

Terms of Reference for the summative evaluation of UNICEF Ethiopia CP-WASH integrated project funded by KOICA

Summary

Type of Contract (tick the appropriate box)	Consultant Contract	Individual Contractor	Institutional Contract	LTA
Title	Summative evaluation of the WASH-CP integrated project on resilience, peace, and protection for children affected by conflict and displacement in Ethiopia.			
Purpose	This evaluation will gauge the project's overall results and performance against its set targets and assess the sustainability and continuity of the project. It will help determine whether the outcomes achieved are likely to be sustained after the project ends, including examining the capacity of local communities and systems to maintain the progress made.			
Expected fee	USD 100,000			
Location	Ethiopia (Gambella, Oromia, and Central Ethiopia Regional state)			
Duration	7-9 months			
Start Date	October 2024			
Reporting to	Evaluation Specialist			
Budget Code/PBA No	SC 210427			
Project and activity codes	1410/A0/07/005/001/001			
Type	Evaluation (an assessment of an on-going or completed project, programme, or policy)			
Date of preparation of ToR	August 2024, Updated in September, and November 2024			

1. Introduction

1.1. Country Context

In Ethiopia, the cycles of conflict, violence, climatic-shocks, and displacement hinder development and progress toward national goals and the Sustainable Development Goals (SDGs), particularly in gender equality, water, sanitation, hygiene, and child protection. The country is highly vulnerable to ongoing man-made and natural disasters, enhanced by its proximity to conflict-prone countries - Somalia, Eritrea, South Sudan and Sudan - in a region also highly vulnerable to climate change. Ethiopia is placed on the International Rescue Committee's 2024 emergency watchlist as drought-stricken communities face the twin threats of conflicts and the likelihood of El Nino-induced flooding, with 3.1 million people internally displaced and 954, 000 refugees and asylum seekers. ¹ Conflict was the primary reason for displacement reported nationally followed by draught and other climate induced reasons. Other climate-induced reasons include displacement due to flash floods, seasonal floods, landslides, and fire.²

Ethiopia is also the third largest refugee-hosting country in Africa hosting asylum seekers predominantly from South Sudan, Somalia, and Eritrea. With the outbreak of conflicts in Somalia and Sudan, the country had more than 150,000 new refugee arrivals in 2023. The majority lives in 24 refugee camps established across five regional states. Over 70,000 others also reside in the capital Addis Ababa as urban refugees. 47% of the refugees are women and girls, while 59% are children³

Internally displaced persons (IDPs), refugees, and returnees in Ethiopia face significant challenges due to ongoing conflicts which lead to exacerbated displacement and insecurity. Climate-induced events such as droughts and floods further exacerbate displacement, especially in the Somali, Oromia, and Afar regions. These populations struggle with access to essential services like shelter, healthcare, education, and livelihoods, increasing their vulnerabilities. Additionally, the combination of conflict, climate events, and disease outbreaks heightens humanitarian needs across the country. Vulnerable groups, including girls, women, children, and the elderly, face higher protection risks with an additional burden of disrupted social

¹https://www.rescue.org/sites/default/files/2023-12/CS2401_Report_Watchlist_Final_30MB_0.pdf

² International Organization for Migration (IOM), Jul 26 2024. DTM Ethiopia – National Displacement Report 19 (November 2023 - May 2024). IOM, Ethiopia.

³ <https://www.unhcr.org/countries/ethiopia>

services such as health and education, underscoring the urgent need for comprehensive and coordinated humanitarian responses to support these populations.

The Government of Ethiopia was an early global leader and showcases continued commitment to the Global Compact on Refugees (GCR)/ Comprehensive Refugee Response Framework (CRRF) agenda. The Global Compact of Refugees is a framework for more predictable and equitable responsibility-sharing, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation, signed on 17 December 2018. It provides a blueprint for governments, international organizations, and other stakeholders to ensure that host communities get the support they need and that refugees can lead productive lives. It constitutes a unique opportunity to transform the way the world responds to refugee situations, benefiting both refugees and the communities that host them. The GCR set out to ease the pressure on host countries, enhance refugee self-reliance, expand access to third-country solutions, and support conditions in countries of origin for return in safety and dignity. As a constituent of its four parts, drawn from the New York Declaration for Refugees and Migrants, it includes the Comprehensive Refugee Response Framework.⁴ At the heart of the CRRF is the idea that refugees should be included in the communities from the very beginning. When refugees gain access to education and labour markets, they can build their skills and become self-reliant, contributing to local economies, and fuelling the development of the communities hosting them. Allowing refugees to benefit from national services and integrating them into national development plans is essential for both refugees and the communities hosting them and is consistent with the pledge to “leave no one behind” in the 2030 Agenda for Sustainable Development.⁵

The Federal Government of Ethiopia (GOE) endorsed The Strategic Plan to Address Internal Displacement in Ethiopia and the Internally Displaced Persons (IDP) Recovery Plan, which guided the return and relocations of IDPs. After the two policy documents, the GOE and the UN jointly launched the Durable Solutions Initiative (DSI) Ethiopia in December 2019. The Ethiopia Durable Solutions Initiative DSI aims to support internally displaced persons (IDPs) in Ethiopia by providing a principled framework for designing and implementing solutions that respect their human rights. It calls for a collaborative effort between the GoE, international organizations and local communities to implement initiatives focused on

⁴ <https://www.unhcr.org/about-unhcr/overview/global-compact-refugees>

⁵ <https://www.unhcr.org/what-we-do/protect-human-rights/asylum-and-migration/new-york-declaration-refugees-and-migrants-0>

voluntary return, local integration, or relocation of IDPs with comprehensive support (measures like access to land, social services, and economic opportunities) to help IDPs rebuild their lives.⁶

The FDRE Refugees and Returnees' Service (RRS) is the Ethiopian government's leading office in protecting refugees and coordinating assistance throughout Ethiopia. It works to support and maintain the physical safety of refugees as well as ensure refugees live in dignity as well as take the lead in coordinating and managing ongoing refugee programs while availing land to set up camps. The Refugee and Returnee Service (RRS) in Ethiopia has implemented comprehensive Water, Sanitation, and Hygiene (WASH) programs to ensure access to clean water and proper sanitation facilities for refugees. These efforts include the construction of water supply systems, latrines, and hygiene promotion activities to prevent waterborne diseases and improve overall health conditions. Additionally, the RRS provides comprehensive protection services, including physical protection, registration and documentation, and refugee status determination to safeguard the rights of asylum seekers and offer special services for vulnerable groups such as persons with disabilities and unaccompanied children.⁷

UNICEF works around the world to help protect the rights of migrant and displaced children. Migrant and displaced children face numerous challenges in transit, at destination and upon return, often because they have few – or no – options to move through safe and regular pathways whether on their own or with their families. They may be forced into child labour, pressed into early marriage, exposed to aggravated smuggling, subjected to human trafficking, and put at risk of violence and exploitation. They often miss out on education and proper medical care, and don't find it easy to feel at home in the communities they arrive in; trying to learn a new language and fit into a new culture can make things especially hard. These difficulties have lasting physical and psychological effects and can prevent children on the move from reaching their full potential.

The suffering and exclusion of migrant and displaced children is not only unacceptable, but also preventable. **A child is a child, no matter why she leaves home, where she comes from, where she is, or how she got there.** Every child has the right to protection, care and all the support and services they

⁶ [Durable Solutions Initiative Ethiopia brochure.pdf \(iom.int\)](#)

⁷ <https://www.rrs.et/>

need to thrive.⁸ UNICEF has renewed its commitment to children on the move across all five goal areas in its Strategic Plan 2022-2025 to protect them from exploitation and abuse, amplify their voices, and help them develop skills for the future.⁹ It is strongly dedicated to the Global Compact on Refugees and is working jointly with partners to help reach its objectives. It has developed a six-point agenda for action containing attainable solutions for uprooted children. These actions are i) Press for action on the causes that uproot children from their homes ii) Help uprooted children to stay in school and stay healthy iii) Keep families together and give children legal status iv) End the detention of refugee and migrant children by creating practical alternatives v) Combat xenophobia and discrimination and vi) Protect uprooted children from exploitation and violence.¹⁰

2. Evaluation Object (UNICEF Ethiopia CP-WASH integrated project)

UNICEF is supported by KOICA to implement an integrated child protection (CP) and water and sanitation (WASH) project titled ‘Resilience, Peace and Protection for Children affected by Conflict and Displacement in Ethiopia’ which began in July 2021 for 42 months (3.5 years) with a closure date of December 2024. The project aimed to ensure children (including adolescents), families and communities affected by conflict and displacement are safe and protected and their resilience is enhanced through strengthening communities’ and systems’ resilience to shocks and the prevention of violence and promotion of positive social norms. The integrated WASH and Child Protection approach is supporting humanitarian-development-peace (HDP) nexus interventions for IDPs, refugees, and host communities, aiming to strengthen resilience, promote social cohesion, and prevent violence against children.

