Terms of Reference

AHP UKRAINE RESPONSE: Real-time Evaluation of protection support services

The project activities being evaluated are being implemented by World Vision and Plan International and their partners (managed through two separate grants). Project activities focus on women and girls.

• Summary

- This ToR is for an independent external real-time evaluation of the protection work being carried out by Australian Humanitarian Partnership (AHP) partners in Ukraine in response to the conflict.
- The AHP response is an AUD 10 million investment being delivered by Plan International (and their in-country partners) and World Vision (and their in-country partners).
- A team approach is preferred for this work – combining evaluation lead with MHPSS specialist. Other approaches can be put forward but will need to be within budget.
- The consultancy is for up to 66 days input between late September 2022 and early April 2023.
- The budget for this consultancy is up to AUD 70,000.

• Background

The Russian Federation launched a military offensive against Ukraine on 24 February 2022. According to IOM, as of 29th July, some 6 million people had fled to neighbouring countries, and a further 8 million are estimated to be displaced inside Ukraine, making the conflict the fastest growing refugee crisis since World War II[1].

Some 13 million people are estimated to be stranded in affected areas in Ukraine, unable to leave due to heightened security risks, destruction of bridges and roads, as well as lack of resources or information on where to find safety and accommodation. Many people who are trapped are unable to meet their basic needs including food, water and medicines, and face risk of injury or death from the ongoing conflict.

Male citizens aged 18 to 60 are prohibited from leaving Ukraine, so 93% of refugees are women, children, and the elderly. Gender based violence (GBV) has been a prevalent problem faced by women and girls, especially for those living in the conflict-affected regions of Ukraine's east. There are also reports of children crossing the Ukrainian border unaccompanied. Besides GBV risks, unaccompanied women and girls are at high risk of sexual exploitation and abuse, as well as human trafficking. The conflict has created significant trauma and distress, increasing the need for psychosocial support services, as well as maternal, newborn and child health facilities in areas where large numbers of refugees are transiting or seeking temporary shelter.

[1] https://displacement.iom.int/sites/default/files/public/reports/IOM_Ukraine%20Internal%20Displacement%20Report_R7_%20ENG.pdf

Post the 2015 crisis[2], Ukraine developed a national strategy for improving mental health in the population (2017-2030) indicating strong domestic interest in the issue. However, a lack of human and material resources and an inadequate interdisciplinary cooperation between the ministries hindered fulsome implementation. In addition, the Ukrainian health and social system was already structurally overwhelmed before this crisis. Municipalities, civil society and education providers lack the technical and financial resources and the organisational capacity to guarantee continuous psychosocial care for internally displaced people and for local residents. Elderly people, women, children and adolescents in particular have suffered. Positively, as part of the 2015 humanitarian response, a Mental Health and Psychosocial Support (MHPSS) Technical Working Group was established, which has continued to meet regularly both at national and regional basis. The group is led by WHO and IMC representatives[3]. This work has continued and contributes significantly to the current international response with information, contacts and content for understanding and action in the current crisis situation.

In response to the crisis, the international community has acted swiftly to deal with the increasing need for comprehensive psychosocial and mental health support for vulnerable populations. Several useful MHPSS coordination networks have been established in Ukraine and neighbouring countries such as "mhpss.net", message banks in different languages have been established by UNICEF and UNHCR[4] and other organisations The platform also plays an important role in mobilising capacities, resources and supporting coordination around MHPSS response during emergencies.

MHPSS guidelines (eg. for field workers, communities etc) in emergency settings according to IASC are well distributed and shared between international and local partners across the country. Detailed mappings already exist for psychiatric care for children in Ukraine as well as MHPSS, GBV and child protection (CP) service maps in and outside the Ukraine, as along with lists of hotlines, names and institutions who can help.

However, recent reports from inside[5] and outside[6] Ukraine signal an increased need for more services based on current MHPSS approaches, and those services may need to be envisaged as long-term support activities, embedded into local structures.

