Terms of Reference

End Evaluation, Asia Regional Program for Inclusion of Vulnerable Target Groups in 4 countries: Bangladesh, Cambodia, Indonesia, Philippines

1. Project Information

Project Title:	Asia Regional Program for Inclusion of Vulnerable and Disadvantaged Target Groups: Bangladesh, Cambodia, Indonesia, Philippines / Phase II ”
Project Number:	DCV project no: P.300-2021-002
Project Period:	01.01.2022 – 31.12.2024
Project Evaluation Period:	01.01.2022 – 31.12.2024
Overall Budget:	3.222.000 EUR
Project Donors:	German Federal Ministry for Economic Cooperation and Development/BMZ (3.06 Mio. EUR = 94.97 %) and Caritas Germany (162.000 EUR = 5.03%)
Project Partners:	BLD: Caritas Bangladesh / CAM: Caritas Cambodia / IND: Truk F / PHL: Kaagapay

2. Background information and Context

a. Background

BANGLADESH:

Bangladesh is the most densely populated territorial state in the world with approximately 160 million inhabitants. 40% of the population live below the poverty line. A community-based approach to promote inclusion, social participation and improved access to state welfare services is a hitherto underdeveloped approach in Bangladesh.

Target group people with disabilities:

Despite a number of laws and regulations (Disability Welfare Act, 2001; Rights of Persons with Disability Act, 2013; Neuro-developmentally Disabled Persons Protection and Trust Act, 2013; etc.), persons with disabilities are highly marginalized in Bangladesh.

For adolescents (3.4 million) and adults with disabilities (approx. 10.2 million), i.e., approx. 8.5% of the total population, there are hardly any opportunities to find a job that also supports them sufficiently. They are also often denied access to education. The majority of people with disabilities are supported by their families and, if the need arises, also cared for by them. This usually means an additional psychological and financial burden for the households as well as for the persons concerned. This is accompanied by a low level of participation in the shaping of social life.

Target group senior citizens:

In 2019, the population aged 60 years and above in Bangladesh is 8% of the total population, or about 13 million people. By 2050, the proportion of elderly people will have already increased to

21.9% (about 36.8 million). 80% of the elderly live in rural areas, where poor health care, lack of access to clean drinking water and food shortages are common problems.

Due to the migration of the young to the cities or abroad, the senior citizens are often left behind alone and are exposed to a high risk of impoverishment. Many lead a life on the fringes of the village communities, which do not feel responsible for these elderly people and often struggle to survive themselves.

De facto, the country has two pension systems:

- one specifically for the relatively small and privileged group of government officials.
- another, introduced in 2006 as the National Policy on Older People, aimed to support widows and people with disabilities.

These groups receive a monthly amount of approximately 2.50 euros. While this amount is far from covering needs, it can be assumed that not all the nominally 2.47 million needy or entitled persons receive assistance through this system.

Improving access to government welfare programs as well as influencing the political debate to support the Bangladesh government in expanding the social security system is therefore fundamental to the future and survival of senior citizens.

Target group people with addiction problems

According to official Bangladeshi government agencies in 2018, there are currently around 7 million drug addicts in Bangladesh, most of them between the ages of 15 and 30. Rapidly increasing is the proportion of female addicts, many of whom are active in the red-light milieu in Dhaka. Another important group are vulnerable youths, many of whom drop out of school or become criminals because of their addiction. Increasingly, street children in particular are also becoming addicted and being abused as drug mules or sexually. The cause of addiction problems is often poverty, which has also now increased dramatically due to the increased loss of income caused by the COVID-19 pandemic.

In order to counter drug addiction per se and human rights violations, it is necessary to strengthen state support for the therapeutic approach within the framework of national networks and to open the necessary therapeutic facilities.

The project's community-based approach aims to build solidarity within communities so that community members can collectively advocate for the needs and problems of marginalized groups such as seniors, persons with disabilities, and persons with addiction problems. Although the target groups have different needs, they have many things in common, such as lack of access to government welfare programs and services, lack of participation in society, and inadequate representation at the local, regional, and national levels.

Key Stakeholders in Bangladesh:

- Implementing Partner organization Caritas Bangladesh
- National Forum of Organizations Working with the Disabled (NFOWD)

- national network NARCOB for drug rehabilitation

INDONESIA:

In eastern Indonesia, the province of East Nusa Tenggara (NTT) is one of the poorest regions in the country. The districts of Sikka and Ende on the island of Flores comprise the project area; here, economic hardship is a major driver of poverty-related labor migration to Sumatra or other regions within Indonesia or to neighboring countries such as Malaysia. Some of these migrant workers, who often have no more than primary school education and little to no background knowledge on migration, fall victim to semi-illegal or illegal practices, and some fall into the clutches of human traffickers and syndicates.

The risk of HIV infection remains high for this target group; after returning home, those affected then pass the virus on to their partners. According to data from the district AIDS commission, 865 cases of HIV/AIDS were registered in Sikka between 2003 and June 2021, 206 infected persons died of AIDS.

