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## TERMS OF REFERENCE Project External Final Evaluation

Project Name	Multisectoral emergency assistance to vulnerable conflict-affected population, Armenia
Consortium Lead	People in Need (PIN) Armenia
Implementing Partners	Médecins du Monde (Mdm), Mission Armenia (MA)
Duration	20 months (07/11/2023-07/06/2025)
Duration of Final Evaluation	Max. 5 weeks (as per the timeline below)
Estimated Start Date	July-August 2025

### 1. Introduction

#### 1.1. Implementing partners' background

**People in Need (PIN)** is an international, non-profit organization established in the early 1990s in the Czech Republic. Since then, PIN has grown to be the biggest relief and development organization of its kind in post-communist Europe and currently operates in 24 countries worldwide. PIN has been present in Armenia since 2003, with offices in Yerevan and Goris, and programming currently covering all regions of the country. In the past, PIN Armenia focused on issues of illegal migration, repatriation assistance to returnees, prevention of child trafficking, and job creation. PIN supported small businesses and contributed to the development of the tourism sector through the establishment of hiking trails. It has also collaborated with Vocational Education and Training (VET) institutions and the private sector to facilitate the transition from education to employment for VET students. Currently, PIN Armenia works closely with local civil society organizations (CSOs) to strengthen their capacities and empower them as drivers of change. PIN activated an emergency response in Armenia in the early days of the conflict in October 2020 by mobilizing its headquarters surge team and allocating private funding to launch immediate relief interventions. Since then, PIN Armenia has implemented several humanitarian projects with financial support from donors such as DG ECHO, USAID/BHA, EU Delegation to Armenia, START Fund, the Ministry of Foreign Affairs of the Czech Republic, Stichting Vluchteling, UNHCR and UNICEF.

More information on PIN Armenia and its projects can be found on [PIN's Facebook page](#) and [PIN Armenia Website](#).

In 2018, **Médecins du Monde (Mdm) FR** elaborated a South Caucasus Regional Strategy by extending its action – with a strong focus on harm reduction towards key and vulnerable people - implemented in Georgia since 2011 to Armenia. Since the re-activation of the conflict in NK, Mdm FR conducted two exploratory missions (in October and December 2020) to assess the situation in Armenia for displaced people, identify existing gaps and challenges, as well as health related needs. Following the conclusion of these exploratory missions, Mdm FR conducted a program focused on capacity building of local partners through training of professionals on GBV and MHPSS, in 2021. In 2022, after an exploratory mission in Vardenis and Sotk, Mdm FR decided to conduct a program on emergency preparedness specifically for

psychosocial interventions in Goris, monitoring very closely the development of the situation to continuously adapt its response. During the interventions, MDM was able to discuss with the local community and extract lessons learned from the different emergency responses since 2020, developing a solid knowledge of the area's psycho-social needs and a strong connection among stakeholders and state authorities in Armenia. After an initial emergency response phase at the end of 2020, Médecins du Monde established a humanitarian emergency support to help people who arrived in Armenia following the conflict access social and health services.

**Mission Armenia (MA)** was established in 1988 when Armenia faced threatening challenges. Through 26 facilities and 300 staff across the country (e.g. day-care centers, soup-kitchens, child friendly spaces, social houses, 24/7 care centers), MA provides support to the most vulnerable groups in Armenia, incl. elderly, people with disabilities, refugees, asylum-seekers, persons in a refugee-like situation, displaced population, children in different life circumstances. MA receives funds from the Armenian Government, foreign governments and other partners incl. UNHCR, European Union, U.S. Embassy in Armenia, PIN, Action Against Hunger, WFP, Save the Children, Eurasia Partnership Foundation, etc. MA has mobilized its teams to respond to needs during the COVID-19 pandemic, the 2020 war in Nagorno Karabakh. Currently, MA responds to the mass displacement crisis in 2023 September-October providing food, NFIs and psychosocial and legal assistance to the displaced.

### **1.2. Project Summary**

The project "Multisectoral emergency assistance to the vulnerable conflict-affected population, Armenia" was funded by DG ECHO and implemented by the PIN-led consortium, including organizations Medecins du Monde and Mission Armenia. The project's objective was "To save lives, promote wellbeing and strengthen the resilience of vulnerable displaced and host populations through flexible multi-sectoral humanitarian assistance". Through the project, Consortium partners were able to reach and support 40,654 vulnerable individuals affected by the conflict in Nagorno-Karabakh (NK), in majority displaced populations (80% of beneficiaries) and secondly beneficiaries from host populations (20%).

The action was planned to be implemented flexibly across the country based on the needs and gaps identified operationally with government authorities and other aid actors, to ensure the most relevant are targeted and ensure complementarity.

