

Project Evaluation

Terms of Reference

Partner Name:	Centre for Mental Health and Counselling-Nepal (CMC-Nepal)	Project to be evaluated (include Project Number):	Enhancing Mental Health & Psychosocial Wellbeing of Migrant Workers and their Family members
Lead Evaluator details:	Name: Email:	Key partner contact details (Partner Evaluation Contact)	
Overall (4 year) Program Budget:		Evaluation Budget and % of overall program cost	

Region:	Sudurpachhim (Kalilai district: Janaki RM, Ghodaghodi and Tikapur Municipality)
Country:	Karnali (Salyan district: Chatreshwori RM, Bagchaur, Bangadkupinde and Sharada Municipality)

A. BACKGROUND

Overview of Centre for Mental Health & Counselling - Nepal's program and brief description of [the project to be evaluated]

The Centre for Mental Health and Counselling Nepal (CMC-Nepal) is a non-governmental organization established in May 2003, dedicated to promoting mental health and psychosocial well-being in Nepal. Registered with the Kathmandu District Administration and affiliated with the Social Welfare Council ((Registration no: 838/59, & SWC affiliation no: 14822), CMC-Nepal collaborates with government and non-government agencies at all levels to improve access to quality, affordable mental health and psychosocial support services. It strengthens the capacities of health professionals, teachers, psychosocial counsellors and development workers and contributes in providing mental health and psychosocial services at community level. It also works in raising public awareness to reduce stigma associated with mental health problems. Since 2013, it has adopted a rights-based social mobilization approach to protect and empower individuals with psychosocial disabilities, working closely with families, communities, and policymakers to advocate for integrating mental health into Nepal's healthcare and education systems.

Since 2003, over the past 22 years, CMC-Nepal has been played a crucial role in human resource development in mental health and psychosocial services, addressing the needs of vulnerable populations, including conflict-affected individuals, GBV survivors, disaster survivors (earthquake and COVID 19), migrant workers, and marginalized groups. It has actively collaborated with government agencies and international organizations to support children, women, persons with disabilities, and survivors of GBV and HIV/AIDS. With a strong evidence-based track record, CMC-Nepal has received funding from major partners such as Felm-Finland, Tearfund Australia, SDC-Swiss, CBM Global, Freedom Fund-UK, UNICEF, WHO, and ACF-France, among others, ensuring sustainable and impactful mental health initiatives across Nepal.

Enhancing Mental Health & Psychosocial Wellbeing of Migrant Workers and their Family members which is the subject of this evaluation, is funded by Felm from 2022 onwards.

In Nepal, foreign employment is a significant livelihood strategy, contributing to remittances and economic stability for numerous households. However, alongside its economic benefits, foreign employment is also associated with social costs that have adverse effects on mental health and psychosocial well-being within families. The PRABARDHAN Project "Enhancing Mental Health and Psychosocial Well-being of Migrant Workers and their Families" responds to these challenges. The project supported by Felm and implemented by CMC-Nepal since 2022 aims to strengthen community-based mental health services, improve access to care, and integrate mental health support within public health systems across seven local governments in Kailali and Salyan districts.

The project follows a three-tier approach, promoting availability, accessibility, and utilization of MHPS services; empowering migrant workers and Self-Help Groups; and advocating for the mainstreaming of mental health in local governance. Through capacity-building, counseling, policy advocacy, and livelihood support, the project has expanded MHPS service points from 4 to 26 health facilities and fostered inclusive community practices. It has also driven policy reform, resulting in local MHPS policies with allocated budgets and improved services for persons with psychosocial disabilities. This initiative not only reduces stigma and enhances service uptake but also supports the broader rights-based development goals in line with national strategies and the Sustainable Development Goals.

Key Partner Details of PRABARDHAN (2022-2025)

1. 7 local government of Salyan (4) and Kailali (3) districts Ministry of Social Development, Karnali and Sudurpachhim
2. Community based Mental Health Self Help Group, Mental Health Self Group Network of Salyan and Kailali and OPD
3. National Federation of Disability Network

B. PURPOSE OF THE EVALUATION

The main purpose of the evaluation to assess the Relevancy, effectiveness, efficiency, impact sustainability and Coherence of the project and also determine the relevance and fulfilment of objectives, and accumulate information that is credible and useful, enabling to provide lessons and recommendation as to any improvements that should be included in development of the project in future.