The Covid 19 pandemic has created additional challenges in the region. Many migrant workers lost their jobs or were unable to leave due to quarantine regulations and travel restrictions. This in turn led to additional economic problems in Indonesia – and unemployment and loss of income led to increased illegal migration and domestic violence.

In the project area in the districts of Sikka and Ende, this is combined with other complex factors such as cultural practices (through expensive dowries, many men consider their wives as their property after marriage), low education and widespread alcoholism. An accumulation of cases of sexual and domestic violence against children and women is a consequence.

In 2016-2020, 519 women and children (293 children and 226 women) accessed the services of partner organization TRUK F. Of these, 166 were exposed to sexual violence that made them vulnerable to sexually transmitted diseases (STDs) and HIV/AIDS. 20 victims (17 women, 3 children) were trafficked and exploited in karaoke bars and night clubs in Sikka and Ende and outside the region.

Comparable cases have increased tremendously - in the first half of 2021 alone, TRUK F assisted and supported 17 survivors of human trafficking who were exploited in bars in Sikka.

In addition to human trafficking and sexual & domestic violence, online gender-based violence (OGBV), such as cyber-grooming, is also on the rise.

From January to June 2021, TRUK F supervised children who were victims of cyber-grooming. Prosecution failed in all cases due to a lack of resources and capacity in this area, such as experts in the Electronic Information and Transactions (ITE) Act. In addition to TRUK F, regional and national media in Indonesia also reported numerous cases of online prostitution involving women and children.

In an effort to prevent sexual and domestic violence and human trafficking and to protect and care for survivors, the local governments of Ende and Sikka have enacted a number of local ordinances, such as the Regional Ordinance for the Protection of Women and Children in Sikka (Perda no. 12, year 2012), the Regional Ordinance on Gender Mainstreaming in Ende (Perda No. 8, year 2007), the Regional Ordinance on Preventing and Dealing with Victims of Trafficking in Sikka (Perda No. 7, year

2016), and several ordinances on women and children. However, these have still not received the necessary attention from local authorities; budgetary allocations for prevention and dealing with survivors are still very low and limited.

Key Stakeholders in Indonesia:

- Regional Development Planning Authority (Badan Perencana Pembangunan Daerah, BAPPEDA) & Municipal Office
- Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (Integrated Service Centre for the Empowerment of Women and Children, P2TP2A)
- Family Welfare Development (PKK) community groups (LBK)
- district authorities

CAMBODIA:

After decades of internal conflict and devastating, traumatizing reign of terror and civil war, Cambodia remains one of the poorest countries in the world and continues to face major challenges of economic and social development and strengthening civil society. People with disabilities are among the most vulnerable groups of people in Cambodian society. Reliable data on their numbers do not exist. Out of a current population of just under about 17 million people (United Nations estimate for July 2021), the Cambodian Disability Action Council (DAC) estimates that about 5 percent of the population, or about 850,000 people, have a disability; however, if the estimated percentages of the World Report on Disability (World Bank 2011) are used as a benchmark, 15 percent of the population is likely to be over 2 million Cambodians, and of these, an estimated 320,000 people may in turn have particularly severe impairments.

Due to Cambodia's war history, the efforts of international aid organizations initially focused on the rehabilitation of landmine victims. In the meantime, however, many other forms of disability, congenital or acquired through accidents, (chronic) illnesses, old age, inadequate medical care or malnutrition, have also come under the spotlight. Among Cambodia's population, which is on average very young (50 percent are younger than 22 years old), there is an increased incidence of risk factors such as central nervous system infections, iodine deficiency disorders, and brain damage due to oxygen deprivation at birth, facilitated by inadequate obstetric care. The rate of children with multiple disabilities is particularly high in structurally weak rural Cambodia, where about 80 percent of the population lives and works in agriculture.

People with disabilities in Cambodia do not have equal access to health services, education and vocational training, and employment as people without disabilities. They face stigma and discrimination (attitudinal barriers) and multiple physical barriers: Roads are still in poor condition in rural areas, schools, health facilities and public buildings are not barrier-free.

This permanent lack of equal opportunities stands in the way of full participation in society. Many persons with disabilities have considerable abilities and could contribute to the socio-economic development of the country but cannot develop their potentials due to a lack of opportunities.

At the same time, formally there are favorable legal frameworks in Cambodia such as the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in December 2012 and the

Law on the Protection and Promotion of the Rights of Persons with Disabilities of 2009, etc., but these do not yet fully materialize in reality.

