

## TERMS OF REFERENCE (ToR)

### EXTERNAL FINAL EVALUATION

“Don’t forget! Establishing dementia-inclusive structures in two model regions in Bosnia and Herzegovina ”

#### 1. CONTEXT & BACKGROUND

##### 1.a. Context in which the project is being implemented and evaluated

The project's target groups, people with dementia, their relatives and caregivers were and are particularly affected by the Covid-19 pandemic. Curfews, visitation bans and other restrictions and requirements from authorities, family members' fear of infection, as well as project partners' own protective measures presented major challenges to staff, volunteers and family members. After a successful project start in October 2018, the entire second half of the project period was and is marked by the effects of the pandemic. Many activities could be adapted within the existing project plan, some activities could only be carried out to a reduced extent. In particular, some of the planned activities in the area of awareness raising and outreach (R3 and R4) could not be implemented as planned due to the dominance of Covid-19 in the area of care and support for elderly.

#### 2. PURPOSE AND OBJECTIVES

<b>Type of evaluation</b>	Final external evaluation
<b>Coverage</b>	the Action(s) in its entirety
<b>Geographic scope</b>	The targeted regions in Bosnia and Herzegovina: Region of Mostar and Čapljina, Region of Banja Luka, Communities of Jaice, Sanski Most, Prnjavor, Tomislavgrad, Ravno
<b>Period to be evaluated</b>	The entire period of the project to date
<b>Main goal of the evaluation</b>	Learning evaluation
<b>Mandate</b>	Contracting authority will be Caritas Banja Luka or Caritas Austria

The **main purpose** of this partner-led evaluation is geared towards **learning**, based on an assessment of the past performance, aiming at understanding future needs and gaps better. To implement dementia-friendly structures in already existing services and to create new services targeted for people with dementia and their caregivers, which are financially sustainable were the main goals of this project. The learning results of this evaluation will serve as a guidance in developing future projects and programs in the respective field. The evaluation is planned as at the end of the project, a mid-term self-evaluation has been carried out. The mentioned learning results will also serve for

**developing the follow-up actions to this project.** The evaluation will follow the DAC Criteria and include the cross-cutting issues relevant for Caritas and ADA (Gender / Safeguarding / Inclusion). In consultation with the funding agency, the Austrian Development Agency, **three DAC criteria were selected** to enable a focus on key evaluation objectives.

The **main objectives** of this evaluation are to provide the users of this evaluation with:

- an overall independent assessment of the past performance of the project to be evaluated (including a completed Results Assessment Form/RAF), paying particular attention to the reasons underpinning the assessment results **with the aim to learn for future activities;**
- key findings, conclusions and related recommendations **to the primary and secondary users** of this evaluation.

The **primary users of this evaluation** will be the relevant services of the Austrian Development Agency as well as the implementing partners in Austria and Bosnia and Herzegovina; in other words, those that are involved in the implementation and the financing of the project to be evaluated.

The **secondary users** of this evaluation will be other project partners in the region already providing services for older people in Bosnia and Herzegovina, Serbia, Montenegro, North Macedonia, Kosovo and Albania, and future donor organisations for similar projects in the countries mentioned.

### 3. SCOPE OF THE EVALUATION

<b>Implementing organisations in the country</b>	Caritas Mostar / Caritas Banja Luka / SEC Banja Luka
<b>Project team</b>	Mag.a Žaklina Garić / Mag. Ante Bender Mag.a Sigried Spindlbeck / Mag.a Anna Steiner
<b>Project name</b>	Don't forget! Development of dementia-friendly structures in two model regions in Bosnia and Herzegovina
<b>Project number</b>	ADC Nr.: 8108-07/2018, Caritas Austria Nr.: 1809019
<b>Duration of the project</b>	October 1, 2018 - September 30, 2021. It is planned to extend the project for 4 months till January, 31st 2022.
<b>Budget of the project</b>	<b>Total project costs: € 500.000,00</b> <ul style="list-style-type: none"> <li>• ADC Contribution: € 250.000,00</li> <li>• Federal State of Upper Austria: € 41.600,00</li> <li>• Caritas Austria: €208.400</li> </ul>
<b>Project goals according to the application</b>	Overall objective: The project contributes to a healthy life for people with dementia and their relatives in Bosnia and Herzegovina (contribution to SDG 3 Ensure healthy lives and promote well-being for all at all ages, esp. 3.8. Access to health services) Project goal: Improving the quality of life of 370 people with dementia and their relatives through innovative Affected-centered models and structures suitable for dementia in the regions of Banja Luka and Mostar.
<b>Target groups</b>	370 people with dementia in the Mostar and Banja Luka regions (70% women, 30% men)

