



TERMS OF REFERENCE
Ref.: AO-HIRCA-22-BGUI-001
PROJECT EVALUATION

**Improvement of health care and protection for vulnerable
persons with special needs in Bambari, Bangasou, Central
African Republic**

March 2020 – June 2022

1. General information (1 page maximum)

1.1. On Humanity & Inclusion

Outraged by 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.

Humanity & Inclusion 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.

1.2 On Humanity & Inclusion in the country

HI has been working in the Central African Republic (CAR) from 1994 to 2004, and again from 2015 onwards, supporting vulnerable people, specifically people with disabilities, by promoting their access to basic and specific services as well as their participation to the social and economic life of the country. To date, HI has three operational bases : Bambari, Bangassou and Bangui. Its main fields of intervention in the country are :

- ➔ Integrated rehabilitation, stimulation thérapie and orthopaedic devices: HI is the only NGO to offer a specialized integrated physical rehabilitation service outside Bangui. Today it offers a post-trauma and ambulatory service at the General Hospital of Bambari and Bangassou delivering physical and functional rehabilitation services, and orthotics and prostheses, in collaboration with MSF-Holland and MSF - Belgium.
- ➔ Psycho-social support : as part of HI's integrated approach to rehabilitation, HI offers at the General Hospital of Bambari and Bangassou a psycho-social support to the patients of its rehabilitation services, as well as to their caregivers,. This care is based on psychological first aid, individual psychological support, discussion groups and peer support groups.
- ➔ ATLAS logistic platform : HI offers logistic services for humanitarian actors : air pre-facilitation, airstrips rehabilitation, transportation, mutualized storage, pre-positioning of contingencies stocks and training of transporters in road safety.
- ➔ Inclusion technical unit : its activities are carried out in the framework of humanitarian-to-humanitarian (H2H) activities or with Central African Republic and civil society actors in order to improve the inclusiveness of the projects and policies of the different actors who provide services needed by – and entitled to – people with disabilities and at risk of exclusion in CAR. To ensure that people with disabilities are included in the humanitarian response, the unit provides technical assistance and advocacy to humanitarian actors in CAR.

These projects aim to ensure that disability is taken into account in national systems and strategies, to promote the social participation of people with disabilities, to reduce the risk of disability and to improve the care of people with disabilities through prevention actions, improvement of health services' quality and access to healthcare services for people with disabilities (or at risk of developing a disability). These projects contribute to the construction of a more inclusive society in CAR and to the improvement of the quality of life for everyone, especially people with disabilities.

2. Context of the evaluation

2.1 Presentation of the project to be evaluated

Project title	Improvement of health care and protection for vulnerable persons special needs in Bambari, and Bangassou Central African Republic
Implementation dates	01/03/2020 – 30/06/2022
Location/areas of intervention	Central African Republic (CAR), Prefecture of Ouaka, city of Bambari and surroundings and Prefecture of Mbomou, city of Bangassou and surroundings
Operational partners	The project is implemented directly by HI
Target Groups	<ul style="list-style-type: none"> - Vulnerable people in Ouaka and Mbomou, including persons with disabilities, the wounded, victims of the conflict and their caregivers, children suffering from severe acute malnutrition and their caregivers. - The medical staff of the Regional and University Hospital of Bambari and Bangassou - The staff of the health care facilities (FoSa) - The communities of Bambari and Bangassou
Project budget	2093842,27EUR

Project objectives	Contributing to reducing the impact of the crisis in CAR for vulnerable people
Outcome 1: An integrated rehabilitation care and psychosocial support is available in Bambari and Bangassou	
Indicators	80% of care recipients reporting improved functional independence and/or reduced psychological distress
	80% of patients and caregivers satisfied with the psychosocial support they received
Main activities implemented	Activité 1.1 – All departments of the general hospital in Bambari and Bangassou can use the offer for individual and functional rehabilitation, for inpatients and outpatients.
	Activity 1.2 – Knowledge of good practice in physical and functional rehabilitation
	Activité 1.3 – Psychological and psychosocial support to complement the rehabilitation treatment for the beneficiaries of HI and their carers
	Activity 1.4 – Psychosocial support for ANRAC patients
	Activité 1.5 - Construction of a physical rehabilitation center in Bambari and Bangassou hospital, and improving the access for disabled people in Bambari and Bangassou hospital
	Activité 1.6 – Removal of barriers to delaying or abandoning access to care / financial support to outpatients to finalize their rehabilitation care
	Activité 1.7. Travaux d'accessibilité physique et de facilité d'utilisation des services de l'hôpital de Bangassou
	Activité 1.8 : Etude de diagnostic du déploiement des AGR pour les patients de réadaptation à Bambari et Bangassou