Key Stakeholders in Cambodia:

- Department of Social Welfare and 'Disability Action Council / DAC' and the 'National Institute for Social Affairs / NISA' under the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY)
- Ministry MoEYS (Ministry of Education, Youth and Sports) and the assigned school authorities
- Ministry MoH (Ministry of Health) and the assigned Health Centers
- Ministry of the Interior and its Department of Corrections and assigned prison authorities.
- Ministry of Labour and Vocational Training (MoLVT)
- OPDs = Self-advocacy organisations of people with disabilities such as 'Cambodian Disabled People's Organization / CDPO'.
- Universities and academies with social work programs: St. Paul Institute / SPI; Royal University of Phnom Penh / RUPP; National Institute for Social Affairs / NISA
- Microfinance institutions and the private sector.
- (I)NGOs in Cambodia and their networks such as the 'Catholic Alliance on Charity and Development / CACD'.

PHILIPPINES:

According to the International Labor Organization (ILO), at least 1 million Filipino men and women leave the country each year to work overseas; most go to the Gulf States or the Middle East, other Asian countries, the Americas, or Europe to work in manufacturing, construction, agriculture, fishing, maritime labor, and domestic work and services, among others. In all, 10 million Filipinos, nearly a quarter of the country's working population, live and work abroad. The Philippine economy depends significantly on remittances from these "Overseas Filipino Workers" (OFW). Remittances accounted for 10.46% of the Philippines' 2017 gross domestic product, more than US$31 billion.

However, safe migration is not guaranteed for some of the migrant workers; illegal recruitment practices, falsification of data and documents, exploitation, forced labor and human trafficking are major challenges. The poor socio-economic conditions prevailing in parts of the country, including poverty, high unemployment, discrimination, and gender-based violence, as well as large-scale displacement due to armed conflict and natural disasters, make large segments of the population highly vulnerable to both transnational and internal trafficking.

In the rural and suburban villages and communities of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), unsafe and irregular migration occurs on a large scale, with young and adult women with low levels of education being the most vulnerable to unsafe migration practices, human trafficking, and fraud.

The use of false data and information in legal documents, excessive collection of fees, unauthorized recruitment activities in villages, and bonded labor are just a few incidents of rights violations reported by villagers. There are cases of indigenous women being forced to adopt a Bangsamoro (Muslim) identity just to be sent abroad faster. Minors have been coerced to use identity documents showing that they are 23 years old or older just to be legally accepted as applicants for domestic

work in Middle Eastern countries. Most of these female applicants were recruited from their communities by unauthorized recruiters.

The lack of access to adequate information in rural villages and communities is an opportunity for unauthorized illegal recruiters to exploit and deceive vulnerable girls and women.

Guidelines to enforce the laws that protect the rights of Filipino migrant workers at all stages of labor migration as set forth in Republic Act 8042 (Migrant Workers and Overseas Filipino Act of 1995) and supplemented by Republic Act 10022 exist, but there are not enough platforms and venues in rural villages and communities where the right information on migrant workers' rights and their enforcement under the law can be imparted. This in turn shows that local authorities do not have sufficient knowledge to manage migration or that they simply do not care - despite the scale of the issue and the economic contribution of migrant workers.

The expulsion and repatriation of migrant workers to their places of origin due to the COVID-19 pandemic has further reinforced the need for authorities to integrate overseas labor migration into local governance. Due to the COVID-19 pandemic, nearly 500,000 migrant workers have been repatriated to the country as of January 2021, according to the Ministry of Labor and Employment. In addition, the ongoing economic impact of the pandemic has increased the need to find a better livelihood. This in turn has increased the possibility of using unsafe and irregular migration channels. In this context, building better mechanisms for migrant workers is hugely important.

The establishment of help desks at the Local Government Unit (LGU) level in municipalities is key to protecting the rights of migrant workers. The Republic Amendment Act 8042 provides that local government units shall take a proactive stance on all aspects of overseas employment, including the establishment of a help desk. However, knowledge of this law, its implementation and financial implications for local authorities remain a challenge.

In BARMM, the Bangsamoro Transition Authority, as the current legislative body, has passed the Bangsamoro Autonomy Act No. 9. This regulates the operations of local and foreign recruitment agencies within the region, as does the Bangsamoro Autonomy Act No. 36 or the Overseas Bangsamoro Workers Act. These laws are important to migrant workers in the region, but they do not currently fill the gaps regarding the provision of national programs and services to migrant workers in all aspects of overseas employment. There is need to strengthen collaboration among various stakeholders in this regard, especially with the relevant legislative body in BARMM.

Key Stakeholders in the Philippines:

- BARMM's Ministry of Labor and Employment
- Ministry of Health and Ministry of Social Services and Development of BARMM, for the mental health needs and problems of distressed migrant workers.
- Public Prosecutor's Office, for free legal advice in case of complaints or legal proceedings.
- Consular Offices, Overseas Workers Welfare Administration, Philippine Overseas Employment Administration, for local concerns of migrant workers.
- Regional Ministries of Trade & Industry, Agriculture & Fisheries and Technical Education of the Bangsamoro Government, for livelihood training and skills development of returned migrant workers.

- Bangsamoro Women's Commission.

Donor:

This regional program is funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and Caritas Germany.

Overall objective of the regional program:

A substantial, long-term contribution to the development of inclusive welfare care systems in Asia has been made by creating self-help structures for the target groups affected by exclusion, while at the same time strengthening and increasing accessibility to civil society institutions within the framework of reference networks.

