation' process that was used in the MCT project is being adopted. This is because preparing communities to engage in the conscientisation process and making

informed and conscious choices is necessary for effective community mobilisation. The next level of the conscientisation process is being used in Mugum-Karmarong because the initial process of rapport building, listening survey and identifying generative themes has already been completed through the 1st stage of the MCT project.

1.2 Expected Project Results from the Project Proposal

Hierarchy of results	Karan (Mugum- Karmarong) region	Soru region
Goal	In target communities, all children are getting good quality formal education and all the people are getting quality healthcare services from the local health facilities.	The poor and marginalised people in the Soru belt of Mugu are organised, empowered and take individual and collective actions for social and development issues in their respective communities.
Outcomes	<p>In Education intervention:</p> <ul style="list-style-type: none"> Parents, children and the wider community value education and all school aged children attend school regularly with the support and encouragement of their parents. Schools have improved their inclusive environment, opened and teachers attended as required. Child friendly teaching learning environment in the schools are improved and strengthened. School Management Committee (SMC)s are motivated and confident to undertake their responsibilities successfully and working for the best outcomes for the students and teachers. Responsiveness of RM towards education development is increased and policies are implemented and followed. <p>In Health intervention:</p> <ul style="list-style-type: none"> Increased access to and utilisation of basic quality healthcare services at local health facilities. Empowered Health Facility Operation Management Committee to make them more responsible and accountable for the health facility management. <p>In Community empowerment</p> <ul style="list-style-type: none"> Community groups are institutionalised, local ethnic minorities are empowered, and their meaningful participation is ensured in local development process. 	<p>Poor and marginalised people are organised for common social concerns/ issues.</p> <p>Poor and marginalised people have sufficient knowledge and skills to prepare and implement plans at household and village/ community level.</p> <p>Community groups and networks are strengthened and sustained.</p>

2. EVALUATION OBJECTIVES

This evaluation aims to assess the project's performance and capture project achievements, challenges and best practices to inform future similar programming. A special priority is given to exploring the Effectiveness, Impact, and Sustainability of the project:

The evaluation will consider the following objectives:

- Assessment of the success of UMN in achieving the project's goals, outcomes and targets as outlined in the project proposal.

- Review the effectiveness of current implementation strategies, approaches, and strategies for mobilising different stakeholders to achieve the outcomes and sustain the benefits generated through the project and recommend how sustainability can be strengthened in future projects. The evaluation should examine the ability of the project to encourage participation and ownership of the development activities by project stakeholders and the wider community.
- Identify learning and programme adaptations for future implementation of projects by UMN. This should also include recommendations for local stakeholders and the community to support them in managing activities after the project exits.

3. SUBJECT AND FOCUS

The Consultant will review the results of the MICA from 01 January 2020 to 31 December 2023 using Key Evaluation Questions (KEQs).

The KEQs for this evaluation are tied to the criteria developed by the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD). The DAC criteria identify six “pillars” that should be considered in an evaluation of a development intervention. However, a particular priority is given to Effectiveness, Impact, and Sustainability criteria:

- **Relevance:** Is the intervention doing the right thing
- **Coherence:** How well does the intervention fit?
- **Effectiveness:** Is the intervention achieving its objectives?
- **Impact/Outcomes:** What difference does the intervention make? (positive or negative)
- **Efficiency:** How well are resources being used?
- **Sustainability:** Will the benefits sustain and last long after the project
- **UMN’s Cross-cutting Issues:** The evaluation will also assess the extent to which UMN’s cross-cutting issues, namely, (i) gender, (ii) conflict sensitivity, (iii) environment and climate change, and (iv) disability, have been considered in the design, implementation, monitoring and reporting of the project.

4. KEY EVALUATION QUESTIONS (KEQS)

The main questions this evaluation seeks to answer are:

A. Relevance

- How relevant was the project design to the priorities and needs of the target group?
- Were the activities and outputs of the project consistent with the overall goal and the attainment of its objectives, as well as with the intended outcomes?
- How can relevance be ensured in the design and implementation of future projects?

B. Effectiveness

- **Planned vs Actual** (To what extent has the project delivered the activities outlined in the log frame? Has the project delivered other activities not included in the log frame? With reference to the log frame and contribution of the activities, to what extent have the planned outputs been achieved?)