	220 family carers (90% women, 10% men) 120 skilled workers (nurses, psychologists, social workers) (95% women, 5% men) 30 multipliers and volunteers who work on the project (80% women, 20% men) 160 doctors, heads of other institutions, NGOs and training institutions (60% women, 40% men) 50 decision makers at local and regional level
<b>Project locations</b>	Banja Luka region, Mostar region / Bosnia Herzegovina

**Project background:** In Bosnia and Herzegovina, 14.1 percent of the population is over 65 years of age. Due to increasing life expectancy and migration of young people, a faster increase in the proportion is forecast than in other European countries. 40 percent of old people live in extreme poverty (less than EUR 105 monthly income), around 80 percent of pension recipients live with an income below the relative poverty line (average pension: EUR 188 poverty line: EUR 213). Old people without training and in rural areas are particularly affected. There are no offers for people with dementia in the regions of Banja Luka and Mostar. There is little knowledge among professionals and the general public on the subject of dementia and how to deal with people with dementia. The care of the elderly is almost entirely provided by relatives (mostly women), who are often completely overwhelmed due to the lack of support offers. There has been an increase in violent crimes against the elderly, including parents.

**Planned results:** R1: Nursing professionals are trained to become dementia experts and apply their knowledge to innovative ones. Methods in the care of people with dementia in everyday care and pass on their knowledge. The topic of dementia is integrated into the curriculum of existing nursing training courses. R2: The local organizations and facilities have dementia-friendly stationary and mobile offers and equipment for people with dementia and their relatives. R3: A "dementia network" has been set up, meets regularly, ensures the transfer of knowledge on all aspects of the topic and advocates the needs of people with dementia and their relatives. R4: The awareness of the general public as well as within the care of the elderly on the subject of preventing dementia and caring for people with dementia is increased

**Planned activities:**

**Activity cluster 1:** Building up know-how in the regions by organizing study visits, training courses on the subject of dementia, developing appropriate curricula and a manual, organizing supervision and intervision groups.

**Activity cluster 2:** Dementia-friendly adaptation of wards in existing facilities (including dementia-friendly employment offers), establishment of three day centers for people with dementia, establishment of three competence centers for advising and supporting caring relatives, information materials for caring relatives, support in the dementia-friendly design of living space, dementia-friendly design of the mobile home help.

**Activity cluster 3:** Establishment of a "network dementia" and development of regional dementia strategies, organization of specialist symposiums, information for political decision-makers and the wider public.

**Activity cluster 4:** Information about prevention, training of multipliers for prevention work and low-threshold offers, especially in rural areas.

For **more information** please refer to the **project documents** that will be made available upon assignment.

In consultation with the funding agency, the Austrian Development Agency, **three DAC criteria were selected** to enable a focus on key evaluation objectives. These are:

- Relevance
- Effectiveness
- Sustainability.

The evaluation shall include cross-cutting issues Gender equality and Safeguarding.

#### **4. EVALUATION QUESTIONS**

The specific Evaluation Questions as formulated below are indicative. Based on the latter and following initial consultations and document analysis, the evaluation team/evaluator will discuss them with the Evaluation Manager and propose/justify in their **Inception Report** a complete and finalised **set of Evaluation Questions with indication of indicators, as well as the relevant data collection sources and methods (Evaluation matrix)**. The evaluation matrix shall clearly show and map out how data will be collected against each evaluation question and how triangulation between different data sources and methods will be accomplished.