Outcome 2: Local communities and local health structures are strengthened in their capacity to cover and refer people in need of physical rehabilitation and stimulation therapy services	
Indicators	80% of HI-trained staff show an improvement in their knowledge of rehabilitation, MHPSS (mental health and psychosocial support)
Main activities implemented	Activité 2.1 – Capacity building of national and local actors to improve coverage and early access to rehabilitation
	Activité 2.2 – Development of a training and capacity building plan for health workers in the Bangassou hospital and health facilities in the area, in rehabilitation, stimulation therapy and MHPSS/protection, based on a needs assessment
	Activité 2.3 – Trainings and awareness raising on physical and functional rehabilitation, stimulation therapy, MHPSS and protection, etc. according to the training plan developed
	Activity 2.4 —Basic training on MHPSS, staff care and trauma management for local health workers
	Activity 2.5 - Training on the concepts of disability and inclusion for hospital staff, health centers (FoSa) and community relays (ReCo) agents
	Activity 2.6 - Training of community Relays and UNTA agents in awareness, referral and follow-up for stimulation therapy
Outcome 3: The most vulnerable persons are protected from COVID-19 pandemic thanks to the adoption of barrier gesture by the whole community	
Indicators	80 % of beneficiaries of the community awareness door to door sessions that are able to explain 3 barrier gestures against COVID-19
	80 % of local leaders that are able to explain 3 barrier gestures against COVID-19
Main activities implemented	Activity 3.1 – Door to door COVID-19 awareness raising sessions conducted by local volunteers in areas without phone network or radio coverage
	Activity 3.2 - Mobilization of community leaders, youth leaders, women leaders, local associations, and other official and unofficial authorities on the prevention of COVID-19
	Activity 3.3 - COVID-19 prevention message in local language broadcasted on Bambari local radio
Outcome 4: A stimulation therapy and MHPSS service for SAM children followed by community workers and their parents/guardians is available in Bangassou hospital	
Indicators	60 % of children in stimulation therapy who received at least 5 sessions
	100 % of parents/guardians of children in stimulation therapy who received at least one psychosocial support session
Main activities implemented	Activity 4.1 – Provision of individual stimulation therapy sessions for MAS children in the stimulation therapy space
	Activity 4.2 – Provision of individual psychosocial support sessions for parents or guardians of children undergoing stimulation therapy
	Activity 4.3 –Peer to peer psychosocial sessions

2.2 Evaluation rationale

In accordance with the quality requirements set out in HI's quality reference system, a final external evaluation must be carried out at the end of the intervention. The main motivations for the evaluation are: the duty of accountability towards the targeted communities, the donors, the local and administrative

authorities and the different partners, and the achievement of the project results. The results of the final evaluation will also be used as lessons learned and recommendations for setting up similar projects or for reorienting the intervention strategy in the future. Finally, the whole evaluation process will also promote learning, not only thematically but also methodologically, around the model, the intervention approach adapted to the Bambari and Bangassou context.

3. Objectives of the evaluation

3.1 Overall evaluation objectives and expectations

In accordance with HI's quality reference framework, an external evaluation must be carried out on this intervention at the end of two consecutive years of implementation of the activities. Its overall objective is therefore to evaluate the project implementation strategy and the results obtained at the end of the intervention, to collect and analyse reliable and relevant information on the basis of the evaluation questions concerning the various aspects of the project, to draw lessons from them and to propose recommendations for the implementation of future activities.