- What were the supporting factors and obstacles encountered during the implementation of the project which influenced the achievement or non-achievement of the objectives?
- Were the beneficiaries satisfied with the quality and delivery of services? If not, in what way did the services not meet beneficiary expectations and why?
- Did the project have adequate staffing with relevant experience and expertise to carry out the activities envisaged?
- Cross-cutting Issues: To what extent have (i) gender, (ii) conflict sensitivity, (iii) environment and climate change, and (iv) disability issues been considered in the design and implementation of the project?
- Which approaches / strategies should be continued in future projects, and which should be adjusted and or stopped? Why?

C. Impact / Outcomes

- What real difference have the project components/sectors/activities made to the beneficiaries? And how is it different for males and females?
- What changes have been produced in the knowledge, attitudes, behaviours, practices, policies and relationships in favour of the target groups? And what contributions has the project made in producing these changes?
- What were the direct and indirect, intended and unintended, positive and negative impacts of the project? What other factors have also contributed to the impact?
- What has the conscientisation and bottom-up planning process adopted in the project design and implementation has added value in bringing out change in the project? What difference has it made?

D. Participation and Inclusion

- To what extent were the project beneficiaries and other stakeholders involved in the project design, implementation, redesign and monitoring?
- To what extent did the project reach and include the most vulnerable and marginalised in target communities (e.g. members of marginalised groups/caste, women, people with disabilities, girls, boys etc.)?

E. Sustainability

- To what extent can the benefits of the project continue after the project has ended? How?
- What is the current level of community ownership? What actions have been taken to ensure the ownership by the beneficiaries, local communities, local government and other stakeholders of the project?
- Are there any recommendations to strengthen sustainability in future projects?

F. Efficiency

- Were the most efficient processes adopted?
 - Were activities cost-efficient?
 - Were objectives achieved on time?
- Did the project activities/interventions invite coordination and resource sharing with other actors working in the target areas?
- Are there any recommendations about how to ensure efficiency in future projects? Also, consider the role of funding and implementing partners in improving efficiency.

G. Learnings and Wider Potential

- What approaches used by the project can be regarded as innovative or appropriate adaptation of good practice? Highlight any good practice or innovation which should

- be celebrated and repeated in future project interventions.
- What lessons learned could be used beyond the project areas: (i) within the Cluster area, (ii) across UMN, and (iii) in similar situations nationwide?

H. Coherence

- Does the program create duplication of efforts?
- How closely do actors' interventions and policy objectives align with the policy frameworks and development goals?

5. EVALUATION APPROACHES AND METHODS

Stakeholder participation is essential. The Consultant is expected to conduct a participatory evaluation providing for active and meaningful involvement of beneficiaries, implementing partners, supporting partners and other relevant parties.

The evaluator should propose the precise combination of methods to be used in carrying out the evaluation, describe how the methods will be combined, and propose the source of information and data collection procedure.

The following is a reference to the types of activities likely to be required.

1. Review of documents prior to the field visits. Key documents include:
 - a. Project Proposal
 - b. Theory of Change (ToC)
 - c. Project Annual Reports
 - d. Baseline and Mid-term evaluation
 - e. Previous evaluation reports
 - f. Policies on UMN's cross-cutting issues
 - g. Plan/guideline of local government that project provided technical and financial support to develop
2. Visit to the project sites. Key activities may include:
 - a. Focus Group Discussions (FGDs) using appropriate participatory tools
 - b. One-on-one interviews
 - c. Case study
 - d. Observation
 - e. Collection of relevant secondary data from relevant agencies.
 - f. Daily debriefs and end-of-field visit feedback sessions to review and discuss information and impressions.
3. Data analysis – descriptions of how the data will be consolidated and analysed. Mention if any specific data analysis tool/s will be used.

6. REPORTS

Inception Report

The Consultant will prepare an inception report to operationalise and direct the evaluation. The inception report will describe how the evaluation will be carried out, bringing refinements, specificity and elaboration to the Terms of Reference. It will be approved by UMN's MEL Team Lead and concerned Technical Team Lead and/or Cluster Team Leader and act as the agreement between parties for how the evaluation will be conducted.

