

Terms of Reference for External Evaluation

1. Evaluation Summary

Program/Project, Project Number	Inclusive Humanitarian Actions for Rohingya in Cox's Bazaar
Partner Organisations	Centre for Disability in Development CDD
Evaluation period	November/December (tbd)
Technical Review	The main objective of the evaluation is to review the uptake of recommendations from previous evaluation conducted at the end of 2019.

2. Background of Project

The humanitarian crisis caused by escalating violence in Myanmar's Rakhine State has caused suffering on a catastrophic scale. 671,000 new Rohingya refugees had fled across the border from Myanmar to Bangladesh since 25 August¹. Thousands more reportedly remain stranded and in peril in Myanmar without the means to cross the border into Bangladesh. Refugees arriving in Bangladesh—mostly women and children—are traumatized, and some have arrived with injuries caused by gunshots, shrapnel, fire and landmines.

The recent age and disability inclusion needs assessment conducted by REACH indicate that the prevalence of disability across the Rohingya camps is 12% and persons with disabilities continue to face significant barriers in accessing humanitarian assistance¹. It is estimated that over half the camps are not reached by rehabilitation services, and that over half of persons with disabilities have not received any assistive devices despite needing them.

Since **November 2017**, **CBM** and its partner Centre for Disability in Development – **CDD** are implementing humanitarian response for the Rohingyas in Cox's Bazaar. The current strategy focuses on provision of rehabilitation services and technical advisory on disability mainstreaming.

The Rehabilitation component of the project is implemented by the health and rehabilitation center in Balukhali 2, the bus camp that provides services in the

¹ [REACH_BGD_Report_Age-and-Disability-Inclusion-Needs-Assessment_May-2021.pdf \(reliefweb.int\)](#)

host communities around Balukhali in different locations and with the home based rehabilitation teams that provide service in the area surrounding the health and rehabilitation center and the bus camp for whom are not able to come to the center for receiving the services.

In the center and in the bus camp has been provided physical rehabilitation (PT and OT), eye and ear assessment, PSS (psychological support) while the home based rehabilitation team is providing physical rehabilitation. A therapy corner has been established for longer term rehabilitation of persons with severe impairments. In addition, a referral system is established for all the beneficiaries that need further support as well as the provision of assistive device is ongoing (spectacles, hearing aid, wheel chairs, toilet chairs etc.).

The Disability Mainstreaming component of the project aims to improve the inclusion humanitarian action of other agencies through capacity building and sensitization on disability and inclusion as well on all the accessibility concept, advocating for increase the meaningful participation of persons with disabilities in all the activities and phase of the response of different stakeholders. This involves partnerships with mainstream humanitarian actors (ie. World Vision, IOM, etc.), engagement with the humanitarian coordination mechanism and leadership in the Age and Disability Working Group (ADWG).

CBM undertook an external evaluation of the Rohingya response in October-November 2019. The evaluation report highlighted many important findings as well as recommendations.

Since May 2019 the **German Federal Foreign Office** is financially supporting CBM's Rohingya Response through a project titled "Disability Inclusive Humanitarian Aid in the area of health and protection for Rohingya refugees and host communities in Cox's Bazar, Bangladesh". This project has a duration of 31 months (from May 2019 to Dec. 2021) and a total budget of 2.255.247,37€ of which 2.109.316,73 € are direct project costs.

The project aims at expanding existing rehabilitation services in the Rohingya camps and host communities. The focus is on the provision of inclusive rehabilitation services (inclusive eye health, ear and hearing care, physiotherapy, occupational therapy, speech and language therapy, provision of general assistive devices like glasses, prostheses, etc.), alternative therapy for hard-to-reach groups (e.g. deafblind), community awareness-raising on prevention of disability and advocacy for integrating rehabilitation components within the existing healthcare system. The partner establishes strong links with other (primary) health care providers to create a referral system for those patients who need (primary) health care services. The project also focuses on the inclusion of people with disabilities in other humanitarian sectors – specifically in Health, Protection and WASH. In order to achieve this, CDD and CBM build the capacities of other humanitarian organizations working in the catchment area of the programme, including CARE, IFCR, IOM, OXFAM and UNHCR. CDD and CBM provide practical advice to these organizations for disability inclusion mainstreaming

