FINAL DRAFT OF THE TERMS OF REFERENCE

EVALUATION OF THE PROJECT "RISK MANAGEMENT FOR LOCAL SUSTAINABLE DEVELOPMENT"

(CAMI Project) as of June 10, 2003

1 INTRODUCTION

The losses provoked by hurricane Mitch revealed the high levels of vulnerability of the Central American region. The government of the United States of America, by means of the Office for Foreign Disaster Assistance (OFDA) decided to contribute to the process of mitigation of these vulnerabilities by putting in place the Central American Mitigation Initiative (CAMI), providing financial resources to non-governmental organizations present in the region..

In this context, the CAMI-CARE project in Central America, financed by OFDA-USAID, the Canadian International Development Agency (CIDA) and CARE USA, was launched in March 2001, setting the goal to "contribute to the strengthening of local capacities for risk mitigation and to boost the sustainability of local development processes, as well as to simultaneously review many of the processes of response capacity building and the management of development". The project spans for two and a half years with an investment of 2.7 million dollars.

After two years of execution, CARE has identified the need to evaluate the project to establish lessons learned and best practices regarding the adoption of the risk management approach and the strengthening of local response capacities to evaluate its replication potential in other regions where CARE has an institutional presence.

2 OBJECTIVES OF THE EVALUATION

2.1 General Objective

Review, document and systematize the programmatic, operative, administrative and strategic processes of the project "Risk Management for Local Sustainable Development" at the national and regional levels, in order to identify "probable impact", lessons learned, best practices, intervention models and its replication potential, at both a regional (Latin America) and within other CARE programmes around the world. The results of the evaluation should enable us to refine our proposed follow on initiatives and/or suggest new approaches as well as inform the South American teams on the development of a SAMI. In order to do that effectively, it is important that we not only assess our achievements in line with the "baseline" but also to gain the perspectives of our clients including our partners but more importantly the beneficiaries themselves of the existing program. Therefore, a quantitative as well as qualitative process should be followed and most importantly, a participatory approach should be undertaken, wherever possible, not only in the design of the evaluation methodology but also in implementation and most particularly, in the analysis.

2.2 Specific Objectives

- Which were the critical internal processes of the CAMI project? What was the execution rationale behind the administrative, operating and strategic processes? Which elements can be identified to standardize a regional project such as CAMI? How has the adopted managerial approach enhanced CAMI's capacity to share leadership and knowledge, position itself and develop the adequate materials and methodologies to implement the logical framework?

- Has the proposed logical framework been fully implemented or exceeded, and what indicators provide evidence of such implementation? How has the project adapted to changes posed on this framework?
- What problems, opportunities, threats, strengths, weaknesses, learning processes and best practices were identified during the execution of the project? What were the courses of action to overcome difficulties, seize windows of opportunity and learn from the experiences?
- How has the CAMI experience been socialized and validated with stakeholders, both internal and external, in order to ensure ownership, adoption, support and replication of this initiative? How can it be improved? Which aspects of this experience should be emphasized on to build support around a replication effort?
- How can CAMI be subject of replication by CARE in other regions where it operates? How can CAMI contribute to this effort?

3 COVERAGE

The project systematization process should be perceived in two levels: the first one at the national level, in which implications of the project with respect to the communities assisted as well as CO should be evaluated; and the second one at the regional level, in which a cost/benefit analysis should be carried out to determine the advantages of an intervention coordinated at the regional level.

4 DURATION

Six weeks

5 METHODOLOGY

This evaluation will focus in the compilation of primary and secondary information for its analysis. The project staff will facilitate all relevant documentation as well as the organization/collaboration in four national workshops in which beneficiaries and municipal authorities will analyze the project's intervention and contributions, as well, as individual interviews when deemed appropriate with beneficiaries, donors and other stakeholders. These interviews must be of two kinds: open interviews for key personnel and guided for other stakeholders. The project staff will also provide logistic support for the field trips to the intervention areas as well as for the results socialization and validation processes.