### **1.3. Project Status**

During the project implementation efforts in Armenia focused on several key sectors to address the needs of vulnerable populations, particularly in health, protection, shelter, and multi-purpose cash transfer (cash and voucher assistance).

In the health sector, mental health and psychosocial support (MHPSS) were crucial component of the response. A total of 9,674 mental health consultations were provided. These consultations aimed to alleviate distress and improve functioning, with 89% of beneficiaries showing positive progress. Additionally, health education sessions were held, specifically addressing topics related to sexual and reproductive health (SRH), while ensuring that staff were adequately trained.

In the protection sector, legal assistance was provided to a total of 485 refugees referred by social workers, mainly during the first phase of the Project implementation, in the form of legal counselling, assistance in obtaining appropriate documentation, support with completing application forms for accessing state-provided protection services, and information on relevant rights and entitlements. Furthermore, dissemination of protection information reached a total of 16,351 individuals who received appropriate information on their rights as well as availability and accessibility of services, facilitated by social workers, Mental Health Assistants and Doctors/Medics.

Efforts to prevent and respond to violence have also been prioritized. A total of 97 refugees received appropriate response to violence, ensuring their safety and well-being.

In the shelter and settlements sector, support for winterization is a critical focus 475 HHs (2.713 individuals), have been provided with essential winterization non-food items (NFIs). Additionally, 799 households (3.821 individuals) have been supported in covering essential needs, particularly briquettes for heating, during the winter season.

Multi-purpose cash transfer activities aimed to provide assistance to individuals in need. Currently, 1.128 households (5.759 individuals) have been assisted through these activities, providing much-needed support to vulnerable populations across Armenia.

These efforts reflected a comprehensive approach to addressing the needs of vulnerable populations, ensuring access to essential services, protection, and support during challenging times.

## **2. Project External Final Evaluation**

### **2.1 Purpose of the Evaluation**

The purpose of the evaluation is to assess the relevance, effectiveness and impact of the activities in mitigating the impacts of the conflict on and in addressing the urgent needs of the most vulnerable conflict-affected populations in Armenia, as well as to identify any immediate and medium-term impacts. Good practices and lessons learned identified as part of the evaluation will be fed back into the Partners approaches, thus contributing to improving the quality, relevance and effectiveness of future programming.

### **2.2. Scope of the evaluation**

The evaluation will consider the full project duration, from November 2023 to June 2025. Based on PIN's global MEAL standards, humanitarian projects implemented in consortium are to be evaluated to draw and disseminate experience and good practices. The Evaluator will conduct their work in Yerevan and the project's target regions covering the whole consortium activities of all three Consortium partners.

### **2.3. Audience for the Evaluation Results**

The evaluation results will be shared with DG ECHO (the donor), other national and international humanitarian actors in the country, as well as with national and local authorities of the Republic of Armenia (RA), including the Ministries of Labour & Social Affairs, and of Health and municipal and regional authorities.

## **3. Methodology**

### **3.1 Evaluation approach**

The evaluator will be responsible for designing the evaluation methodology, in line with the above-stated purpose. This evaluation will be a performance evaluation, focusing on whether the planned results have been achieved.

Key questions to explore will include:

#### **RELEVANCE**

Main question: To what extent was the action designed and implemented in a way that appropriately addressed the urgent needs of the direct beneficiaries?

Sub-questions:

- How appropriate was the project design in relation to its objectives and to the needs of conflict-affected populations?

- How did the Consortium ensure the continued relevance of the project's modalities (e.g. cash, in-kind, services), targeting and service delivery methods?
- To what extent did the assistance both a) meet immediate humanitarian needs and b) support longer-term resilience?
- How effectively did the project adapt to changing needs, priorities and contextual changes over time?
- What feedback mechanisms were established and how were these used to inform project design and implementation?
- To what extent were the specific needs of vulnerable groups (women, persons with disabilities, elderly, IDPs) considered in project design and implementation?
- What was the impact of the Government of RA's limitations on cash assistance limitations on the Consortium's ability to meet the conflict affected populations' needs, and on the population's needs and coping strategies themselves?
- To what extent did the project align with national policies, response plans and social protection?
- What key challenges did the Consortium partners meet in ensuring coordination and complementarity with other humanitarian actors, and how were these addressed?

## COHERENCE

*Main question:* To what extent did the action align with and contribute to the other internal (Consortium partners) and external (other humanitarian actors and authorities) interventions, strategies and policies?

