# **Terms of Reference**

# **To Conduct end of project evaluation**

# **Title: ‘Increased access to Life-Saving Sexual Reproductive Health and Protection for Displaced Population and Host Community in DRC, South Sudan and Uganda’ (GLO1286).**

# **Context & Background**

The Democratic Republic of Congo (DRC), South Sudan and Uganda continue to host displacement-affected populations such as refugees, returnees and internally displaced persons (IDPs). Insecurity, inter-ethnic violence, hunger, food insecurity and widespread human rights violations have led to these displacements. The humanitarian crisis has constrained the existing services which call for gap filling through humanitarian response interventions.

CARE International is a humanitarian non-governmental organization committed to work with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty.

CARE International in DRC, South Sudan and Uganda secured funding from the Germany Federal Foreign Office (GFFO) to improve access to life-saving Sexual and Reproductive Health (SRH) services, support prevent Gender-Based Violence (GBV) and provide support services to GBV survivors in DRC ( Nyarambe Health Zone, Ituri Province), South Sudan (Pariang County, Unity State) and Uganda (Rhino and Imvepi settlements, West Nile region).

The project started on 1st September 2022, and interventions in Uganda and Mahagi Health Zone (DRC) concluded on August 31st, 2024.The project continued its interventions in South Sudan and a new health zone in DRC (Nyarambe Health Zone) with end of project by December 31st, 2025.

The project targeted an impact population of 321,793 participants (DRC: 111,755; South Sudan: 124,148; Uganda: 85,891) consisting of refugees, IDPs, returnees and host communities.

The project is implemented by Coalition for Humanity in South Sudan, Forum des Mamans de l’Ituri (FOMI) in DRC, CEFORD was in Uganda as well as CARE which plays an overall leadership role and implements field activities.

# **Scope**

The goal of the project is an ***increased and equitable use of SRHR and gender-responsive assistance by individuals most affected by forced displacement, especially women and girls to realize their sexual and reproductive health rights and are free from gender-based violence***.

The project has two results:

* **Health**: Improved access to life-saving and medical services to meet their needs related to sexual and reproductive health
* **Protection**: Increased prevention of Gender Based Violence (GBV) and access to response services for survivors (GBV)

To achieve its objectives, the project implements the following key activities:

* Delivery of Sexual and reproductive health and protection services
* Rehabilitation of health facilities and establishment of Women and Girls Safe Spaces
* Provision of critical support for survivors of gender-based violence (GBV)
* Awareness raising and prevention activities to prevent GBV
* Case Management and psychosocial support for survivors of GBV
* Delivery of Minimum Initial Service Package (MISP) for SRHR services

# **Purpose / Objectives of the evaluation**

*Purpose: why is the evaluation taking place and who are the users of the findings?*

CARE seeks to conduct end of project evaluation in the two countries South Sudan and the health zone of Nyarambe in DRC, and verify the effectiveness of its activities in Uganda and also mahagi health zone in DRC to critically assess the project's effectiveness, efficiency, and impact on the targeted populations, to provide critical insights into the successes and challenges faced during implementation so far and ensure accountability to stakeholders and donors. A final evaluation has been conducted in Uganda and Mahagi Health Zone in DRC, and a mid-term evaluation has been conducted in South Sudan with reports available.

This evaluation shall identify the best practices, impact and lessons learned as well as guide future program design and implementation, and gender transformative policymaking. It is against this background that CARE is seeking to hire a consultant to carry out the evaluation in the three countries.

This objective will be pursued against the project’s main objective, outputs and outcomes.

The final evaluation will assess the impact of GFFO project interventions by comparing the mid-term and endline conditions of project participants and impact groups in the project locations.

The study will evaluate the relevance of project outcomes, approaches, models, and strategies.

It will also gather endline project data against indicators in the final approved log frame for selected indicators and locations to determine the extent to which planned targets at both outcome, output and impact levels have been met.

This is crucial as it provides a comprehensive review of the project’s design, implementation modalities, and achieved targets, accounting for any uncompleted activities and deliverables.