• The Australian Humanitarian Partnership response

The Australian Humanitarian Partnership (AHP) is a global response mechanism operated in partnership between the Australian Government and Australian NGOs. Through the AHP, partners aim to save lives and alleviate suffering by supporting partner countries, local organisations, and communities to prevent, prepare for, respond to and recover from disasters and other humanitarian crises.

As part of Australia's broader humanitarian response to the Ukraine conflict, AUD 10 million worth of assistance is being delivered through the AHP. The response is being led by two AHP partners in consortium with other international and local NGOs. Funding is based on two separate proposals and managed through two grants valued at AUD 5 million each[7].

[2] The Ukraine crisis in 2015 | Eurasian Geopolitics

[3] https://www.humanitarianresponse.info/en/operations/ukraine/mental-health-and-psychosocial-support. Note IMC is an implementing partner of Plan International in the Ukraine

[4] https://app.mhpss.net/emergency_briefing_kit_for_ukraine_crisis_2022

[5] https://www.projecthope.org/crisis-in-ukraine-how-to-help/04/2022/

[6] WHO: External Situation Report #18, published 28 July 2022

[7] For more information on the AHP structure: AHP Humanitarian Responses — AHP (australianhumanitarianpartnership.org)

1. **World Vision Australia** in partnership with World Vision Romania and AVE Copiii in Moldova (the World Vision consortium); and the other by
2. **Plan International Australia**, in partnership with the International Medical Corps UK, Plan International Romania, ADRA Romania, ActionAid and E-Liberare (the Plan consortium)

The AHP response will take place over 12 months (March 2022 – March 2023), with a significant focus on the protection of women, children, and people with disability, focusing on regions where refugees are crossing borders from Ukraine into Moldova and Romania, as well as affected populations inside Ukraine.

The World Vision consortium will establish child-friendly spaces, and women, adolescent, and young child spaces to provide medical, psychosocial, and emergency education support to refugees, as well as connections with protection and violence referral services. Children will also be provided with learning kits to support their education.
Plan International is leading a consortium with well-established local partners (including women-led), building on their presence in Ukraine and Romania to respond to the critical protection and psychosocial needs of refugee women and children, adolescents, people with disabilities, the elderly, their caregivers, and frontline workers, and ensure their access to quality gender and age-appropriate support services and relief supplies. Assistance includes mental health and psychosocial support services (MHPSS), gender-based violence services (GBV), child protection in emergencies (CPiE), as well as complementary assistance for COVID awareness raising, and protection awareness including trafficking, and cash programming.

• Purpose

As per the AHP Evaluation Policy, an independently led evaluation may be required for any activation valued over $3 million. AHP evaluations are designed to support learning for implementing partners, AHP NGOs, DFAT and other stakeholders in the humanitarian sector, while at the same time providing an important accountability mechanism for DFAT.

In this instance, a Real Time Evaluation (RTE) has been deemed the most appropriate due to the rapidly changing situation on the ground and the ability to learn in real-time and influence programming as it is happening, while promoting coordination and communication between the partner agencies in Ukraine and surrounding countries.

The **primary purpose** of this evaluation is to learn from the MHPSS response and to identify improvements for the AHP program. The evaluation will examine the relevance/appropriateness, effectiveness, connectedness/sustainability, coverage and coordination primarily of DFAT-funded MHPSS response activities. The evaluation will also consider how the activities of each consortium sit within the broader landscape of other donor-funded MHPSS-related activities: *to what extent are the activities harmonised with other initiatives,* and *how do they contribute to establishing longer-term sustainability of psychosocial service provision to the identified populations?*

The RTE will be conducted as a rolling learning initiative over 6 months, in two 3-month phases, including light-touch field-based work. After each phase, a series of learning workshops will be held with the consortia and their partners to ensure that any necessary modifications can be immediately incorporated. After the learning workshops, the consortia will be facilitated to develop a revised activity plan, including updated program indicators (as required). A learning report will be submitted to DFAT after each workshop outlining key lessons learnt and subsequent program modifications to be

incorporated. A final report, supported by a workshop with DFAT and ANGOs will be provided at the conclusion of the RTE.

