



TERMS OF REFERENCE

PROJECT MID-TERM EVALUATION

**Promoting integrated child development and inclusive
services for all**

January 2022 – December 2026

Editor: Gisèle BANKUNDIYE

Date of writing: June 2024

0.1. About Humanity & Inclusion

Handicap International/Humanity&Inclusion (HI) is an Independent and impartial aid and development organization with no religious or political affiliations operating in situations of poverty and exclusion, conflict and disaster. We work alongside people with disabilities and vulnerable people to help meet their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.

As of January 24, 2018, the Handicap International Federation is implementing programs under the "Handicap International/Humanity & Inclusion" (HI) working name. However, the legal name does not change; it remains "Federation Handicap International".

HI has a long track record in maternal and child health, paediatric rehabilitation and inclusive education programs. For the past 10 years, HI has been working to integrate these interventions to create cross-sectoral early childhood development (ECD) programmes in Southeast Asia the Middle East and North Africa. Since 2019, HI's ECD projects have respected the principles of nurturing care for children.

0.2. About Humanity & Inclusion in the country/region

HI presence in Rwanda started in 1994, in the aftermath of the genocide perpetrated against Tutsi.

From 1994 to 1996, HI worked alongside many other NGOs to provide emergency assistance to a population plunged in extreme distress, misery and poverty. From 1996 to 2000, HI started to engage in long-term activities, aiming at improving the living conditions of people most at risk of exclusion, particularly those with mental health problems, and HIV / AIDS, by providing them with appropriate support.

Since 2001, HI implements and supports development projects to prevent gender, disability and age-based violence, to provide physical and functional rehabilitation, mental health and psychosocial support, to promote inclusive education and early childhood development. Finally, HI promotes the inclusion of people with disabilities in society by supporting organisations of people with disabilities and civil society actors.

HI is currently present in all 30 districts of Rwanda. Since 2021, regionalization with Uganda and Kenya is in place to facilitate decision-making and provide technical support closer to our areas of intervention.

HI Rwanda covers the following areas:

- Early Childhood Development
- Inclusive education
- Inclusive Humanitarian Action
- Rehabilitation and Assistive Technologies

- Mental Health and Psychosocial Support
- Socio-Economic Inclusion

1. Context of the evaluation

1.1. Presentation of the project to be evaluated

HI signed a new framework agreement with the Belgian government in 2022. Rwanda, DRC and Uganda are three of the eight targeted countries of this 5-year programme. In these three countries, the projects implemented follow the nurturing care approach developed by the WHO, the World Bank and UNICEF.

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| Project title | Promoting integrated child development and inclusive services for all |
| Implementation dates | January 2022 – December 2026 |
| Location/Areas of intervention | Rwanda: Western Province (Karongi District), Northern Province (Gicumbi and Musanze Districts) and Southern Province (Muhanga District). |
| Operating Partners | <ul style="list-style-type: none"> - Rwanda Organisation for Epilepsy (ROE) - Home de la Vierge des Pauvres Gatagara (HVP Gatagara) |
| Target Groups and beneficiaries | <p>Target group(s)</p> <p>352 professionals from 29 health facilities and 3 specialized hospitals/centres; 22 staff from 44 early childhood development centres; 110 teachers and 550 children from clubs in 22 inclusive schools, 1500 volunteers active in postnatal visits, 14 local manufactures of assistive devices.</p> <p>Beneficiaries</p> <p>5455 pregnant women; 2188 mothers in postnatal visits; 5455 newborns; 610 children at risk of developmental delay; 3300 children from 44 ECD services; 2200 caregivers in well-being, 525 children with disabilities and 18656 pupils from 22 inclusive schools.</p> |
| Project Budget | 2,069,925.52 euro |