**Evaluation Criteria and Questions:**

The study shall apply the DAC (Development Assistance Committee) project evaluation criteria for humanitarian assistance, established by the OECD to assess various aspects of a project's performance and impact.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicator / result** | **Level** | **final task** | **DACcriteria** | **Key question** | **Methodology** | **Location** |
| Refugees and host community members in the DRC, South Sudan, and Uganda are empowered to access basic health services, including sexual and reproductive health and gender-based violence (protection). | Impact | high level qualit. analysis | Effectiveness | To what extent were women and girls empowered to access essential sexual and reproductive health (SRH) and protection services? | doc & data review | DRC,UGA, SSD |
| Relevance | To what extent did the program address needs identified prior to / during the project? | KIIs,FGDs | DRC,UGA, SSD |
| Increased and equitable use of SRHR and gender-responsive assistance by individuals most affected by forced displacement, especially women and girls, in the DRC, South Sudan, and Uganda to realize their sexual and reproductive health rights and are free from gender-based violence. | Outcome | high level qualit. analysis | Effectiveness | To what extent is the program achieving the intended outcomes, in the short, medium and long term? | doc & data review | DRC,UGA, SSD |
| Relevance | To what extent did the program address needs identified prior to / during the project? | KIIs | DRC,UGA, SSD |
| Impact | • What were the features of the program and context that made a difference? • To what extent can changes be attributed to the program? | KIIs | DRC,UGA, SSD |
| % of intended program beneficiaries who report increased access to sexual and reproductive health services | Outcome | primay data collection | Effectiveness | To what extent is the program achieving the intended outcomes, in the short, medium and long term? | KIIs,FGDs  Survey | UGA and SSD  DRC (Nyarambe) |
| verify docs/data | doc & data review | DRC, UGA, SSD |
| % of intended program beneficiaries who report satisfaction with sexual and reproductive health services | Outcome | primay data collection | Effectiveness | To what extent is the program achieving the intended outcomes, in the short, medium and long term? | KIIs,FGDs  Survey | UGA and SSD   DRC (Nyarambe) |
| verify docs/data | doc & data review | DRC, UGA, SSD |
| % of intended program benficiaries who report adoption of positive gender and social norms that prevent gender-based violence | Outcome | primay data collection | Effectiveness | To what extent is the program achieving the intended outcomes, in the short, medium and long term? | KIIs,FGDs  survey | UGA and SSD   DRC (Nyarambe) |
| verify docs/data | doc & data review | DRC, UGA, SSD |
| % of intended program beneficiaries who report increased access to gender-based violence survivor support services | Outcome | primay data collection | Effectiveness | To what extent is the program achieving the intended outcomes, in the short, medium and long term? | KIIs  survey | UGA and SSD   DRC (Nyarambe) |
| verify docs/data | doc & data review | DRC, UGA, SSD |
| # and % people satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian assistance and/or protection services provided by CARE and partners | Outcome | verify docs/data   primary data collection | Effectiveness | To what extent is the program achieving the intended outcomes, in the short, medium and long term? | doc & data review and KIIs,FGDs, survey | UGA    SSD & DRC |
| Output Indicators (14 indicators) | Output | verify docs/data | Effectiveness | To what extent is the program achieving the intended outcomes, in the short, medium and long term? | verify docs/data | DRC, UGA, SSD |

# **Approach and Methodology**

*Note that final evaluation design / methodology will be agreed with the evaluation team during the inception phase. A precise scope will be described in the inception report.*

The end of project evaluation will take a mixed-methods approach, evaluating the end of project in DRC, Uganda and South Sudan. The overall approach is to analyze outcomes, and impact against the DAC criteria -relevance, effectiveness, , and impact.

The study shall conduct a desk review (including internal assessments conducted by CARE) and collect both quantitative and qualitative data from DRC (Nyarambe Health Zone, Ituri Province) and South Sudan (Pariang County, Unity State) and Uganda (Rhino and Imvepi settlements, West Nile region) where the GFFO project is being implemented.