Evaluation Framework

The Enhancing Mental Health and Psychosocial Wellbeing of Migrant Workers and Their Families (EMHPW-MW) project adopts a rigorous evaluation framework to ensure accountability and measure impact. The baseline study for the 2022–2025 phase was conducted in 2022 by CMC-Nepal’s internal experts using a mixed-methods approach, including quantitative surveys (GHQ-12, HSC-25) and qualitative tools such as Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). A midline survey was completed in February 2023 to assess interim progress, focusing on mental health outcomes, service accessibility, and shifts in community attitudes. For enhanced credibility, an external evaluation will be conducted at the project’s conclusion (2025) by independent evaluators. CMC-Nepal has a strong track record of combining internal and external evaluations across project phases. For instance, the 2018–2021 phase of the project was externally evaluated in 2021, emphasizing mental health outcomes and policy advocacy, while earlier phases (e.g., 2015–2017) underwent both internal and external reviews. These evaluations informed the current project design, highlighting the importance of sustained community engagement, government partnerships, and culturally tailored interventions—such as integrating traditional healers into referral systems. The evaluation methodology prioritizes comparative analysis between baseline (2022) and endline (2025) data to track changes in key metrics:

- Mental health outcomes (e.g., anxiety/depression rates via HSC-25, psychological distress via GHQ-12),
- Access to services (e.g., % of migrant workers/PwD utilizing counseling),
- Policy impact (e.g., adoption of disability-inclusive budgets by local governments),
- Social norms (e.g., stigma reduction measured through FGDs/KIIs)

In-depth Interview (IDI) to see the impact of project intervention in selected beneficiaries selected purposively. Lessons from past evaluations underscore the need for participatory techniques, such as engaging migrant workers, persons with disabilities (PwD), and local stakeholders in decision-making processes. This approach ensures interventions remain aligned with community needs and systemic gaps identified in the baseline, such as limited mental health infrastructure in Kailali and reliance on costly private clinics.

Major interventions done in the Project

1. Capacity Building of Health Workers

- mhGAP Module 2 Training for 32 health workers (prescribers).
- mhGAP Module 1 Training for 17 Auxiliary Nurse Midwives (ANMs).
- Refresher Training on MHPSS for ANMs and prescribers.
- Clinical Supervision by consultant psychiatrist (7 events).
- Psychosocial supervision by the senior PS counsellor and psychologist
- Group Supervision and Virtual Supervision sessions to support quality service delivery.

2. Community Support Structure Development

- Formation and mobilization of 7 Peer Support Groups and 7 Municipal-level Self-Help Groups (SHGs).
- Establishment of 2 District-level Mental Health SHG Networks.
- Five-day Participatory Capacity Building Training for SHG members.
- Three-day Peer Support Group Training including coaching and mentoring.

3. Policy Advocacy and Governance Engagement

- Technical assistance in drafting and implementation of MHPS policies in 7 LGs.
- Facilitation of policy publication in official gazettes (Redbooks).
- Execution of provincial strategic planning workshops and budget advocacy meetings.
- Accessibility audits leading to infrastructure modifications in 26 facilities.

4. Awareness and Stigma Reduction Activities

- Observance of key days: World Mental Health Day, World Suicide Prevention Day, International Migration Day, and International Day of Persons with Disabilities.
- Distribution of IEC materials, leaflets, and hotline stickers (1166) for suicide prevention.
- Organization of community-level mental health orientations, school programs, and stakeholder briefings.

5. Psychosocial Support and Counseling Services

- Delivery of psychosocial counseling to 989 individuals, including migrant workers' families and persons with disabilities.
- Use of tools such as GHQ-12, HSC-25, and CIDT during service delivery.
- Follow-up and case management for 27 individuals who completed counseling with significant improvement.

6. Livelihood and Economic Empowerment

- Livelihood support to 113 individuals (including 75 in 2024 alone).
- Vocational engagement in poultry, pig farming, tailoring, goat farming, and small businesses.
- Local government contributions (e.g., NPR 100,000 from Sharada Municipality; NPR 150,000 from Ghodaghodi Municipality).

7. Inclusion and Disability Advocacy

- Distribution of 72 Psychosocial Disability Cards.
- Training and mobilization of 16 Peer Support Group volunteers for home visits and community awareness.
- Active participation of persons with disabilities in Local Project Advisory Committees (LPACs) and decision-making bodies.