UNICEF is driving system-level changes at national and regional levels while also focusing on community engagement to ensure sustainable change through systematic collaboration national and sub-national partners. It is the sector lead for child protection and WASH in Ethiopia. In the humanitarian setting, UNICEF leads among all UN agencies, government, and development partners, as per the humanitarian cluster system, the Child Protection Area of Responsibility (AOR) and WASH Cluster Coordinator.

⁸ <https://www.unicef.org/migrant-refugee-internally-displaced-children#:~:text=UNICEF%20works%20around%20the%20world%20to%20help%20protect,babies%20in%20private%2C%20where%20separated%20families%20can%20reunite.>

⁹ <https://www.unicef.org/reports/unicef-strategic-plan-2022-2025>

¹⁰ <https://www.unicef.org/children-uprooted/agenda-for-action>

Leveraging this comparative advantage UNICEF uses water as the entry point for development and resilience-building interventions. The drought-prone regions or regions with significant numbers of displaced people are extremely vulnerable to climactic shock or even weak provision of service delivery (including water) and require frequent and costly emergency interventions (such as water trucking). The Climate Resilient WASH approach aims to reverse this cycle by identifying resilient water sources, and ensuring they are developed for the benefit of communities. Following the provision of safe and reliable water supply (provided through cost-sharing programme implementation), UNICEF will aggressively pursue interventions on sanitation and hygiene to maximize the health and societal benefits from the project.

A climate resilient WASH approach for IDPs and refugees also reduces conflict over scarce communal assets, which has implications for reducing women's and girls' vulnerability to gender-based violence (GBV) in humanitarian settings, when women and girls often contend with both their physical security when dealing with water insecurity in camps and temporary settlements. Moreover, it is the key stone of a peacebuilding strategy since it mitigates the tension between displaced communities, including refugees and IDPs, and host communities, over scarcity of resources, which in turn means peace building investments can be made to promote social cohesion.

With the project UNICEF also addressed the vulnerabilities of women and girls in the target areas to ensure that services and facilities specific to women and girls are prioritised, for instance menstrual hygiene and health services such as 'safe spaces', with emphasis on co-creation of solutions with communities as a way to ensure sustainability of results and empowerment of communities towards their own resilience. Empowerment of women and girls, and other vulnerable populations is a precondition to ensuring sustainable outcomes in the humanitarian development nexus. This was complemented by the promotion of positive social norms such as behaviour change approaches to tackle open defecation, introducing innovative sanitation solutions, such as sanitation marketing, and harmful practices, such as child marriage and FGM. UNICEF sought to ensure that systems for child protection, including the social service workforce, child protection case management, and data, worked for all children, in IDP, refugee and host community settings, adhering to international standards. It also invested in the empowerment of children, including adolescents and youth, to ensure that their voices and experiences shape the solutions in their own communities, promoting the resilience, social cohesion, and peace from within communities.

The main project outcomes and outputs were:

Outcome 1: By 2024, children, families and communities from refugee, IDP and host communities' benefit from strengthened resilient WASH and child protection services and systems

Output 1.1: Support and strengthen resilient services and systems

Output 1.2: Promotion of resilience among children and communities

Outcome 2: By 2024, children, families and communities from refugee, IDP and host communities benefit from promotive and preventative WASH and child protection services

Output 2.1: Prevention of violence against children and women

Output 2.2: Promotion of positive social norms

Although a theory of change for the project is not available the logical framework detailing the activities is included in Annex 3 of the ToR.

The project aimed to reach at least 69,919 girls, boys, women and men with protective, promotive, and responsive WASH and child protection (CP) services in three regions with host community, IDPs and refugees. Promising a strong focus on girls, it was estimated that 60% of targeted children would be girls. The implementation woredas¹¹ are Itang in Gambella region; Meda Welabu in Oromia; and Doyogena in Central Ethiopia Regional State (CERS) (See Annex 2 for project location map). UNICEF, in consultation with Regional Water Bureaus, selected these towns based on drought and low water service coverage. Furthermore, it was estimated to benefit 279,676 communities indirectly. The total cost for the project is 6,000,000 USD.

Thus far the project has delivered comprehensive system strengthening and resilience-building interventions to target populations benefitting refugees, displaced populations, and host communities with promising results. In the year 2023, for instance, the SBC-WASH component conducted effective edutainment campaigns engaging a total 126,222 individuals, including 48,471 females and 77,751 males, as well as 34,189 adolescents, consisting of 16,096 boys and 18,093 girls. As a direct result of this comprehensive WASH program, combined with the regular WASH program of the Woredas, a total of 31 Kebeles successfully attained Open Defecation Free (ODF) status out of the targeted 35 Kebeles. Child protection interventions on the other hand have impacted 54,196 individuals (7,759 women, 3,893 men, 25,543 girls, and 17,001 boys), including those residing in temporary encampments. These efforts encompass capacity building in identifying and reporting Violence Against Children (VAC) and Harmful Practices (HP), parenting skills training, Mental Health and Psychosocial Support (MHPSS), and the development of information management systems. Additionally, they have strengthened coordination

¹¹ A Woreda is an administrative unit similar to a district.

platforms, adopted a multisectoral approach, and improved case management systems to ensure more effective interventions.

The implementing partners are Save the Children International (SCI) and Population Media Centre in CERS and Oromia, and Plan International Ethiopia (PIE) in Gambella. To make sure all gains made during the project are sustained, UNICEF and partners are working closely with the regional Bureaus of Women and Social Affairs, Education bureau, Water and Energy Bureau and Health bureau in the host community and FDRE Refugees and Returnees Service (RRS), One WASH National Program (OWNP), and UNHCR nationally.

The KOICA-funded project has far-reaching value for two main reasons. First, it contributes to the Global efforts to transform the lives of refugees and migrants as part of the UNICEF country strategy. UNICEF's interventions around WASH and Child Protection for protracted cases of internally displaced persons and refugee populations in the selected sites is a demonstration of the principles of the humanitarian development and peace nexus. Second, the project acknowledges the 'care and maintenance approach' to utilities and services for vulnerable populations is not sustainable. Therefore, in both WASH and CP, it aimed to increase investment in systems strengthening to ensure long-term gains of a functioning system via humanitarian-funding yielding dividends for host communities as well.

3. Evaluation Purpose

The summative evaluation of the "Resilience, Peace, and Protection for Children affected by Conflict and Displacement in Ethiopia" project (concluding in December 2024) has a dual purpose to serve both learning and accountability. It is aimed to ensure learning from the programme implementation and accountability to rights holders and the donor by rigorously assessing the project's performance, achievements, and adherence to its objectives. The evaluation will systematically gauge the project's relevance, effectiveness, efficiency, and coherence in addressing the needs of children affected by conflict and displacement, as well as its impact on strengthening resilience and protection for these vulnerable populations.

A primary purpose of this evaluation is to determine the sustainability of project outcomes, specifically the likelihood that results and benefits will be maintained post-implementation. This includes an analysis of the capacities of local communities, partners, and systems to continue progress in child protection (CP) and water, sanitation, and hygiene (WASH) interventions.

The evaluation will be used in multiple ways, mentioned below:

Use of Evaluation: The evaluation will serve as a learning and accountability instrument for UNICEF, KOICA, the Government of Ethiopia (GoE), and partner organizations. It will provide insights into the

WASH and Child Protection (CP) needs of beneficiaries, highlight best practices from UNICEF programming, and examine the synergy between these sectors in the context of refugees and displaced persons. Additionally, it will identify best practices to use in future interventions and ineffective strategies to avoid while also examining the intended and unintended outcomes resulting from the current design.

The evaluation serves as a crucial tool for accountability to stakeholders, engaging both right holders and duty bearers who have a vested interest in its outcomes. By providing insights into the value added to their lives and well-being through this project, stakeholders will contribute significantly to the evaluation. The results will be instrumental in drawing lessons and adapting productive mitigation strategies. Additionally, the findings will support advocacy for continued systems enhancement. Donors, who require evidence of effective fund utilization, will benefit from a summative evaluation that offers a comprehensive report on the project's success, challenges, and overall value for money. This evaluation also ensures that the project truly benefited the targeted population, validating the appropriateness and effectiveness of the interventions.

Users of Evaluation: Both UNICEF and KOICA will be the primary users of this evaluation, UNICEF participating programmes will learn immensely from this evaluation and use it to inform future programme design and advocacy with the developmental partners for continued investment in services to displaced and migrant communities who are affected by the protracted humanitarian situation in the horn of Africa. KOICA will learn from the evaluation findings and recommendations as part of the overall donor accountability and cost efficiency framework.

Secondary users are right holders, duty bearers, wider community, government entities (Ministry of Water and Energy, Ministry of Women and Social Affairs, Refugees and Returnees Service, Ministry of Health, Ministry of Education, regional bureaus), implementing partners (Save the children international, Plan International Ethiopia and Population Media Centre), and partner agencies (UNHCR). Secondary users will ensure sustainability of gains made from the project implementation in advancing children's right to clean water and a clean and safe environment to live in under the Convention on the Rights of the Child - particularly the most vulnerable children who are part of displaced and migrant communities facing encounter danger, detention, deprivation, and discrimination.

