Terms of Reference

EVALUATION of
Nutrition programming in the Karamoja region from 2013 to 2015
WFP Uganda Office

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1. Introduction

1. These Terms of Reference (TOR) are for the evaluation of nutrition programmes in the Karamoja region, Uganda particularly Community Based Supplementary Feeding programme (PRRO 200249) and Maternal Child Health Nutrition (CP 108070). This evaluation is commissioned by programme/nutrition unit WFP- Uganda Country Office and will cover the period from 2013 to 2015.

2. These TOR were prepared by the programme/nutrition unit, WFP- Uganda Country Office based upon an initial document review and consultation with stakeholders and following a standard template. The purpose of the TOR is twofold. Firstly, it provides key information to the evaluation team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation.

3. Undernutrition in Uganda is still a challenge, data from Demographic Health Survey 2011 indicated stunting rate were 33 percent, wasting were 5 percent, underweight were 14 percent, and anemia among children 6-59 months were 50%. The worst indicators among children 6-59 months were in Karamoja region with 45 percent stunting, 7 percent wasting, 31.9 percent underweight and 70% anemia. Among children 6-23 months, dietary diversity was very low with only 12, 8 percent consumed more than four food groups and only 5.8 % percent met minimum acceptable diet.

4. The Cost of Hunger in Africa (COHA) data shows that an estimated 1.8 trillion Uganda shilling (UGX) were lost in the year 2009 as a results of child nutrition. This is equivalent to 5.6 % of Gross Domestic Product (GDP).

5. Uganda has developed Uganda Nutrition Action Plan (UNAP 2011-2016) with the objective 1 to improve access to and utilisation of services related to maternal, infant and young children.

6. Under Protected Relief and Recovery Operations (PRRO 200249), WFP-Uganda has been implementing Community Based Supplementary Feeding Programme (CBSFP) in seven districts of Karamoja region. The purpose of the programme is to support the treatment of moderate acute malnutrition (MAM) among children 6-59 months, Pregnant and Lactating Women (PLW), and other malnourished individuals of the population. Field level implementation is done through Non-Government Organization (NGO) cooperating partners and WFP collaborates with UNICEF and the Ministry of Health (MoH).

7. Under its country programme (CP 10870), WFP-Uganda has been implementing a maternal and child health nutrition (MCHN) in Karamoja region in collaboration with the MoH. The purpose of the programme is to address chronic undernutrition by providing essential nutrients, promoting IYCF and improving health seeking behaviour antenatal care and post-natal care at health facilities in the region.

8. Under new country programme 200894 (2016-2020), WFP Uganda will continue supporting nutrition programming in the Karamoja region for both nutrition specifics and nutrition sensitives programmes.

9. Since 2013, CBSFP and MCHN programmes have been funded primarily by DFID with CBSFP funded under DFID resilience programme and MCHN funded through a DFID funded joint programme on population. With the end of these funding
stream and the start of new country programme, WFP will conduct an evaluation of its nutrition programme in Karamoja region.

2. Reasons for the Evaluation

2.1. Rationale

The evaluation is being commissioned for the following reasons:

- Persistently high malnutrition rates (wasting, stunting and micronutrient deficiencies), remain a reality in Karamoja despite long-standing and multi-sectoral efforts to address them, and are priority concern for all partners in the Karamoja region. Under the new country Programme (2016-20), WFP will consolidate its current nutrition-focused activities in the Karamoja region and increase their integration with the government health system where possible. Based on a recent external review of nutrition activities delivered in the region, WFP and partners will renew effort at coordination, targeting of complementary interventions, and increasing the focus on nutrition-sensitive activities within the range of livelihood and safety net projects operating in the region.

- The evaluation is expected to provide evidence of what worked in the past and provide programmatic recommendation for operational planning relevant to the CP nutrition component under the new resilience framework. For learning purposes, the evaluation will consolidate existing evidence, programmatic data, and review the strategic priorities of other stakeholders in the region.

2.2. Objectives

Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning.

- **Accountability** – The evaluation will assess and report on the performance and results of the CBSFP and MCHN nutrition programmes in the Karamoja region of Uganda over the 2013 – 2015 period.