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| Objectives of the project | Improve the motor, language and social development and quality of life of children (0-12 years), especially those with disabilities or at risk of developmental delay. |
| Expected results and indicators | <p>1- Children (0-12) have access to adequate early stimulation, learning, development, and protection opportunities</p> <p>2- Caregivers and local communities provide safe and enabling environments to support the development and participation of children ages 0-12 years</p> <p>3- Improved high-quality inclusive health, rehabilitation and education services address the needs of children ages 0-12, particularly those with disabilities or at risk of developmental delay</p> <p>4- National policies, strategies, action plans and guidelines promote nurturing care, early childhood development and children's quality of life.</p> |
| Main activities implemented | <ul style="list-style-type: none"> - Assess the children development with the Malawi Development Assessment Tool (MDAT). - Set up education groups for disseminating information related to nurturing care and for peer support - help community health workers to integrate into their home visits advice to families on child stimulation, using the Blue Box tool - Strengthen the skills of IZU (friends of family) to provide comprehensive social to the families - Mental health support to improve parents' well-being and enable them to play their full role as parents - Ensure the referral of children with disabilities to rehabilitation facilities - Support early childhood centres in terms of creation, equipment and inclusion of children with developmental delays. - Strengthen the skills of primary school teachers in inclusive pedagogy and accessibility of schools - Establish peer protection clubs to disseminate essential messages on child protection and inclusion. |

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| | <ul style="list-style-type: none"> - Capacity-building for health professionals in prenatal and postnatal care, emergency obstetric care, post-partum depression, integrated and functional rehabilitation to prevent, detect and manage functional rehabilitation - Support pregnant women and parents to help newborns grow up well - Technical support to national level Institutions (RBC, NCPD, NCDA) for nurturing care promotion |
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Annex 1: Theory of change of the project

1.2. Justification of the evaluation

The project's duration is five years and as per HI's Project Quality Policy (PQP) guidelines, a mid-term evaluation is mandatory. The purpose of this mid-term evaluation is to understand the effectiveness of the project and the extent to which it has contributed to advancing its objectives. It also aims to identify the lessons learned to date, areas for improvement and challenges constraining progress to be considered when planning for the second period of the project and the continuation of the program.

The main addressees of the mid-term evaluation are:

- Target groups and beneficiaries
- Implementing Partners and its project staff
- HI's Project staff
- National/local Government officials and other partners in the project intervention area

The dominant motivation for this mid-term evaluation is to assess the level and conditions of progress for the Nurturing Care Framework operationalization, learn and identify the necessary adjustments of the project interventions.

2. Objectives of the evaluation

2.1. Overall objectives and expectations of the evaluation

The overall objective is to establish the Relevance, Compliance, Efficiency, Accountability to populations, Partnership of the project interventions and assess the level and conditions of progress for the Nurturing Care Framework operationalization in the 2022-2026 project intervention. It is expected from this mid-term evaluation to provide **realistic and feasible**

recommendations and suggestions in terms of developing optimal strategy and work plan for the next phases of the project. In addition, to provide lessons learned that will feed in project intervention and achievements.

This mid-term evaluation will cover the period of January 2022 until June 2024 in the 4 districts covered by the intervention and at national level.

2.2. Specific objectives

The mid-term evaluation will:

- Assess the extent to which nurturing care is being provided to children covering the 5 domains (i.e. health, nutrition, education, safety/protection, positive parent-child interaction) in synergy and complementarity among actors;
- Present lessons learned and evidence for Nurturing Care Framework operationalization;
- Present the evidence of the following criteria: relevance, effectiveness, efficiency and partnership;
- Provide recommendations and suggestions in terms of developing optimal strategy and work plan for the continuation of the intervention.

2.3. Evaluation criteria and evaluative questions

The mid-term evaluation will assess and provide recommendations related, but not limited, to the following criteria and evaluative questions:

2.3.1. Relevance:

- **Needs**

- Does the project address the most pressing needs in the 5 domains of the nurturing care framework?

- Does it respond to the priorities of other stakeholders and integrate coherently with other ongoing interventions in the area to ensure a comprehensive response to the multiple and evolving needs of children aged 0-12 and their caregivers?

