



TERMS OF REFERENCE FOR END OF PROJECT EVALUATION

COMPASSION UK CHRISTIAN CHILD DEVELOPMENT

PROJECT TITLE: Increasing child survival rates from birth and in the first year of life in Kara, Plateaux and Maritime regions in Togo.

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1. About Compassion

Founded in 1952, Compassion is a leading Christian children's charity. At the heart of Compassion's ministry is a relentless passion to act on our faith and empower every child left vulnerable by poverty: a purpose embodied in the phrase "**Releasing children from poverty in Jesus' name.**" Our work is **Christ centred, child focused, and church based.** You can read more about these principles and our history [on our website](#).

Today, Compassion partners with more than 8,000 churches in 25 countries to deliver our proven child development programme to more than 2 million infants, children and youth. Around the world, children, families and entire communities are being empowered to overcome poverty and thrive both now and into the future.

1.1. Compassion International and the Global Partner Alliance

Compassion International is headquartered in the United States and registered as a 501(c)(3) non-profit organisation. It is a separate entity to Compassion UK.

Compassion UK is a fundraising organisation and is a member of the Compassion Global Partner Alliance. The Global Partner Alliance consists of several organisations throughout the world with a mutual commitment of purpose, structure and methodology. In order to be as effective as possible, the delivery of help to children in beneficiary countries is coordinated and implemented centrally through Compassion International.

Funds raised by Compassion UK and other members of the Global Partner Alliance are disbursed through Compassion International to fund the programmatic and charitable activities in developing countries. Compassion International has set up a group of locally registered in country 'National Offices' that oversee activities within a geographically defined country.

1.2. National Offices

These offices are based in the 25 countries Compassion operates and are responsible to, and form part of Compassion International. Compassion International disburses funds pooled from the Global Partner Alliance including from Compassion UK to the National Offices in order to run the programmatic activities. Rigorous systems of financial accountability are in place.

The National Offices are run by a National Director who is accountable to Compassion International.

In order to reach the beneficiaries, the National Office works through the local church, known as Frontline Church Partners that are supported to set up and manage Child Development Centres embedded in their local communities.

Each National Office employs a Partnership Facilitator who has lead responsibility to effectively manage relationships with implementing Frontline Church Partners through facilitation, project oversight and monitoring overall progress with support of other country staff.

1.3. Frontline Church Partners (FCPs)

Compassion intentionally partners with diverse, independent, interdenominational churches in developing countries because we believe they are key agents of change found in nearly all communities. They wield significant cultural, political, social, educational and economic influence and

are often the first place that local people turn to in times of need. Faith organisations can be viewed as the largest stable and most extensively dispersed community-based organisations in any country. They are respected within communities and most have existing resources needed to support and implement small- and large-scale initiatives. They can undertake activities cost-effectively, due to their ability to leverage volunteers and other resources.

All of Compassion's programmatic activities are run through these diverse, independent and interdenominational Frontline Church Partners. Each Frontline Church Partner is a separate legal entity, independent of Compassion international. Each Frontline Church Partner goes through a rigorous recruitment and selection process. Mandatory criteria for selection include demonstrating alignment with and commitment to Compassion's global policies including child protection. After a successful selection and discernment process, if a partnership is viable, a formal partnership agreement is signed which sets out responsibilities and expectations on both Compassion International and the Frontline Church Partners.

Each Frontline Church Partners employs a Project Director. It is the role of the Project Director to have authority and responsibility for the day-to-day activities, supervise other staff, volunteers and others in their achievement of project activities and to interact regularly with Compassion International's National Office staff. The Project Director is accountable to both the Frontline Church Partners leadership and Compassion International's National Office.

Furthermore, as each Frontline Church Partners is located in a church, the church leadership are also responsible for the governance of the FCP and for their own recruitment and selection of staff.

2. Project Overview and Objectives

2.1. Background

Compassion UK secured a 3-year grant for the period January 2020 – December 2022 from the UK Aid Match, to support the neediest pregnant women in the Kara, Plateaux and Maritime regions of Togo, by reducing their risk of death from pregnancy complications and increase survival rates of infants from birth to their first birthday.