*Sub-questions:*

- To what extent was the project integrated with the Consortium partners' other existing programs and strategies?
- How effectively did the Consortium coordinate and collaborate with the donor, other humanitarian actors (including NGOs, UN agencies) and government authorities? What coordination mechanisms were used?
- To which extent did partners harmonize their tools, approaches and processes to ensure a coherent and unified response?

## EFFECTIVENESS

*Main question:* To what extent did the action achieve its expected results and objectives?

*Sub questions:*

- How did differences (between Consortium partners) in modalities, service delivery methods and targeting in different locations affect the achievement of the project's overall results and objectives?
- How effective were the Consortium as a whole and partners separately in identifying and managing internal and external risks to implementation?
- How effective were coordination and decision-making structures among the Consortium partners in facilitating timely and quality delivery?
- What were the key factors that contributed to or hindered the achievement of the project's expected results?
- How timely and responsive was the assistance provided with regards to dynamic needs?
- How did beneficiaries perceive the quality, appropriateness, and usefulness of the assistance?

## IMPACT

*Main question:* What broader effects (intended or not) did the action have on the population, environment, and on wider policy or sector objectives (as summarized in the project's overall objective)?

*Sub-questions:*

- How did the project contribute to policy priorities and sector goals in the response?

- Were there any unintended impacts (positive or negative), and how effectively were these monitored and addressed?
- To what extent did the project contribute to strengthening resilience and positive coping capacities of the target population?
- What key lessons were identified that could inform future interventions in similar contexts?

### 3.2 Data collection and analysis

The methodology is expected to employ a mixed-methods approach combining the following:

- **Desk Review:** a comprehensive desk review of project documentation, including the proposal, interim and final reports as well as the mid-term evaluation report. This will provide essential background on the project context, objectives, activities and achievements.
- **Data Collection:** data will be collected through both qualitative methods and quantitative methods.
  - Qualitative methods such as Focus group discussions, interviews, case studies involving project stakeholders, beneficiaries and implementing partners, will enable to capture perceptions, experiences and contextual factors and elements.
  - Quantitative methods will be used to collect and analyze numerical data on project outputs, outcomes, and impact.

Collected data is expected to be analyzed to assess progress against project indicators and targets, identify achievements, challenges, and lessons learned. It is expected to use statistical analysis to quantify project outcomes and impact, and thematic analysis to explore qualitative findings. In addition, the evaluation will verify the assumptions underlying project design and implementation, including security conditions and cooperation with local authorities, to understand their influence on project achievements.

## **4. Evaluation process and deliverables**

### 4.1 Evaluation timeline

The evaluation will take place in **July 2025**, upon project completion. The final agenda will be agreed upon with the evaluator upon submission and approval of the inception report. The final evaluation report is to be submitted in line with the agreed timeline (see below). The evaluation will build on monitoring data collected throughout the project by all Consortium partners and will be triangulated with new data collected during fieldwork as part of this evaluation.

### 4.2 Evaluators tasks

The evaluator will be responsible for the following tasks:

#### **a. Inception phase:**

- Develop and submit an inception report, including a detailed methodology, data collection tools, evaluation matrix with evaluation questions, workplan and logistics needs.
- Finalize the methodology in consultation with PIN.

#### **b. Data collection:**

- Conduct field activities in locations covered by Consortium partners.
- Engage with key stakeholders (see Annex A) through interviews, focus groups and other agreed methods

#### **c. Data analysis**

- Analyze qualitative and quantitative data, compare results and objectives with project indicators, baseline values and targets.
- Disaggregate data by sex, age, diversity and other relevant factors to assess inclusivity and the different impacts on different population groups.

#### **d. Drafting report**

- Prepare and submit a draft evaluation report including findings, conclusions, lessons learned and actionable recommendations.
- Revise the report based on feedback from PIN and Consortium partners.

#### **e. Final report and presentation**

- Submit a final, comprehensive evaluation report, including assessment of impact, effectiveness, relevance and coherence; an analysis of over/under-achievement of targets and the underlying reasons; lessons learned and good practices to inform future programming; all relevant annexes, including raw data, data collection tools, and references.
- Present key findings and recommendations to PIN and Consortium partners, including through a possible lessons-learned workshop.

### **4.3 Reporting & Accountability**

The evaluator must ensure transparency, impartiality, and methodological rigor throughout the process. The evaluation must adhere to ethical standards - ensuring confidentiality, informed consent and protection of data. The evaluation must present evidence-based findings clearly and address all evaluation questions outlined in this Terms of Reference. Stakeholder engagement and validation must be sought throughout the evaluation through feedback rounds on the draft report.

### **4.4 Quality assurance**

The evaluator is expected to ensure the evaluation meets recognized quality standards, including:

- Validity and reliability of data;
- Clear methodology and analysis;
- Ethical conduct of fieldwork;
- Inclusion of diverse stakeholder voices, particularly vulnerable groups.