The consultant will be responsible for: defining the overall evaluation approach, methods and data collection and analysis of the required metrics based on the log-frame and approved project proposal. This will include specification of the techniques for data collection and analysis, structured field visits and interactions with project participants.

Evaluation tools and methodology will be reviewed and validated with various stakeholders and approved by the GFFO Project Management Unit. Appropriate sampling techniques should be used to collect both primary and secondary data.

Secondary data shall be collected through desk reviews of existing literature such as project proposals, Interim donor reports, implementation plans, M&E data, formal policy documents, mid-term/final evaluation reports and other relevant quantitative and qualitative secondary data that will support the evaluation exercise. CEFORD, Coalition for Humanity, FOMI and CARE and the consultant will ensure the evaluation is conducted as stipulated in the TOR.

The evaluation shall respect the security and dignity of the stakeholders with whom CARE works, considering gender and power elements during the evaluation.

Evidence should be disaggregated by sex, age, disability and other relevant diversities in line with the project’s log- frame.

# **Governance and Management of the assignment**

The regional MEAL officer shall oversee the entire exercise with support from Programme Managers in the three countries, including the partners Coalition for Humanity in South Sudan and Forum des Mamans de l’Ituri (FOMI in DRC), CEFORD(Uganda) and Desk Officer at CARE Germany.

|  |  |
| --- | --- |
| **Person/Unit/Organization** | **Activity** |
| Rosenkranz, Eva – CARE Germany | Review of Inception report, Review of draft evaluation report, approval of the final report |
| Benzine Joseph-CARE SSD | Provide information and access to documents and tools in coordination with MEAL officers in the three countries: coordinates within CARE SSD.  Review of Inception report, Review of draft evaluation report, approval of the final report. |
| Dr. Ojwang – CARE SSD | General feedback and comments on the draft evaluation report |
| Everjoy Mahuru – CARE US | Input and comments on data collection tools and evaluation draft report focusing on Gender |
| Cecilliah Mbaka – CARE US | Input and comments on data collection tools and evaluation draft report focusing on SRHR |
| Jophet Muhindo – CARE DRC | Comments and input on the draft report, provides logistical support, coordinates within CARE DRC |
| Jane Keji – CARE SSD | Comments and input on the draft report, provides logistical support |

# **Response to Terms of Reference**

A Technical and Cost proposal based on this Terms of Reference (ToR) is requested from suitable and qualifying consultants or consulting firms.

The *technical* proposal should contain:

* 1. The articulation of the understanding of the ToR and suggested methodology and approach including sample size for quantitative and qualitative data collection (clear scope of primary and secondary data collection)
  2. Composition and specific roles and responsibilities of each member of the evaluation team. Summary CV of each team member **MUST** be attached.
  3. A Scope of Work which clearly shows the *preliminary* work plan and the timeline, and the final one will be shared after the inception phase

*Cost proposal =* Detailed budget with justification. The external evaluation proposal should include a reasonable detailed budget to cover all costs associated with the evaluation and other core members of the evaluation Team.( lead evaluator, technical experts, enumerators, translators, drivers, etc.), international and local travel, in-country lodging and per diem, materials, or any other related costs (e.g., translators of the report, meeting rooms for presentations, etc.)

The proposal should be accompanied by *the profile of the lead evaluator / group / firm and* at least three samples of similar work with client recommendation letters