- **Lessons learned**

- Has the project had considered lessons from experience through the challenges and context of intervention?

- How did the project integrate feedback and lessons learned to improve the project's implementation?

2.3.2. Effectiveness

- **Results**

- Are we on track to meet the project objectives?
- Are results monitored regularly, and have the necessary adjustments to the projects to achieve its objectives?

2.3.3. Efficiency:

- **Skills**

- Do the project team and project partners have the necessary skills to implement the project based on Nurturing care framework?
- Are roles and responsibilities clearly defined among actors?

- **Optimisation**

- To what extent are the project resources (human, logistical, financial, time) optimized
- To what extent have the resources available enabled the project to achieve its objectives?

2.3.4. Partnership:

- **Collaboration:**

- Does the project collaboratively develop operational partnerships that are thoughtful, relevant, and effective for the implementation of interventions to advance nurturing care and the uptake of the nurturing care framework at the district and national levels?

- **Involvement:**

- How are the partners regularly informed and actively involved in reasoned and transparent decision-making processes regarding the orientations, implementation, achievement of objectives and success of the project in particular with regard to the nurturing care framework?
- How does the project strengthen the capacity of its partner as key actors within the ECD/nurturing care sector

3. Evaluation methodology and organization of the mission

3.1 Collection methodology

The evaluation shall be conducted by an external evaluator. HI recommends the use of both qualitative and quantitative methods of data collection. Three categories of data collection methods are mainly recommended:

- Field observation;
- Combining documentary review with interviews with stakeholders and focus group discussions (FGDs) with beneficiaries, with a strong participatory approach. During the FGDs, attention will be paid to the representativeness based on age, gender and disabilities. **The evaluator must attach the utmost importance to the document review and the interview with the project team to avoid reproducing what is already known as evaluation results;**
- Questionnaires to collect additional quantitative data;

The evaluator must propose his detailed methodology in its technical offer. The timetable should include HI's validation of the tools to be used.

Please note that the evaluator must clarify in advance with all actors involved in the evaluation which information he/she is looking for hence the importance of communicating a plan of all scheduled meetings and their objectives.

3.2 Actors involved in the evaluation

| Actor | Roles |
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| Project staff (HI and partners) | The project team (including the Senior Project Manager, the Zone 1 and 2 project supervisors and the data base officer) will be responsible for the effective planning and implementation of the activity. |
| Shared services | Contribute to the evaluation organisation and respond to the evaluator questions |
| Steering committee | Composed of: Regional MEAL Manager, Senior Project Manager, project supervisors, NC Specialist and Log manager, ROE and HVP Gatagara representatives Roles: <ul style="list-style-type: none">- Selection and validation of evaluator- Participate in the scoping meeting (methodology, expected results...) and validate the inception report (including data collection tools, and evaluation matrix) for the future steps. |

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| | <ul style="list-style-type: none"> - Common understanding of the conclusions & recommendations expressed - Filling in the end-of-evaluation questionnaire - Provide feedback on the draft report and validate the final report - Participates and validates, with the teams, the action plan and follow-up of the recommendations |
| Project target Groups (representatives) | <ul style="list-style-type: none"> - Helping to reach the beneficiaries targeted by the evaluation - Providing the information during evaluation |
| Beneficiary representatives | <ul style="list-style-type: none"> - Providing the information during evaluation <p>It is not about asking whether they are 'satisfied' with the intervention but rather to gather their views on evaluative questions.</p> |

3.3 Organization of the mission

The evaluation steering committee composition and role are described in section 3.2.

The evaluator shall keep open communication with the steering committee members on the progress and results of the evaluation completed.

4. Principles and values

4.1. Protection and Anti-Corruption Policy

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| <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

Different stakeholders are key actors in this mid-term evaluation. The evaluator shall consult the steering committee in the construction of data collection tools and involve all necessary actors as stipulated in section 3.2.