Program objectives (outcomes) at the micro level:

- The direct target groups of the program have improved access to all areas of life, i.e., to health care, prevention and rehabilitation, education and vocational training, livelihood income and social life.
- They have joined together in local self-help structures and are able to support each other and stand up for their rights at local level.

Program objectives (outcomes) at the meso level:

- The local self-help structures of the direct target groups have networked supra-locally with each other and with other actors and relevant stakeholders and are standing up for their rights at district, regional area or provincial level.
- Through lobbying and advocacy work at the meso level, the project partners have effectively supported the direct target groups in realising their rights.

Program objectives (outcomes) at the macro level:

- Through lobbying and advocacy work at the national level, the project partners have influenced and helped to shape political framework conditions in favour of the rights and improved living conditions of the direct target groups.

Overall objective for Bangladesh:

Improving the quality of life of people with disabilities, seniors and addicts in selected pilot regions of Bangladesh through multilevel-multistakeholder projects to promote inclusion.

Project Objective 1:

Community clubs and self-help groups (SHG) exist in the project regions for:

- People with disabilities

- Seniors
- drug addicts and
- their relatives.

These enable their members to exchange experiences and participate more actively in the social life of their villages/town districts and corresponding active representation of interests, which in this phase is now also being extended to the district level.

Project Objective 2:
The clubs, self-help groups and village development committees have developed contacts with authorities, social, cultural and political bodies and initiated projects with them to improve the living situation of children with disabilities in particular.

Project Objective 3:

Caritas Bangladesh/Baraca's training programs and continuing education concepts for the counseling and training staff are developed in cooperation with universities and continuing education institutions.

Project Objective 4:

The various target groups and their representatives and initiatives are able to positively influence the political debate on government welfare programs and improve access to them through statewide networks or lobbying and advocacy activities

Project Objective 5:

The quality of social work study programs has been improved through intensified cooperation with institutions of further education (universities/colleges).

Overall objective for Indonesia:

Marginalized and vulnerable social groups receive protection, support, empowerment for social and economic participation, and enforcement of their rights.

Project Objective 1:
Increased collaboration with district authorities in Sikka and Ende and other local stakeholders to improve five basic services (health, social rehabilitation, legal assistance, family reunification, reintegration) for victims of domestic & sexual violence and trafficking.

Project Objective 2:
Capacity of agencies and government at both local and district levels in Sikka and Ende, as well as capacity of other relevant stakeholders (law enforcement, judicial officials, NGOs, traditional and religious leaders) to prevent and address domestic and sexual violence against women and children, and human trafficking, is built, strengthened, and consolidated.

Project Objective 3:
The capacity of actors in two municipalities in Ende and five municipalities in Sikka to prevent domestic and sexual violence and human trafficking has been built and strengthened, and ordinances and measures are being initiated.

Project Objective 4:

Awareness among stakeholders at the national level regarding the importance of providing technical advice and guidance to local actors in addressing and preventing domestic and sexual violence, HIV/AIDS, and human trafficking has increased.

Project Objective 5:

TRUK F's capacities regarding fundraising and knowledge management as a contribution to advocacy and lobbying for the prevention of violence, HIV and human trafficking have been strengthened; at the community and district level, the allocation of funds for prevention measures is sustainably anchored and part of development planning.

Overall objective for Cambodia:

A contribution is made to the creation of social participation in and access to all spheres of life in society and empowerment of people with disabilities (psycho-social, social and physical disabilities) and with chronic diseases within an inclusive society throughout Cambodia.

Project Objective 1:
CCAMH[1] and CSR[2] strengthen grassroots self-help structures and the accompanying support structures; these include:

- Parent Support Groups (PSGs),
- Disability Inclusive Mutual Support Groups (MHGs),
- Partnerships with local OPDs (self-advocacy Organizations of People with Disabilities) and HIV/AIDS networks, etc. in reference systems.

Project Objective 2:
CSR implements a model village/commune as a pilot measure for inclusion; this includes barrier-free adaptations of housing and sanitation infrastructure, wells and other village infrastructure to make them accessible to persons with disabilities; establishment of a village inclusive savings and micro-credit system for income-generating activities based on village savings from self-help groups, flanked by technical training for vulnerable groups, all compatible with measures to adapt and mitigate the negative impacts of climate change.

Project Objective 3:
CCAMH is implementing a holistic 1000-day program for the prevention of preventable early harm in infants and young children as a model pilot intervention in collaboration with two health centers in Kampong Cham and Tboung Khmum provinces; this package of early detection and early intervention is integrated into standard public basic health care services as a minimum package of measures.

Project Objective 4:
The outreach impact of the Health Centers with regard to the above issues is enhanced and strengthened by their close collaboration with the existing village-level volunteer structures assigned to them, the Village Health Support Groups (VHSG) and the Volunteers for Child Development (VCD).