UK Aid Match brings charities, the British public and the UK government together to collectively change the lives of some of the world's poorest and most vulnerable people. For every £1 donated to a UK Aid Match charity appeal by an individual living in the UK, the UK government will also contribute £1 of UK aid, up to £2 million. Compassion UK conducted a successful UK Aid Match Appeal between March and June 2019] and raised £1,047,000 from generous supporters and the public which was matched by the UK Aid Match totalling £1,029,835.4 for the implementation of the project titled: *Increasing child survival rates from birth and in the first year of life in Kara, Plateaux and Maritime regions in Togo.*

Child Survival is the first phase in Compassion's holistic child and youth development model and was launched in 2003. It was piloted in Ecuador, Peru, India and Haiti to increase survival rates among children by working directly with mothers and their new-borns to promote positive child development in the most critical first 1,000 days of life.

Compassion's work in Togo began in 2008 and currently have 100 strategically located child survival centres supporting over 2,950 of the neediest vulnerable pregnant women and babies in Togo

annually. These centres are managed by Compassion-supported local partners strategically placed and embedded in a community to target the neediest mothers and babies using a local poverty index, regardless of their religion, race or ethnicity.

2.2. Project Need

By 2030, Togo is projected to miss the Sustainable Development Goal under-5 mortality target of 25 or fewer deaths per 1,000 live births. Currently, 52 infants per 1,000 live births in Togo are likely to die between birth and their first year of life. Togo was also ranked 166 on the 2017 UN Human Development Index.

Compassion identified the highest infant mortality rates in the three selected regions (Kara, Plateaux and Maritime of Togo) for the project. Local health facilities are available in these regions but the cost of maternal and infant care and lack of transport for the poorest households renders them inaccessible. On average, the distance from a pregnant woman’s house to their nearest health facility is 5 km. As a result, pregnant women do not access antenatal care in pregnancy, have no skilled care during childbirth and lack post-natal care and support. This makes access to life saving interventions for babies born at home and far from medical facilities largely impossible. Malaria, diarrhoea and parasitic diseases among children are rampant as is the high incidence of malnutrition, undernutrition and anaemia in children. The highest infant mortality rates are among mothers with low education. Early and forced marriage is commonly practised and rates are highest between the ages of 15 – 18 years in rural areas, and even higher in the Kara Region.

The primary project participants targeted were:

- Mothers, including young mothers below the age of 18, with babies less than a year;
- Mothers, including young mothers below the age of 18, with babies less than a year and living with HIV;
- Pregnant women, including girls below the age of 18;
- Pregnant women, including girls below the age of 18 and living with HIV;
- Babies below the age of 1.

2.3. Project Objectives

By the end of December 2022, Compassion would have supported a total of 2,150 of the neediest pregnant women in the Kara, Plateaux and Maritime regions of Togo. The project has been working towards achieving the impact and outcomes outlined below:

Impact
Improved reproductive, maternal, new-born and child health (RMNCH) in Togo. This intervention will contribute towards Sustainable Development Goal (SDG) 3.
Outcome

Increased child survival rates from birth and in the first year of life so that children in the Kara, Plateaux and Maritime regions of Togo enter childhood with a strong foundation for development.

Outputs

- Mothers are supported to access local health facilities and healthcare workers for prenatal care, postnatal care and attended births.
- Babies from birth to their first birthday are protected from preventative diseases and exhibit age-appropriate growth and motor skills development.
- Mothers are trained to understand and practice healthy behaviours for their, and their children's, well-being.