3.2 Specific objectives

Rehabilitation activities have been implemented by HI in the Bambari and Bangassou area since September 2018. This evaluation, even though it will be conducted on a project of one year of activities, will have to take into account the previous activities. The final evaluation will be conducted in Bambari and Bangassou and has the objectives of:

- Question the project's intervention methodology and determine whether the proposed activities meet the real needs of the targeted communities;
- Evaluate the performance of the project during its implementation and its achievements in relation to its objectives and expected results while taking into account the availability and use of resources;
- To determine the extent to which the project has produced changes and the extent to which these changes are sustainable;
- To identify the achievements of the project and the shortcomings or constraints encountered in its implementation as well as the corrective measures to be taken for a future intervention proposal;
- Document lessons learned and good practices from the work done with the different partners.

3.3 Evaluation Criteria and Questions

Based on HI's quality framework, the following criteria will be assessed.

Profit	Relevance	Need	To what extent the project meets the specific and priority needs of people with disabilities and contributes to the priorities of other stakeholders (authorities, partners, donors, etc.)	Bangassou and Bambari
	Sustainability	Anticipation	How did the project anticipate the post-project phase?	Bambari
		Continuity	To what extent has the project responded to the needs of the populations and ensured a transfer of capacity and competence of the actors able to ensure the continuity of the activities?	Bambari
Management	Efficiency	Consistency	How do the results relate to the project's objectives, and to what extent do they contribute to the project's achievement?	Bambari
	Accountability	Information	Has the project provided the various stakeholders (beneficiaries, partners, donors, Humanity & Inclusion support teams) with the clear and verified information they need, in an appropriate form and medium?	Bangassou and Bambari
		Availability	Has the project put in place mechanisms to inform beneficiaries (meetings with beneficiary representatives, posting of written information, etc.), which are appropriate and accessible to all?	Bambari
	Efficiency	Flexibility	To what extent does the project remain flexible and adaptable to the changing needs of its target, and to the risks (constraints and opportunities)?	Bangassou and Bambari
Actors	Cooperation	Choice	Has the choice of potential partners been subject to a preliminary analysis (technical, ethical, strategic...)?	Bambari
		Involvement	Have the partners been sufficiently involved and have they participated in the different phases of the project cycle? (Analyse the different levels of involvement of the partners, and the potential success factors and obstacles to this involvement)	Bangassou and Bambari
		Result	To what extent and how do the partners actively contribute to the success of the project?	Bambari

4. Methodology of the evaluation and organization of the mission

4.1 Collection Method

This final evaluation, which combines performance analysis and intervention strategy, will be carried out by an external consultant or team of consultants specialized in the evaluation of health & rehabilitation projects using a combination of quantitative and qualitative methods

One of the entry points for data collection is the review of project documents. This will allow the evaluator to become familiar with the project and its issues. The documents will include the project document containing the logical framework, the various interim reports of the project, as well as the activity reports, project reviews, the self-evaluation and the various Sitreps...

A methodological proposal will be submitted in advance by the lead consultant, taking into account the following elements (as an indication)

- i. The evaluator will propose both global analyses of the project, taking into account the integrated aspect (Rehabilitation and PSS) of the project and also taking into account the specificities of each component (Rehabilitation / physiotherapy, equipment, group and individual PSS support);
- ii. Taking into account the project's activity and its extension into the three Health Formations proposed by the project. The study will triangulate data from written resource consultations and interviews with key actors and direct beneficiaries. Wherever possible, interviews will be conducted in the local language; if this is not possible, a translator will be used;
- iii. The evaluation will combine literature review, data generation and interpretation;
- iv. The methodology proposed by the evaluator should follow a participatory approach that seeks throughout the process to engage and facilitate the self-analysis of stakeholders.

4.2 Actors involved in the evaluation

- **The Steering Committee (CoPil) :**

The steering committee is the body that steers and monitors the evaluation. It is the privileged interlocutor of the evaluator during each stage of the evaluation.

It will consist of 5 people:

- Deputy Country Director
- Manager MEAL HI RCA
- Log or Finance Manager
- Project Manager Specific needs
- Area Manager of Bambari and Bangassou

The CoPil will be chaired by the Deputy Country Director or the Area Manager Bambari and Bangassou. The consultant's direct contact will be the Deputy Country Director.

The CoPil will be in charge of the selection of the consultant, the decision making and the validation of the different proposals and documents of the consultant.