# **Expected Outputs and Deliverables**

*Timeline (to be finalized after inception phase)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *activity* | *Week 1* | *Week 2* | *Week 3* | *Week 4* | *Week 5* | *deliverable* | *Delivery data* | *responsible* |
| *Call for expressions of interest* |  | *x* |  |  |  | *Technical and Cost proposal* | *11.8. 2025* | *Interested consultancy firms or individuals* |
| *Selection of evaluators* |  |  |  | *x* |  | *offer* | *25-8-2025* | *CARE* |
| *Sharing of reference documentation* |  |  |  | *x* |  | *Document list / library* | *27-8-2025* | *CARE* |
| *Review of reference docs* |  |  |  | *x* |  | *Reference docs* | *28-8-2025* | *Evaluation team* |
| *Inception meeting* |  |  |  | *x* |  | *Meeting report* | *29-8-2025* | *CARE* |
| *Inception report* | *x* |  |  |  |  | *Report* | *7 days after inception meeting* | *Evaluation team* |
| *Primary & secondary data collection* | *x* |  |  |  |  | *Primary & secondary data* | *1-12/9/2025* | *Evaluation team* |
| *Progress report?* |  | *x* |  |  |  | *Progress report* | *15-9-2025* | *Evaluation team* |
| *Data analysis* |  | *x* |  |  |  | *Primary & secondary data* | *16-19/9/2025* | *Evaluation team* |
| *Draft findings* |  |  |  | *x* |  | *Findings* | *22/9/2025* | *Evaluation team* |
| *Validation sessions* |  |  |  | *x* |  | *Findings* | *23/9/2025* | *Evaluation team* |
| *1st draft* |  |  |  |  | *x* | *Draft report* | *25-9-2025* | *Evaluation team* |
| *Comments(2 rounds)* |  |  |  |  | *x* | *comments* | *26-9-2025*  *30-9-2025* | *CARE team* |
| *Final draft* |  |  |  |  | *x* | *Final report* | *2-10-2025* | *Evaluation team* |

# **Budget breakdown for the consultancy work**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description | South Sudan | Uganda | DRC | Total Amount | # of consultants | Period/Days | Rate per day | Total Cost (US$) | Remarks |
| Consultant’s fees (Professional fees) |  |  |  |  |  |  |  |  | The consultant/professional fee must be inclusive of 20% of government taxes |
| Flight tickets to each of the project locations   1. Pariang, Ruweng Administrative Area, South Sudan 2. Nyarambe in Ituri Province, DRC 3. Rhnio Camp, Arua district, Uganda. |  |  |  |  |  |  |  |  | The Consultant will cover the cost of accommodation and meals in the field and during transitions to each field. |
| Accommodation and meals in Nyarambe (DRC) Pariang (SSD) and Rhino/Imvepi camp (Uganda) |  |  |  |  |  |  |  |  | The Consultant will cover the costed – to be cost by the consultant. |
| Stationery, Internet and printing |  |  |  |  |  |  |  |  | The Consultant will cover the costed – to be cost by the consultant. |
| Local Transportation in the field (Nyarambe, Pariang, Rhino camp) |  |  |  |  |  |  |  |  | The Consultant will cover the cost – to be cost by the consultant. |
| Number of Enumerators (10 in Pariang (SSD) and 10 in Nyarambe (DRC) and the consultant can do documents check/verification in Uganda | Applicable | NA | Applicable |  |  |  |  |  | CARE and Consultant |
| Training of enumerators | Applicable | NA | Applicable |  |  |  |  |  | The Consultant will train the enumerators. |
| Hiring of venue during the training of enumerators | Applicable | NA | Applicable |  |  |  |  |  | The Consultant will cover the cost – to be costed by the consultant. |
| Incentives for enumerators | Applicable | NA | Applicable |  |  |  |  |  | The Consultant will cover the cost – To be costed by the consultant. |
| Identification of enumerators | Applicable | NA | Applicable |  |  |  |  |  | To be discussed with the selected consultant |

# **The consultant will be expected to deliver the following:**

* An inception report to be submitted within **Seven (7) days** after the inception meeting. The inception report should contain detailed methodology and approach, draft data collection tools, sampling frame and size. The report should not exceed **10 pages** excluding the table of contents references and description of specific tools and methods
* A draft evaluation report in English to be submitted within **30 days** after data collection. The report should not exceed **50 pages** in length, single space, Time Romans Font 12(Refer to annex below)

The report must include:

* **An** **executive summary that focuses** **both on process as well as impact** that is no more than 2 pages in length and is formatted so that it can be printed as a stand-alone 2-pager about the project.
* **A clear methodology section:** the methodology should explain the evaluation questions, and how the methodology chosen appropriately answers those questions. It should also contain key ethical considerations, and a description of how the evaluators protected participants and personally identifiable information.
* **3-5 key lessons learned:** These should be short, actionable, and the most important aspects of what the program/analysis found. They need to be relevant and new for people outside of the direct program. They should also include highlights of what to improve in the future
* **3-5 bullets describing how the project got to impact/3-5 recommendations**: These are highlights of the most effective, relevant, and scalable approaches and tools.
* **Shareable Evidence:** Evidence collected by the external evaluation from the conclusions and recommendations must be submitted along with the final report. All datasets, qualitative interviews, and underlying data are owned by CARE and are included in final deliverables. Sources of all evidence must be identified, and conclusions must be based only on evidence presented in the report, and recommendations must directly correspond to the conclusions.
* **Log frame** updated with baseline, mid-term and end of project values and variance calculations
* All raw data files including quantitative data sets transcripts should be submitted with the final report; datasets must be anonymized with all identifying information removed.
* Annexes must also contain data collection tools (e.g. KII guides, FGD guides)
* A Final Evaluation Report will be submitted considering comments provided by the Management Team governing the evaluation and comments will be allowed for a minimum of 2 review rounds.

# **Qualification of Consultants / Consultancy Firms**

Individual consultants or consultancy firms meeting the following profile are invited to send a technical and financial proposal specifying the following:

* Applicants’ leaders must have a minimum of a master’s degree in social science such as Humanitarian Studies, Psychology, Counselling, Project Planning and Management etc. Possession of A PhD will be an added advantage.
* Proven track record and experience in Gender, Sexual Reproductive Health (SRH) and GBV response in emergencies setting is added advantage and highly desirable.
* Experience in conducting evaluations for complex humanitarian interventions. Evidence of such works in Uganda, DRC and South Sudan is highly preferred.
* A track record of assessments conducted with recommendation letters in the past 5 years, a summary of the scope, the date when it was conducted and the name and details of the client (including contacts of the person who can be contacted for reference checks) must be attached with the application.
* Evidence of availability of appropriate qualifications, wo/man-power and key staff that will constitute the team.
* Evidence of official registration in Uganda, South Sudan or DRC as a consultancy firm (submit evidence of registration). Individuals do not need to provide this requirement.
* Evidence of eligibility to work in DRC, Uganda and South Sudan
* Fluency in French and Lingala for DRC and Arabic for South Sudan are required within the consultancy team.

# **Location for the Consultancy**

The evaluation will be conducted in DRC (Nyarambe Health Zone,Ituri (Province), South Sudan (Pariang County Unity State), and Uganda ((Rhino and Imvepi settlements, West Nile region) respectively.

The maximum period for this evaluation is **30 working days** which includesinception report, enumerator training, data collection and draft report submission for review and comments**.**

# **Evaluation and Award of Consultancy**

CARE South Sudan will evaluate the proposals and award the assignment based on technical and financial criteria. CARE reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest, the highest or any bidder. Only the successful applicant will be contacted, and NO Telephone communication is allowed.

# **The evaluation criteria associated with this TOR includes;**

70 % for Technical expertise and Experiences in doing relevant assignment and qualifications

30 % for detailed breakdown of associated cost as stipulated in the inception report