- **Learning** – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and pointers for learning. It will provide evidence-based findings to inform operational and strategic decision-making.

2.3. Stakeholders and Users

A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. Table 1 below provides a preliminary stakeholder analysis, which should be deepened by the evaluation team as part of the Inception phase.

Accountability to affected populations is tied to WFP’s commitments to include beneficiaries as key stakeholders in WFP’s work. As such, WFP is committed to ensuring gender equality and women’s empowerment in the evaluation process,
with participation and consultation in the evaluation by women, men, boys and girls from different groups.

Table 1: Preliminary Stakeholders’ analysis

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Interest in the evaluation and likely uses of evaluation report to this stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNAL STAKEHOLDERS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Country Office (CO) [Kampala]</strong></td>
<td>Responsible for the country level planning and operations implementation, It has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation.</td>
</tr>
<tr>
<td><strong>Regional Bureau (RB) [Nairobi]</strong></td>
<td>Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices.</td>
</tr>
<tr>
<td><strong>WFP HQ</strong></td>
<td>WFP has an interest in the lessons that emerge from evaluations, particularly as they relate to WFP strategies, policies, thematic areas, or delivery modality with wider relevance to WFP programming.</td>
</tr>
<tr>
<td><strong>Office of Evaluation (OEV)</strong></td>
<td>OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy.</td>
</tr>
<tr>
<td><strong>EXTERNAL STAKEHOLDERS</strong></td>
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<tr>
<td><strong>Beneficiaries</strong></td>
<td>As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.</td>
</tr>
<tr>
<td><strong>Government</strong></td>
<td>The Government has a direct interest in knowing whether WFP activities in the country are aligned with its priorities, harmonised with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest. The Ministry of Health is a primary partner from the government.</td>
</tr>
<tr>
<td><strong>UN Country team</strong></td>
<td>The UNCT’s harmonized action should contribute to the realisation of the government developmental objectives. It has therefore an interest in ensuring that WFP operation is effective in contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level. In particular, UNICEF will have interest in the results.</td>
</tr>
<tr>
<td><strong>NGOs [Community Actions for Health (CAFH), Andrew Food Consults (AFC)]</strong></td>
<td>NGOs are WFP’s partners for the implementation of some activities while at the same time having their own interventions. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships.</td>
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</tbody>
</table>
Donors [DFID]  
WFP operations are voluntarily funded by a number of donors. They have an interest in knowing whether their funds have been spent efficiently and if WFP’s work has been effective and contributed to their own strategies and programmes.

14 The primary users of this evaluation will be:

- The WFP-Uganda Country Office and its partners in decision-making, notably related to programme implementation and/or design, Country Strategy and partnerships particularly the need for recommendations on design and positioning of WFPs nutrition service delivery activities in 2016 and beyond.
- Given the core functions of the Regional Bureau (RB), the RB is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight
- WFP HQ may use evaluations for wider organizational learning and accountability
- OEV may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board.

3. Context and subject of the Evaluation

3.1. Context

15 The Karamoja region is the least developed part of Uganda. It is a semi-arid area located in north-eastern Uganda, bordering Kenya to the East and South Sudan to the north. Karamoja has a population of 988,429 people (census 2014) who are predominantly agro-pastoralists.

16 The recent Karamoja Nutrition programme review conducted with support from UNICEF, identified that despite overall decline in malnutrition rates (wasting) since 2000 (above 20 percent), the median GAM rate remains above 10% (WHO emergency cut off) and thus, the situation in Karamoja has remained consistently unacceptable over the last decade and beyond. Other nutrition indicators based on DHS 2011 showed that Karamoja had the highest stunting at 45 percent, the highest wasting at 7 percent, the highest underweight at 32 percent and the highest anemia among children 6-59 months at 70 percent. In addition the dietary diversity and minimum acceptable diet was very poor.