In the review and validation phase of the evaluation report, the technical referents and advisors and the specialist(s) of the relevant themes (rehabilitation and PSS) in addition to the project manager will be asked for inputs.

The validation of the evaluation report will be based on the HI quality grid.

- **The sponsor: Handicap International Federation CAR**

Within HI, the evaluator will be in contact for data collection with Deputy Country Director, the MEAL Manager (focal point for this evaluation), the Technical Rehabilitation Specialist, the Field Technical Officer Inclusion, the MHPSS specialist, all members of the project team, the Area Manager of Bambari and Bangassou.

- **The different partners**

On the side of the partners, attention will be paid in the data collection to the partners ANRAC and CHRAM, which are the two partners in the fitting activities for amputee beneficiaries. MSF - Holland and MSF – Belgium and the Regional Hospital of Bambari as well as the three health facilities of Liwa, Siou and Aviation will be consulted in the context of data collection as part of the collaboration, capacity building and sustainability of project activities.

- **Project beneficiaries**

READ / PSS/ST patients and patients with aids will also be consulted and interviewed as part of the questions about the appropriateness of the activities for their needs, as well as the quality of the interventions they have received.

4.3 Organization of the mission

The steering committee will be responsible for discussing practical and operational aspects with the consultant. It will also be in charge of validating the various deliverables produced as part of the evaluation. It will meet once a week in order to update the evolution of the evaluation activities and validate the different deliverables proposed by the consultant once the different inputs are made by the technical teams. The restitutions described below will be made to the steering committee. The consultant will also be asked to fill in the questionnaire for the evaluation of the quality of the report through the HI evaluation report quality analysis tool.

5. Principles and values

5.1. 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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5.2. Ethical measures

Within the framework of each evaluation, HI is committed to ensuring that certain ethical measures are respected. The inclusion of these measures in the technical offer is imperative:

- **Guarantee the safety of participants, partners and teams:** the technical offer must explain the risk mitigation measures.
- **Ensure a person/community centred approach:** the technical offer must propose methods adapted to the needs of the target audience (e.g. tools adapted for illiterate audiences / sign language / materials adapted for children...)
- **Obtaining the free and informed consent of the participants:** the technical offer must make explicit 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 can be adapted after the inception report.

5.4. Security

The consultant will have to take into account the security rules in force at HI in CAR, by making the link with the person in charge of Security and Humanitarian Access as well as the Area Manager of the project implementation base.

6. Expected deliverables and proposed timeline

6.1. Deliverables

The following steps should be taken into account in the methodological proposal:

Step 1. Planning the evaluation

Organisation of a preparatory meeting with the Evaluation Steering Committee: the aim is to present the proposed methodology to the CoPil.

Planning and organization of initial interviews with key stakeholders;

First literature review;

Preparation of the inception report, which will include the detailed methodological note adapted according to the results of the first documentary analysis and the first interviews. This report should outline the process of implementing the service and include the methodology, the data collection and analysis tools and a work plan or detailed timetable, in consultation with the CoPil.

Deliverable 1: Evaluation Inception Report (10 pages maximum).

Step 2. Data collection, literature review and analysis

Review of all documents related to the consultation ;

Organization of meetings (individual interviews, focus groups, etc.) with project stakeholders and others;

Data collection & analysis ;

Preparation of the draft evaluation report and power point presentation ;

Facilitation of a workshop to share preliminary evaluation results.

Deliverable 2: Draft evaluation report and power point presentation of key findings.

This provisional report must be submitted 09 days after the end of the field mission. The consultant will be asked to produce a summary report of 10 pages maximum, as well as a presentation to the steering

committee with a restitution support. As an annex to this report, the consultant will submit **the collection database**.

Step 3. Preparation of the final evaluation report



- Preparation of the final evaluation report ;
- Facilitation of a workshop to share the results of the evaluation.

Deliverable 3: Final report of the evaluation (35 pages maximum) and power point presentation of the main results.

- The Consultant shall submit a final evaluation report in accordance with the template proposed below, as well as a summary not exceeding 5 pages in order to be accessible to the greatest number of people. The summary will include:
 - A presentation of the evaluated program in a few lines;
 - A presentation of the objectives and issues surrounding the evaluation in a few lines;
 - The results of the evaluation in a synthetic way ;
 - Recommendations organized hierarchically and linked to conclusions.