4.4. Others

Any incident encountered during the evaluation shall be directly reported to the HI focal point designated for this mid-term evaluation.



5. Expected deliverables and proposed schedule

5.1. Deliverables

The expected deliverables are:

- An inception report that includes a detailed evaluation methodology, evaluation matrix and a workplan (10 pages max)
- An initial oral presentation (in French) will be made solely to the HI team at the end of the field mission: the evaluator will present a progress report and the initial results and recommendations, with written support in French.
- A draft evaluation report (French) will be sent to the HI team for proofreading and comments and then be shared at a steering committee meeting.
- The Final evaluation report in French that incorporates feedback (maximum 25 pages – excluding annexes) in the template given below.

Please note that the draft and final reports will be the exclusive property of HI. Any communication or publication related to the report document will be subject to prior agreement with HI.

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| The final report should be integrated into the following template: | The quality of the final report will be reviewed by the Steering Committee of the evaluation using this checklist: |
|  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 Mid-term evaluation is expected to start in October 2024. The total evaluation period from inception until submission and acceptance the final report should not exceed December 31st, 2024. The total duration of the mission is estimated at 20 days spread over that period. This period includes:

- 3 days of mission preparation, including a briefing for the HI Rwanda team in Kigali at the start of the mission
- 12 days of data collection in the field
- 5 working days for report writing and presentation at different meetings and workshops.

It will be up to the evaluator to propose a detailed work plan, clearly showing the different phases of the mid-term evaluation: inception/preparation, data collection, analysis, completion.

6. Means

6.1. Expertise sought from the consultant(s)

The evaluation mission will be carried out by an external evaluator having the following skills and experience, duly referenced:

- a) Proven experience and expertise (minimum 3 years) in early childhood development /Nurturing care. Experience and expertise in at least one of the following areas (1) Functional rehabilitation (2) Inclusive Education (3) Protection will be an asset;
- b) Experience in evaluating early childhood development /Nurturing care projects (at least 2 similar projects) in Africa;
- c) Proven evaluation experience (minimum 4 projects) in East Africa Countries;

d) Fluency in French and English.

6.2. Budget allocated to the evaluation

Expenses for international travels, data collectors, participants' perdiem and transport, accommodation and translation fees are included in the financial offer by the consultant. Other expenses such as project's team perdiem, accommodation are paid by HI. Payment will be released in two instalments:

- 30% upon signature of contract
- 70% upon submission of final validated report

By validation, we mean validation of the quality and under no circumstances of the appreciation of the project evaluated (based on the quality checklist attached, see above section 5).

6.3. Available resources made available to the evaluation team

- HI vehicle for field transport (consultant, data collectors and HI team)
- HI staff for guidance
- Project documents: proposal, logical framework, mid-term evaluation, project review and reports, reporting template, HI quality framework, HI policies....

7. Submission of applications

The technical offer (not exceeding 10 pages) should include letter of motivation, CV or previous experience in similar consultancy, details of 3 individuals/ institutions to be contacted for reference checks, understanding of TOR, proposed methodology, workplan, timeline, schedules of deliverables.

The financial offer should specify cost per day of each contributor; a breakdown of intervention time per contributor and per phase; additional costs (additional services and documents); overall cost of the intervention including transport costs, logistical/meeting costs, translation costs, etc.

Incomplete applications will be declared ineligible and will not be included in the selection process.

Completed applications must be submitted no later than midnight (00 hours) **xxxxxx** to the following addresses:

FEDERATION HANDICAP INTERNATIONAL, which implements its programs under its operational name "Humanity & Inclusion" located at KK15 Rd / KK10 Ave, in the IMELA HOUSE building, Kicukiro District, Kigali City, BP 747 KIGALI or by e-mail: dao@rwanda.hi.org