8. Research/program monitoring and evaluation

- Baseline study 2022-2025
- Monthly/quarterly/semi annual and annual review and planning meeting
- Monthly/quarterly/semi-annual and annual report writing (Semi-annual and annual report submission to FELM)
- Joint monitoring of the project activities in local/provincial and central level
- Staff capacity building: distance and face to face supervision and backstopping along with staff self care
- LPAC and social audit

Possible tools (list) selected for the evaluation:

1. Consent form (in given template) and demographic form
2. Key Informant Interview (KII) Questionnaire
3. Focus Group Discussion (FGD) Questionnaire
4. IDI
5. Psychological distress among the community people (GHQ -12)
6. Hopkins Symptom Checklist (HSC-25)
7. Impact of migration on children and adolescents (Impact questionnaire for adult and modified questionnaire for adolescents)
8. Community Informant Detection Tool (CIDT) with FCHV, SHG, OPD, students (both from baseline and other)
9. Washington Group Short Set (WG-SS), to beneficiaries (Person with Disability)
10. Life satisfaction tool, to the beneficiaries (MH/PS service receiver from health facilities, SHG members, Peer Support Group Members/Volunteers etc)

Data collection process

CMC-Nepal will assigned involve external to collect the data and information for end line evaluation. However, the data and information collection process will be in direct monitoring and supervision of the program officer, psychiatric nurse, project coordinator and technical director. Though, consideration the budget limitation, local peer support group volunteers will be supporting to the PSWs for gathering respondents, preparing venues for FGD and collection of quantitative data.

Moreover, a written consent was obtained from all (in provided template of Felm) and it will be presented in every discussion with their consent. In case of any participant was not able to provide informed consent as in case of persons with mental health conditions and psychosocial disability, adolescents, it was collected from their care givers. The data/information collection in the field used to start with brief introduction of the field team, mid-term evaluation and CMC-Nepal.

The FGD and quantitative data collection with migrants, their family members and person living with mental health conditions and psychosocial disability were conducted at health facility or municipal offices or school. KII will be done in work place of participant. Interviewer assured confidentiality of data and obtained written consent for their participation. All hard copy of data (questionnaire) are in the access of research team only.

The assigned consultant will be responsible for drafting the write-up, with support from the Provincial Coordinator throughout the process. Prior to submission to the Felm, the document will undergo a comprehensive review by the Technical Director.

Data management

- Further document review will be done specially event reports, semi/annual reports of the project with received evidence of the project
- Quantitative data will be analysed for descriptive statistic using SPSS software.
- As this study mostly used qualitative tools (FGD and KII interview), data will analyse using qualitative methods mainly using iterative process to extract the major themes from the data and interpretation.

C. SPECIFIC OBJECTIVES AND ASSOCIATED KEY QUESTIONS

The key questions below will be relevant while conducting evaluation.

Impact

- To what extent do migrant workers and their families, including persons with disabilities (PwD), who accessed mental health services report improved satisfaction in their work/living conditions compared to non-participants?
- How has the perceived social inclusion and respect for migrant workers with mental health issues and PwD changed over the project period, and how does this vary by sex, age, and disability type?
- What are the most significant barriers preventing migrant workers/PwD from accessing mental health services, despite awareness campaigns?
- To what extent has engagement in peer support groups/SHGs improved mental health outcomes (e.g., reduced anxiety/depression) and advocacy for disability rights?
- Has participation in self-employment/livelihood programs led to sustained income increases and reduced psychosocial stress among migrant worker families?

Effectiveness

- Are improvements in mental health outcomes (e.g., GHQ-12/HSC-25 scores) directly linked to access to counseling, peer support groups, or livelihood programs? Effectiveness of livelihood, skill based income generative activities contributed to the mental health and psychosocial wellbeing of the beneficiaries.
- How effectively have SHGs/OPDs influenced government accountability for mental health and disability rights?

- Are marginalized groups (women, Dalits, PwD) equally benefiting from mental health services and policy changes?
- Do livelihood programs complement mental health services in reducing economic stressors?
- How effective the approach of forming peer support group and mobilizing for MHPSS awareness, peer support, providing emotional support, preventing suicide and referrals at health facility?

Sustainability

- To what extent have local governments institutionalized mental health services (e.g., budget allocations, psychotropic medicine supply) and disability-inclusive policies post-project?
- Are trained health workers (e.g., mhGAP-trained staff) still providing mental health services with regular supervision?
- Have health facilities in Kailali adopted mental health services, and are they government-funded?
- Do SHGs/OPDs continue advocacy efforts (e.g., demanding disability cards) independently post-project?
- What percentage of mental health service costs are now covered by local governments or user fees?