• Scope

The program has already had to operate with a fair degree of agility. During the last three months (initial proposal to PIP stage) due to local dynamics (between) program changes have had to be incorporated, including a change of implementation locations, and adjusting implementation approaches and activities.

This RTE has a clear focus on providing useful feedback to operational staff that understands the fluid context and necessary agility in program response. The data collection phase therefore must be both rigorous and realistic, and not hinder the ongoing work of the consortia.

The evaluation will seek to address to some extent the OECD evaluation criteria outlined in the table below. The response to this ToR should include up to five (5) proposed evaluation questions that demonstrate awareness of the operating context, MPHSS frameworks and the need to deliver useful, easily comprehensible, and actionable observations that can immediately be incorporated into the consortia's activity plans. **The final evaluation questions will be refined and agreed during the inception phase.**

Evaluation Questions	
Relevance/appropriateness *Is the intervention doing the right things?*	The extent to which the intervention objectives and design respond to beneficiaries, and is in line with local needs and priorities, and continue to do so if circumstances change.
Effectiveness, *Is the intervention achieving its objectives?*	The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
Connectedness/sustainability *Will the benefits last?*	The extent to which the net benefits of the intervention continue or are likely to continue. It also refers to the need to ensure that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. This will explicitly consider agencies' exit strategies – are the risks to staffing, reputation and beneficiaries being appropriately considered.
Coverage *The need to reach the major groups suffering for MHPSS support*	Coverage should also include the cross-cutting themes of gender, disability and social exclusion and access.

Coordination *How do AHP partners and local partners coordinate for delivering their assistance?*	The extent to which strategic planning, data gathering and managing information, mobilising resources and ensuring accountability, orchestrating a functional division of labour, negotiating and maintaining a serviceable framework with authorities and providing leadership is coordinated between ANGOs and local partners.

• Methodology

The methodology should clearly outline the following RTE phases:

PHASE 1

- **Inception- Desktop reviews and socialisation.** A detailed methodology will be developed at this stage. It will include clear timing and deadlines for subsequent phases. It will include a detailed mapping of existing MHPSS activities of partners, but also existing local initiatives etc. The final evaluation methodology and agreed list of evaluation questions will be delivered.

PHASE 2

- **Data collection and learning: Stage 1** - Including light touch methodology to work with partners, which could include targeted key informant interviews, focus group discussions etc
- **Learning workshop 1 –** Learning workshop agenda, in-country facilitated workshops per consortium, summary of key action points arising (including any proposed project pivots based on the learning process) sand drafting of a learning document. Learning document will be shared with partners, DFAT and AHPSU.

PHASE 3

- **Data collection and learning: Stage 2 -** Including light touch methodology to work with partners (with a focus on reviewing the findings, learning and pivots identified in the first learning phase), which could include targeted key informant interviews, focus group discussions etc
- **Learning workshop 2 –** A light-touch learning agenda (for example using remote processes), a review of phase 1 learning and drafting of a learning document. Shared with partners, DFAT and AHPSU.

PHASE 4

- **Draft report - Sensemaking and reporting. Shared with partners, DFAT and AHPSU.**
- **Final report –** Written document, including a summary of critical learnings, supported by a facilitated learning workshop between DFAT and ANGO partners.