Project Objective 5:

[1] Caritas Cambodia Centre for Child and Adolescent Mental Health

[2] Caritas Cambodia Regional Office Siem Reap

Caritas Cambodia's existing services at the provincial level are improved to serve as a starting point for promoting inclusion (in education, health, earned income in both the private and community sectors) in the target areas and to contribute to building a reference network for inclusive development in Cambodia. Here, in addition to CCAMH, the vocational training institutions of Caritas Cambodia and the Caritas Eye Hospital in Takeo are to be mentioned.

Project Objective 6:

CCAMH and Caritas Siem Reap (CSR) advocate and network in cooperation with provincial authorities, with NGOs, with the private sector, and with microfinance institutions at the provincial level to achieve access to existing social insurance and other programs for all vulnerable persons and persons with disabilities.

Project Objective 7:

In their advocacy work, CCAMH and CSR involve the target groups and their self-help and self-advocacy structures at the micro and meso levels, empowering them to make their voices heard independently at the provincial, district, commune, and village levels and to participate in decisions that affect the development of their living conditions ("Nothing about us, without us.").

Project Objective 8:

CCAMH and CSR empower professionals in key facilities in the reference network through training and coaching of health center staff, schools, and vocational training institutions on topics and issues related to inclusion.

Project Objective 9:

Caritas Cambodia National Office (CCNO) engages in advocacy and seeks partnership with government agencies, NGOs, and the private sector on inclusion to promote inclusive development within Cambodia and in the region.

Project Objective 10:

In collaboration with national and international social work degree programs, Caritas Cambodia is helping to establish a professionally and formally recognized modern job description for licensed social workers in Cambodia based on a standard social work study curriculum to be developed with modules for CBR/CBID/Social Inclusion; these address the needs of vulnerable groups of people and actively support their social participation through social work.

Project Objective 11:

Caritas Cambodia CCAMH is a Cambodian government recognized and accredited 'National Resource and Training Center' (online and off-line) with satellites ("mini-CCAMHs") docked at local health centers, in the long term gradually in all 24 provinces - and also, in the long-term perspective, with regional outreach and offerings for Myanmar, Laos, Vietnam, etc. Based on its accreditation, CCAMH charges training fees and can thus increase the scope of its training offers.

Project objective 12: Cross-cutting objective, effective at all project levels

A digitalization initiative of Caritas Cambodia, developed by CCNO, CSR and CCAMH and already started in phase 1, will be continued in phase 2. It aims to create and test new digital and accessible tools and materials for online learning and counseling, website on inclusion, management tools (MEAL), etc. In times of limited mobility (current Corona pandemic), these are intended to make project staff more capable of acting with regard to project implementation and to provide target groups and stakeholders with improved access to information, education and advice.

Overall objective for Philippines:

To build, strengthen and consolidate human rights-based mechanisms and community-based structures for the protection of migrant workers and their families and the prevention of human trafficking in vulnerable rural communities in the Autonomous Region of Bangsamoro in Muslim Mindanao (BARMM).

Project Objective 1:
Awareness and knowledge of safe migration processes and the rights of migrant workers and their families have significantly improved in participating communities.

Project Objective 2:
Establish and strengthen mechanisms to protect and promote the rights of migrant workers at the village, municipal, and regional levels.

Project Objective 3:
Access of migrant workers in distress, illegally smuggled or affected by COVID-19 to governmental and non-governmental social services and benefits (paralegal, psychosocial, mental health and socioeconomic services) is improved.

Direct target groups:

Vulnerable and excluded groups: people with special needs of all kinds, with disabilities and chronic illnesses, addiction problems, migrant workers, senior citizens, and survivors of domestic and sexual violence.

Indirect target groups:

Stakeholders in local, supra-local and national reference networks: representatives of ministries and public authorities, health care and education service providers, business representatives, NGOs and INGOs, etc.

Project partners acting at macro, meso and micro levels:

- in Bangladesh - the Caritas Bangladesh departments "Development Initiatives for People with Disabilities / DPID" and "Projatna" (= Bengali for elderly care), the NGO "Bangladesh Rehabilitation and Assistance Center for Addicts / BARACA" (based in Dhaka)
- in Indonesia - the NGO "Truk F" (based in Maumere, Flores Island)
- in Cambodia - Caritas Cambodia National Office / CCNO (based in Phnom Penh), Caritas Cambodia Centre for Child and Adolescent Mental Health / CCAMH (based in Takmau near Phnom Penh), Caritas Cambodia Regional Office Siem Reap / CSR (based in Siem Reap).

- in the Philippines - Kaagapay Overseas Filipino Workers (OFW) Resource & Service Center (located in Cotabato City, Mindanao)

3. Objective of the Evaluation

The external phase II end-line evaluation aims to assess the extent to which the regional and country specific project goals and outcomes according to existing indicators were achieved after completing a major part of the project phase in order to:

- Review the relevance, effectiveness, efficiency, impact and sustainability of program strategies in the different countries.
- Draw regional and country wise recommendations for ensuring the intended results of this program, which can be taken up in the subsequent third phase of the program.