17 The causes of undernutrition in Karamoja are multidimensional, systemic and complex. At the basic level, the harsh environment as a result of erratic climatic conditions and aspects of natural resource management, insecurity, pastoral lifestyle and culture of Karamojong, politics and governance, the fact that the region typically been isolated and neglected. In addition, financial resources to the region are currently influenced by the donor community. Human resources capacity across key sectors in the region is limited as a factor of low education levels, furthermore, it is difficult to attract or retain external capacity to the region. At the underlying level, the factors that cause malnutrition in the region are particularly challenging includes; inadequate access to and availability of sufficient foods, furthermore limited access to nutritious food is a major constraint. Immediate causes of malnutrition are aspects related to household income which influences food availability since most of food is purchased, utilization of food
(frequency and quality) and the factors that influence what is consumed in addition to disease and health of the population. Poor sanitation practices in the region can also be singled out as having impact on the nutritional status in addition to child care practices.

18 The ongoing nutrition specific programmes in Karamoja include: 1) management of severe acute malnutrition implemented through inpatient and outpatient therapeutic feeding centres (ITC and OTC) supported by UNICEF, 2) management of moderate acute malnutrition implemented through Community Based Supplementary Feeding programmes (CBSFP) supported by WFP, 3) micronutrient supplementation mainly vitamin A supplementation and deworming, iron folic supplementation and zinc for diarrhoea management, 4) Infant and Young Child Feeding promotion, and 5) Maternal and Child Health Nutrition (MCHN) supported by WFP and USAID’s NGO partners.

19 Donor partners active in the region include: 1) DFID support through its Enhancing Resilience in Karamoja (EKRP) project, a multisectoral, multi-year project implemented by UNICEF, WFP and FAO and which prioritises livelihoods, disaster risk reduction and climate change to address the underlying causes of vulnerability in the region, 2) two large USAID supported programmes in the region which aim to reduce food and nutrition insecurity through a multi-prolonged livelihood, health WASH and nutrition approach, 3) an EU funded Karamoja Livelihoods Improvement Programme (KALIP) 2011-2015 (and its successor that will start in 2016), 4) the World Bank funded second Northern Uganda Social Action Funds (NUSAF 2), and 5) a government-managed social protection scheme, Expanding Social Protection (ESP), supported by DFID, Irish Aid and others.

20 Under its 2012-2015 Protected Relief and Recovery Operation (PRRO), WFP-Uganda has been implementing Community Based Supplementary Feeding Programme (CBSFP) in seven districts of Karamoja region. The purpose of the programme is to support the treatment of moderate acute malnutrition (MAM) among children 6-59 months, Pregnant and Lactating Women (PLW), and other malnourished individuals of the population. Field level implementation is done through Non-Government Organization (NGO) cooperating partners and WFP collaborates with UNICEF and the Ministry of Health (MoH).

21 Under its 2010-2015 Country Programme (CP), WFP-Uganda has been implementing a maternal and child health nutrition (MCHN) in Karamoja region in collaboration with the MoH. The purpose of the programme is to address chronic undernutrition by providing essential nutrients, promoting IYCF and improving health seeking behaviour antenatal care and post-natal care at health facilities in the region.

22 Under its new CP (2016 – 2020) and under the auspices of a new WFP/UNICEF/FAO joint resilience strategy for the region, WFP and partners will renew efforts at coordination, targeting of complementary interventions, and increasing the focus on nutrition-sensitive activities within the range of livelihood and safety net projects operating in the region. It is expected that the results and recommendations of this evaluation will support that programming response.
3.2. Subject of the evaluation

23 The evaluation of nutrition programmes will be focusing on the WFP Community Based Supplementary Feeding Programme (CBSFP) and Maternal and Child Health Nutrition (MCHN) in seven districts of Karamoja region over the 2013 – 2105 period of implementation. Under CBSFP programme, WFP targeted 26,500 individuals monthly consisting of children 6-59 months, pregnant and lactating women (PLW) and other individuals with moderate acute malnutrition. The partners for CBSFP were the Ministry of Health (MoH) and Non-Government Organizations. Under MCHN programme, the target was approximately 44,000 beneficiaries per month, including children 6-23 months and PLWs. The main partner of MCHN is the Ministry of Health.