Once agreed through the approval of the Inception Report, the Evaluation Questions will become contractually binding.

##### **Relevance**

1. To what extent the intervention objectives and the design respond to the needs of the target groups and the beneficiaries (with a focus on people with dementia and their caregivers, staff)
2. To what extent the planned dementia strategies met local / regional needs?

##### **Effectiveness:**

3. To what extent the project achieved its objectives and the planned results?
4. To what extent the project coordinators could adapt the project to the challenges of the Covid-19 pandemic? To what extent the already implemented activities improved the resilience of the project partners during the pandemic?

##### **Sustainability:**

5. To what extent the trainings and other learning activities had a positive impact in the institutions / services / organisations taking part?
6. To what extent materials elaborated and knowledge gained within the framework of the project will contribute to improve the situation of persons with disabilities and their families?
7. To what extent pilot projects and innovative approaches are applicable in other regions / countries?

##### **Cross-cutting issues:**

8. To what extent the elaborated Gender Action Plan contributed to a gender-sensitive implementation of the project? To what extent the specific needs of men and women were considered?
9. To what extent the project contributed to the inclusion of people with dementia and their caregivers in local societies / communities?
10. To what extent the project contributed to protect the target groups (people with dementia / caregivers / staff) from violence and abuse?

## 5. EVALUATION DESIGN AND APPROACH

This evaluation shall follow a **non-experimental design**, with a focus on the change that has occurred for those affected by the project. The data collection shall mainly focus on a qualitative approach, such as key informant interviews, case studies, most significant change, Focus group discussions, and document review. The analysis shall include components of the content and the contribution analysis.

The data collection and analysis methods used for this evaluation have to be sufficiently rigorous to conduct a complete, fair and unbiased assessment.

The evaluation has to include the **human rights based approach** of ADC and Caritas partners, esp in regard to the human rights of elderly people. In regard to this, the Madrid Declaration for Elderly People and the respective Implementation plans in Bosnia and Herzegovina are the basic documents, with a special focus on **Gender, as an important cross-cutting issue**. In addition, all data collected has to be disaggregated by sex, age group, and disability. In the context of the project to be evaluated, dementia is considered as a form of disability.

Finally, the evaluation has to follow ADC standards and OECD/DAC criteria as well as ethical guidelines for evaluations.

## 6. WORKPLAN (Key evaluation phases and key outputs / deliverables)

The evaluation process will be carried out in three phases:

- Inception (Kick-Off and Desk research)
- Inquiry (Data collection and analysis)
- Synthesis & Reporting

After the completion of the evaluation, further work with the findings is intended. This includes the dissemination of the findings (ADC has the right to publish the executive summary and RAF on their website) and the management response to the evaluation report.

During the evaluation, the evaluator must **comply with Covid-19 safeguarding measures** and the applicable regulatory requirements (this applies in particular to the institutions that are partners in the project).