External End-line Evaluation

The results of the external end-line evaluation enhance the rigor, objectivity, and credibility of the assessment, making it a valuable tool for organizational learning and improvement. External evaluations offer an unbiased and independent perspective, providing a more objective assessment of the project's performance and impact. This impartiality enhances the credibility and reliability of the evaluation results, instilling confidence among stakeholders, including funders and beneficiaries. External evaluators bring a fresh set of expertise and insights to the assessment, introducing diverse perspectives that might not be readily available within the project team. This external viewpoint can uncover blind spots, potential areas for improvement, and innovative solutions. External evaluations also contribute to transparency and accountability by ensuring that the evaluation process is conducted by individuals or organizations with no direct stake in the project's outcomes. This helps build trust among stakeholders and demonstrates a commitment to rigorous evaluation standards

The findings of the evaluation will play a crucial role in fostering accountability, learning, and improvement. From an accountability perspective, evaluation results will offer transparency by showcasing performance against set objectives and ensuring compliance with standards. In terms of learning, evaluation results will uncover strengths, weaknesses, and underlying assumptions, providing valuable insights into processes and contextual factors. These findings contribute to a continuous learning process, enabling organizations to adapt and refine strategies. Additionally, for improvement, evaluation results will guide decision-making, facilitate continuous improvement, identify areas for capacity building, and inform strategic planning. Overall, the implementing partner organizations and the project teams will utilize the evaluation findings to promote a dynamic and informed approach to organizational development and project implementation.

4. Scope of the Evaluation

The evaluation should cover all four countries of the second phase of the regional program: Bangladesh, Cambodia, Indonesia, and the Philippines with all its different activities and aspects from the start of the program in January 2022 until December 2024.

The geographical focus in Bangladesh could be a selection of four out of eight (Rajshahi, Barisal, Chittagong, Dhaka, Dinajpur, Khulna, Mymensingh, Sylhet) regional locations, in Cambodia the geographical focus will be on Phnom Penh city and the provinces of Kandal and Takeo (Diocese of Phnom Penh), Siem Reap, Battambang and Kampong Chhnang (Diocese of Battambang), Kampong Cham and Tboung Khmum (Diocese of Kampong Cham), in Indonesia on locations in the province of East Nusa Tenggara / Flores Island and in the Philippines on Bangsamoro Region, Mindanao.

The primary target group for this evaluation will be all direct and indirect target groups as stated above.

5. Evaluation Criteria and Key Evaluation Questions

To be accepted by the donor (BMZ), the evaluation should adhere to international evaluation standards, and focus on the following criteria related to the inclusion of socially disadvantaged, marginalized, and vulnerable groups (according to DAC-criteria):

Relevance: Is the intervention doing the right things? To assess the relevance of the project objectives vs. situation of vulnerable groups identified at the beginning of the project phase. The extent to which the intervention objectives and design respond to beneficiaries', country and region needs.
Effectiveness: Is the intervention achieving its objectives? To analyze the effectiveness of the project activities in quantitative and qualitative terms and highlight challenges and gaps in project execution. The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups and countries.
Efficiency: How well are resources being used? Efficiency measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted. The extent to which the intervention delivers or is likely to deliver results in an economic and timely way.
Impact: What difference does the intervention make? To evaluate and analyze the impact of the project in terms of its overall operation and implementation in terms of outcomes for the beneficiaries (direct and indirect beneficiaries including the project stakeholders). The extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects.
Sustainability: Will the benefits last? To examine the sustainability of the project activities and evaluate feasibility of hand over of activities to key project partners such as community stakeholders. The extent to which the net benefits of the intervention continue or are likely to continue.

6. Approach and Methodology

The evaluation should be carried out by a lead evaluator who works together with country teams or country evaluators. The lead evaluator is responsible for the selection and management of the four country teams/persons and for the quality of the overall evaluation.

The lead evaluator and his/her team members are expected to perform the evaluation in a strictly methodical manner in order to produce verifiable information and make recommendations that are sufficiently valid and reliably based on dependable data and analysis, which are accessible to the client.

The evaluation will adopt a participatory, transparent, and solution-oriented approach using internal and external stakeholders. The evaluation process, as well as the final results should be gender-sensitive and human-rights-based. The evaluator and his team will use mix-methods that are able to appropriately address the primary evaluation questions, as well as properly support its derivative conclusion and recommendation.

The evaluation methods to be used may include, but are not limited to:

- **Review of project documentation (Desk Research):** An array of major documents that should be studied (e.g. project documents, monitoring reports, final reports, as well as statistical data, documents pertaining to similar projects led by other donor organizations, etc.). Existing project documents and reports are to be shared with the lead evaluator in order to facilitate the realization of the tasks. The lead evaluator is invited to request additional documents that may be needed for the completion of the evaluation.