4. Evaluation Objectives

The evaluation will focus on the following key objectives:

- a. Assess the extent to which the project has achieved its primary objectives and intended and unintended outcomes, focusing on measurable changes in Knowledge, Attitudes, and Practices (KAP) related to

WASH, menstrual health hygiene (MHH), and child protection behaviours among target populations, with specific attention to marginalized girls, boys, and children with disabilities.

- b) Evaluate the cultural relevance, effectiveness, efficiency, and sustainability of local market solutions for menstrual health and inclusive hygiene products, analysing their impact on social norms, attitudes, and access to essential resources for girls, especially those with disabilities within communities.
- c) Examine the coherence and multiplier effects of multisectoral collaboration across WASH, child protection, and social and behavioural change components, assessing how this integration contributed to enhanced outcomes for marginalized girls, boys, and children with disabilities.
- d) Analyse the sustainability of project outcomes, identifying which community-based approaches and structures are most likely to sustain impact for marginalized groups, including girls, boys, and children with disabilities, with minimal external support.
- e) Assess and analyse the Theory of Change by incorporating evaluation insights and stakeholder perspectives, showing how effectively or not the causal linkages worked, identifying necessary gaps and preconditions to inform future programming that can more effectively support resilience, peace, and protection for girls and boys, particularly those with disabilities and from the marginalized groups, affected by conflict and displacement.
- f) Document key lessons, challenges, and mitigation strategies used during project implementation, and to produce actionable recommendations that support KOICA, UNICEF, and other stakeholders in improving future humanitarian and development interventions for marginalized girls, boys, and children with disabilities in conflict-affected and displaced populations.
- g) Assess how gender, disability inclusion, and the needs of marginalized children (girls and boys) were addressed within project activities, assessing the effectiveness of these efforts in promoting equitable access, participation, and outcomes in child protection and WASH interventions for all target groups.

5. Evaluation Scope

Thematic Scope: the evaluation will examine the relevance, effectiveness, efficiency, coherence, impact, and sustainability of the KOICA CP-WASH ‘Resilience, peace and protection for children affected by conflict and displacement in Ethiopia’ project. The evaluation will assess the two outcomes anticipated from the project under the WASH and child protection sectors with due attention given to cross-cutting themes such as gender transformative approach, disability inclusion, and youth and adolescent engagement.

Temporal Scope: The KOICA CP WASH project begun in July 2021 with a planned end date of December 2024. Currently it has entered its final stages. The temporal scope of the evaluation will be from July 2021 to October 2024.

Geographic Scope: the project is implemented in three regions in Ethiopia, namely Oromia, Gambella, and CERS. In each region on woreda has been targeted. These are Meda Welabu in Oromia, Itang in Gambella, and Doyogena in CERS. The programme included 23 kebeles¹² in Itang Woreda, and Ngunyiel and Kule refugee camps, 18 kebeles in Meda Welabu, and 18 kebeles and 3 IDP sites in Doyogena. The evaluation will encompass all implementation woredas.

6. Evaluation Criteria and Questions

In line with the OECD/DAC evaluation criteria of relevance, efficiency, effectiveness, coherence, impact and sustainability, this evaluation aims to address the following key evaluation questions to meet the evaluation objectives.

Evaluation Criteria	Evaluation Questions
Relevance	<ul style="list-style-type: none"> • How relevant and responsive have the interventions been to community needs, priorities, and commitments? • To what extent is/do the child protection interventions and implementation relevant in addressing drivers of VAC, GBV and harmful practices ? • To what extent the project achieve targeting and addressing the needs of the most marginalised members of the community such as children/ persons with disabilities? • Have vulnerable members of the community (Girls, women, persons with disabilities, the elderly etc.) been consulted in the design of context-specific

¹² A kebele corresponds to a municipality. It is the smallest administrative division in Ethiopia.

	<p>WASH and child protection interventions, especially in the construction of WASH facilities?</p>
<p>Effectiveness</p>	<ul style="list-style-type: none"> • Did WASH and child protection service practitioners develop practical technical skills and competencies from capacity-building activities? How have they been using these skills to contribute to efficiency in resource utilization, operational improvement, and impact achievement in these programs? • Have WASH facilities at the school and community level been constructed and rehabilitated according to planned quantity and standards, with due consideration to accessibility for persons with disabilities? To what extent are they utilized, operated, and maintained by stakeholders? • To what extent were the project interventions effective in bringing about change in Knowledge, Attitudes, and practice regarding menstrual health and hygiene among both girls and boys? Did they bring about significant change in the attitude of boys and men in breaking the silence around menstruation and supporting girls and women? • How effective are the community platforms such as gender clubs in bringing change in KAP and ensuring accessibility of information to children with disabilities? • How well did the established sanitation marketing centers function to ensure community impact and sustainability? • To what extent did the intervention change knowledge and shift attitudes among girls and community members regarding VAC, GBV, and harmful practices? • How aware are the community members, including children and families (including persons with disabilities), of the referral pathway and the services available to them? Is the referral pathway accessible to all children, including those in remote or marginalized communities? How quickly are referrals processed once they are made, and are there any bottlenecks in the process?

	<ul style="list-style-type: none"> • How effectively did the project enhance the ability of girls and families to resist or delay marriage and abandon FGM despite social pressure? Specifically, how many girls have avoided child marriage to pursue their education and other occupations? • How effective have the interventions been in ensuring quality accessible services, facilities, and inclusive programming for individuals with disabilities including their access to case management and psychosocial support and participation in community-based child protection mechanisms?
Efficiency	<ul style="list-style-type: none"> • Were the size, scale, and approach of interventions appropriate and cost-effective in addressing each identified need? • Were MHH supplies such as menstrual pads and underwear efficiently distributed in schools and the community? • Have the efforts in strengthening local production and supply chain for menstrual health and inclusive hygiene supplies bear fruit on availability, affordability, and use? • How were hard to reach/most vulnerable children (including children with disabilities) children reached by the community based structures? How many children were identified and referred to the essential services? What follow up was done by the community-based structure to ensure the children received services? • How well did UNICEF and programme implementing partners collaborate with local service providers, various duty bearers, and government counterparts to streamline the implementation? Were there significant stories showcasing the collaboration?
Coherence	<ul style="list-style-type: none"> • Was the multisectoral approach encompassing WASH, child protection, and social behavioral change activities stronger in addressing the needs of targeted vulnerable populations?

<p>Orientation to Impact</p>	<ul style="list-style-type: none"> • To what extent has the programme been successful in achieving the overall desired results of the programme? What have been the key achievements, intended or unintended outcomes of the programmes interventions? • To what extent has the project strengthened the long-term capacity of girls and families to resist child protection issues including GBV and harmful practices like child marriage and FGM? • To what extent the interventions brought a change in knowledge and shifted attitudes among girls and community members toward the intended changes of the programme? • How and in what ways has the project impacted/influenced the overall well-being, resilience and gender equity of girls’, families, and communities in the face of social pressures and harmful practices and access to child protection services? what capacities has it built?
<p>Sustainability</p>	<ul style="list-style-type: none"> • Is there evidence that the initiative is likely to grow – scaling up and out – beyond the project life? • Were outputs and outcomes of the intervention successfully integrated into the local systems and practices for long term sustainability? • Which changes in attitudes and practices the programme brought about and likely to last in the lives among of girls, families, communities, and stakeholders?

The above are only the indicative questions to help the evaluation team think and reflect, the evaluation criteria and questions will be refined during the inception report to best align with the evaluation’s objectives and purpose in the light of data availability and limitations. The consultancy team will be tasked with proposing the final evaluation questions, conducting an evaluability assessment for each question, developing sub-questions, and creating an evaluation framework that outlines data collection and analysis strategies. Additionally, all questions will be designed to respect human and child rights, give emphasis to gender issues, and include participation of persons with disabilities.