Relevance

- How well did the project address the priority needs identified in the baseline (e.g., high anxiety/depression rates, stigma, lack of services in Kailali)?
- Were interventions culturally appropriate (e.g., addressing beliefs in supernatural causes, collaborating with traditional healers)?
- How the approach of working with SHG is relevant for stigma reduction, MHPSS awareness and referrals of the cases?
- Did the project align with national/local policies (e.g., Nepal's Mental Health Policy, Disability Rights Act)?

Coherence

- How well does the project complement other ongoing initiatives in the mental health and disability sectors at the local and national levels?
- Were there synergies or duplications with programs led by government agencies or other development actors?
- How consistent were the project strategies and outcomes with broader national development goals, including SDGs?

Disability inclusion:

- To what extent has the project increased awareness of disability inclusion at the community and policy levels?
- Are mental health services and advocacy efforts inclusive of women, youth, and PwD?

Ethical Considerations, Safeguarding, and Child Protection

The evaluation must fully comply with the ethical, safeguarding, and child protection policies of CMC Nepal and Felm. The evaluator is responsible for ensuring the safety, dignity, and voluntary participation of all individuals, with particular attention to vulnerable groups such as children, persons with disabilities, and marginalized populations.

KEY RESPONSIBILITIES

First Party Undertakes (CMC-Nepal)

1. Provide project document, project plan, result matrix, project datasets (e.g. health facilities, annual reports), previous baseline, mid-line and endline/evaluation reports etc.
2. Coordinate at field level with its project staff, schools, communities, municipality, provincial and national level authorities to perform data collection during evaluation
3. Support for arranging travel and provide logistic support and assistance to undertake the assigned responsibilities related to the evaluation
4. Provide feedback on the evaluation tools and questionnaire and initial draft of the report
5. Provide agreed amount of the consultancy as per the financial rule and regulations of the organization.

Second Party Undertakes (Evaluator)

1. Develop evaluation methods, tools, sample size, evaluation planning and share to the First Party and incorporate the feedback in process of finalization
 2. Desk review of project documents, result matrix, baseline and midterm evaluation report, annual and activity reports to develop evaluation context, theory, objectives and areas to be focused in final evaluation.
 3. Develop relevant data collection tools and methods of evaluation based on desk review and share to CMC expert for feedback in the process of finalization of data collection tools
 4. Conduct data collection: both quantitative and qualitative following evaluation methods and tools- refer the questionnaire used in baseline and mid-line study or develop relevant questionnaire
 5. Compile the collected data: Data transcribing, translating, cleaning, coding, and editing; and analyse the data
 6. Share the first draft of report to First Party by the end of May 2025, incorporate feedback and submit the final report in the standard format by the end of June 2025.
 7. Provide photocopy of registration certificate of your entity, time sheet of the research assistants, assistant and lead evaluator, PAN/VAT details, bank account details and others requirements as per needed for financial clearance Ethics
- Evaluators and their field staff should fully abide child and adolescent safeguarding policies.
 - Written consent with participants is mandatory while collecting data, for children and adolescent ascent is necessary from the parent as well.
 - Ensure confidentiality and safety of information collected from the study participants.

Property right

- All tools, data (quantitative and qualitative) and analysed documents of both quant and qual data is the sole of property of CMC-Nepal, hence evaluator should hand over at the time of report submission. Evaluator and the team member are strictly forbidden to use above data and report for any other publications.

D. SCHEDULING

By June 29, 2025:

Finalize and signing of contract of evaluation

Kick-off meeting with project team/stakeholders, Literature review (project documents, baseline, midline reports), Finalize evaluation objectives, questions, and indicators, Develop evaluation framework and tools, Tool review, translation, and pre-testing plan Introduction and Project Debriefing to Evaluator

July 5, 2025	Desk Review: CMC Annual Reports and Project documents, Literature review
July 1 st week, 2025	Pre-testing and enumerator training
July 11 – 31, 2025	Complete Field visit and data collection: Quantitative and Qualitative, including group interaction if any Compilation of collected data / information Sharing draft report to CMC for feedback and comment Incorporate feedback/comments and make final report
August 5, 2025	Submit Final Evaluation Report

Note: Last date of submission of this proposal is extended till 10th July 2025 and above timeline shall be revised accordingly

Launching and dissemination of Report (Date to be finalised)

This schedule will allow an ample time for CMC-Nepal to working on new project document in-line with the findings of evaluation. This will also allow CMC to share changes; major or minor, in new project document to share with Felm in advance and receive feedback / guidance thereby finalizing it.