Activities

<ul style="list-style-type: none"> • Prenatal care • Health screening in pregnancy • Provision of iron/folate and zinc supplements • Medical therapeutic feeding for pregnant mothers at risk • Skilled health professional at birth including home births • Postnatal care within 48 hours of birth 	<ul style="list-style-type: none"> • Baby delivered by a skilled birth attendant • New-born health screening • Encourage and promote early initiation and exclusive breast feeding for six months • Provision of food supplements, micro-nutrients, and fortified/enriched flour and milk • Provision of insecticide-treated mosquito nets • Routine immunisations • Provision of Vitamin A supplementation • Routine growth monitoring and health screening • Access to medical care and treatment when required 	<ul style="list-style-type: none"> • Health and parenting workshops • Monthly home visits (Two hours per session) • Nutrition counselling • Advice and guidance on sanitation, hand-washing practices, weaning, prevention of dehydration from diarrhoea, family spacing, HIV and AIDS prevention • Child protection awareness • Mother is linked with an advocate or mentor • Monthly peer-to-peer group sessions for a community of caregivers
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2.4. Compassion's Approach

Compassion believes that development is a long-term approach which starts even before a child is born and continues through school age and up to 22 years. Compassion's child survival programme adopts five tried-and-tested base elements:

i. Foundational elements

- GOBI-FFF: Growth Monitoring, Oral Rehydration, Immunisation, Food Security, Female Literacy, Family Planning.
- CIMCI: Community Integrated Management of Childhood Illnesses
- Home visits and group activities

ii. Relationship

- Community-based Programme Implementers serve as teachers, advocates and mentors
- Support from local project director and staff
- Subject matter expertise provided from National Office

iii. Curriculum and delivery

- Focused on Survival and Early Childhood
- Contextualised by National Office Staff for local use
- Structured yet flexible for and stage use
- Delivered in individual and group settings
- Attendance monitoring
- Minimum monthly contact time

iv. Evidence-based

- Regular data collection and monitoring supported by robust technology platform down to local level
- Data analysis regularly performed at local, national, regional and global levels
- Regular follow-up on results by National Office
- Ongoing training

v. Local resources

- Access to local health facilities
- Community health workers
- Collaboration with government services and local non-profit agencies (e.g. literacy, income generation, healthcare)

3. Purpose and Objectives of the Evaluation

3.1. Purpose

Compassion UK is seeking to engage a consultant or firm of consultants to conduct an independent assessment and verification of the project. The end of project evaluation will adopt a mixed-methods approach to:

- (a) validate the extent of the project achievements against its planned outcomes including the targets for outcome indicators and any unintended outcomes.
- (b) analyse any major differences between what was planned against what was achieved;
- (c) assess the overall performance of the project with reference to its relevance, effectiveness, efficiency, impact and sustainability of the changes achieved.
- (d) provide learning about the effectiveness and efficiency of the project approach (what worked and did not work);
- (e) assess the value for money of the full project duration against the 'three Es' using guidance from [the Foreign, Commonwealth & Development Office \(FCDO\)](#); and
- (f) give recommendations for consideration in future programming.

3.2. Key Evaluation Questions

The evaluation will be guided by the [OECD DAC evaluation criteria](#) and focus on the questions summarised in the table below. A variation to the questions may be made by mutual agreement:

Evaluation Criteria	Evaluation Questions
<p>Relevance:</p> <p>The extent to which the intervention’s objectives and design respond to beneficiaries’, global, country and partner/institution needs, policies and priorities, and continue to do so if circumstances change.</p>	<ul style="list-style-type: none"> • To what extent were the project objectives including the underlying theory of change realistic, feasible and valid? • To what extent did the project respond and remain responsive to the needs and priorities of the intended beneficiaries? • To what extent what the project able to adapt and provide appropriate response to context changes and emerging local needs, and priorities of beneficiaries? • How did the project address the priorities of other key stakeholders including the local implementing partners, the Ministry of Health in Togo, health directorates, district hospitals and healthcare centres?
<p>Effectiveness:</p> <p>The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.</p>	<ul style="list-style-type: none"> • To what extent were the project objectives and intended results achieved? • Is there any perceived difference in the project achievements across the key stakeholder groups? • To what extent did the beneficiaries actively participate in the project activities? • What were the major factors influencing achievement or non-achievement of the project objectives and its intended results? • How did any temporary adaptations made to the activities in response to the COVID-19 pandemic influence the achievement or non-achievement of the project objectives? • To what extent have the project activities contributed to the overall goal?
<p>Efficiency:</p> <p>The extent to which the intervention delivers, or is likely to deliver, results</p>	<ul style="list-style-type: none"> • To what extent were the resources allocated and used in