3. Objectives

The main objective of the evaluation is to assess the Relevance/Coherence, Efficiency, Effectiveness, Impact and Sustainability/Connectedness of the FFO funded project from 5/2019 until 12/2021. It will also include a review of the uptake of recommendations from previous evaluation conducted at the end of 2019: specifically, what worked well and factors which contributed to the success; challenges with taking any of the recommendations forward and factors which contributed towards these challenges and impact of recommendations not addressed

The Evaluation shall measure the achievements, i.e. outcomes, objectives and expected results based on the indicators defined in the project proposal and assess relevance, efficiency and effectiveness of the interventions in line with project output deliverables. Hereby, the end-of-project evaluation shall refer to timelines, budget and quality of implementation against targets set for the project.

As a humanitarian aid project, the evaluation shall also assess connectedness, coherence and coverage of the intervention.

Other areas of the enquiry which the evaluation needs to consider are Gender and Child Safeguarding as mandatory areas of enquiry for each evaluation. The evaluation will identify and analyse good practices and success stories for sharing and learning. It will provide recommendations and lessons learnt that help developing future projects.

Relevance:

- Are the health and rehabilitation activities and outputs of the project contributing to the planned outcome and consistent with the intended effects?
- How accessible are the project`s health and rehabilitation services? How can intersectionality of age, gender and disability be better addressed in future similar projects?
- Have recent assessments such as the REACH Age and Disability Inclusion Needs Assessment, WHO rapid Assistive Technology Assessment (rATA) and other sectoral assessments been integrated into humanitarian program planning?
- Have the results of these assessments and the rehabilitation position paper been used by mainstream organizations to make programming more inclusive?

Coherence:

- Is the project well embedded in the programme structure and does it as such complement other initiatives in an efficient way? Are interventions consistent with each other? Do duplications of activities occur?
- Have internal strategies been aligned to reflect longer term disability mainstreaming across sectors?

- Have program actions and outputs been more clearly aligned with overall program strategy? Are staff workplans aligned with the response model?
- Have clear systems of communication, coordination and learning been established between CBM and CDD?
- Has there been stronger and consistent participation in sectoral meetings to influence JRP process?
- Has there been strong leadership for technical advisory and advocacy?
- Has a process for systematizing ongoing learning been established?
- Have relationships with local OPDs to enhance their participation been strengthened?

Effectiveness:

- How realistic were the planned targets? What were constraints to achieve them and how far has the project been able to remove them?
- What have been major factors influencing the achievement or non-achievement of the objective?
- How have positive models of inclusion been created and shared? How effective have they been to influence sectors to be more inclusive?
- How has inclusion been integrated into the role of all staff (ie. Mainstreamed internally)? Have staff capacity on disability inclusion been evidenced?
- How is the program systematically ensuring accountability to the affected population? How are people from the affected population being consulted in assessments and their inputs integrated into program design?
- How has gender, intersectionality and protection been mainstreamed into strategies and processes?
- Are referrals systematically followed up?
- How effective is the current model of patient prioritization and discharge?
- Is patient documentation consistent and shared among relevant professionals?
- Does the current model of the ADWG including governance structure allow the ADWG to carry out its intended mandate?
- Are current mainstreaming efforts effective in influencing systematic change in the humanitarian system?

Efficiency:

- Has organizational readiness in terms of finance management, human resource management, and internal processes been strong enough/been strengthened since the last evaluation
- Is the current model of HBR efficient for meeting the overwhelming needs in the context while maintaining quality of patient care?
- Did CBM and CDD recruit project staff that meets the needs of the project in terms of expertise and commitment? Is there fluctuation of staff, and if yes, what are the reasons behind it?

