## **External Evaluation of CARE’s Systems-Level Impact in Nepal**

**Study Overview and Consultants’ Terms of Reference**

*March 2024*

**Background**

**Systems-Level Impact**

CARE has a [Vision 2030](https://www.care-international.org/sites/default/files/files/Vision_2030.pdf) impact goal of improving the lives of 200 million people. A key component of CARE’s impact target includes **systems-level impact**: improving people’s lives by improving systems so that they work better for people, addressing the root causes of structural inequalities for women, girls, and marginalized communities. We do this by supporting and advancing social norms change, service system strengthening and social accountability, supporting social movements, inclusive market-based approaches, and advocacy for policy change. We see this happening by tipping the “scales” of our program from a focus on direct implementation and impact to a focus on influencing or changing systems. We can only know how well we are doing if we measure the impact our work has on systems and in turn the impact those improved systems have on people’s lives.

Specifically, CARE is focused on impacting the lives of people in six different domains (or “impact areas”) – 1) gender equality, 2) right to health, 3) right to food, water and nutrition, 4) climate justice, 5) women’s economic justice and 6) humanitarian response. In addition, a key component of CARE USA’s three-year strategy (2022-2025) is “globally scaled,” in which CARE USA will leverage partnerships and technology to innovate and scale adaptive, quality, cost-effective models for exponential impact beyond CARE-led projects.

Favorable policy changes and implementation of these policies, as well as effective advocacy are critical to meeting CARE’s goals for systems-level change and impact at scale. CARE seeks to quantify the number of lives improved, saved, or impacted as a result of advocacy wins to showcase the importance of investing in addressing root causes at all levels.

**Evaluation** **Goals and Objectives**

Building on [CARE’s prior systems-level impact studies](https://careevaluations.org/evaluation/keywords/systems-level-impact/), this evaluation will establish CARE’s contribution to systems-level change, identify systems-level change outcomes, and estimate the number of people whose lives are improved as a result of those systems-level changes.

CARE seeks an external consultant(s) to conduct an impact evaluation based on prior advocacy and influencing win, including calculating impact estimates aligned to CARE’s [Vision 2030 indicators](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.com%2Fv3%2F__https%3A%2F%2Fwww.careemergencytoolkit.org%2Fwp-content%2Fuploads%2F2022%2F08%2FCARE-2030-Global-Indicators-for-measuring-change.pdf__%3B!!IDEMUsA!CC8zEBmorHIdhM0aK3oU0ko0_6-1CRAztoExGVJukFv8ZID6_O5Z2JnfCJE_O2z_la74qfakQDVj_-9yYJ6BZ24psmQy%24&data=05%7C02%7CBrittany.Dernberger%40care.org%7C24afd300fb424b28e29208dc1c421a19%7Ce83233b748134ff5893ff60f400bfcba%7C0%7C0%7C638416317716592684%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=NFJoMjT6FXisdpcFIFb3Mcq3AV79eb3BWDEf2C9ZGbo%3D&reserved=0). The evaluations will answer the following questions:

1. What is the system (or systems) that changed as a result of the advocacy/influencing win?
2. How did the systems-level change(s) happen? What obstacles had to be addressed or notable advocacy/influencing tactics used to result in the systems-level change?
3. What was CARE's contribution to those systems-level changes? What role did CARE play in supporting partners who contributed to the change? What advocacy approaches did CARE use with partners (e.g., advocacy for, advocacy with, advocacy by).
4. What were the outcomes of those systems-level changes, from the perspective of CARE and other systems actors?
5. Where were the changes that happened to the system and to people (the target population)?
6. How many people’s lives are better because of CARE’s contributions to those systems-level changes? (See Annex for CARE’s measurement approach to calculate this impact)
	1. To what extent did the model scale, and how many people’s lives are better through the scaled intervention vs CARE alone?

**Evaluation 1: Self Applied Technique for Health (SATH) in Nepal**

The Government adopted the SATH tool in its Equity, Access, and Utilization Program in 2021 through the advocacy efforts of CARE Nepal and its partners. The Government has allocated a budget through annual work plans and the budget (RED BOOK) for 753 local level government bodies to implement an Equity and Access Program following CARE’s proven SATH model.

* **Government adopted model (and open replication of model):** Six projects (CRADLE, Ayam, SAMMAN, ACCESS, Awasar, Suaahara-II) in the past have utilized SATH tool and measured its effectiveness in the form of functionality of Health Mothers Groups (HMGs), empowerment of women, utilization of maternal and child health services, ensuring equity.

CARE Nepal caried out advocacy to integrate the approach in government programs based on the effectiveness shown by the tool in the projects and lit was adopted by the Nepal government in 2021. There was also open replication of SATH tool by other development agencies such as One Heart Worldwide and FAIRMED in Nepal.