<p>in an economic and timely way.</p>	<p>the most cost-efficient way?</p> <ul style="list-style-type: none"> • Were the human and financial resources used appropriately and as planned? • Could a different approach have been adopted in the project delivery to achieve the results in a more cost-efficient way? • Were the results achieved within the intended timeframe?
<p>Impact:</p> <p>The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.</p>	<ul style="list-style-type: none"> • What significant difference/change has the project made in the lives of the intended beneficiaries? • How did the intervention cause higher-level effects (such as changes in norms or systems)?
<p>Sustainability:</p> <p>The extent to which the net benefits of the intervention continue, or are likely to continue.</p>	<ul style="list-style-type: none"> • To what extent will the project’s exit strategy ensure continuation of the benefits after the completion of the project?

4. Evaluation Design, Methodology and Approach

The evaluation should apply a mixed method approach that draws from both existing and new qualitative data in order to adequately address the evaluation questions. A detailed methodology and data collection methods should be included in the technical proposal as specified in section 9 of the Terms of Reference.

Compassion uses a range of beneficiary feedback mechanisms. These are used routinely and systematically to collect feedback and respond accordingly. These reports and other project documents will be made available to the evaluation team for comparability and triangulation. The feedback mechanisms include:

- The community baseline survey conducted at the beginning of the project including the beneficiary selection criteria.
- Structured one-to-one interviews (conducted on a quarterly basis with the mothers.)
- Informal interviews
- Focus groups (held on a regular basis at the Child Development Centres as part of the peer-to-peer group activities for the community of caregivers)
- Regular meetings
- Testimonials and case studies

- Letters written by the mothers when their children reach age one, reflecting on their experience and to provide feedback to both the local implementing partners and donors.
- Letters written by the lead person responsible at each local partner project.

The evaluation team will be expected to:

- use data collection methods which allow for triangulation of qualitative and quantitative findings. The primary methods suggested are:
 - Cross-sectional survey of random sample of beneficiaries
 - Focus group discussions and/or key informant interviews with beneficiaries, implementers, community/church leaders, and other stakeholders
 - Desk review of project data, records and documents
- propose a sample size for qualitative and quantitative data that allows for sufficient data to draw conclusions, but also fits within resource limitations and does not collect data that will not be meaningfully utilised. The suggested margin of error for survey data should be no more than 7% with a 95% confidence level, and should allow for disaggregation as needed. The baseline evaluation should undergo descriptive analysis (proportion or mean, 95% confidence level). Comparative analysis by sex, age, and/or district as applicable is optional and should be considered in relation to cost/effort.
- use data collection tools based on international standards and guidelines for evaluating humanitarian action.

5. Deliverables and Report Requirements

All reports should be written in plain English and submitted electronically (MS Word and PDF). All data sets should be provided in a machine-readable, non-proprietary format preferably MS Excel or CSV. Codebooks, data dictionaries, data analysis scripts and any photographs should also be included. Any figures, diagrams, tables, or photographs should be provided in high quality jpeg or png files;

5.1. Deliverables

The following key deliverables are expected within the deadlines specified in section 6.

(a) Inception report

The draft inception report should provide a detailed work plan, evaluation design, methodology, sampling framework, data collection strategy, sample of data collection tools, data analysis plan, data quality assurance plans, approach to research ethics, commitment to safeguarding, a risk management plan and an outline of the evaluation report.

The report should also include a review of the project progress reports and any other relevant project documentation.

Compassion UK will provide feedback to be discussed and any revisions incorporated into the draft inception report before final approval.

(b) Draft evaluation report

Following the completion of the field work and data analysis, a validation workshop will be convened to present and discuss the preliminary findings, validate the results and collaborate on developing recommendations.

The draft evaluation report will then be prepared and should be consistent with the guidance provided in the final report requirements and include any data collection tools, data sets and other supporting documents appended as Annexes. The report will address each of the questions identified in the Terms of Reference.

Once the initial draft evaluation report is submitted, Compassion UK will have ten working days upon receipt in which to review, comment and submit the consolidated comments to be incorporated into the draft report. The review process will continue with further iterations of the draft report to the satisfaction of Compassion UK of the final version.