Phases of the evaluation	Key activities	Key outputs / Deliverables
<b>Inception &amp; Desk Phase</b>	<ul style="list-style-type: none"> <li>Initial document/data collection</li> <li>Background &amp; Stakeholder analysis</li> <li>Methodological design of the evaluation/Evaluation Matrix</li> <li>In-depth document analysis (focused on the Evaluation Questions)</li> <li>Methodological design of the Field Phase</li> <li>Scheduling of fieldwork activities (incl. schedule of planned interviews etc. )</li> </ul>	<ul style="list-style-type: none"> <li><i>Kick-off and clarification meeting with Caritas Evaluation Managers</i></li> <li>Draft Inception report containing a preliminary desk review summary, an evaluation matrix, a stakeholder mapping; and a workplan</li> <li>Final Inception report after discussion with / feedback of Caritas and ADA Evaluation Management <i>&gt;&gt;&gt; ADA-Evaluation Guidelines Annex 5 and 7 for inception report and Evaluation Matrix</i></li> </ul>
<b>Data collection &amp; analysis</b>	<ul style="list-style-type: none"> <li>Gathering of primary evidence (as defined in inception report)</li> <li>Data collection and analysis based on the defined Evaluation Questions</li> </ul>	<ul style="list-style-type: none"> <li>Intermediary Note on preliminary findings</li> </ul>
<b>Synthesis &amp; Reporting</b>	<ul style="list-style-type: none"> <li>Final analysis of findings (with focus on the Evaluation Questions)</li> <li>Formulation of the overall assessment, conclusions and recommendations</li> <li>Reporting</li> </ul>	<ul style="list-style-type: none"> <li>Draft Final Report incl. Executive Summary and RAF (see. 4. Reporting)</li> <li>Final Report incl. Caritas &amp; ADA feedback</li> <li>Presentation of Findings &amp; Recommendations <i>&gt;&gt;&gt; ADA-Evaluation Guidelines Annex 6 Quality Checklist for Evaluation Report (ER)</i></li> </ul>

**The Guidelines for Project and Programme Evaluations developed by the Austrian Development Agency need to be considered throughout the entire evaluation process.** (see: <https://www.entwicklung.at/en/ada/evaluation>)

#### TIMETABLE

Action	Responsible	Until
Contract signed and documents provided / Kick-Off meeting	Caritas and Evaluator	15.09. 2021
<b>Inception &amp; Desk Phase</b>		
Submission of draft inception report	Evaluator	01.10. 2021
Feedback on Inception report - <i>in written and/or in an online meeting</i>	Caritas & ADA	07.10. 2021
Inclusion of comments in inception report + Submission of final inception report	Evaluator	15.10. 2021
Approval of final inception report	ADA	22.10. 2021

<b>Field phase</b>		
Field Visit, interviews,...	Evaluator	01.-15.11. 2021
Intermediary Note on preliminary findings	Evaluator	22.11. 2021
Comments on the preliminary findings	Caritas & ADC	30.11. 2021
<b>Synthesis phase</b>		
Submission of draft final report (incl. draft executive summary and RAF)	Evaluator	15.12. 2021
Feedback on draft final report (and executive summary, RAF) – <i>in written and/or in an online meeting</i>	Caritas & ADA	15.01.2022
Inclusion of Feedback + Submission of final evaluation report, incl. the executive summary and RAF (hard copy and electronic copy) to contractor; in English or German.	Evaluator	22.01.2022
Presentation of evaluation findings & recommendations to Caritas partners in Austria and Bosnia and Herzegovina and other relevant stakeholders (second group of users)	Evaluator	28.01.2022

## 7. REPORTING

The evaluator will submit the following reports:

- A draft and final **inception report** (10 pages max without annexes), with a main focus on the methodological part, not on the context description. English or German
- A **final draft evaluation report** (25 pages max without annexes), including a **draft executive summary** (max. 4 pages) and **the results-assessment form (part of the reporting requirement)** in English or German.
- And the **final evaluation report** (25 pages max without annexes), the **final executive summary** (max. 4 pages) and **the results-assessment form** (part of the reporting requirement) in English or German.

The inception report should be structured as follows:

1. Background (incl. stakeholder mapping), Purpose and Objectives
2. Evaluation Design and Approach
  - 2.1. Methodology and Methods
  - 2.2. Evaluation Matrix
  - 2.3. Data Collection Instruments
  - 2.4. Data Analysis
  - 2.5. Limitations, Risks and Mitigation Measures
3. Quality Assurance and Ethical Considerations
4. Workplan
5. Annexes

>>> *Quality Checklist of Inception Report in ADA Guidelines of Programme and Project Evaluations / Annex 5*

The evaluation report should be structured as follows:

1. Executive Summary
2. Introduction

3. Background and Context Analysis
4. Evaluation Design and Approach
  - 4.1. Methodological Approach
  - 4.2. Data Collection and Analysis Tools
  - 4.3. Limitations, Risks and Mitigations Measures
5. Findings
6. Conclusions
7. Recommendations
8. Annexes

>>> *Quality Checklist of Evaluation Report in ADA Guidelines of Programme and Project Evaluations / Annex 6*

The executive summary should be developed as a stand-alone document that mirrors the structure of the evaluation report. As such it should not contain any new information. As in the report, emphasis should be placed on presenting the findings, conclusions and recommendations. The executive summary shall not exceed 4 pages, and may be published on the ADA website.

The Results Assessment Form (RAF) captures the degree of results achievement on different levels and has to be submitted in Excel format. (*ADA Guidelines of Programme and Project Evaluations / Annex 9*).

### **Language**

All reports shall be submitted in English or German. The final executive summary and the presentation shall in addition also be submitted in English.

### **Formatting of reports**

All reports will be produced using Font Arial or Times New Roman (letter size 11 and 12 respectively), single spacing, double sided. They will be sent in Word and PDF formats.

### **Procedure and Logistics**

The Evaluator covers all travel expenses within Bosnia and Herzegovina; as well as all expenses related to printing, copying, data collection and other support services. The Evaluator is solely responsible for the quality of the work to Caritas Banja Luka. Caritas Banja Luka reserves the right not to pay the Contractor or withhold part of the payable amount if one/more requirement(s) established for this assignment are not met or if the deadline set for the accomplishment of the tasks is missed.

## **8. REQUIREMENTS FOR THE EVALUATOR(S)**

Key Qualifications should be:

- Relevant academic degree (master level) in social sciences and/or education
- Conducted at least three evaluations in the last five years, ideally in the relevant field
- expertise and experience on the human rights based approach, gender responsive approaches and other areas of expertise as relevant to the specific programme or project
- Knowledge of the background and actual developments in Bosnia and Herzegovina with focus on social topics
- Experience in project cycle management
- Experience in project level evaluations
- Familiarity with donor funded projects, preferably with ADA



- Experience preparing and analysing a theory of change
- Experience in social science methods
- Excellent oral and written Bosnian / Croatian / Serbian & English or German skills
- Sound MS Office and IT skills

**The consultant must not have been involved in the design, implementation or monitoring of this project; and respects the ethical standards and guiding principles for evaluation, including impartiality and independence.**

## 9. TERMS OF APPLICATION

The **deadline** for the submission of the application is the **10th of September, 12:00 CEST**. Applications should include:

- CV
- Cover Letter: max 300 words, should explain why you think you are qualified for this post and also indicate when you can start to work.
- Technical Offer<sup>1</sup>: Concept Note not exceeding 3 pages describing the approach and suggestions for the evaluation; including the number of estimated working days for each evaluation phase; in English or German
- Financial offer: Proposed budget of all-inclusive fee in KM or Euro, including separate lines for the Consultancy fee and travel costs (e.g travel, data collection assistance, printing, etc.), as deemed necessary for the assignment.

Qualified candidates should send the requested documents to Caritas Banja Luka (zgaric@blic.net) and to Caritas Austria ([sigried.spindlbeck@caritas-linz.at](mailto:sigried.spindlbeck@caritas-linz.at))

Applications that do not include all the required documents will be disqualified. Applications received after the deadline will not be accepted.

### Annexes

See **ADA Guidelines for Programme and Project Evaluations** under: <https://www.entwicklung.at/en/ada/evaluation>; including the following annexes, cited in the ToRs above:

- Quality checklist on the Inception Report (Annex 5)
- Quality Checklist on the Evaluation Report (Annex 6)
- Evaluation Matrix (Annex 7)
- Feedback Matrix (Annex 8)
- Results Assessment Form (Annex 9)
- Management Response (Annex 10)

---

<sup>1</sup> The award criteria are: best value for money in the case of tenders for services.