* **Missing impact:** After the adoption of the tool, the impact at the local level across the country (and upscaled level) has not been explored, documented, or measured. There is potential to measure the impact both in terms of numbers (such as utilization of health services) and qualitative improvements in the Equity, Access, and Utilization Program in line with the impact at scale pathways. CARE also seeks to capture the return on investment as a result of the scaling.
* **Documenting CARE Nepal’s adoption of proven model:** Measuring impact of SATH can shed light on how CARE Nepal’s work is creating catalytic impact after embedding the model into the government system and supporting them to implement it. We also seek to assess how stakeholders perceive the effectiveness of the model.
* **Documenting localization of model adopted at federal level:** As SATH was adopted by the Nepal government’s federal level program, CARE seeks to understand how it has been localized at the municipality and community levels beyond CARE Nepal’s projects.
* **Further Advocacy Scope in implementing and localize SATH:** This study will also help us identify the current gaps and take key advocacy strategies and tactics which we can apply in influencing in implementing and localizing SATH tool and institutionalize in the local and provincial health system.

Background documents:

# [Self-Applied Technique for Quality Health (SATH): an advocacy tool developed by CARE Nepal for improved maternal health services in Nepal](https://km4djournal.org/index.php/km4dj/article/view/530)

**Scope of Work**

The evaluation of each of the advocacy wins will include the following activities:

1. Assess existing evidence of CARE’s contribution to each win through a desk review of existing programmatic evidence, including completed Advocacy and Influencing Impact Reporting (AIIR) Tools and reports.
2. Depending on existing evidence assessed in Step 1, conduct [bellwether interviews](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fcareglobalmel.careinternationalwikis.org%2F_media%2Fmel_for_advocacy_guidance_2018.pdf&data=05%7C01%7CFlorence.Santos%40care.org%7C4a9f0e499a4a49f6e8b708dadf86bf3e%7Ce83233b748134ff5893ff60f400bfcba%7C0%7C0%7C638068067075011771%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=m2DICTw2YcttnNUUAsfDhlL4lMtcPVx3hvvoWXrs2BY%3D&reserved=0) (or other participatory approaches) with key policy makers and stakeholders to determine CARE’s contribution to the advocacy win and their perspectives on the effectiveness of the model. CARE will provide a list of potential interviewees, including contact information.
	1. Analyze the data from the interviews alongside existing evidence to provide an independent [contribution analysis](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fcareglobalmel.careinternationalwikis.org%2F_media%2Fmel_for_advocacy_guidance_2018.pdf&data=05%7C01%7CFlorence.Santos%40care.org%7C4a9f0e499a4a49f6e8b708dadf86bf3e%7Ce83233b748134ff5893ff60f400bfcba%7C0%7C0%7C638068067075011771%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=m2DICTw2YcttnNUUAsfDhlL4lMtcPVx3hvvoWXrs2BY%3D&reserved=0) (or a similarly robust model).
3. Refine a Theory of Change outlining the systems-level pathways, strategies, approaches, and outcomes that occurred as a result of the advocacy/influencing win and the subsequent impact on people’s lives, based on CARE’s established systems-level impact measurement framework (see Annex).
4. Qualitative impact: assess how, and to what extent, CARE enacted systems-level change. Document any “ripple effects” and additional (possibly unintended) outcomes that took place as a result of the policy change.
5. Quantitative impact: Estimate the extent of the impact brought about by the systems-level change by estimating the number of lives impacted, with a specific focus on vulnerable populations. Depending on available secondary data, that may entail original data collection through household surveys, focus groups, and key informant interviews.
6. Identify learning and recommendations for future systems-level work, specifically:
	1. Implications and recommendations for future advocacy strategies and tactics;
	2. Better estimating the potential systems-level impact of similar advocacy wins; and
	3. Improving CARE’s evidence-based advocacy based on both intended and unintended outcomes of this study

To understand the systems-level impact of CARE’s advocacy and influencing work across three contexts, we are interested in an **independent evaluation to assess CARE’s contribution and impact**.