• Indicative Outputs and Timeframes

Output	Timeframe
PHASE 1 - Inception	
Kick off meeting with AHP and key consortium members to identify and agree on review objectives	Mid-October
Initial briefing with **local partners**	Mid-October

Submission of **final (draft) evaluation methodology** (MHPSS activity mapping, methodology, EQs, some draft tools)	End October
Virtual meeting with AHPSU/DFAT to discuss feedback on proposed approach	End October
Submission of **final evaluation approach and questions** (max. 10 pages/ two languages)	End October
	Up to 14 days
PHASE 2 - Data collection & learning: Stage 1	
Data collection and learning: Stage 1	End-October to End-November
Phase 2 Debriefing and Learning Workshop that synthesises emerging themes from data collection to test and validate → **Agreement on learning actions per partner**	End-November
Learning report I (max 10 pages) based on Learning Workshop 1.	Early-Mid December
	Up to 25 days
PHASE 3 – Data collection & learning: Stage 2 (review)	
Date collection learning: Stage 2	Mid-January to early-February
Phase 2 Debriefing and Learning Workshop -that synthesises emerging themes from information gathering to test and validate	Early-February
Learning report II (max 10 pages) based on Learning Workshop 1. → **Agreement on learning actions per partner**	Mid-February
	Up to 15 days
PHASE 4	
Draft report (max 20 pages) providing the evidence-based justification for agreed ways of adjusting programming around MHPSS – lessons learnt identified for future and similar interventions	Early-March
Virtual meeting with key stakeholders - Presentation and discussion of findings – verification of learnings by the RTE	Mid-March
Integration of final comments	End-March
Final Report	Early April
	Up to 12 days
Total	**Up to 66 days**

- **Review Team**

The RTE team is expected to consist of a team leader and a team member both with relevant experience in emergency response and evaluations. Remote technical support and oversight is acceptable given the current challenges in relation to travel, access etc. Fluency in English is required.

1) **Team Lead:** on the ground, providing overarching team lead and technical support to ensure quality control across the RTE.

2) **Team member**: on the ground to lead on the data collection and analysis of AHP partners MHPSS activities and coordination with local partners.

It is also highly desirable that the RTE team has the following:

- At least one team member with experience in MHPSS
- At least one team member with experience and language skills in Ukraine and / or surrounding countries
- At least one team member with RTE experience

• Logistics, security and safety

The consultant/s is solely responsible for his/her travel and accommodation arrangements/payments under the contract. These costs are reimbursable and will be agreed as part of contract negotiations.

The consultant/s will also need to put forward a security and safety plan. This will include contingency planning for activities that may be impacted by the fluid nature of the Ukraine conflict. The consultant/s will need to work closely with AHP implementing partners to identify any security or safety risks in regards implementation of evaluation activities. This includes any proposed travel or visits inside the Ukraine. These will be discussed further during contract negotiations.

• Steering Committee

All AHP reviews and evaluations include an external steering committee. The Steering Committee (SC) for the MHPSS RTE will include 1 x representative from each ANGO, the AHPSU MEL Manager and one or two representatives from DFAT HQ. In-country engagement processes will be managed by the Evaluation team ensuring that all documentation received by the Steering Committee has been reviewed by relevant in-country partners.

The Steering Committee will review the inception deliverables and each learning output after each field mission as well as the final report.

• Responsibilities

Consultant/s	Delivery on the ToR and in line with the contract
AHPSU	Recruitment of consultant/s; contracting; oversight and management of the RTE; quality assurance and product review.
AHP lead partners	Communications with in-country implementing partners; review and quality assurance of draft products.

Ukraine implementing partners	Engagement with consultant/s; sharing of data & information in line with existing MEL systems; engagement in person-to-person and remote meetings throughout the process.
DFAT	Review and approval of all draft products.

• Applications:

Applicants are required to submit three items as per the table below.
The contract will be awarded based on team member experience, proposed methodology and cost.

ITEM	DETAILS	CRITERIA	WEIGHTING
Resumes of the two members of Review Team	Maximum of 4 pages (each)	Quality of relevant experience	40%
Proposed Methodology	Maximum of 4 pages	Quality in terms of the technical quality of methodology and approach	40%
Proposed budget	Maximum of 1 page		20%

Budget: Up to AUD$70,000

• List of Documents

The following documents will be provided to the successful the team:

1. World Vision and Plan International project proposal documents
2. Revised PIPs by World Vision and Plan international
3. First progress reports by World Vision and Plan International