E. MANAGEMENT OF THE FIELD WORK

The evaluation will be managed by CMC

The main contact in CMC-Nepal is:

Himal Gaire, Policy, Advocacy & Governance Lead; email: himalg@cmcnepal.org.np
mobile number; 9858020511

F. EXPECTED DELIVERABLES

1. A written report that will include:

- Executive Summary
- Narrative based on Objectives and Key questions in the Terms of Reference
- At least four Case studies and stories (in written form and in short videos) from project participants where appropriate
- Conclusions: These must include a clear explanation of the logic used to arrive at conclusions based on information gathered during the evaluation.
- Recommendations: There must be clear and specific recommendations, and if there are more than five recommendations the evaluators should present in order of priority
- Appendixes explaining the methodology, a copy of the Terms of Reference, any surveys used and any other relevant material that adds further understanding to the evaluation process and results.

2. A debriefing meeting with CMC-N and FELM

G. QUALIFICATION AND EXPERIENCE

The Independent Evaluator should be a suitably qualified and experienced consultant or consulting firm. The consultant profile should include:

- The evaluation should be led by a professional with a Master's degree in Social Science, development studies, or other relevant fields.
- The consultant should have a minimum of 5 years of good experience in participatory research methods and tools. S/he should have competency in managing and organizing and interpreting quantitative and qualitative data and information.
- The consultant should have experience in the evaluation of projects related to PWDs, livelihood, education, child protection, income generation projects, and knowledge in policies, practices, and available government structure in the inclusion of PWD's.
- S/he shall have the ability to design and plan the evaluation approaches and research methodologies, including quantitative and qualitative research methods. Where feasible and proportionate, the person or team should include skills and expertise required to design, plan and conduct evaluation, potentially using experimental or quasi-experimental techniques;
- The individual or firm must be PAN/VAT registered as per the financial act of Government of Nepal.

H. TENDERING PROCESS:

CMC Nepal is committed to a transparent and competitive procurement process to ensure fairness, accountability, and value for money in the selection of consultants.

1. Eligibility and Submission

Interested individual consultants or firms must submit a technical and financial proposal by the stated deadline. Submissions must include:

- A cover letter and expression of interest
- A detailed technical proposal outlining methodology and timeline
- A financial proposal including all costs
- Relevant qualifications and experience
- References from previous similar assignments

2. Evaluation Criteria

Proposals will be evaluated based on the following weighted criteria:

- Technical proposal (40%)
- Relevant experience and qualifications (30%)
- Financial proposal (20%)
- Timeline and feasibility (10%)

3. Selection and Contracting

The evaluation panel will score all proposals. The highest-scoring candidate will be invited for negotiation and contracting. CMC reserves the right to reject any or all proposals without assigning reason.

I. INDEPENDENCE

The independence of the contracted evaluator is respected. Any conflicts of interest should be declared prior to the evaluator being contracted. In the event that CMC-N believes the TOR is

being/has been contravened CMC-N shall immediately inform Felm and negotiations between all three parties will take place.

The Management Response to Recommendations gives room for CMC-N to accept, partially accept or not accept recommendations – with justification given.

J. Terms of Payment

The consultancy amount shall be paid in two installments.

- a. 50% upon signing the contract and submission of the inception report
- b. Remaining 50% upon submission and approval of the final report
(Note: Applicable government taxes shall be deducted at source.).

B. CONFIDENTIALITY:

Both the parties shall treat all information in relation to this Contract as confidential. The Evaluator agrees that the information obtained remains confidential and any publication or citing needs prior approval of CMC-N and Felm.

Anti-Corruption Compliance

CMC Nepal is committed to the highest standards of integrity, accountability, and transparency. As part of our strict anti-corruption policy, we do not tolerate any form of bribery, fraud, misuse of resources, or any other corrupt practices. All consultants, contractors, and partners engaged in the final evaluation are required to comply fully with CMC Nepal's and FELM's anti-corruption guidelines. The tender can be rejected or the contract terminated if the contract arrangement or the implementation of the contract involves bribery or corresponding unlawful activity.