**Deliverables**

1. Evaluation plan: The evaluation team should prepare an evaluation work plan, including planned timeline, methodology, planned stakeholders to be consulted and sampling framework, data collection and analysis tools (including questionnaires and protocols), and qualitative and quantitative procedures for data collection and analysis.
2. Draft evaluation report written in English, including the objectives outlined in the Terms of Reference:
	1. Evidence of CARE’s contribution to the systems-level change, including a contribution analysis
	2. Refine/Develop a Theory of Change outlining the systems-level pathways, strategies, approaches, and outcomes occurred as a result of the advocacy/influencing win and the subsequent impact on people’s lives
	3. Summary of qualitative impact, assessing how, and to what extent, CARE enacted systems-level change.
	4. Summary of quantitative impact, estimating the number of lives impacted based on CARE’s contributions to the advocacy and/or influencing win, with a specific focus on vulnerable populations.
	5. Synthesis of learning and recommendations for future systems-level impact measurement and advocacy strategies
3. Final evaluation report
	1. Evaluation Report should be no longer than 20 pages and include a 2-page (stand-alone) Executive Summary
	2. Recommendations should be user-friendly; presentation in a creative format is welcomed and encouraged
4. Other knowledge products and/or facilitation of learning events

**Timeline and Level of Effort (LOE)**

We estimate that the assignment will take approximately 25-30 days:

* 2.5 days: assess existing evidence of CARE’s contribution to the win through a desk review of existing programmatic evidence and interviews with key CARE staff
* 2.5 days: refine primary data collection needs, design methodology and tools based on desk review and iterative conversations with CARE Nepal
* 8 days: data collection (includes training enumerators, field visits, etc.)
* 7 days: data analysis and triangulate data to estimate impact number
* 5 days: draft and finalize reports
* 2 days: draft and finalize recommendations for CARE
* 1 day: management and communication (e.g., check-in calls, email, etc.)

The assignment is to commence ASAP and be completed by June 15, 2024. In-person field work will be required for data collection from Madesh and Karnali Provinces (including from two to four municipalities from each province.

**Submission of Proposals**

Please send a brief three-to-four-page proposal detailing you or your firm’s relevant experience, technical approach, workplan, timeline, and daily rate(s) to npl.carenepal@care.org no later than **Friday, March 15, 2024**. Please also include a resume or CV for any consultant included in the proposal.

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**Required Evaluator Qualification**

The evaluation consultancy firm will meet with the following qualification requirements:

* The consultant shall have at least a Master’s Degree/Ph.D. preferred in relevant discipline with a minimum of 5 years of work experience with similar assignment
* The consultant/team has demonstrated excellent analytical and writing skills in OECD DAC criteria and system and structural changes focused evaluation work
* The consultant/firm has led and implemented evaluations using both qualitative and qualitative methods along with demonstrated experience of using analysis software (for both qualitative and quantitative data)
* Examples of at least three similar completed assignments and outputs shall be shared during the discussion meeting
* Experiences in evaluating advocacy and model scale-related projects will be considered additional advantages.

# **Annex: CARE’s Approach to System-Level Impact Quantification**

## What is System-Level Impact?

CARE conceptualizes systems-level impact as improving people’s lives by improving systems so that they work better for people. We do this by supporting and advancing social norms change, service system strengthening and social accountability, supporting social movements, inclusive market-based approaches, scaling proven models, and advocacy for policy change. We measure changes at two levels: changes to the system, and then how those systemic changes improve people’s lives.

## What is System-Level Impact Quantification?

Systems-level change outcomes are often qualitative. Quantification involves estimating how many people’s lives are improved as a result of each systemic outcome.

## Why do we quantify systems-level impact?

* Maximize the impact of the project that goes beyond the expectations and comprehensively measure the system-level change.
* Present the additional impact number of the project/program in numbers and increasing coverage of populations that is achieved or contributed to the community beyond the numbers reported from the direct project indicators.

## How do we quantify it? *Retrospective Analysis for Quantification*

* Start with a literature review of available reports and publications, and retroactively build the logical framework and Theory of Change to investigate system-level changes and the impact of the project by systems-level pathway.
* Start with a logical analysis of the outcomes of the project from each pathway in the project’s final report or evaluation report. The outcomes can be qualitative or quantitative.
* Based on those outcomes, investigate the possible system-level changes due to that outcome and the system-level impact due to that change.
* From that point, the impact can be expanded to the changes in people’s lives such as improvement in their income, livelihood, quality of living, and/or physical and mental wellbeing.
* Identify indicators to measure the impact and changes in people’s lives.
* Look for primary project data and secondary data sources that would be relevant to the identified indicators.
* Possible secondary data sources to look for: Annual reports from UN and donor agencies, data hubs from the World Bank, and INGOs.
* Review the secondary data sources, gather the relevant indicators from the reports, and analyze which data could be useful to report for the identified indicators.
* If the data is available, compare the indicators from the data source before and after the project to capture the changes after the project.
* Analyze the population coverage of each indicator to illustrate how the impact contributed to changes in people’s lives in the community.
* Examine how the project indicators correlate with CARE’s Vision 2030 global indicators.
* Additional data collection may be especially needed in the retrospective analysis since data availability might be limited depending on the M&E framework used in the project.