

Guideline for Preparing Terms of Reference for Evaluating Project/Program/Organization Performances/Results

1. Preamble

It is hardly new for project managers to participate, in one way or the other, in preparing Terms of References (TORs). While reviewing the TORs developed yet, however, we have learnt that even similar projects have different contents. Some also miss important components. Thus, this guideline is adapted in an intention of standardizing TORs for evaluating projects/programs/field offices performance. It can also be adopted for other consultancy services CARE would like to contract out.

A TOR is a document which describes the purpose, structure and sets out a roadmap for a given task either to contract out to consultants or planned to be done by staff. In order to serve its purpose, it should give the concerned team/individuals a clear guide for planning starting from what needs to be achieved, by whom and when. TORs are especially useful for those who are going to carry out the task in estimating the required amount of resources (time, financial, human and/or material) and designing methodologies.

This outline is meant to assist program managers in preparing terms of references for different types of evaluations: process evaluations (annual review, desk review, panel monitoring, etc) or mid-term reviews, and final valuations. For standardization purpose CARE Ethiopia's Learning Design & Monitoring (LDM) Unit has developed the following outline to guide the development of a TOR. But, in some cases it may not be necessary to deal with some of the topics or needs replaced with other important once. Please note that the depth of the discussion in each topic depends on different considerations like whether the task is going to be done by staff or needs to be outsourced and carefully designed not to rule out the creativity of the team/individuals carrying out the task.

- Background
- Objectives and scope of the evaluation
- Proposed considerations in designing the methodology
- Summary of study steps
- Risks and assumptions
- Evaluation team
- Proposed work schedule
- Deliverables
- Attachments (optional)

2. Background

In this section introduce the project/program that is going to be evaluated. You can also include how the project is reinforcing with other similar projects for better results. The background section, in general, should make clear:

- The purpose of the program/project: What was the rational for designing the project? What are the general and specific objectives of the project?
- The strategy applied: Is CARE directly implemented/implementing the project/program or through its partners? Who are the stakeholders? To what extent was their involvement?

- Funding sources, amount and duration: For how long the project has been implemented? What are the financial sources of the project?
- The target audience: According to the proposal document, who were the direct and indirect beneficiaries? How many people/households have been planned to benefit from the project?
- The geographical areas covered by the program/project: Which segments of communities have been targeted? If there is an estimated number of the population of the target community please include it here. What proportion of the community was supposed to benefit out of the project?
- Timeframe: provides details on the project timeframe, mention if there have been extensions in the project, and if so the reason for this.

3. Objectives and scope of the evaluation

It is recommended that evaluations be guided by the criteria of relevance, effectiveness, efficiency and sustainability. Besides, according to the CARE International Evaluation policy, "... evaluations need to test the relationships between a project's or program's efforts and progress towards CI's Vision and Mission. Whenever appropriate, evaluations should include assessments of contributions to the achievement of relevant Millennium Development Goals and Indicators". And "all evaluations need to include an analysis of the degree and consequences of implementation of the CARE International Program Principles and Standards as well as contributions towards Country Office strategic plans". (For farther reference please see the attached CARE Evaluation Policy).

Considering project/program objectives, CARE Ethiopia's Strategic Plan strategic directions and milestones, and CARE International Vision and Mission, and CI's Programming Principles¹ clearly define the objective/s of the assessment. You can have more than one objective or include sub-objectives. But, do not forget that the more in the number of the evaluation objective the more the process and analysis gets complex. Thus, draw one to four objectives and some sub-objectives under each main objective.

In this section, clarification on what the evaluation will not be able to examine should also be provided. For instance, for a livelihood program measuring the household average monthly income might be considered as a good indicator. But, it requires conducting a household survey which is expensive. Thus, in the TOR you should clearly mention whether you can afford to conduct a household survey (or other intensive types of data collection) or would like to rely on secondary sources.

All evaluations need to include a significant participation and high level of influence of project/program participants as well as relevant parties external to CARE.

4. Proposed considerations in designing the methodology

Depending on the type of evaluations, a combination of qualitative (desk reviews, key informants interviews, focus group discussions, observations) and quantitative (household surveys, health facility surveys or other special surveys) methods need to be used and spelled out in this section.

¹ Whenever appropriate, evaluations should include assessments of contributions to the achievement of relevant Millennium Development Goals and Indicators.

The sampling frame also needs to be provided in this section. Again, the type of evaluation will determine the size, with impact studies requiring much more rigour than the other ones. Here note that, in general, each evaluation is recommended to adhere to the methodology applied during the baseline surveys.

5. Summary of study steps

It is suggested that evaluation plans contain a section covering the key steps to be taken from the planning to the reporting phases. If the evaluation is planned to out source, in each step specify the support CARE can extend. Providing logistic support, arranging office spaces, arranging meeting hall, providing computers, and appointing staff to work with the consultant/s are some of the examples CARE might take as its role. Please consult the concerned units to define CARE's role.