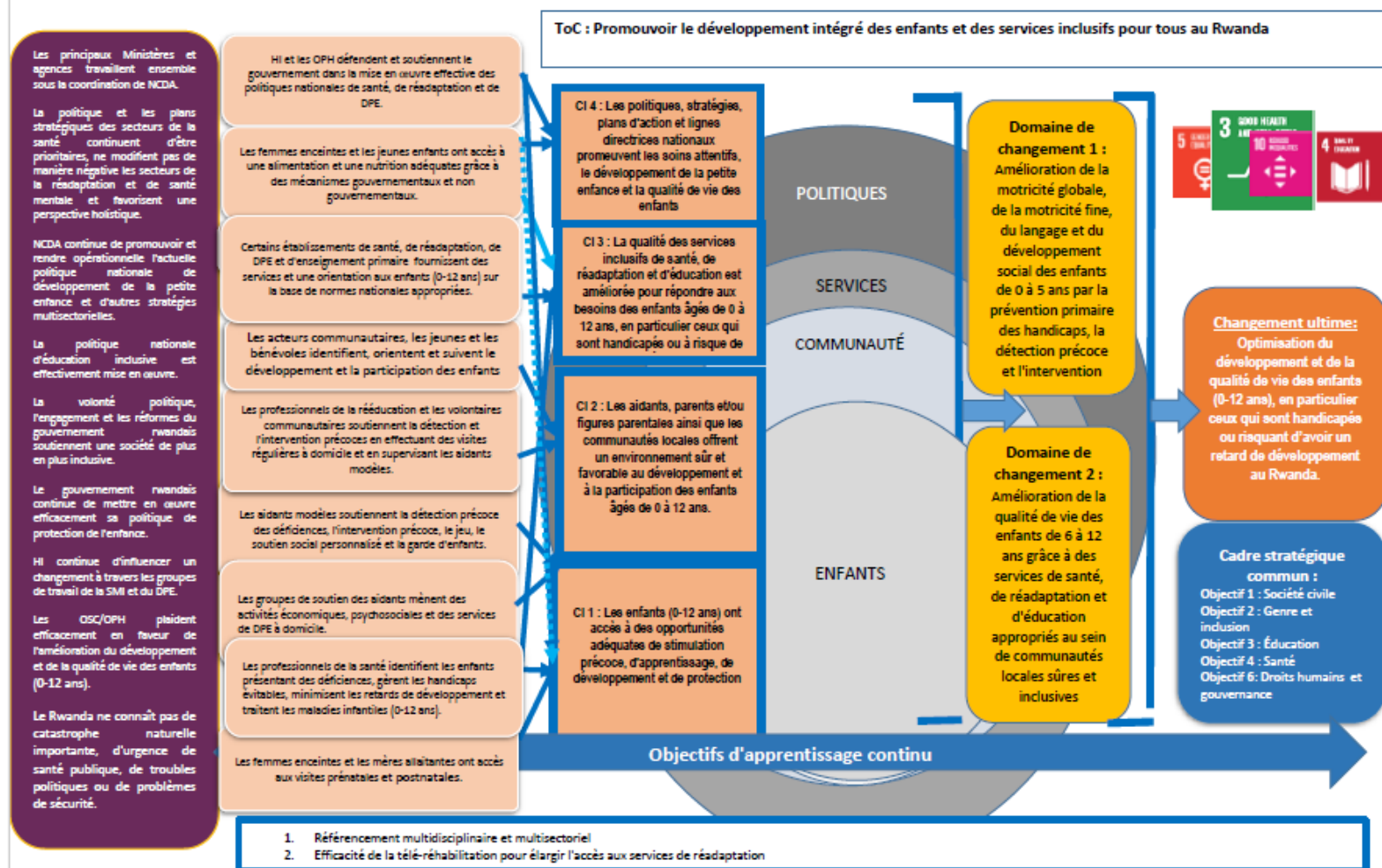
8. Appendices

In order to self-assess the quality of the ToR, you can use the checklist below:



TS4.2_ToR_quality_c
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Annex 1: Theory of change of the project (Rwanda)