24 Additional programming details will be made available at the inception stage of the evaluation.

4. Evaluation Approach

4.1. Scope

25 The evaluation will cover the duration of the CBSFP activity under the PRRO (2013-2015) and the MCHN activity under the CP (2009-2015) in seven districts of Karamoja region. The evaluation will however focus on the latter 3 years of MCHN programme implementation, the period under DFID funding, and for which WFP has had a relatively stable programme implementation period. It is expected that the evaluation will assess the performance of both activities, including the project outcomes, partnership strategies, linkages to complementary projects or activities, and modalities of implementation.

4.2. Evaluation Criteria and Questions

26 The evaluation will focus on three of the DAC evaluation criteria: relevance, effectiveness, efficiency.

27 The evaluation will address the key questions outlined in Table 2, which will be further developed by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the performance of the two nutrition programmes, and lessons learned which could inform future strategic and operational decisions.

Table 2: Criteria and evaluation questions

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation Questions</th>
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<tbody>
<tr>
<td>Relevance</td>
<td>To what extent have girls, boys, men and women been participating in the CBSFP, and what was the effect of this on the programme?</td>
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<tr>
<td></td>
<td>How WFP’s nutrition have programmes, as implemented, aligned with global best practices for similar programmes and have these standards been appropriately adapted to the Karamoja context?</td>
</tr>
<tr>
<td></td>
<td>How have WFP’s nutrition programmes, as implemented, aligned with government priorities and how have the established coordination mechanism supported/not supported the complementary of WFP and partner nutrition</td>
</tr>
</tbody>
</table>

1 For more detail see: http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm and http://www.alnap.org/what-we-do/evaluation/eha
programmes? Have they been aligned with the needs and constraints of the communities they serve?

How have gender and protection considerations as well as principles on Accountability to Affected Populations (AAP) been integrated into WFP’s MCHN and CBSFP programmes?

**Effectiveness**

What has been WFP’s contribution to nutrition prevention (MCHN) and treatment (CBSFP) programmes in addressing malnutrition in Karamoja region? How effective was WFP in this role?

How can programming be adjusted to ensure better community participation to enhance effectiveness, coverage and reduce default and what types of feedback mechanism can be adopted to improve accountability of programmes to the communities?

What are additional linkages to agriculture/value chain activities that can promote nutrition sensitive programming and contribute to a reduction in chronic and acute malnutrition?

**Efficiency**

What is the efficiency of the MCHN and CBSFP delivery model vis-à-vis results of the respective programmes?

What activities/changes could be added into the MCHN and CBSFP programmes to support real-time programme monitoring that promotes quality and efficiency?

### 4.3. Data Availability

28 The sources of information are available to the evaluation team include monitoring data, implementing partner’s reports, food security and nutrition survey results, national guideline on Integrated Management of Acute Malnutrition (IMAM). Secondary data related to MCHN collected by government are available, however there is no specific data on the impact of the programme.

29 Concerning the quality of data and information, the evaluation team should:

a. assess data availability and reliability as part of the inception phase

b. systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data.

### 4.4. Methodology

30 The methodology will be designed by the evaluation team during the inception phase. It should:

- Employ the relevant evaluation criteria above [DAC]
- Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (stakeholder groups, including beneficiaries, etc.) The selection of field visit sites will also need to demonstrate impartiality.
• Using mixed methods (quantitative, qualitative, participatory etc.) to ensure triangulation of information through a variety of means.
• Apply an evaluation matrix geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints;
• Ensure through the use of mixed methods that women, girls, men and boys from different stakeholders groups participate and that their different voices are heard and used;
• Mainstream gender equality and women’s empowerment, as above.

4.5. Quality Assurance

WFP’s DEQAS defines the quality standards expected from decentralized evaluations. Specify its use at different stages of the evaluation process, to ensure the satisfactory quality standards of the evaluation including its process and products. External review of evaluation products may also be applied where appropriate.

31 WFP’s Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP’s evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.