Step 1: Developing a common agenda

- Determine the study design
- Define the study type - qualitative focus group discussion, key informants interview, etc and quantitative household survey, secondary sources and service records
- Recruitment of interviewers

Step 2: Briefing/training the study team

- Training should cover the objectives of the evaluation, contents and concepts, as well as interviewing techniques and discussions on quality control.

Step 3: Data collection process - When and how the data is planned to collect? Is there any specialization or experience required from data collectors? Which period is good to collect especially household data? Is there any particular event that might hinder or facilitate the data collection?

Step 4: Data processing and analysis - If there is software you have particular interested with for data analysis, please specify. For instance, if the monitoring data is encoded with EpiEnfo, you may require making comparisons with the information collected during evaluation. Here note that Statistical Package for Social Science (SPSS) is the most common software for data analysis.

Step 5: Compilation and submission of draft report and organizing debriefing session - Specify the due date for draft report submission. For learning purpose and to get an input from staff, the LDM Unit recommends the organization of debriefing session to discuss on draft evaluation reports with the relevant units/departments.

Step 6: Submission and discussion of final report - Indicate the final report submission date. After how many days/weeks, following the submission of the draft report, should the final report submitted to CARE? If you feel important, you can define the outline of the evaluation report (major components of the report).

6. Risks and assumptions

All evaluations involve some risks and assumptions that need to be addressed at the beginning of the process so that they can be minimized as much as possible. Do you think there are risks the consultant or the duty bearer in general may face during evaluation process? What assumptions, which existence might have an impact on the evaluation

process, can be drawn? What if CARE or the other party declined, due to some reasons, to carry out the evaluation survey? For instance, you can mention the possible sources of secondary information and the risk to conduct a household survey in a certain period like harvesting time.

7. Evaluation team

This section should specify the composition of the evaluation team. The credibility of the evaluation depends on the expertise and independence of the evaluators and the degree of transparency of the evaluation process. The Evaluation Team in general should have relevant evaluation experiences in related area of study, in addition to the strong management and coordination skills and expertise. The evaluation should be independent and impartial while providing opportunities for the involvement of key stakeholders at specific stages of the process. This will foster a learning environment in which the evaluation findings will be linked to future policy and program development.

There are some consultants who are using CVs of those who are not taking part in the evaluation process. Therefore, to avoid these kinds of situations, include a statement like "When it feels important to do, CARE shall contact those persons whose CV is attached with the proposal individually without the prior notice to the consultant firm or lead consultant" in the TOR.

8. Proposed work schedule

It is suggested that a table showing the work schedule be produced for monitoring purposes. Refer section 5 - summary of study steps - to set the timetable. Timing for each stage will depend on the type of evaluation and deadlines set by donor or other stakeholders. In cases of the consultancy services, it is better to leave the details for competing consultants.

9. Deliverables

Expected deliverables include:

- Final evaluation report: Indicate the required number of hard and electronics copies. Do you want the report to follow an outline you have in mind? What other documents do you need to be produced? Cases? Best stories? Best practices? Challenges? Lessons learned? Specify your requirements in this section.
- You should provide an outline the evaluation report should follow. At minimum it should include the following:
 - ✓ Name of project and country, PN (Project Number), dates project was operating, and date of evaluation;
 - ✓ Names and contact information of those conducting the evaluation, including external consultant(s) (if used).
 - ✓ Executive summary;
 - ✓ Principal findings, including lessons learned that could be useful to the wider CARE and development community, and recommendations for future programmes/ projects.
 - ✓ Annexes, at minimum, should include :
 - Terms of Reference;
 - Study methodology, including key research questions or hypotheses, operationalization of key concepts, strategies to achieve appropriate

controls (e.g. comparison with non-project groups), sampling strategies, and data analysis procedures;

- *Data gathering instruments (observation guides, surveys, focus group discussion guides, etc.);*
- *Data presentation and analysis.*
- The raw data: For reference purpose the electronic copies of the raw data should have to be documented at LDM Unit. Mostly this is applicable for quantitative survey.
- Copy of the data collection instruments: The data collection instruments should be either annexed with the main document or submitted to LDM Unit separately.
- Presentation of the main findings: Please indicate presenting the main findings to CARE and/or partners' staff is a must.

10. Attachments

Do you feel that there are documents important to share to the consultant/s or evaluation team? If so, attach it. Log frames are one of the documents that should be attached with the TOR. If other documents are bulky, just provide information where to find it (you can say "project proposal and other relevant documents can be found from CARE Addis _____ unit/department" or "For further information and relevant documents, please contact Mrs./Ms./Mr./Dr. _____ Email address _____, Telephone +251(0)116183294/Ext. _____").