(c) Final evaluation report

Following approval by Compassion UK of the final version of the draft evaluation report, the final report should be submitted no later than 24 February 2023.

5.2. Final Report Requirements

The final evaluation report should be no more than 30 A4 pages excluding the executive summary and annexes. The report should indicatively be structured as follows:

- Title page;
- Contents page
- Executive summary
- Background and scope of the project (including context analysis and Theory of Change)
- The evaluation approach and methodology
- Key findings (including best practices and lessons learned)
- Conclusions
- Recommendations
- Annexes which should include
 - Terms of Reference for the end of project evaluation
 - Evaluation plan and methods used
 - All data collection and analysis tools used in the evaluation
 - All sources of information or data identified and listed
 - Summary profile of the evaluation team and role in the team
 - Bibliography (including list of documents from the literature review)

6. Evaluation Timeline

6.1. Indicative Timeline and Key Activities

This end of project evaluation is scheduled for October 2022 – February 2023. The final evaluation

report should be finalised and submitted no later than **24 February 2023**.

The consultant or firm of consultants will provide the deliverables outlined in section 5 according to the proposed timeline below (proposed key activities and expected completion date to be agreed upon):

Key activities	Expected completion date
<p>Introductory meeting:</p> <p>An introductory session with the Compassion team and to understand the Compassion’s holistic child development programmes in Togo and Compassions approach to child survival interventions.</p>	14 October 2022
<p>Literature review:</p> <p>A review of all relevant project documentation including progress reports and other relevant documents and resources.</p>	28 October 2022
<p>Draft inception report:</p> <p>Preparation and presentation of the draft inception report which will include a detailed work plan, evaluation design, methodology, sampling framework, data collection strategy, sample of data collection tools, data analysis plan, data quality assurance plans, approach to research ethics, a risk management plan and an outline of the evaluation report.</p>	4 November 2022
<p>Feedback and approval of inception report:</p> <p>Compassion UK will provide feedback to be discussed and any revisions incorporated into the draft inception report before final approval.</p>	4 November 2022
<p>Field work</p>	TBD
<p>Data analysis</p>	6 January 2023
<p>Validation workshop:</p> <p>Presentation of preliminary findings to give an opportunity to discuss initial findings, validate the results and collaborate on developing recommendations.</p>	11 January 2023
<p>First draft evaluation report:</p> <p>Preparation and submission of the draft report using the agreed report format and including any data collection tools, data sets and</p>	20 January 2022

other supporting documents appended as Annexes.	
Feedback, review and revisions of draft report: Compassion UK will provide feedback to be discussed and any revisions incorporated into the draft report before final approval.	3 February 2023
Approval and submission of final evaluation report: Compassion UK will approve the final report before submission no later than 24 February 2023.	24 February 2023

7. Evaluation Management, Roles and Responsibilities

7.1. The Evaluation Team

The evaluation team will be responsible for:

- identifying a lead person for communication and reporting purposes;
- providing a list of all personnel involved in the evaluation and to ensure they are suitably qualified and skilled to undertake the tasks. Any changes to the personnel listed in the application must be approved by Compassion UK;
- ensuring that the evaluation team works collaboratively with Compassion UK and that relevant team members are available at all times on reasonable notice to provide such assistance or information as Compassion UK may require. This includes providing timely updates on the progress of the evaluation and seeking comments and feedback from Compassion UK in sufficient time;
- ensuring that the deliverables are achieved by any deadlines specified in this Terms of Reference and in accordance with any quality requirements expressly or implicitly made known by Compassion UK;
- complying with all applicable laws, reasonable standards of safety and with Compassion UK's policies and procedures, and to promptly report to Compassion UK any unsafe working conditions or practices including any safeguarding concerns;
- designing the evaluation methodology, sampling techniques, conducting the data collection and analysis;
- recruiting, training and supervision of enumerators for data collection;
- managing all logistical arrangements including transportation and accommodation for all field travel.

7.2. The Compassion Team

This end of project evaluation will be managed by Compassion UK's Grant Officer and Development and Programme Manager. They will work in collaboration with key representatives from Compassion International Togo.