32 DEQAS will be systematically applied to this evaluation. The WFP Uganda’s Assessment, Monitoring, and Evaluation (AME) unit will be responsible for ensuring that the evaluation progresses as per the DEQAS Step by Step Process Guide and for conducting a rigorous quality control of the evaluation products ahead of their finalization.

33 WFP has developed a set of Quality Assurance Checklists for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.

34 In addition, to enhance the quality and credibility of this evaluation, an external reviewer directly managed by WFP’s Office of Evaluation in Headquarter will provide:

   c. systematic feedback on the quality of the draft inception and evaluation reports; and

   d. Recommendations on how to improve the quality of the evaluation.

35 This quality assurance process does not interfere with the views and independence of the evaluation team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.

36 The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in WFP’s Directive (#CP2010/001) on Information Disclosure.
5. Phases and Deliverables

The evaluation will proceed through the following phases. Annex 2 provides a more detailed timeline.

- **Phase 1 – Preparation phase (May)**
  - Preparation will be done by WFP Country Office including preparation for the TOR selection of the evaluation team, and contracting of the evaluation company. This is done in collaboration with WFP’s regional and headquarter evaluation offices. The ToR is used for competitive tendering for an evaluation team through the WFP Uganda procurement function.

- **Phase 2 – Inception (20th June – 1st July)**
  - Based on an initial mission by the evaluation team leader, possibly including other members of the team, an inception report will be produced. The inception report, following WFP DEQAS guidance, will detail how the team intends to conduct the evaluation with an emphasis on methodological and planning aspects including theory of change and evaluation matrix. *(deliverables: inception report).*

- **Phase 3 – Fieldwork (11th July – 24th July)**
  - Data collection is expected to take 1-2 weeks, with some primary data collection in Kampala and the Karamoja region and secondary data analysis forming the majority of the work. *(deliverables: field work debriefing)*

- **Phase 4 – Analyses and reporting (5th August – 5th September)**
  - Based on the data collection and analysis, the desk review, and additional consultations with stakeholders as needed, a draft and final evaluation report will be produced. The draft report is to be circulated by the evaluation manager for comments and thereafter comments considered by the evaluation team in the final evaluation report. *(deliverables: draft and final evaluation reports)*

- **Phase 5 – Dissemination and follow-up**
  - WFP Uganda will disseminate the final evaluation report to key internal and external stakeholders. In addition, the recommendations from the evaluation team will be considered in future programming decisions.
6. Organization of the Evaluation

6.1. Evaluation Conduct

38 The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP Uganda’s Head of AME, the evaluation manager.

39 The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the code of conduct of the evaluation profession.

6.2. Team composition and competencies

40 The evaluation team is expected to include 2-3 members, including the team leader, and may be a mix of national (Ugandan) and international team members.

41 The team will be multi-disciplinary and include members who together include an appropriate balance of expertise and practical knowledge in the following areas:

- Advanced degree in nutrition and or public health and or nutrition anthropology
- At least 10 years’ experience working with similar programmes (managing, evaluating, consulting, etc.)
- Priori experience evaluating multi-stakeholder programmes, e.g. UN and donor programmes, is required
- Experience in the evaluation of large scale nutrition delivery programmes, preferably with integrated management of acute malnutrition, supplementary feeding, maternal and child health nutrition programmes, etc.
- Familiarity with the Karamoja context is a significant advantage
- Data collection and analysis (quantitative and qualitative) skills and experience from similar exercises
- Fluently speaking and excellent writing in English

42 The Team leader will have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations. She/he will also have leadership, analytical and communication skills, including a track record of excellent English writing and presentation skills.

43 Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

44 The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.

45 Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings
and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s).

6.3. **Security Considerations**

46 As an ‘independent supplier’ of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.

47 Consultants hired independently are covered by the UN Department of Safety & Security (UNDSS) system for UN personnel which cover WFP staff and consultants contracted directly by WFP.

48 Independent consultants must obtain UNDSS security clearance for travelling to be obtained from designated duty station and complete the UN system’s Basic and Advance Security in the Field courses in advance, print out their certificates and take them with them.²

3. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:

- The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
- The team members observe applicable UN security rules and regulations.
- The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.
- The team members observe applicable UN security rules and regulations – e.g. curfews etc.