Any suspicion or evidence of corruption must be reported immediately to the relevant authorities within CMC Nepal or Felm. We promote a culture of accountability and expects all evaluation team members to uphold these principles throughout the assignment.

Failure to adhere to these policies may result in the immediate rejection of the tender or termination of the contract.

Ethical Consideration, Safeguarding and Child Protection

The consultant shall strictly adhere to the ethical standards, safeguarding principles, and child protection policies of both CMC-Nepal and Felm Nepal throughout the evaluation process. This includes obtaining informed written consent from all participants, ensuring assent and guardian consent for minors, and maintaining the confidentiality and dignity of all individuals involved. Particular attention must be given to participants with psychosocial disabilities, migrant backgrounds, and vulnerable statuses, ensuring their voluntary participation and safety at all times. The consultant and their team must ensure that no harm—emotional, psychological, or physical—is caused to participants during data collection, and that referrals are made to appropriate support services when necessary. Any form of exploitation, abuse, discrimination, or violation of rights will lead to immediate termination of the agreement. The evaluator must also complete safeguarding orientation, respect data privacy, and securely store all collected information. Use of data beyond this assignment without prior written permission from CMC-Nepal and Felm Nepal is strictly prohibited.

Intellectual property, Copyright and Ownership

All intellectual property, ideas, materials, report or processes developed in the course of, or as a result of this assignment will be of CMC-Nepal.

AGREEMENT for Terms of Reference

Signed in agreement to the above Terms of Reference

Name:

Designation: Consultant

Date:

Signature:

(for Evaluator)

Name:

Ram Lal Shrestha

Designation:

Executive Director

Date:

Signature

(for CMC-N)

Annex One: DAC Criteria Definitions

Impact

The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators. The examination should be concerned with both intended and unintended results and must also include the positive and negative impact of external factors, such as changes in terms of trade and financial conditions.

Effectiveness

A measure of the extent to which an aid or development activity attains its objectives – taking into consideration the relationships involved, and how activities were carried out. If effectiveness is a criterion to be measured in an evaluation, then relevance must also be included as a criterion.

Sustainability

Sustainability is concerned with measuring whether the outcomes of an activity are likely to continue after the project has been completed. Projects need to be environmentally as well as financially sustainable.

Relevance

The extent to which the aid or development activity is suited to the needs and priorities of the communities, implementing partners and donor.

Efficiency

Efficiency measures the outputs: qualitative and quantitative in relation to the inputs. It is an economic term, which signifies that the aid/development inputs use the most cost-effective resources possible in order to achieve the desired results. Non-monetary costs can be included in such an analysis. Where possible and appropriate this could include comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted.

Coherency

Coherence examines how well the intervention fits with other interventions in the same context. It considers the consistency of the intervention with donor policies and the degree to which it complements, harmonizes with, or avoids duplication and conflict with other actors' interventions—whether local, national, or international. This includes internal coherence (alignment within the implementing agency's strategies and policies) and external coherence (alignment with partner governments, other donors, and broader development or humanitarian efforts).

Annex two: time line of endline evaluation

Phase	Activity	Start Date	End Date
Preparation and Desk Review	Kick-off meeting with project team/stakeholders, Literature review (project documents, baseline, midline reports), Finalize evaluation objectives, questions, and indicators, Develop evaluation framework and tools, Tool review, translation, and pre-testing plan	2025-07-01	2025-07-05
Pre-testing and Enumerator Training	Pre-test tools in the field and revise	2025-07-06	2025-07-07
	Recruitment and training of enumerators	2025-07-08	2025-07-10
	Finalize tools and data collection plan	2025-07-11	2025-07-12
Field Data Collection	Quantitative and qualitative data collection (surveys, KIIs, FGDs)	2025-07-13	2025-07-27
Data Management and Analysis	Data entry, cleaning, and transcription	2025-07-28	2025-07-31
	Quantitative data analysis	2025-08-01	2025-08-05
	Thematic analysis of qualitative data	2025-08-06	2025-08-10
Drafting Report and Stakeholder Validation	Drafting of endline evaluation report	2025-08-11	2025-08-18
	Internal team review and revision	2025-08-19	2025-08-19
	Stakeholder presentation/validation workshop	2025-08-20	2025-08-20
	Incorporate feedback and finalize the report	2025-08-21	2025-08-25
Submission and Dissemination	Design/layout, editing, annexes	2025-08-26	2025-08-28
	Final report submission and dissemination meeting	2025-08-29	2025-08-30