### **4.5 Dissemination of results**

- PIN and Consortium partners will disseminate the final evaluation report to key stakeholders, including: Donors (in particular DG ECHO), other humanitarian agencies, government agencies, affected communities. This will ensure transparency, support accountability, and contribute to the design and implementation of future humanitarian interventions

#### **4.5 . Assignment Deliverables and Proposed Timeframes:**

<b>Deliverable</b>	<b>Content</b>	<b>Delivery Point</b>	<b>Submission</b>
<b>Inception report</b>	Information listed in Under sec.4.2	2 working days after signing the assignment (beginning of July)	Electronic Submission to PIN Focal Person
<b>Initial findings presentation</b>	Summary of findings against final set of agreed findings	10 working days after approval of the inception report (expected by mid-July of 2025)	In-person presentation

<b>Draft Project Evaluation Report</b>	As per the specification outlined in Annex B	5 working days after the Initial Findings Presentation (expected by the end of July 2025)	Electronic submission of the draft report to PIN Focal Person as well as a workshop with the partners
Final Report	As per the specification outlined in Annex B	3 working days after receiving comments from PIN and partners (beginning of August 2025)	Electronic submission to PIN Focal Person

Payment schedule and conditions:

A maximum of 1 million AMD is available for this evaluation. All logistical, accommodation, travel, translation or other operational needs are managed and covered by the Evaluator (within this maximum budget or using the evaluator's resources).

The payment schedule will be as follows:

- 20% upon contract signature
- 80% after final report

#### 4.6. Management Arrangement

The Evaluator will report to and liaise with the PIN Focal Person on all matters and decisions relating to this assignment. PIN will be responsible for providing potential lists of stakeholders and beneficiaries. The evaluator is responsible for ensuring their own logistics arrangement and translation if needed.

### 5. APPLICATION PROCESSAPPLICATION PROCESS

#### 5.1 Submission requirements

Interested candidates/legal entities should submit the following documents:

1. Detailed CV(s) of the candidate(s).
2. Financial proposal: The estimated duration for the volume of work to be performed and the requested price, including the daily rate and associated logistic and administrative costs.
3. Documents proving experience: Links to articles, blog posts, or other published work on relevant topics.
4. Availability: Confirmation of the evaluator's availability (specific dates) during July-August, 2025.

If applying as a legal entity, then the organization or company profile as well as the profiles of the proposed expert(s), including their CV(s), availability, and documents proving experience, reference contacts for similar work successfully submitted.

#### 5.2. Required qualifications

Essential:

- At least 5 years of professional experience in working in a humanitarian context and conducting humanitarian project evaluations;
- Proven experience and knowledge of conducting quantitative and qualitative research;
- Excellent analytical skills;
- Significant practical experience in report writing and formulation of recommendations;

- Excellent spoken and written English.

**Preferred:**

- Experience evaluating ECHO-funded projects;
- Previous experience with results-based monitoring and evaluation methodologies;
- Russian language will be considered an advantage.

### 5.3. How to Apply

Application packages are to be submitted electronically to [procurement.armenia@peopleinneed.net](mailto:procurement.armenia@peopleinneed.net), with **“Multisectoral emergency assistance to vulnerable conflict-affected population, Armenia”** in the subject line.

Deadline: **June 25, 2025 by 18:00**

#### Annex A: List of Recommended Stakeholders

Stakeholders/Beneficiaries	
<b>Lead Implementor</b>	People in Need Armenia
<b>Implementing partner (s)</b>	Médecins du Monde, Mission Armenia
Governmental representatives and local authorities	Ministry of Labour and Social Affairs of RA , Ministry of Health
	Regional Unified Social Services
	Yerevan, Aragatsohn, Ararat and Kotayk
<b>Beneficiaries</b>	<ul style="list-style-type: none"> <li>• Conflict-affected local population</li> <li>• Displaced people from NK who are currently based in the target regions of the project</li> </ul>
<b>Other relevant stakeholders</b>	Armenian Association of Social Workers as an engaged partner

#### Annex B: Final Evaluation Report Specification

The Final Evaluation Report, written in English, will be required to comply with the following standards and specifications:

1. Executive summary (max. 2 pages)
2. Introduction (max. 1 page)
3. Methodology (max 2 pages)
4. Findings and discussions (max. 10 pages)
5. Lessons learned and associated recommendations (max. 6 pages)

#### Annexes

The report should be submitted electronically to the PIN Focal Person.

Submitted annexes should at a minimum include: survey tools, list of interviewed respondents (including names, function/positions, contacts, geographical location).