The inception report will address the following reporting elements:

- Overview
- Understanding of the assignment / Expectations of Evaluation (including restrictions/refinements to ToR)
- Roles and Responsibilities
- Evaluation Framework
- Evaluation Methodology (including tools and sample size of respondent groups and individuals)
- Data collection and analysis
- Reporting
- Work Schedule

Evaluation Report

The Consultant will prepare an evaluation report that describes the evaluation and puts forward the findings, recommendations and lessons learned. The presentation of results is to be intrinsically linked to the evaluation issues, establishing a flow of logic development derived from the information collected.

All Key Evaluation Questions (KEQs) in the ToR must be addressed and answered by the Consultant to the extent the evaluation process has allowed them to do so, except where the Consultant has previously expressed constraints/limitations. Any KEQs not addressed should be explained in the limitation section of the report.

The final report should be a maximum of 30-35 pages, excluding annexes, and should be written in English. It should contain an executive summary of a maximum 2 to 3 pages. The report should follow the following format:

- Title page
- Short description of Consultant
- Acronym list
- Executive Summary
- Introduction/context
- Project description and overview
- Evaluation objectives
- Evaluation methodology
- Constraints/limitation
- Findings (i.e. the answer to all the questions posed in the ToR)
- Conclusions
- Recommendations
- Annexes

The report may include quotes, photos, graphs, case studies etc.

Recommendations should be practical and specific. If there are a large number of recommendations, they should be given priority according to importance for future project work.

7. TIMETABLE

The final evaluation report should be delivered to UMN before 10 January 2024.

Draft Inception Report

A draft work plan outlining the proposed methods to be used, target respondents, as well as method of engagement with project staff will be submitted within one (1) week of the signing of the Contract by 24 November 2023.

Final Inception Report

Within one (1) week of receiving UMN's comments on the draft inception report, the Consultant will produce a final inception report by 30 November 2023.

Field Mission

The field mission is expected to be approximately 10-12 days from early to mid-December. This is subject to reviewing coverage.

Draft Evaluation Report

The Consultant will submit a draft evaluation report in the prescribed reporting format for review by UMN within 2 (weeks) of returning from the field mission by the end of December.

Final Evaluation Report

Within 5 days of receiving UMN's comments on the draft report, the Consultant will submit a final evaluation report. The final report should be submitted to UMN by no later than 10 January 2024.

Presentation of Key Findings

The Consultant will present the key findings of the evaluation, including the recommendations and lessons learned in UMN, within one month of submission of the final report or on a mutually agreed date.

8. EVALUATION TEAM AND RESPONSIBILITY

The evaluation team will consist of at least two external Consultants. The Consultant may make recommendations regarding how many members the team requires with clear job roles.

UMN staff members will also be attached to the evaluation team to observe the process and to support the Consultant where necessary.

The Consultant will be responsible for:

- Guidance and directions to achieve the purpose and objectives of the evaluation.
- Conducting the evaluation.
- The day-to-day management of operations of the evaluation assignment.

- Facilitating an in-cluster and Kathmandu-level debriefs.
- Consolidation and presentation of evaluation findings and writing the final evaluation report. The production of deliverables in accordance with contractual requirements.

UMN will be responsible for:

- Logistics
- Providing relevant documentation for preparation and data collection.
- Arranging meetings with community people and stakeholders during data collection.
- Providing other support to the evaluation team as required to meet key stakeholders during the entire evaluation period.

The Consultant will report to UMN's MEL Team Lead, with the concerned Technical Team Lead and/or Cluster Team Leader copied in.

9. CONSULTANT QUALIFICATIONS

The Consultant will need to:

- Have extensive experience in conducting evaluations and a proven record in delivering professional results.
- Be fluent in English (written and spoken) and Nepali (spoken) languages. Familiarity with the local language will be an added value.
- Follow and agree to abide by UMN's processes, rules, and policies, including the Safeguarding Policy.
- Follow participatory, strengths-based approaches to the evaluation.
- Use a mixed methods approach to data collection.
- Focus on learning and improvement when presenting findings and recommendations.
- Engage openly with local community, listen to and synthesise varied perspectives.
- Ensure that gender, conflict sensitivity, environment and climate change and disability issues are assessed as a part of the evaluation.
- 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:

- Have an understanding in the thematic issues of Education, Health and Community empowerment.
- Experience and skills in facilitation, particularly with people having low or no literacy skills.
- Sensitivity to local culture, customs and traditions.
- Experience and skills in participatory data collection processes, rural and social development, and cross-cutting issues such as gender, conflict sensitivity, disability.
- Experience and skills in learning-oriented data processing, data analysis and report writing.
- Commitment to accomplish work by given time.