Annex 2: HI policies

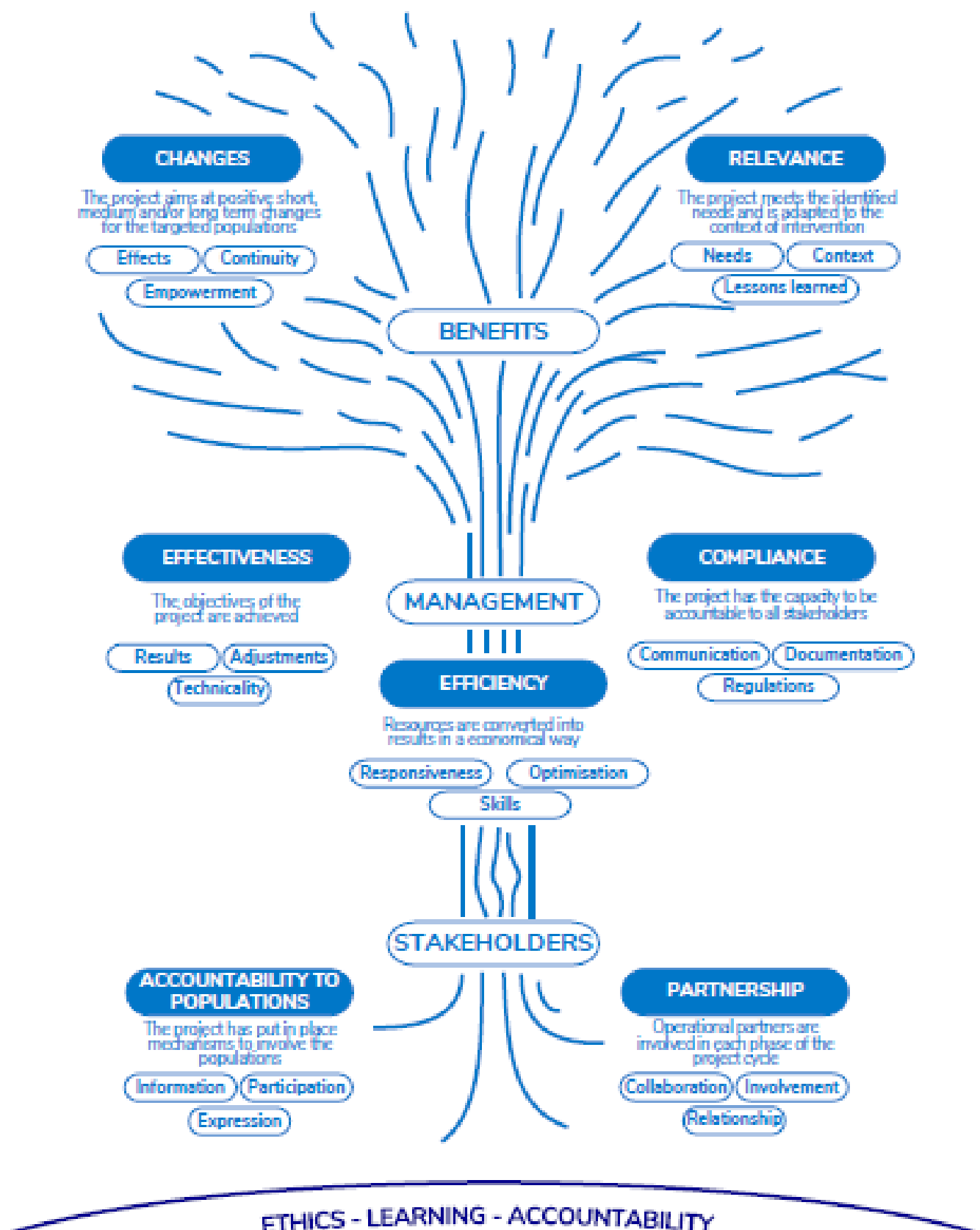


The DGA policy



Child Protection
Policy

Annex 3: HI's quality framework



| CRITERIA | KEYWORDS | DEFINITIONS |
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| CHANGES The project aims at short, medium and/or long term changes for the targeted populations | Effects | The project contributes to the achievement of positive and measurable changes for the targeted actors, and puts in place measures to mitigate any potential negative effects. |
| | Continuity | The scenario of continuity beyond the project is anticipated, planned and formulated. |
| | Empowerment | The project aims to strengthen actors, reduce the vulnerability of target populations, and improve services to contribute to their empowerment. |
| RELEVANCE The project meets the identified needs and is adapted to the context of intervention | Needs | The project responds to the demands and needs of the population, contributes to the priorities of other stakeholders (authorities, partners, donors, etc.) and is consistent with other ongoing interventions in the area in order to ensure a comprehensive response to the multiple and evolving needs of the target groups. |
| | Context | The project adapts its action according to the context of intervention (socio-cultural and historical determinants, security, logistical constraints, regulatory framework, environment...) and takes into account its evolution. |
| | Lessons learned | The project learns from experience throughout the project cycle to continuously improve the intervention. |
| EFFECTIVENESS The objectives of the project are achieved | Results | The activities contribute to the achievement of the project's objectives, based on results-based management. |
| | Adjustments | A system for regular monitoring of project activities and results is in place, leading to adjustments if necessary. |
| | Technicality | The project achievements meet the required quality, in line with HI and/or international technical standards. |
| EFFICIENCY Resources (human, financial, logistical, technical, etc.) are converted into results in an economical way | Skills | The project team provides the skills needed to implement the project, and roles and responsibilities are clearly defined. |
| | Optimisation | The project has the necessary resources for implementation and manages them in an optimal way. |
| | Responsiveness | The project is deployed in a timely manner and is able to adapt to changes in the context, humanitarian needs and identified risks. |