Impact/Contribution to change

- What contribution has the project made towards increasing the health and

wellbeing of the Rohingya population and Host Community through rehabilitation and health services in the target area?

- How has the mainstreaming What was the impact of the mainstreaming work and how has this affected the lives of persons with disabilities?

Sustainability

- Are the activities likely to continue after project activities cease?
- What were major factors helping or hindering implementation? Are they likely to continue?

The 2019 evaluation can be used as a baseline for the FFO funded part of the project. The evaluation should look specifically at the achievement of the objectives according to the logframe and project documents for the FFO funded part of the project according to the DAC criteria.

The project documents for the portion of the project funded through the FFO will be provided to the evaluation team.

The evaluation should be conducted in a participatory manner with relevant stakeholders from CBM and CDD and conclude with facilitation of a reflection exercise to support the team in developing priority actions for the next phase of the response.

4. Management of the technical review and logistics

External Evaluator Team has the responsibility for carry out the evaluation of the overall CBM/CDD Rohingya Response started in December 2017 and finalize the final report and facilitate reflection workshop

Emergency Response Team Bangladesh has responsibility for: logistics in country (accommodation, transport, providing communication means to technical review team, organizing meetings etc.).

Project Partner has responsibility for: being available to be interviewed by the technical review team, facilitating access to data and project team, facilitating meeting beneficiaries if requested and support the Emergency Response Team for logistic in country.

Emergency Response Unit has responsibility for: Overall management of the technical review, providing all information related to emergency Rohingya response and being available for interviews if requested.

CBM International has responsibility for: ensuring that evaluation remains in line with requirements from MOFA and reporting back to MOFA

6. Methodology

The evaluation team will develop the detailed methodology and tools in collaboration with CBM. A mixed methods approach is expected that includes a desk review of reports, project-specific evaluation reports, case study, training reports, etc. and interaction with main stakeholders incl. CBM and partner staff, other humanitarian organisations and beneficiaries through Key Informant Interviews and Focus Group Discussions.

The evaluation team is expected to submit an evaluation plan/inception report which will provide details of the methodology shortly after commencement of the evaluation.

Findings from CBMs 2019 external evaluation of the Rohingya Response shall be specifically considered.

7. Expected Results

1. An inception report including the detailed plan for the conduct of the evaluation to be delivered. It will include the mission schedule, a list of persons to be interviewed and the methodology of the evaluation.
2. A final report (around 10 pages) containing analytical elements related to the issues specified in this ToR. The report shall contain a short executive summary and a main text, both inclusive of clear and concise recommendations. Annexes should include a list of all individuals interviewed, a bibliography, a description of method(s) employed, a summary of survey results (if applicable), and any other relevant materials.
3. A PPT presentation which can be shared with a broader CBM audience
4. A reflection workshop from which clear priority actions for the next phase will be drawn out with the team and included in the final report.

Draft reports will be submitted to the CBM ERU, CBM CO and CDD for comments before the finalization of the final report.

8. Duration and Phasing

The evaluation will take place during November/December. Due to COVID-19 travel restrictions, it is only expected that domestic travel to Cox's Bazaar involving consultant(s) in Bangladesh will take place.

The final version of the report needs to be shared **mid February 2022**.

All interested candidates are requested to submit:

- Expression of interest including Experience
- Technical and Financial Proposal
- Brief description of consultancy firm/consultant/team
- Detailed CVs of each suggested team member
- Understanding of this TOR and suggested methodology
- Availability of team and suggested schedule
- Financial proposal

Both national and international individual consultants or organizations are encouraged to apply, however, preference will be given to applicants with: National presence in Bangladesh who would be able to travel to Cox's Bazar to conduct the evaluation. Technical skills and experience in both disability inclusion and rehabilitation.

Each team member, incl. interpreters, enumerators etc. need to fully comply with and sign CBM's Code of Conduct and Child Safeguarding Policy as well as commitment to data security and privacy.

Please sent your application to: alberto.tonon@cbm-global.org