7. **Roles and Responsibilities of Stakeholders**

49 The evaluation will be managed by the Head of AME in WFP Uganda. He will have the responsibility to:

- Manage the evaluation process through all phases including drafting this TOR
- Ensure quality assurance mechanisms are operational
- Consolidate and share comments on draft TOR, inception and evaluation reports with the evaluation team
- Ensures expected use of quality assurance mechanisms (checklists, quality support
- Ensure that the team has access to all documentation and information necessary to the evaluation; facilitate the team’s contacts with local stakeholders; set up meetings, field visits; provide logistic support during the fieldwork; and arrange for interpretation, if required.

Organise security briefings for the evaluation team and provide any materials as required

An internal evaluation reference group will be formed with representation from the WFP Uganda’s Programme Unit, WFP’s Regional Bureau in Rome, and WFP’s independent Office of Evaluation (OEV) in Rome. The internal reference group will:

- Provide comments on the draft TOR, Inception and Evaluation reports
- Provide inputs on request to the evaluation team

8. Communication and budget

8.1. Communication

To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders.

As part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report, the report will be made available through the WFP Uganda Country Office website and via external debriefing sessions with key stakeholders in the country.

8.2. Budget

4. Budget: The evaluation will go through a tender, using WFP Procurement procedures and therefore the budget will be proposed by applicants

Please send any queries to WFP Uganda’s Procurement Unit at Kampala.Procurement@wfp.org
Annex 1  Evaluation Schedule

<table>
<thead>
<tr>
<th>Phases, Deliverables and Timeline</th>
<th>Key Dates</th>
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</thead>
<tbody>
<tr>
<td><strong>Phase 1  - Preparation</strong></td>
<td></td>
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<tr>
<td>Desk review, first draft of TOR and quality assurance</td>
<td></td>
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<tr>
<td>Circulation of TOR and review to (list key stakeholders)</td>
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<tr>
<td>Identification and recruitment of evaluation team</td>
<td>May</td>
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<tr>
<td><strong>Final TOR</strong></td>
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<td><strong>Phase 2  - Inception</strong></td>
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<tr>
<td>Briefing core team</td>
<td>June 20th</td>
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<tr>
<td>Review documents and draft inception report including methodology.</td>
<td>June 30th</td>
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<tr>
<td><strong>Submit draft inception report to</strong> (list key stakeholder)</td>
<td>July 1st</td>
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<tr>
<td>Quality assurance and feedback</td>
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<tr>
<td>Revise inception report</td>
<td></td>
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<tr>
<td><strong>Submit revised inception report to</strong> (list key stakeholder)</td>
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<tr>
<td>Sharing of inception report with stakeholders for information</td>
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<tr>
<td><strong>Phase 3  – Data collection and analysis</strong></td>
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<tr>
<td>Briefing</td>
<td>2nd and 3rd week of July</td>
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<tr>
<td><strong>Field work</strong></td>
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<tr>
<td>Debriefing</td>
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<td><strong>Aide memoire/In-country Debriefing</strong></td>
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<td><strong>Phase 4  - Reporting</strong></td>
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<tr>
<td>Draft evaluation report</td>
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<tr>
<td><strong>Submit Draft evaluation report to</strong> (list key stakeholder)</td>
<td>August 5th</td>
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<td>Quality feedback</td>
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<tr>
<td>Revise evaluation report</td>
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<tr>
<td><strong>Submit revised evaluation report to</strong> (list key stakeholder)</td>
<td>August 20th</td>
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<tr>
<td>Share evaluation report with stakeholders (working level)</td>
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<td>Consolidate comments</td>
<td></td>
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<tr>
<td>Revise evaluation report</td>
<td></td>
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<tr>
<td><strong>Submit final evaluation report to</strong> (list key stakeholder)</td>
<td>September 5th</td>
</tr>
<tr>
<td><strong>Phase 5  Dissemination and follow-up</strong></td>
<td></td>
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</tbody>
</table>

Note: Dates may be subject to revision.