7. Evaluation Methodology

7.1. Evaluation Approach

Due to the absence of a baseline, the evaluation poses challenge to employ a robust evaluation design. However, with the help of documentation available to support baseline information, it is strongly proposed to use the most robust evaluation methods such as quasi-experimental design e.g. using the Difference in Difference method by comparing the outcomes in the treatment group (those who received the WASH and Child Protection interventions) with those in the control group (similar communities or populations that did not receive the interventions). The evaluation team is welcome to propose the below indicated or any other robust design that they consider most suitable:

- a. **Selection of Control and Treatment Groups:** Identify and select comparable communities or populations that match the treatment group as closely as possible in terms of demographics, socio-economic status, and other relevant factors (through the Propensity Score Matching (PSM)).
- b. **Sample Size:** Based on power analysis to detect significant differences, ensuring an adequate sample size to increase the robustness of findings.
- c. **Data Collection Tools**
 - i. **Household Surveys:** Structured surveys for caregivers and children, focused on Knowledge, Attitude, and Practice (KAP) in WASH, MHH, and child protection. Surveys will be disaggregated by gender, disability status, and marginalization.
 - ii. **School and Community Surveys:** Surveys administered to teachers, community leaders, and health workers to assess the reach and impact of hygiene and child protection messaging and resources.
 - iii. **Market Surveys:** Surveys to measure the availability, accessibility, and affordability of menstrual health and hygiene products.
 - iv. **Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs):** In-depth qualitative data collection with community members, local leaders, children, and caregivers to gather insights on social norms, inclusivity, and sustainability.
- d. **Data Analysis Strategy**
 - i. **Propensity Score Matching (PSM):** Use PSM to create comparable intervention and control groups by matching on baseline characteristics, which might include age, gender, household income, access to services, and community infrastructure.

ii. Difference-in-Differences (DiD): Compare pre- and post-intervention changes in key outcomes between the intervention and control groups to isolate the impact of the project.

iii. Gender, Disability, and Marginalization Analysis: Disaggregate data by gender, disability status, and marginalization to examine differential impacts. Apply subgroup analysis to identify any specific effects on marginalized girls, boys, and children with disabilities.

e. **Indicators and Measures**

i. Outcome-Level Indicators:

- **WASH and MHH:** Percent increase in children’s and caregivers’ KAP in WASH and MHH practices.
- **Child Protection:** Changes in reported instances of child protection issues and children’s reported sense of safety.
- **Social Norms:** Measured changes in attitudes towards child protection, MHH, and disability inclusion.

ii. Output-Level Indicators:

- **Access to Hygiene Products:** Percent increase in availability and affordability of MHH products in local markets.
- **Program Reach and Engagement:** Number of community events, school sessions, or training programs delivered, disaggregated by attendance of marginalized groups.

8. 7.2. Limitations and Mitigation Measures

A. Selection Bias: While PSM helps control for selection bias, residual differences may remain. Additional covariates can be included in regression models to further control for these differences.

B. Attrition: The target population for this project includes refugees and internally displaced communities. These groups are often on the move, either seeking opportunities or returning to their places of origin, which can impact information retention and recall. Participant dropout may have occurred among beneficiaries, especially in displaced populations. Plan for buffer sample sizes to mitigate attrition.

C. Spillover Effects: Due to geographical proximity, some control areas may have experienced spillover from intervention activities. Minimize this by selecting control areas that are sufficiently distanced from intervention zones.

D. Contextual Challenges: Political instability and logistical challenges may hinder data collection in remote areas. A staggered approach and local partner support can help address these issues.

E. Other limitations:

The country has consistently faced conflicts and climatic events, and the project implementation sites are no exception. Ongoing intercommunal conflicts, flooding, and prolonged drought have made many woredas and IDP camps either completely inaccessible or hazardous for humanitarian workers, thereby impacting project outcomes. The mapping of interventions will help in redirecting the fieldwork, if needed. Secondary data and remote interviews should help cover inaccessible areas.

Consequently, more IDPs have moved into the camps, along with refugees from South Sudan. These new arrivals have not been covered by the project, and data from this section of the population could skew the evaluation results as their experiences do not reflect the project's impact.

In August 2023, the South Ethiopia Regional State split from the former Southern Nations, Nationalities, and Peoples' (SNNP) Region through a referendum, leading to the formation of the Central Ethiopian Regional State (CERS) in the northern part. This restructuring brought significant changes to the administrative bureaus, staff, and structure, resulting in limited data availability, and increased administrative burdens for the offices potentially causing delays and inconsistencies in data collection. Additionally, the separation of the Meda Welabu woreda resulted in some kebeles being dropped from the project further complicate the evaluation, as these areas will not be assessed, affecting the comparability of data across different project sites.

Collectively, these limitations pose significant challenges to the evaluation process, potentially leading to incomplete data, biases, and delays, which can impact the accuracy and comprehensiveness of the evaluation. To mitigate these impacts, the evaluation team should consider alternative data collection methods and clearly acknowledge these limitations in the final report.

Additionally, beneficiaries might associate the evaluation with the support they receive from the program, potentially hindering their willingness to share their experiences openly. To address these challenges, the consulting firm must have a team of experienced professionals and data enumerators who are adept at working with children, women, and vulnerable communities. These team members should possess the skills to create a comfortable environment for interactions and build trust with the participants.

9. Ethical Considerations

The evaluation will follow the UNICEF guidelines on ethical evidence generation (which will be shared by the Evaluation Manager along with other guiding documents). A mandatory, independent ethical review of the inception report and data collection tools will be conducted through an independent IRB with the help of UNICEF regional LTA arrangement. The data collection will only commence after the approval of inception report by the IRB.

Informed Consent: During the evaluation process, the evaluation team will obtain informed consent from all participants, ensuring that data collection methods are appropriate for children and marginalized groups.

Data Privacy and Security: Adhere to strict data protection protocols, especially for sensitive information related to children and marginalized groups.

10. Tasks with Timeline

Task	Expected duration	Tentative timeline after contract signature	Tentative evaluation service provider's workload (in days)	Deliverables	Responsibility
Kick off and scoping discussions	3-5 days (as needed by the ET)	1 week	7	-	Evaluation manager with evaluation team
Inception report	Three weeks	4 weeks	21	Inception Report	Consultants
QA and ethical review and endorsement of inception report ¹³	Three weeks	7 weeks			Evaluation manager / RO / reference group

13. In case the report is not accepted, an additional commenting process might be necessary.

Field work and preliminary analysis	Six weeks	13 weeks	42	Preliminary Findings PPT	Consultants
Preliminary findings and co-creation of recommendations workshop	One day	14 weeks	1	Presentation	Consultants
Draft report	Three weeks	17 weeks	21	Draft reports	Consultants
Quality assurance ¹⁴ and feedback process	Three weeks	20 weeks			Evaluation manager / RO/RG
Address comments/ revise draft	Two weeks	22 weeks	14		Consultants
Final report / summary report, copy editing and designing of reports ¹⁵ A power point presentation of the evaluation	Two weeks	24 weeks	14	Final reports' PowerPoints	Consultants
Dissemination workshop by MoWSA and UNICEF - Evaluation report presentation and management response	One day	28 weeks	1	Workshop	Evaluation manager to coordinate
		28 weeks	121 days		

¹⁴ In case the quality is not satisfactory, the process might take longer and the company to invest extra time.

¹⁵ In case the quality is not satisfactory, the process might take longer and the company to invest extra time.

11. Estimated duration of contract

9 months – the evaluation activities will be completed as per the above timeline, However, some additional time will be added in the contract to ensure smooth contract closure.

12. Expected deliverables and payments

The following are expected to be submitted by the consultant based on the agreed upon timeframe. All deliverables will be produced in English.

12.1. Inception report

The firm will prepare, submit, and present a brief inception report which details understanding of the task and how the evaluation questions will be addressed. This will ensure that the consultant, UNICEF, and major stakeholders have a shared understanding of the evaluation. An outline for a standard UNICEF evaluation inception report can be found in Annex 4.

The inception report is expected to reflect and elaborate on scope of work, approach, methodology, design, analysis, ethical considerations (and eventually sampling procedures and sample size). It is expected to include annexes such as an evaluation matrix (which questions will be answered, how, what are the data sources), data collection tools, received ethical clearance, clear descriptions of activities, work plan with a proposed schedule of tasks, and timeframe. The report will be discussed and agreed upon with UNICEF and key stakeholders.

12.2. Fieldwork debriefings and co-creation of recommendations workshop with all stakeholders

Immediately following the fieldwork, UNICEF expects a debriefing on preliminary findings and recommendations. This is to receive immediate feedback after data collection to clarify vague areas if any and agree on the recommendations in consultation with all stakeholders as well as on the format and dissemination of evaluation report .

12.3. Draft evaluation report

The firm is expected to submit a draft evaluation report of maximum 40 pages (excluding annexes) for review and comments by UNICEF. UNICEF will share the draft reports to all relevant stakeholders. Comments from the stakeholders will then be collected and provided to the firm for incorporation or amendment, as deemed necessary.

12.4. Final report and summary report

The final report, which will have incorporated all the comments of all the reviewers will be submitted to UNICEF. The content, structure and quality of the reports should meet the requirements of UNICEF (see annex 5) ideally 40 pages long excluding annexes and executive summary. A short report - it is not the executive summary that is part of the main report - of about 6-8 pages with infographs, key findings and policy and programme recommendations will also be submitted along with the detailed evaluation report. The summary report will be used for advocacy and resource mobilisation and as such should be prepared keeping those objectives in mind. A power point presentation of the evaluation will also be shared. UNICEF evaluation reports are expected to comply with and are assessed through the [GEROS](#) Quality Assessment System¹⁶, the evaluation team is expected to familiarize themselves and comply with the expected standards.