| COMPLIANCE The project has the capacity to be accountable to all stakeholders | Communication | Project information (results, performance, processes) is collected, processed, analysed and shared with stakeholders in a targeted and appropriate manner throughout the project cycle. |
| | Regulations | The project respects international law, the laws of the country of intervention, the obligations of the donor(s) involved, as well as HI's internal rules, standards and commitments. |
| | Documentation | Project documents, data and evidence are stored, filed and accessible in accordance with internal data protection frameworks. |
| ACCOUNTABILITY TO POPULATIONS The project has put in place mechanisms to involve the populations | Participation | People are involved in decision-making processes that affects them throughout the project cycle. |
| | Expression | People have access to spaces or means of expression (satisfaction measurement, feedback mechanisms, etc.). |
| | Information | The populations are aware of HI's mandate and values, understand the objectives of the intervention, and are informed of the progress of activities and results throughout the project. |
| PARTNERSHIP Operational partners are involved in each phase of the project cycle | Collaboration | The project develops thoughtful, relevant and effective operational partnerships in a collaborative manner. |
| | Involvement | The partners are regularly informed and actively involved in reasoned and transparent decision-making processes concerning the direction, implementation, achievement of objectives and success of the project. |
| | Relationship | The relationship between the project partners is reciprocal, dynamic and controlled. |

THE 6 KEY COMMITMENTS

1. Every project must define **at least one outcome indicator** in its logical framework and measure it, allowing the monitoring of the changes expected by the intervention.
2. Every projects should have an inclusive **inception phase** with project stakeholders, allowing for detailed planning of the implementation of activities, resource mobilisation and monitoring and evaluation of the project.
3. All projects must carry out a **regular** (minimum every 4 months) **interservice project review** (project/support) to analyse the latest project information, identify any areas of concern and decide on any necessary changes.
4. Any projects evaluated must be **based on the criteria of the HI quality framework**.
5. Every projects must formalise and share the **lessons learned** in order to consider them in further interventions, but also to contribute to the overall learning dynamics of HI.
6. All projects should implement **feedback and complaint mechanisms** adapted to their areas of intervention as part of the system set up by the programme.