# **Technical Evaluation Criteria**

|  |  |
| --- | --- |
| **Technical Criteria** | **Description** |
| Consultant’s operation status with CARE | Is the consultant in CARE's blacklist? (Yes / No) |
| Experience with CARE | CARE Previous Experience (Yes / No) |
| Individual consultant or Registered consultancy firm | Legal status   * Evidence of Tax Compliance Certificate for firms * TIN Certificate for Individual Consultants (Yes / No) |
| General understanding of the TOR. | Does the proposal demonstrate a clear understanding of the TOR? Does the consultant try to interpret the objectives? (10 marks) |
| Methodology | To what extent is the methodology clear and detailed? Is the sampling method and sample size computation scientifically acceptable? Are all the relevant methods of data collection included in the proposal? (15 marks) |
| Team composition | Does the consultant (or proposed team) have the necessary competencies and experience as described in the TOR to undertake this study? (15 marks) |
| Experience in similar or related survey | Experience of conducting Endline surveys in South Sudan, preferably within proposed geographical area has competitive advantage. Experience with similar assignments with INGOs/ other organizations and UN Agencies is an added advantage. (15 marks) |
| Quality of previous work done | Quality of their previous reports similar to this assignment, Layout, content, and organizational structures (5 marks) |
| Workplan | Is an action plan part of the proposal? Is it reasonable or realistic? Does it meet the expected deadlines? Is it flexible to accommodate any changes without compromising the deadline and quality of outs. (10 marks) |

*Note: Any consultant that passes the technical evaluation criteria with a minimum score of 50+1 during the evaluation and scoring by the technical committee is recommended for assessment of their financial proposal for completion of the 30 percent.*

# **Additional information**

Consultants shall be required to sign and abide by the CARE Safeguarding Policy (which includes PSEA-prevention of sexual exploitation and abuse, and behavior protocols). Consultants shall abide by EU beneficiary data privacy/management policies and CARE responsible data principles

# **Ethical Considerations, Confidentiality and Proprietary Interests.**

The Consultant needs to apply standard ethical principles during the assignment. Some of these must deal with confidentiality of interviewee statements when necessary, refraining from making judgmental remarks about stakeholders.

The incumbent shall not either during the term or after termination of the assignment, disclose any proprietary or confidential information related to the service without prior written consent by the contracting authority. Proprietary interest in all materials and documents prepared by the contract holder under this assignment shall become and remain properties of CARE. (All raw data must be left with CARE in one of the CARE’s acceptable formats and cannot be used for other purposes than this evaluation).

# **Annex:**

CARE South Sudan, CARE DRC and CARE Uganda will discuss with the successful consultant (s), the content and length of the final report. However, below is a suggested outline for the report.

* 1. Cover page (1 page)
  2. Table of Contents (1 page)
  3. Acknowledgements (1 page)
  4. Glossary (1 page)
  5. List of acronyms (1 page)
  6. Introduction (1 page)
  7. Description of Project (1 - 2pages)
  8. Executive summary (2 to 3 Pages)
  9. Introduction/Background/relevant context information (2 pages)
  10. Limitations of the study (1 Page)
  11. Methodology (1 page)
  12. Findings (8-10 pages)
  13. Summary table of indicator Endline results. (2-3 pages)
  14. Conclusion and recommendations (2-3 pages)
  15. Lessons learned from the process (1 page)

These documents should be zip into one folder and share to the below email before the given deadline.

# **TERMS AND CONDITIONS**

* + 1. Proposals to be split as 1) Technical and 2) Financial proposal and MUST be attached along with other relevant documents for this assignment.

1. Technical proposals will be scored out of 70 and ANY consultants that score 40 marks and above automatically qualifies for the financial scoring.
2. “There will be a one-off payment, consultant will be paid 100% upon successful completion of the tasks, submission and approval of the report by CARE, approval of certificate of work completion by both parties and approval of consultant’s evaluation form by CARE.”
3. Invoice will be accepted by procurement upon completion of activities in point 3.

# **SUBMISSION OF PROPOSALS**

The subject line of the email should read: **"Application to Conduct GFFO Project Endline Evaluation"**

All proposals MUST be received no later than **Friday, 15th August 2025 before 4:00 pm CAT**, by email addressed to [SSD.Procurement@care.org](mailto:SSD.Procurement@care.org) and will be scored on the criteria above.

**Deadline:** No applications will be accepted **after Friday, 15th August 2025 before 4:00 pm CAT.**

Attached is the CARE vendor questionnaire form which will be submitted together with the technical and financial proposal.