In summary the firm is expected to:

- i. Develop an inception report with high standard methodologies as per the TOR.
- ii. Finalize data collection tools.
- iii. Secure the necessary ethical clearance and other prerequisites to conduct the study.
- iv. Conduct data collection.
- v. Data entry, cleaning, and analysis.
- vi. Write preliminary and final comprehensive reports (including 4 pages executive summary within the long report).
- vii. A summary report 4-6 pages to support advocacy and resource mobilisation efforts of UNICEF in the concerned programme areas.
- viii. Consult with UNICEF and other partners throughout the various stages of the assessment.
- ix. Ensure high-quality implementation and reporting is achieved.
- x. Following the completion of data collection, cleaned raw data should be submitted to UNICEF.

16 <https://www.unicef.org/evaluation/global-evaluation-reports-oversight-system-geros>

- xi. The firm will develop PowerPoint presentations including the main findings.

13. Schedule of payment

The schedule of the payment will be as follow:

- Upon submission of final inception report - **40 percent** of payment.
- Upon collection of data and draft evaluation report, **30 percent** of payment.
- Upon submission of revised, final report (including a four-page executive summary within the report); a separate summary report (4-6 pages to support advocacy and resource mobilisation efforts of UNICEF); PPT, soft copy of data, **30 percent** of payment.

14. Quality assurance

The company that will be awarded the evaluation contract is expected to assure the quality of the key milestone documents delivered by the evaluation team leader; the evaluation team leader is expected to assure the quality of the members' contributions. At the UNICEF level, the evaluation manager assures a first level of quality assurance of key deliverables (mainly inception, draft and final evaluation reports) and shares them with the Regional Office for a second level of quality assurance. Once the deliverables are cleared, they are shared with the Evaluation Reference Group / Steering Committee for commenting and advice, as well as with other bodies such as the Programme Management Team (PMT) – inception report – and Country Management Team (CMT) – draft reports, as required by the CMT.

The ambition is to be able to compete, with the evaluation report, to the [UNICEF Best Evaluation](#)¹⁷, hence very high standard are sought.

14.1. Governance of the evaluation, reporting and supervision

The firm will report to the UNICEF Ethiopia Country Office Evaluation Specialist, who is the evaluation manager.

A Reference Group / Steering Committee which is composed of relevant UNICEF, donor, (possibly) government and other main stakeholders (including youth) is established to serve on an advisory capacity / steer the process; the group will be engaged mainly to comment at key milestones moments such as draft

¹⁷ <https://www.unicef.org/evaluation/best-evaluations>

evaluation ToR, inception report and draft final report. The members of the reference group / SC agree on a ToR that outlines the group’s role and responsibilities.

15. Application and selection process

The bidder should submit their technical and financial proposals (financial proposal should be submitted separately) to UNICEF, Addis Ababa, either through electronic submission or in sealed envelopes located in ECA compound during working hours within the deadline provided in the UNICEF RFP announcement.

15.1. Evaluation criteria of the proposals

Technical Evaluation Criteria ¹⁸	Score
<p>Proposed Methodology and Approach</p> <ol style="list-style-type: none"> 1. Overall response and understanding of ToR 2. Proposed methodology and workplan (with an emphasis on child-sensitive and inclusive evaluation approaches) 3. Using context conscious, innovative, participatory, and child-friendly evaluation methods (with an emphasis on children’s participation) 4. Robustness of methodology 	40
<p>Experience of Company and Key Personnel</p> <ol style="list-style-type: none"> 5. Organisational capacity to deliver the work - previous work history with UNICEF evaluations (a good GEROS score will be an advantage) 6. The strength of the proposed team including the related experience of lead and key local consultants (conducting evaluations in child rights, gender equality, disability inclusion, WASH, child protection, adolescent development and participation, and early childhood development). 7. Level of expertise with conducting evaluation involving adolescents – demonstrable expertise from previous evaluations will be an advantage) 	30

¹⁸ Only proposals which receive a minimum of 50 points will be considered further.

Total	70
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Technical weightage – 70 percent

Financial weightage – 30 percent

15.2. Expected Skills and Qualification

Required: The international firm should have demonstrated experience in conducting evaluations using qualitative and quantitative approaches as well as experimental and quasi-experimental methods. The international firm should partner with local actors that have good experience in WASH, child protection (MHPSS, case management) and social behavioural change when developing the proposal. The team is desired to have competencies in Child Protection, urban and rural water supplies, hygiene and environmental health, ESIA, procurement and finance, capacity development, inclusion and gender, disability, monitoring and evaluation and emergency CP & WASH or nexus CP & WASH experience.

The team leader must be an experienced evaluator and have an advanced degree (at least masters - PhD preferred) in a Social Science and at least 10 years of experience conducting evaluations in these areas. The team leader or the local key expert should have experience facilitating evaluation involving children and adolescents. The team leader should have a solid understanding of child rights, WASH, child protection, social and behavioural change, adolescent issues as well as gender, inclusion, disability and development issues in Ethiopia, and be an expert in qualitative and quantitative research methods in development context including in engaging adolescents and children in evaluations. The team leader should be fluent in written and spoken English.

Qualitative evaluators should have a minimum of a bachelor’s degree and extensive experience in qualitative data collection, including gender-sensitive and participatory methods and reporting. And preferably experts who has done extensive research on the field of study.

Desirable: Experience conducting similar evaluations; excellent analytical and communication skills; ability to work in complex partnerships with researchers, government, and development partners.

The evaluation company will have to ensure that any possible conflict of interest is assessed and avoided (for example by avoiding hiring evaluators who have been involved in the planning or implementation of the programme). Moreover, the contractors are required to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal.

15.3. Team composition

The below sets out the tentative workload of the different specialists, as well as the required skills for the different team members. Ideally the team would need to be diverse in terms of gender, cultural backgrounds, thematic and language skills, international and national experts. The team should have experience covering evaluation of WASH, child protection, social and behavioural change, gender, and other UNICEF programmes (health, nutrition, education, WASH, social policy and disability inclusion).

Team leader	80 days
Thematic expert	50 days
Young evaluators / researchers	40 days

Team Leader	<ul style="list-style-type: none"> ➤ Academic qualifications - a minimum of a master’s degree in either of the following fields: Child Protection, WASH, Behavioural Science, Social Sciences, Public Policy, or related fields. PhD preferable. ➤ Experience in leading evaluation teams in political environments. ➤ Experience in managing evaluations in the UN system. ➤ Been evaluation team leader of at least 7 evaluations. ➤ Good understanding of the child rights agenda and of UNICEF programmes. ➤ Good understanding of integrating gender, disability, human rights into evaluations. ➤ Experience in evaluating WASH, child protection (preferably MHPSS, case management), community-based programmes. ➤ Experience in evaluations in the region (preferably in Ethiopia). ➤ Experience, passion, and willingness to lead and mentor young evaluators/researcher. ➤ Strong interpersonal skills. ➤ Ability to work with senior officials. ➤ Cultural sensitivity. ➤ Language skills - Proficiency in English; Amharic desirable.
Thematic expert	<ul style="list-style-type: none"> ➤ Relevant master’s degree (Child Protection, WASH, Behavioural Science, Social Sciences, Public Policy, or related fields, qualitative and quantitative methods, etc.).

	<ul style="list-style-type: none"> ➤ Experience in analyzing UNICEF programmes. ➤ Experience in working on WASH and child protection and on child-sensitive research. ➤ Experience in working on inclusive education, disability and with marginalized populations. ➤ Experience, passion, and willingness to guide and mentor young evaluators/researcher. ➤ Strong interpersonal skills. ➤ Ability to work with senior officials. ➤ Cultural sensitivity. ➤ Language skills - proficiency in English and Amharic is a requirement; languages of the targeted regions desirable.
Young evaluators / interns	<ul style="list-style-type: none"> ➤ University or recently graduated students from fields related to child Protection, WASH, Behavioural Science, Social Sciences, or Public Policy ➤ Qualitative research methods in their curriculum of study. ➤ Fieldwork / qualitative data collection experience (right holders' interviews, focus group discussions) desirable; ➤ Capacity to interact with communities, adolescents, children. ➤ Cultural sensitivity. ➤ Language skills - proficiency in English; knowledge languages spoken in the targeted regions are a requirement.

15.4. Amount budgeted in AWP for this activity (US \$)

USD 100,000

15.5. General Conditions: Procedures and Logistics

1. The firm will not be provided lodging and/or meals.
2. The firm will work from its own office facilities.
3. UNICEF will not pay DSA in addition to the contract value to the consultants of the firm.
4. The firm should provide its own materials, i.e., computer, office supplies, etc.
5. The firm isn't authorized to have access to UNICEF transport.
6. Flight costs of the consultants working for the firm would be covered by firm.

7. Other transport costs of the consultants working for the firm would be covered by firm.

15.6. Policy both parties should be aware of:

1. Under the consultancy agreements, a month is defined as 21 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays. Consultants are not entitled to payment of overtime.
2. All remuneration must be within the contract agreement.
3. No contract may commence unless both UNICEF and the consultant or contractor sign the contract.
4. For international consultants outside the duty station, signed contracts must be sent by fax or email. Signed contract copy or written agreement must be received by the office before Travel Authorisation is issued.
5. No consultant may travel without a signed travel authorisation prior to the commencement of the journey to the duty station.
6. Consultants will not have supervisory responsibilities or authority on UNICEF budget.