The Compassion team will provide:

- key project documentation and other relevant resources including but not limited to the project proposal, log frame, Theory of Change and progress reports;
- an overview of Compassion's child survival programme and contextual information about the communities and beneficiaries in the regions where the project was implemented;
- a contact list of key people in-country and in the field including support to identify and organise introductory meetings with relevant stakeholders and community members;
- access to project sites (child survival centres) and beneficiaries;
- templates where available and any brand and style guidelines for use in reporting;
- any guidance or technical support as required throughout the evaluation;
- support with logistical arrangements during the evaluation;
- support to recruit and train enumerators for data collection;
- comments, feedback and approval of all deliverables within any deadlines specified in this Terms of Reference;

8. Consultant or Firm of Consultants Qualifications and Competencies

8.1. Qualifications

The lead consultant is expected to hold an advanced degree in International Development or Public Health or other related field.

8.2. Experience

Must have a strong track record of:

- a minimum of 5 years' experience conducting development programme or policy evaluations with a focus on reproductive, maternal, new-born and child health (RMNCH). Special interest will include experience conducting quantitative assessments related to community-based maternal, neonatal and child health.
- successfully managing large scale and complex mixed-methods impact evaluations and research processes from end-to-end, including quantitative and qualitative research methodologies, evaluation designs and implementation.
- conducting value for money (VfM) assessments.
- effectively conducting research with:
 - children and young people using interactive, child-friendly and participatory methodologies;
 - people with disabilities, including children: experience with the Washington Group methodology would be particularly desirable.

8.3. Skills and Knowledge

Must be able to demonstrate:

- strong skills in quantitative and qualitative data collection, analysis and data visualisation, drawing findings from multiple sources and handling potential contradictions between data sets, including ensuring a greater understanding of quantitative data results through the triangulation of qualitative data.
- good understanding of conducting Value of Money (VfM) assessment of health programmes.
- comprehensive context-relevant knowledge of Togo and a broad understanding of its key development issues particularly related to maternal, neonatal and child health.
- proficiency in written and spoken English and French: it is particularly important that the evaluation team should be able to demonstrate they have the appropriate language skills within their wider team to conduct the research required.
- strong analytical, facilitation and communication skills, including reporting and presentation skills.

It is **desirable (but not essential)** to have :

- data and statistical analysis skills in statistical modelling software e.g. ENA for SMART, EPI Info, R, SPSS or STATA; and
- understanding of faith-based organisations.

9. How to Apply

Compassion UK invites applications from consultants or firm of consultants with the experience and skills described in section 8 above. Any questions regarding this Terms of Reference can be submitted to: Toyin Amira | Email: toyina@compassionuk.org.

Deadline for questions: **28 September 2022**

9.1. Proposals

Qualified consultants or firms are requested to submit:

(a) Technical Proposal:

The technical proposal should as a minimum include:

- Background of the consultant or firm of consultants including previous experience in conducting similar evaluations.
- Brief understanding of the Terms of Reference including any comments or proposed suggestions for variation.
- An outline of the proposed approach and methodology for the evaluation, including data collection tools, methods and sampling techniques.

- A work plan including deliverables and within timelines outlined in the Terms of Reference.
- Copies of the Curriculum Vitae of the proposed team that will take an active role in the evaluation including the roles and assigned tasks each team member will fulfil.
- A copy of a recent evaluation report as a relevant example of similar work undertaken within the last 24 months.
- Contact details of two references including one from your most recent client.

(b) Financial Proposal:

The financial proposal should include an indicative budget covering a breakdown daily rate(s) of the consultancy fees and any related reimbursable expenses in West African CFA franc and GBP (£) equivalent.

Please note: Compassion UK shall reimburse all pre-approved reasonable expenses properly and necessarily incurred in the course of the provision of services, subject to production of receipts or other appropriate evidence of payment, and in line with Compassion UK's Expenses Policy.

9.2. Deadline

All application documents must be submitted by email only to toyina@compassionuk.org no later than close of business on **30 September 2022**. Applications submitted after the deadline will not be considered.

Please include **"UKAM End of Project Evaluation Proposal"** in the subject line of the email.