- **Interviews with all the key informants and key players:** (semi-)structured Interviews with beneficiaries are a must and should be supported by interview protocols and the list of respondents (e.g. direct project beneficiaries, local staff, etc.)

  The selection criteria should be based on gender, age, beneficiaries/non-beneficiaries, and geographical spread in the project region.

  The exact sample size should be proposed by the evaluator and discussed together with Caritas Bangladesh, Caritas Cambodia, TRUK-F, Kaagapay and Caritas Germany before the start of the evaluation.

- **Direct observation during field visits**: Caritas Bangladesh departments "Development Initiatives for People with Disabilities / DPID" and "Projatna" (= Bengali for elderly care), the NGO "Bangladesh Rehabilitation and Assistance Center for Addicts / BARACA" (based in Dhaka) Bangladesh, Caritas Cambodia National Office / CCNO (based in Phnom Penh), Caritas Cambodia Centre for Child and Adolescent Mental Health / CCAMH (based in Takmau near Phnom Penh), Caritas Cambodia Regional Office Siem Reap / CSR (based in Siem Reap), TRUK-F, (based in Maumere, Flores Island, Indonesia), Kaagapay Overseas Filipino Workers (OFW) Resource & Service Center (located in Cotabato City, Mindanao) will organize field visits at different project sites.

- **Focus group discussion** with beneficiaries, local leaders, or local partner staff (if feasible within the timeframe)

- **Standardized survey and questionnaires:** to quantify the result and deliver a statistical analysis.

7. Deliverables and Timeframe

i. Inception Report:

An inception report will be submitted by the lead evaluating consultant in order to demonstrate his/her understanding and planning of the evaluation, which will be reviewed and discussed in cooperation with Caritas Bangladesh, Caritas Cambodia, TRUK-F, Kaagapay and Caritas Germany.

The inception report should include an *evaluation matrix*[3] *(*including the final evaluation questions and indicators); the overall evaluation design and methodology with a detailed description of the data collection methods and data analysis techniques, as well as a proposed timeframe for the activities and deliverables. The lead evaluator is free to suggest additional methodological framework for the evaluation.

The inception report of the evaluation should not exceed five pages and follow a predefined structure as described in *Annex 1*.

ii. Workshops/ Meeting:

The lead evaluator and his/her team members are free to select the type of workshops (e.g. kick-off/mid-term/validation workshop) during the conduction of the evaluation. Individual workshops with the project partners in the four countries involved should be implemented.

A regional Kick-off workshop as well as country Kick-off workshops provide an opportunity to discuss organizational processes, methodology, data collection instruments, timetable, milestones, reporting dates, tasks and responsibilities. Moreover, mid-term workshops are useful to discuss problems that may arise in the course of an evaluation and allow a joint development of strategies for solutions. Regular feedback with the other countries and a consolidation of the results on a regional level is expected.

During a regional validation workshop, the lead evaluator, optional together with his/her team members, will present the findings collected in the field to all project partners in the four countries and Caritas Germany. The workshop will be organized in order to discuss and validate findings, lessons learned and recommendations proposed by the lead evaluator. Stakeholders are invited to make recommendations for amending the review.

iii. Draft Report:

The consultant is expected to submit the primary findings resulting from his/her evaluation, as well as his/her initial recommendations to the desk officers of Caritas Germany. The Draft Report should be presented after the field work has been concluded and should incorporate comments supplied by Caritas Germany and its partner organizations.

iv. Final Report:

The final report serves to illustrate the relevant evidence corresponding with the evaluation issues, questions and criteria listed in the Terms of Reference. The final report should provide an executive summary in English. The Final report should take all aspects reviewed during validation workshops on

[3] Evaluation Matrix template, see *Annex 4*

country and regional level into consideration and is subject to approval by all partner organizations and Caritas Germany.

The proposed report structure is outlined in *Annex 2;* its length should not exceed 40 pages (excluding appendices). All documents and tools are to be written in English language.

8. Timeframe for Deliverables

The evaluation is to be carried out from 15.10.2024 to 31.03.2025 with a total of 75 days.

The timeline for the activities consists of the following phases:

Preparation Phase: 15 days

- Analysis of relevant project documents, as well as further research
- Composition of a team
- Preparation of inception report and exchange with Caritas Bangladesh, Caritas Cambodia, TRUK-F, Kaagapay and Caritas Germany
- Kick-off Workshops involving Caritas Bangladesh, Caritas Cambodia, TRUK-F, Kaagapay and Caritas Germany

Field Phase: 40 days

- Briefing with Caritas Bangladesh, Caritas Cambodia, TRUK-F, Kaagapay, Caritas Germany and other relevant actors in the four different countries
- Field visits
- Validation workshops at country level involving the relevant project partner in each country and Caritas Germany

Synthesis Phase: 20 days

- Reporting including management response workshops in each country
- Draft evaluation report
- Produce final report including revision as per feedback

The key products expected for the evaluation are the following:

Deliverable	Dates
Inception Report	05.11.2024
Draft Report	28.02.2025
Final Report	31.03.2025

The lead evaluator should present a detailed work plan and timeframe of all activities including the relevant resource allocation *(see Annex 3)*.