10. OWNERSHIP, CONFIDENTIALITY AND ETHICS

The evaluation report will become the property of UMN. The Consultant agrees that the information obtained remains confidential and that any publication or citation needs prior written approval from UMN.

In addition – this is obviously not compulsory – if the evaluator discovers issues of a particularly sensitive nature that they do not feel are appropriate to include in the general report, a separate, confidential report can be sent to the Programme Director.

The Consultant will ensure that no one, either direct or indirect beneficiary of the project, will be forced to participate in the evaluation process or provide information.

The evaluation team will be sensitive to local context and culture while carrying out the evaluation and present themselves with modesty and humility while dealing with issues related to women, children, disabilities and marginalised groups. Any person found guilty in child abuse, gender-based violence or any other criminal offence will not form part of the evaluation team. **The Consultant will sign UMN's Code of Conduct for Safeguarding Children and Vulnerable Adults, which will form part of the Contract (Annex 1).**

11. COSTS

A consultancy fee amount will be agreed upon based on the number of days required for the evaluation. The consultancy fee will be subject to tax liability as per the tax rule of Nepal. The following table shows the estimated time required for the evaluation.

Evaluation Activities	Estimated time
Literature review	3 days
Workplan and tools (Inception Report) – draft and final	2 days
Field visit for data collection	10-12 days
Data analysis and draft report preparation	5 days
Feedback and finalise the report	1.5 days
Presentation workshops	0.5 day

Acceptance of Terms of References

I declare that I have received and read the Terms of Reference and, commit to conduct the evaluation as per its guidelines and agree to meet the requirements stated.

<p>Consultant</p> <p>Signature:</p> <p>Name:</p> <p>Company:</p> <p>Date:</p>
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UMN

Signature

Name:

Designation:

Date:

Annex 1: UMN’s Code of Conduct for Safeguarding Children and Vulnerable Adults

UMN staff, representatives and agents must:

1. Familiarise themselves with the UMN Safeguarding Children & Vulnerable Adults Policy & Guidelines and indicate their acceptance of it by signing a copy of the Code of Conduct.
2. Ensure they always work with children and vulnerable adults, where possible, with the knowledge and informed consent of those responsible for them.
3. Report any allegations related to potential breaches of this policy to the relevant Safeguarding Advocate.
4. Co-operate with any investigation process formed under the relevant procedure within this policy.
5. Not disclose the nature or details of an investigation to any unauthorised person.
6. Abide by the Safeguarding Guidelines on Communicating Electronically (see UMN Safeguarding Children & Vulnerable Adults Policy & Guidelines, Appendix 2).

UMN staff, representatives and agents must not:

1. Threaten or use any form of physical punishment or hitting against a child or vulnerable adult.
2. Use language or behaviour towards child or vulnerable adult that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
3. Spend excessive amounts of time alone with children or vulnerable adults. Meetings with individual children should take place within the sight of others and such meetings must occur with the knowledge of UMN supervisors and those responsible for the child or vulnerable adult.
4. Fondle, hold, kiss, cuddle, tickle or touch children in an inappropriate or culturally insensitive way. Physical touch between adults and children can be healthy but should occur in public places. A general guideline is not to touch children in areas that are normally covered by shorts and t- shirt.
5. Take or use images of children or vulnerable adults which are detrimental to their dignity (see UMN Visual Images Policy & Guidelines).
6. Use resources like telephones, mobiles or other IT/electronic/digital resources to develop inappropriate relationships with children or vulnerable adults or to store/view explicit or degrading images.
7. Fail to report when they have concerns about harm to a child or vulnerable adult.
8. Hire children or vulnerable adults for domestic or other labour which is inappropriate given their age or development stage, which interferes with their time available for education and recreational activities, or which places them at a significant risk of injury.

Signatures

I have read and understood this information. I understand that behaviour contravening these guidelines may be investigated by UMN and, if warranted, be reported to the appropriate legal authorities.

	CONSULTANT	WITNESSED BY UMN STAFF MEMBER
Name		
Job title		
Date		
Signature		