As an annex to this report, the consultant will propose a capitalization plan and a **plan of recommendations**.

- **Evaluation Report**

The final report should be integrated into the following template:	The quality of the final report will be reviewed by the COPIL of the evaluation using this grid:
 FO8_Template_Rapport_final.docx	 FO7_Grille_Qualité_Rapport_final.docx

6.2. End of Evaluation Questionnaire

An end-of-evaluation questionnaire will be given to the evaluator and should be filled in jointly by him/her, the MEAL Manager and the CoPil leader.

6.3. Dates and timing of the evaluation

		April				May				June					July				
Activities	Sous activités	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 5	W 1	W 2	W 3	W 4	
ToR	Call for tender for consultancy																		
Recruitment of the consultant	Establishment of the Steering Committee (SC)																		
	First meeting of the SC																		
	Second meeting of the SC																		
	Checking references																		

Responses from consultants interested in this evaluation should must submit their bids by April 25, 2022 at the latest to the following e-mail address: a.d-offres-hi-rca@rca.hi.org /appeldoffresrca@hi.org with the subject line: AO-HIRCA-22-BGUI-001

The consultant shall provide a file including

a) Technical and financial proposal:

- A methodological note specifying its understanding of the ToR and the expected results of the study as well as its possible observations on the ToR, the methods, techniques and tools for carrying out the evaluation (actors and population to be involved, the different phases proposed, the places of data collection, the collection techniques to be used, the analysis techniques and tools to be used etc.);
- A detailed provisional timetable of the tasks for carrying out the various stages of the service, specifying in detail the human and material resources allocated to each of these stages. The consultant will indicate the organisation he intends to use to meet the deadline for the study and the number of information/ consultation meetings he plans to hold;
- Examples of similar experience with certificates of successful completion
- A Curriculum Vitae of each consultant
- A financial offer including the global budget and detailed prices. It is recalled that travel and subsistence expenses for participation in the meetings planned and fieldwork for the evaluation will be covered by this budget. The applicant will be required to submit a detailed financial offer. The candidate must detail in his offer: the daily cost of each speaker; the breakdown of the intervention time by speaker and by work stage; the ancillary costs (additional services and documents); the overall cost of the intervention including transport costs (HI will arrange inter-provincial transport by UNAHS flight or vehicle depending on the security situation), visa and COVID test costs (if applicable), logistical costs, translation costs; with proposals for payment methods.

b) Administrative documents:

- A tax file (financial statement for the last two years: 2020, 2021 as well as tax returns for these years) for firms is required;
- Copies of the administrative documents attesting to the recognition of the firm by its State.

NB:

- It should be noted that HI will retain 3% if the consultant has a NIF and 15% if he does not have one on the amount of the fees. This sum will be paid to the CAR tax authorities.
- Payment will be made in several instalments following validation of the various deliverables mentioned above.
 - ➔ 1st instalment up to 20% upon validation of the methodological and technical note;
 - ➔ 2nd instalment of 50% upon validation of the interim report;
 - ➔ 3rd instalment for the remaining 30% upon validation of the final report.

Please note that the last instalment of the payment is conditional on the validation of the final report and not on the sending of the latter on the basis of the HI quality grid.

Respect for HI's institutional policies

- ➔ Handicap International is committed to promoting equal opportunities and fighting against all forms of discrimination.

- ➔ Handicap International is committed to the protection of children and the protection of beneficiaries against sexual exploitation and abuse.
- ➔ Handicap International has zero tolerance for violations of the code of conduct in force within the organisation (e.g. fraud and corruption, protection against sexual exploitation and abuse, harassment and intimidation, etc.).
- ➔ The selected supplier must commit to adhering to and respecting these institutional ethical policies and the code of conduct.
- ➔ No employee of Handicap International has the right to ask for a cash payment or the exchange of favours of any kind in return for preferential treatment in the selection process. This is against HI policy and if you are approached by a staff member for money or favours, or if you are in any way prevented from being part of the process, please notify us by email of the situation encountered: info.plainte@rca.hi.org. You can also go directly to <https://hi.org/fr/formulaire-signalement>.

9. Annexes

- [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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