15.7. Intellectual Property Rights.

All intellectual property rights in the work to be performed under this agreement shall be vested in the (GOE and UNICEF), including without limitations, the right to use, publish, translate, sell, or distribute, privately or publicly, any item or part thereof. The (GOE and UNICEF) hereby grants to the Recipient Organization a non-exclusive royalty-free license to use, publish, translate, and distribute, privately or publicly, any item or part of the work to be performed under this Agreement for non-commercial purposes upon approval of UNICEF for each publication or use. Neither the Recipient Organization nor its personnel shall communicate to any other person or entity any confidential information made known to it by (GOE and UNICEF) during the performance of its obligations under the terms of this Agreement nor shall it use this information to private or company advantage. This provision shall survive the expiration or termination of this Agreement.

The core reports will be issued by the steering committee for the research noting in the acknowledgements sections institutions and persons who have made major contributions to their authorship. Once the official report is cleared consultants will be free to work further on those papers for publication in peer reviewed journals upon consultation and approval from UNICEF. Consultants will provide the steering committee members with raw data, corrected/verified data once cleaned and programming files that permit replication of results from assessment report.

Data collected for the assessment is the property of the Government of Ethiopia and UNICEF country programme. Master versions of the data, coding protocols and programming code permitting replication of results of core assessment reports will be kept by the programme. Copies of the data will be distributed to researchers with the permission of the steering committee with a view to helping to disseminate learning derived from the data sets.

16. TOR prepared, reviewed and cleared by:

	Name	Title	Signature
Prepared by	Mussarrat Youssuf	Evaluation Manager	
Reviewed by Supply	Safia Robinson	Chief of Supply and Procurement	
Endorsed by	Jolanda Van Westering	Chief of Child Protection	
Endorsed by	Victor Kinyanjui	Chief of WASH	
Authorised by	Aboubacar Kampo	Country Representative	

Annex 1: Key Behaviors

The key behaviour under this program are provided below. This annex provides a detailed list of behaviours that the evaluation will assess across various intervention areas, including but not limited to:

<p>WASH</p>		<ul style="list-style-type: none"> • Handwashing with soap at critical times. • Safe water storage and usage. • Use of latrines/toilets. • Menstrual hygiene and health behaviours among adolescent girls and boys.
	<p>Menstrual Hygiene Practices</p>	<p>Behaviours Among Adolescent Girls</p> <p>Use of Sanitary Materials:</p> <p>Regular use of appropriate menstrual hygiene products, such as disposable pads, reusable cloth pads, or reusable pads.</p> <ul style="list-style-type: none"> • Changing Frequency: Changing menstrual hygiene materials at recommended intervals (e.g., every 4-6 hours for pads). • Proper Disposal: Safe disposal of used menstrual products in a hygienic manner, using designated bins or incinerators. • Hygiene Maintenance: Regular washing of hands with soap before and after handling menstrual materials. • Underwear Hygiene: Consistent use of clean underwear and changing it daily. <p><u>Access to Facilities:</u></p> <ul style="list-style-type: none"> • Utilization of Safe Spaces: Regular use of designated safe spaces or menstrual hygiene and health rooms in schools or communities. • Access to Water and Sanitation: Using accessible and safe water and sanitation facilities that ensure privacy and security during menstruation. • Managing Menstruation in Schools: Adapting to school environments by utilizing available resources (e.g., access to water, private toilets) for managing menstruation during school hours.

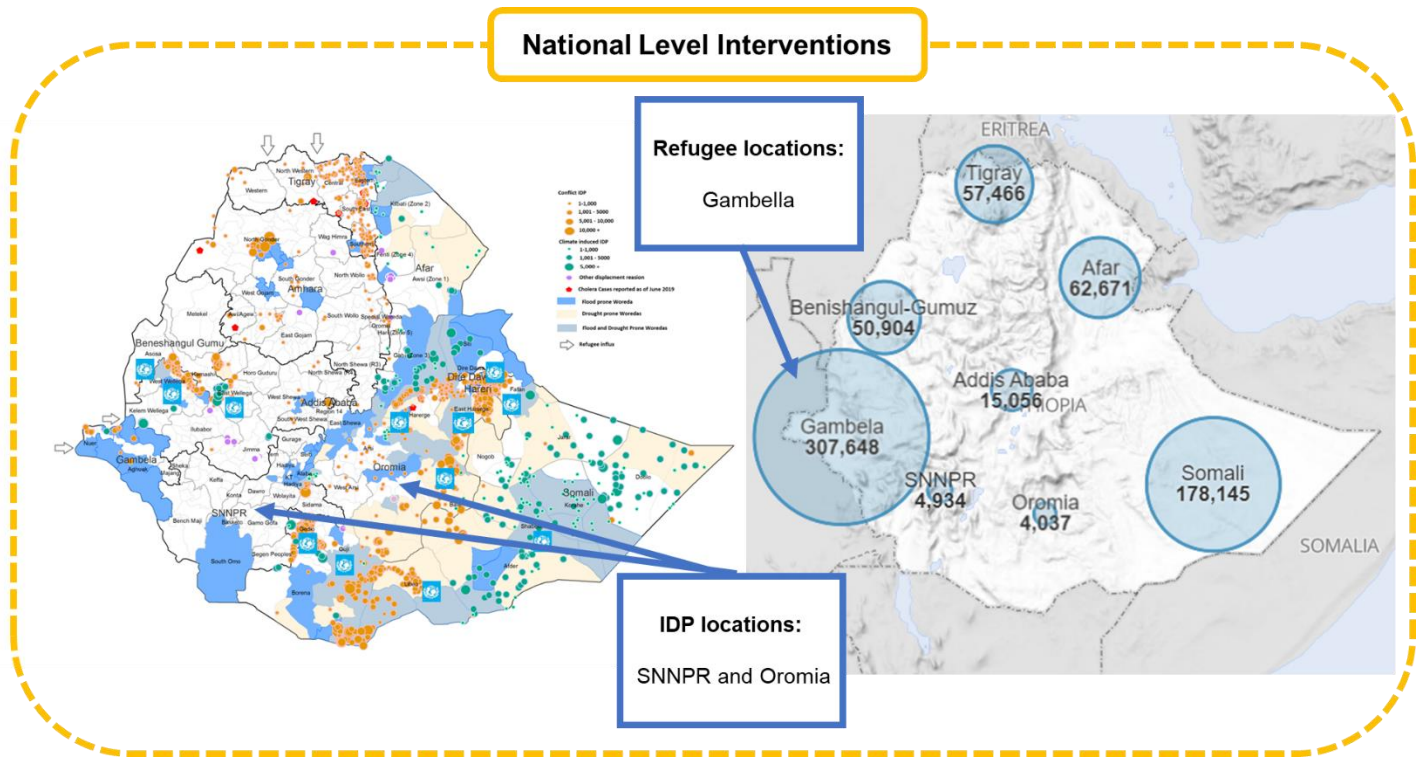
	<p><u>Knowledge and Attitudes:</u></p> <ul style="list-style-type: none"> • Understanding Menstrual Cycle: Basic knowledge of the menstrual cycle, including the ability to predict and prepare for menstruation. • Breaking Taboos: Participating in discussions and educational sessions aimed at reducing stigma and taboos around menstruation. • Confidence in Managing Menstruation: Exhibiting confidence in managing menstruation without fear or shame, including openly discussing menstruation with peers and trusted adults. • Seeking Help and Information: Proactively seeking advice or assistance when experiencing menstrual discomfort, irregularities, or concerns.
	<p>Behaviours Among Adolescent Boys</p> <p><u>Supportive Attitudes and Actions:</u></p> <ul style="list-style-type: none"> • Encouraging Open Dialogue: Participating in discussions about menstruation with peers and showing a non-judgmental attitude toward menstruating girls. • Supporting Peers: Demonstrating supportive behaviour towards menstruating girls and women, such as offering help when needed or respecting privacy. • Involvement in MHM Activities: Engaging in school or community activities related to menstrual health and hygiene, such as awareness campaigns or education programs. <p><u>Knowledge and Awareness:</u></p> <ul style="list-style-type: none"> • Understanding Menstruation: Having accurate knowledge about the menstrual cycle, its biological significance, and understanding that it is a normal and healthy process. • Challenging Myths: Actively countering myths and misconceptions about menstruation, both in conversations with peers and within the community. • Respecting Privacy and Dignity: Understanding the importance of privacy for girls during menstruation and behaving respectfully in situations where menstruation is discussed or observed. <p><u>Promoting Gender Equity:</u></p> <p>Advocacy for Menstrual Health: Advocating for better menstrual health and hygiene (MHH) facilities and resources in schools and communities.</p> <p>Participation in Gender-Sensitive SBCC Campaigns: Engaging in and promoting Soci</p>