9. Roles and Responsibilities

The partner organizations in the four countries are responsible for organizing and facilitating the logistics in the four countries. The partner organizations and Caritas Germany will provide access to all relevant project documents.

The lead consultant and his/her team members will be working under and reporting to the Caritas Germany desk officers and the partner organizations during the evaluation phase.

10. Guiding Principles & Donor Concepts

The consultant and his/her team members are to conduct the evaluation in accordance with the principles outlined in the "Caritas Internationalis Management Standards" document[4], the "Caritas Code of Conduct",[5] as well as the "Guidelines on Combating Fraud and Corruption in the Project Work of Caritas Germany"[6]. (See *Annex 5*)

The lead evaluator and his/her team must take all required steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of the people and the communities of which they are members, as well as to ensure that the evaluation is technically accurate, reliable, and legitimate, and conducted in a transparent and impartial manner. Moreover, the evaluation should ideally contribute to organizational learning and accountability.

11. Professional Qualification and Experience

The lead evaluation consultant and his/her team members should meet with the following, required skills and competence profile:

- Evaluator should be a reliable and effective project manager with extensive experience in conducting evaluations and a proven record in delivering professional results. (Consultant is required to send samples of relevant evaluation) Required
- Evaluator should have experience in leading evaluation teams Required, preferably in transnational programs Optional
- In-depth knowledge and experience in Inclusion and CBR/CBID; Required
- Knowledge of strategic and operational management of development operations, as well as proven ability to provide strategic and practical recommendations to key stakeholders Required
- Operational experience in community based inclusion programs, particularly through participatory evaluation processes Required

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[4] See Caritas Internationalis Management Standards

http://portal.centre.caritas.de/arbeitundmensch/ci-portal/Documents/CI%20Management%20Standards%20englisch.docx

please contact desk-officer in charge if you cannot find this document or others

[5] See Caritas Code of Conduct

http://portal.centre.caritas.de/arbeitundmensch/ci-portal/Documents/Code%20of%20Conduct.pdf

[6] See Guidelines on Combating Fraud and Corruption in the Project Work of Caritas Germany

http://portal.centre.caritas.de/arbeitundmensch/ci-portal/Documents/Leitlinien%20Korruption%20englisch.docx

- Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations, and prepare well-written reports in a timely manner Required
- Experience in qualitative and/or quantitative data collection and data analysis techniques Required
- Strong expertise in using participatory tools Required
- Familiarity with transparency and downward accountability processes and their values Required
- Fluency in written and spoken English, Required, ideally in conjunction with good skills in spoken local languages of the four countries Optional
- Regional experience in Asia Required
- Country experience in Bangladesh, Cambodia, Indonesia and the Philippines Optional
- Good understanding and appropriate sensitivity regarding different cultures and traditions Required
- Minimum qualification of a master´s degree or equivalent combination of education and relevant work experience Required

12. Terms of Payment

The evaluator is to receive payment from Caritas Germany in three instalments:

- **1st Payment**: 30 % upon signing of the contract*;*
- **2nd Payment:** 30 % upon the submission of the first draft of the evaluation report;
- **Final Payment:** 40 % upon the submission of the final evaluation report, subject to its acceptance by Caritas

Caritas Germany will not settle any payment unless the consultancy teams have accomplished all the tasks in a timely fashion. The basis for payment scheduling is to be determined during contract negotiations.

13. Application Procedure

Interested candidates for Lead Evaluator should submit their applications by 15.08.2024
The application itself should include the following components:

- Curriculum Vitae (CV) including 3 professional references, and indication of daily rates
- Cover letter transparently summarizing relevant experience in inclusion and CBR/CBID as well as practical experience in planning and conducting project evaluations
- Track record of conducted studies, research, publication and references
- A technical proposal for the evaluation, including the proposed evaluation methodology and work plan
- Financial proposal[7] underlying the evaluation, including proposed fee for a maximum of 75 working days
- A sample of recent writing (report or similar) relevant to the terms of reference stated above

[7] See Financial Proposal *Annex 5*

The proposal should be addressed to:

Michael Königer and Angela Gärtner
Desk Officers
Caritas Germany
Karlstraße 40,
79104 Freiburg
Phone: + 49 (0) 761 200 196
Email: michael.koeniger@caritas.de ; angela.gaertner@caritas.de

Homepage: http://www.caritas-international.de

Annexes

- **Annex 1:** Table of content for the Inception Report # 693677 [in Terms of Reference]
- **Annex 2:** Table of content for Evaluation Report # 693679 [in Terms of Reference]
- **Annex 3:** Template for Work plan – Timeframe # 693684 [in Terms of Reference]
- **Annex 4:** Evaluation Matrix Template #693681 [in Terms of Reference]
- **Annex 5:** Financial Proposal # 693701 [in Terms of Reference]