The consultant should submit all the tools to be used during this evaluation to the regional and national managers for their approval and technical advice. Permanent communication must be established, both orally and written, between the consultant and the managerial level of the project. Previous to the launching of all field activities, the consultant must submit a work plan to the managerial level of the project for its discussion and approval.

The consultant will have the support of a CARE staffer appointed as his/her counterpart, most like from a South American country office. In this sense, the latter will become the link of the consultant throughout the whole period of consultancy with the internal structure of the project, channeling the entire consultant's information needs to the persons in charge. The CARE staffer will also provide feedback on the writing of the final report, will provide insights on the processes described and will contribute to the understanding of internal procedures and the project's rationale.

<u>Suggested Methodological Outline</u>

An evaluation team should be established led by an external evaluator with participation of selected CAMI staff personnel and a representative from CARE South America.

Suggested team composition:

1 Team Leader
1 CARE South America staff
1 OFDA representative, if possible

TOTAL: 2-3 team members

Activities and Timeframe:

1. Expectation Meeting with Consultant: CAMI team and senior CARE Honduras team meet with Evaluation Team leader to review and agree upon expectations and expected outputs. Key documents provided to consultant for review (include project proposal, all reports to date, and concept outlines produced) Total: ½ day
2. Planning: 2-3 days in Tegucigalpa with the Team Leader and the CAMI staff to review documentation, identify key questions, methodologies and agree on outcomes from beneficiaries workshop (including qualitative focus group discussion, interviews and review of documentation as well as surveys if needed). Total: 3 days
3. Pre-testing of evaluation methodology in 1 or 2 communities in Honduras – 1 day/review and revision of methodology and materials. Total: 2 days
4. Evaluation Phase per country: 3-4 day field visits-survey and interview process, review with partner representatives and community representatives to ensure that all perspectives are being taken into consideration: adjustments made accordingly. Total: 12-16 days
5. Intermediate analysis workshop with beneficiaries: ½ day per country to confront and adjust findings in a participatory way. Evaluation results have to be summarized for presentation to workshop audience. Total: 4 days
6. Analysis Workshop in Honduras: with CAMI staff members, OFDA and CIDA representative, could potentially invite other non-CARE staff and partner organizations as well as community reps to participate in this 1 day workshop. Total: 1 days
7. Consultant write up of results and recommendations: 5 days
8. Office Workshop Dissemination per country: 1 day

TOTAL No. of Days: 30 days approximately.

<u>Key Documentation and Reference Materials</u>

- CAMI proposal to OFDA
- CAMI Quarterly Update Reports
- CAMI Strategic Framework for a Continuation of the Project
- CAMI Risk Management Training Program
- CAMI systematization process outputs (videos, process description and layouts, reporting, etc.)
- CAMI website: www.cami.care.org

- CAMI Baseline Survey

Evaluation Outputs

- Evaluation report with recommendations and follow-up plan
- Summary Chronology of project execution and evolution, identifying key milestones

Key Contact Personnel

CAMI Board Supervisor: Barbara Jackson, jackson@hon.care.org

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6 COSTS

Line Item	Unitary Cost	TOTAL
Consultant fees (30 days/person)	$400	$12,000
Travel and per diem for evaluation team member from SA		$ 3,500
Travel and per diem for lead evaluator		$2,500
National participatory intermediate analysis workshops (one per country with beneficiaries and municipal authorities)		$ 4,000
Analysis workshop with evaluation team and CAMI staff (1day), including travel costs for six members of CAMI staff.		$ 2,000
TOTAL		**$24,000**

Funding sources : CARE USA funds assigned to CARE Guatemala -- 12,000 (consutant fees)
FY04 UNR assigned to CAMI in CARE Honduras -- 8,000 (travel expenses)
OFDA fundcode in each country -- 4,000 (participatory workshops)