		al and Behaviour Change Communication campaigns that focus on breaking gender stereotypes and supporting menstrual health.
Child Protection		<ul style="list-style-type: none"> • Reporting mechanisms for child abuse and exploitation. • Engagement in community-based child protection mechanisms. ○ Adoption of non-violent discipline practices.
Gender Equity and Social Norms		<ul style="list-style-type: none"> • Participation of women and girls in decision-making processes. • Behaviour changes related to reducing gender-based violence (GBV). • Involvement of men and boys in promoting gender equity and supporting menstrual health.
Social and Behaviour Change Communication (SBCC)		<ul style="list-style-type: none"> • Adoption of behaviours promoted through SBCC materials. • Changes in attitudes towards hygiene and sanitation practices.
Gender-Specific Elements	Gender-Responsive Facilities	<ul style="list-style-type: none"> • Separate Facilities: Availability and quality of separate WASH facilities for girls and boys, ensuring privacy and safety. • Privacy and Security: Measures taken to enhance the privacy and security of WASH facilities, such as locks, well-lit areas, and private changing spaces.
	Menstrual Health Management (MHM)	<ul style="list-style-type: none"> • Access to MHM Supplies: Availability and accessibility of menstrual hygiene products (pads, reusable pads, underwear) for girls both in and out of school. • Safe Spaces: Implementation and utilization of safe spaces where girls can manage their menstruation with dignity. • Education and Awareness: Programs and workshops aimed at increasing knowledge and breaking taboos surrounding menstruation for both boys and girls.
	Engagement of Boys and Men	<ul style="list-style-type: none"> • Awareness Programs: Initiatives aimed at educating boys and men about menstrual health and hygiene.

		<ul style="list-style-type: none"> • Supportive Roles: Encouraging and documenting the supportive roles boys and men play in promoting and supporting menstrual health and hygiene for girls and women.
	Gender-Sensitive SBCC	<ul style="list-style-type: none"> • Communication Materials: Development and distribution of gender-sensitive Social and Behaviour Change Communication (SBCC) materials that address the specific needs and challenges faced by girls and women. • Advocacy and Campaigns: Gender-focused advocacy campaigns that promote gender equity in WASH access and management.
	Leadership and Participation	<ul style="list-style-type: none"> • Female Participation: Encouraging and evaluating the participation of women and girls in WASH decision-making processes and leadership roles. • Training and Empowerment: Programs aimed at training and empowering women and girls to take active roles in WASH initiatives. •
Disability Inclusion-specific elements	Accessible WASH Facilities	<ul style="list-style-type: none"> • Physical Accessibility: Design and construction of WASH facilities that are accessible to persons with disabilities, including ramps, handrails, wider doors, and accessible toilets. • Inclusive Design: Use of universal design principles to ensure that facilities are usable by all individuals, regardless of their physical abilities.
	Disability sensitive SBCC	<ul style="list-style-type: none"> • Communication Materials: Development and distribution of accessible Social and Behaviour Change Communication (SBCC) materials that address the specific needs and challenges faced by persons with disability.
	Leadership and Participation	<ul style="list-style-type: none"> • Training, empowerment, and participation of persons with disability in leadership roles as well as active participation in decision making
	Inclusive Education and Training	<ul style="list-style-type: none"> • Disability Awareness Training: Programs to educate the community and WASH practitioners about the needs and rights of persons with disabilities.

		<ul style="list-style-type: none"> • Capacity Building: Training for WASH staff and community members on how to support and include individuals with disabilities in WASH activities.
	Participation and Representation	<ul style="list-style-type: none"> • Inclusive Planning: Involvement of persons with disabilities in the planning, design, and implementation of WASH programs to ensure their needs are met. • Advisory Roles: Establishing advisory groups or committees that include persons with disabilities to provide input on WASH projects.
	Assistive Technologies	<ul style="list-style-type: none"> • Supportive Equipment: Provision and promotion of assistive devices and technologies that aid individuals with disabilities in accessing and using WASH facilities. • Innovation and Adaptation: Encouraging innovative solutions and adaptations to traditional WASH facilities to make them more accessible.
	Monitoring and Evaluation	<ul style="list-style-type: none"> • Disability-Sensitive Indicators: Development and use of indicators that specifically measure the impact of WASH interventions on persons with disabilities. • Feedback Mechanisms: Establishing feedback and complaint mechanisms that are accessible to individuals with disabilities.
	SBCC for Disability Inclusion	<ul style="list-style-type: none"> • Inclusive Communication: Creation and distribution of SBCC materials that are accessible to individuals with disabilities, including those with visual, auditory, and cognitive impairments. • Awareness Campaigns: Campaigns aimed at reducing stigma and promoting the inclusion of persons with disabilities in WASH activities.

Annex 2: Project Location Map



Annex 3: Logical Framework

Project Name	Resilience, Peace and Protection for Children affected by Conflict and Displacement in Ethiopia		
Goal	Children, families and communities affected by conflict and displacement are resilient, safe and protected		
Objectives	<ul style="list-style-type: none"> • Strengthen the resilience of people and systems • Strengthen the prevention of violence and promotion of positive social norms 		
<p>Assumptions: Security situation in the project area does not hinder implementation of activities. Sustained collaboration between local authorities, partners and UNICEF.</p> <p>Risks: Sudden and large influx of vulnerable refugees or IDPs into project areas. Insecurity in access to hard-to-reach and insecure areas. High turnover government staff (causing delays in project implementation, loss of capacity in government systems)</p>			
Outcome 1: By 2024, children, families and communities from refugee, IDP and host communities' benefit from strengthened resilient WASH and Child Protection services and systems			
Indicator	Baseline	Target	Means of Verification (MOV), Source of data (Frequency of data collection)
Indicator 1.1.a: Existence of sector regulation and accountability mechanisms for water, sanitation and hygiene	Baseline: TBD	Target value: yes	Sector Report (Annual) CPIMS (Quarterly)
Indicator 1.1.b: Percentage of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	Baseline: TBD based on site selection	Target value: 3% increase per year	
Output 1.1: Support and strengthen resilient services and systems			

Indicator	Baseline	Target	MOV, Source, (Frequency)	Activity	Responsible Party
Indicator 1.1.1: There is a woreda (multi-annual) WASH strategic plan and a WASH annual plan	Baseline value: TBD	Target value: 2 Woreda (Yes) Year 1 value: No Year 2 value: Yes Year 3 value: Yes Year 4 value: Yes	Sustainability Checks (biannual) Utility data (Quarterly) UNICEF Field Monitoring visits (Quarterly)	Activity 1.1.1: Strengthen climate resilient WASH: (a) WASH capacity building of institutions and systems (b) WASH supply and infrastructure* <i>co-funded component: building on current/planned initiatives</i> (c) Coordination	UNICEF, WASH IPs, Regional WASH bureau (RWB)
Indicator 1.1.2: Functioning inter-operable information management system which supports and tracks child protection case management,	Baseline value: Mid development in refugees; Early development in other contexts	Target value: Well developed in refugees; Mid development in other contexts Year 1 value: Mid development in refugees;	MOWCY reports (Quarterly)	Activity 1.1.2 Strengthen resilient child protection (CP) systems (a) Scale up social service workforce for child protection (b) Strengthen case management and service delivery (c) Innovating with data for children	UNICEF, MOWCY, MOLSA, Fed AG, CP IPs & regional counterparts ²⁰

²⁰ UNICEF Partners include: Ministry of Women, Children and Youth (MOWCY), Ministry of Labor and Social Affairs (MOLSA), Federal Attorney General (Fed AG), Child Protection Implementing partners (including NGOs), and regional counterparts

<p>incident monitoring, and programme monitoring¹⁹</p>		<p>Early development in other contexts</p> <p>Year 2 value: Mid development in refugees; Early development in other contexts</p> <p>Year 3 value: Well developed in refugees; Mid development in other contexts</p> <p>Year 4 value: Well developed in refugees; Mid development</p>		<p>(d) Integration of protection services for refugees and host community children</p> <p>(e) Coordination</p>	
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¹⁹ To have in place an interoperable IMS, it has to fulfil all three criteria (1) case management, (2) incident monitoring and (3) program monitoring. Annual assessment is done to measure the performance status. See the method of calculation in the indicator manual: <https://unicef.sharepoint.com/sites/PD-ChildProtection/DocumentLibrary/0.%20UNICEF%20Strategic%20Plan%20Goal%20Area%203%20Indicator%20Manual%20Ver.%201.7.pdf>

Indicator	Baseline	Target	MOV, Source, (Frequency)	Activity	Responsible Party
Output 1.2: Promotion of resilience among children and communities					
Indicator 1.2.1: Percentage of girls and boys provided with psychosocial support, including community based psychosocial support	TBD based on site selection	Target value: 80% ²¹ Year 1 value: 80% Year 2 value: 80% Year 3 value: 80% Year 4 value: 80%	CPIMS (quarterly)	Activity 1.2.1 Strengthen community-based mechanisms (a) Integration of refugee and host community protection mechanisms (b) Strengthening community-based systems (c) Partnership with faith-based and community-based organizations	UNICEF, MOWCY, MOLSA, Fed AG, CP IPs, FBOs & regional counterparts
Indicator 1.2.2: Number of children, including adolescent and	TBD based on site selection	Target value: 400 (cumulative)	Reports from implementing partners, UNICEF Field	Activity 1.2.2 Empowering children, including adolescents and youth through participation	UNICEF, MOWCY, MOLSA, Fed AG, CP IPs &

²¹ Methodology of calculation: The first step is to define the denominator (i.e. What is the number of children targeted (i.e. planned to be reached) for accessing psychosocial support services/programmes in humanitarian situations?). The target is based on the Core Commitments for Children in Humanitarian Action benchmark, 80%.

youth, reached through meaningful participation at community level	Year 1 value: 100 Year 2 value: 200 Year 3 value: 300 Year 4 value: 400	Monitoring visits (Quarterly)	(a) Fostering inter-generational dialogue (b) Highlighting the strengths of children, including adolescents as champions of peace (c) Ensuring the voices of children, including adolescents are heard and given the space to co-create solutions for themselves and their communities.	regional counterparts
Outcome 2: By 2024, children, families and communities from refugee, IDP and host communities benefit from promotive and preventative WASH and child protection services				
Indicator	Baseline	Target	MOV, Source (Frequency)	
Indicator 2.1: Percentage of UNICEF-targeted women, girls and boys in humanitarian situations provided with risk mitigation, prevention or response interventions to address gender-based violence	TBD after site selection	Target value: 80% ²² Year 1 value: 80% Year 2 value: 80% Year 3 value: 80% Year 4 value: 80%	5W Admin data, CP-GBV AOR, Admin data from implementing partners, CPIMS, GBVIMS (quarterly)	

²² Calculation includes data on “response”, “mitigation” and “prevention. Data on response would come from GBV specialists who provide services directly to survivors. Data on risk mitigation comes from all sectors (nutrition, health, WASH, CP, education, C4D, etc.). Data on prevention is typically aggregated by GBV specialists based on reports and/or administrative data. The target is based on the Core Commitments for Children in Humanitarian Action benchmark, 80%.

Output 2.1: Prevention of violence against children and women					
Indicator	Baseline	Target	MOV, Source, (Frequency)	Activity	Responsible Party
Indicator 2.1.1: Number of GBV, CP, and WASH partners who received capacity building interventions in addressing gender-based violence in emergencies	TBD after site selection	Target value: 600 (50% refugee context, 50% IDP context) Year 1 value: 150 Year 2 value: 300 Year 3 value: 450 Year 4 value: 600	5W Admin data, CP-GBV AOR, Admin data from implementing partners, CPIMS, GBVIMS (quarterly)	Activity 2.1.1 Strengthen capacity to address gender-based violence (GBV) in emergencies (a) Strengthening UNICEF's and partner's capacities to respond in humanitarian situations to prevent and response to GBV	UNICEF, MOWCY, MOLSA, Fed AG, CP IPs & regional counterparts; WASH IPs, RWB
Indicator 2.1.2: Number of people who participated in CP and GBV prevention interventions	TBD after site selection	Target value: 10,000 Year 1 value: 2,500 Year 2 value: 5,000 Year 3 value: 7,500 Year 4 value: 10,000	Admin data from implementing partners, UNICEF Field Monitoring visits (Quarterly)	Activity 2.1.2 Community engagement in prevention of violence (a) Awareness raising and promoting help seeking behaviour where appropriate (b) Build on recommendations from CP research on "barriers to help seeking behaviours" to design meaningful interventions for community level engagement in	UNICEF, MOWCY, MOLSA, Fed AG, CP IPs & regional counterparts

		Indirect beneficiaries: 40,000		preventing violence against and affecting children and women	
<p>Indicator 2.1.3a: Percentage of schools upgraded to a full package of WASH services including improved water supply, separate improved toilet blocks for boys and girls, and sufficient handwashing stations.</p> <p>Indicator 2.1.3b: Percentage of schools upgraded with MHH facilities, and which have received training, capacity building support in providing MHH support to students.</p>	<p>Baseline value 0 (TBD).</p> <p>Baseline value 0 (TBD)</p>	<p>Target values: ALL</p> <p>Year 1 value: 0</p> <p>Year 2 value: 10%</p> <p>Year 3 value: 50%</p> <p>Year 4 value: 100% and all are functional.</p> <p>Target values: ALL</p>	<p>Sustainability Checks (Annual)</p> <p>UNICEF Field Monitoring reports (Quarterly)</p>	<p>Activity 2.1.3 Gender sensitive WASH facilities and Menstrual Health and Hygiene (MHH)</p> <p>(a) Provide full WASH facilities to all schools. This includes appropriate water supplies, separate toilet blocks for boys and girls and sufficient handwashing stations.</p> <p>(b) Establish MHH facilities in schools, including 'safe spaces' with water supplies, showers and washing places for girls and disposal units for sanitary pads.</p> <p>(c) Local reusable sanitary pad production and supply chain development</p> <p>(d) SBCC materials and advocacy through WASH/gender clubs in schools</p>	<p>WASH IPs, RWB, Ministry of Education</p>

		<p>Year 1 value: 0</p> <p>Year 2 value: 10%</p> <p>Year 3 value: 50%</p> <p>Year 4 value: 100% and all are functional</p>			
Output 2.2: Promote positive social norms					
Indicator	Baseline	Target	MoV, Source, (Frequency)	Activity	Responsible Party
Indicator 2.2.1: Percentage of new ODF kebeles (white flag)	Baseline value: 0	<p>Target values: All.</p> <p>Year 1 value: 0</p> <p>Year 2 value: 25%</p> <p>Year 3 value: 50%</p> <p>Year 4 value: 100%</p>	<p>Sanitation microplanni ng</p> <p>UNICEF field monitoring reports,</p> <p>Baseline and Endline Surveys</p>	<p>Activity 2.2.1 Support implementation of behaviour change approaches in all non- ODF communities</p> <p>(a) Implementation of an awareness creation and behavioural change package</p>	WASH IPs, RWB
Indicator 2.2.2: Sanitation Marketing Centres are established	Baseline value: 0	<p>Target values: 2 Sanitation Marketing</p>	<p>Sanitation microplanni ng</p>	<p>Activity 2.2.2 Establish Sanitation Marketing centres in each woreda</p>	WASH IPs, RWB

<p>and increase improved sanitation coverage</p>		<p>Centres established</p> <p>Year 1 value: 0</p> <p>Year 2 value: 2 Sanitation Marketing Centres established.</p> <p>Year 3 value: 2 Sanitation Marketing Centres continue and increase of improved sanitation coverage by 15%</p> <p>Year 4 value: 2 Sanitation Marketing Centres continue and increase of improved sanitation coverage by 30%</p>	<p>UNICEF field monitoring reports</p> <p>Baseline and Endline Surveys</p>		
<p>Indicator 2.2.3: Percentage of adolescent girls receiving prevention</p>	<p>Baseline: TBD</p>	<p>Target: 3% increase per year</p>	<p>Admin data from implementin</p>	<p>Activity 2.2.3 Tackling child marriage and harmful</p>	<p>UNICEF, MOWCY, MOLSA, Fed</p>

<p>and care interventions to address child marriage</p>			<p>g partners, UNICEF Field Monitoring visits (Quarterly)</p>	<p>practices in emergency contexts (a) Develop a more resilient approach for programming for ending child marriage and FGM in humanitarian situations</p>	<p>AG, CP IPs & regional counterparts</p>
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Annex 4: Table of contents for an inception report

List of Acronyms

1. Introduction
2. Evaluation Context
 - 2.1 National Context
 - 2.2 UNICEF Programme in Country/Region
3. Evaluation Purpose
4. Evaluation Objectives
5. Evaluation Scope
 - 5.1 Thematic Scope
 - 5.2 Geographic Scope
 - 5.3 Chronological Scope
6. Evaluation Framework
 - 6.1 Evaluation Matrix
7. Methodology
 - 7.1 Evaluation Approach
 - 7.2 Data collection methods and tools
 - 7.3 Sampling strategy
 - 7.4 Data analysis and quality assurance
8. Dissemination and Communications Strategy
9. Evaluation Workplan
10. References
11. Annexes

Annex 5: Table of contents for a final evaluation report

List of Acronyms

1. Title page
2. Table of contents
3. Executive Summary, including the purpose of the evaluation, key findings, conclusions and
4. recommendations in priority order (3-4 pages)
5. Background/context of the evaluation, including a description of project interventions, log
6. frame/results matrix (Theory of Change), if available
7. Purpose and objectives of the evaluation
8. Scope of the evaluation
9. Limitations and mitigation strategies
10. Evaluation criteria and key questions
11. Methodology (including ethical review)
12. Findings per criteria
13. Lessons learned
14. Conclusions and recommendations, explicitly linked to the findings