TERMS OF REFERENCE

PROJECT EVALUATION

HELASIA
Health, Education and Livelihoods in Africa: a Sustainable Inclusion Approach
Oct 2019 – June 2023

Editor: Clément Delors – HELASIA MEAL Expert
Date of writing: September 2022

1. GENERAL INFORMATION

1.1 About Humanity & Inclusion

Outraged by the injustice faced by people with disabilities and vulnerable populations, we aspire to a world of solidarity and inclusion, enriched by our differences, where everyone can live in dignity. Humanity & Inclusion is an independent and impartial aid and development organisation working in situations of poverty and exclusion, conflict and disaster. We work alongside disabled and vulnerable people to help meet their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.
For further information about the association: http://www.hi.org

1.2 About Humanity & Inclusion in the country/region

The HELASIA project is focused on generating conclusive experience and change in the quality of life of people with disabilities by demonstrating the interaction and interdependence between advocacy for people with disabilities' rights and practical efforts in supporting them obtain access to quality, inclusive services. To achieve this, in consultation with its national and regional Organisation of Person with Disabilities (OPD) partners, the project focuses on five different sub-Saharan African countries, namely Benin, Madagascar, Mozambique, Ethiopia and Rwanda, each with its own challenges and particularities, to define access to service interventions in health, education, and livelihoods – with the balance between each sector the reflection of the specific priorities identified in each country. The experiences gained will hence form the basis for rigorous learning development and exchange between the countries, both to reinforce country-level practices, as well as to provide practical evidence to advocate for change at the Africa regional level.
This latter aligns with the second pillar of the project: to demonstrate the value and practicalities of establishing clear lines of interaction between advocacy, project experience in seeking inclusive access to services, and generating an environment that is conducive to affecting such change. This will therefore animate and reinforce a 'virtuous circle' between: states' existing obligations and commitments to people with disabilities' rights (notably but not limited to UNCRPD); the experience gained by the project in efforts to meet those commitments at the local and national levels; and using advocacy in regional-level fora to move the five focus countries forwards in meeting their disability inclusion commitments. The OPD partners will play a central, critical role in carrying forward these combined efforts as well as using the project experience to make decisive progress in strengthening their capacities in advocacy and in accompanying the strengthening of inclusive service provision in their countries.
The HELASIA project is directly implemented by country teams and national partners in each location, and in addition, counts on a regional coordination unit based in Rwanda and two regional partners, the Africa Disability Forum (ADF) and the Pan African Network of People with Psychosocial Disabilities (PANPPD).

2. EVALUATION CONTEXT

2.1 Presentation of the project to be evaluated

Project title	HELASIA - Health, Education and Livelihoods in Africa: a Sustainable Inclusion Approach
Implementation dates	44 months (October 2019 – June 2023)
Location/Areas of intervention	**Benin:** Cotonou and Parakou communes **Ethiopia:** Addis Ababa, Hawassa Region and Gambella Region

	Rwanda: Rutsiro and Nyamasheke Districts **Madagascar:** Provinces of Analamanga, Atsinanana and Diana **Mozambique:** Provinces of Maputo (Matola city) and Gaza. **Africa region:** for regional and international advocacy.
Operating Partners	**Regional Partners**: • African Disability Forum (ADF); • Pan-African Network for People with Psychosocial Disabilities (PANPPD) **In Rwanda**: National Union of Disabilities Organizations of Rwanda (NUDOR). **In Ethiopia**: Federation of Ethiopian Associations of Persons with Disabilities (FEAPD). **In Madagasacar**: • Plateforme des Fédérations des Personnes Handicapées de Madagascar (PFPH) • Coalition Nationale Malagasy pour l'Education Pour Tous (CONAMEPT) • Association des Femmes Handicapées de Madagascar (AFHAM) • Collectif des Organisations de Personnes Handicapées (COPH) • Union Nationale des Associations des Personnes Handicapées Mentales de Madagascar (UNAPHAMM) • Autisme Madagasar (AUM). **In Mozambique**: • Fórum das Associações Moçambicanas dos Deficientes (FAMOD) • Associação dos deficientes de Moçambique (ADEMO) • Associação Moçambicana das Mulheres portadoras de Deficiência (AMMD). **In Benin**: Fédération des Associations de Personnes Handicapées au Bénin (FAPHB)
Target Groups	The programme focuses on having an impact on people (including children) with disabilities' quality of life, combining both improved respect for their human rights and effective access to inclusive and quality services. In order to reach that change, persons with disabilities through their representative organisations, are empowered and to fully and meaningfully engage with public stakeholders at all levels -local, national and African region- and guarantee the ownership and the sustainability of the project.
Objectives of the project	HELASIA is a multi-country project, implemented in five countries (**Benin, Ethiopia, Madagascar, Mozambique and Rwanda**) that aims to "improve the situation of people with disabilities in Africa through their effective participation in the development and implementation of policies and programmes at local, national and regional levels". As project impact, persons with disabilities in Rwanda, Benin, Madagascar, Mozambique and Ethiopia will have improved their rights and quality of life.
Expected results and indicators	**Project Impact:** Persons with disabilities in Rwanda, Benin, Madagascar, Mozambique and Ethiopia have improved their rights and quality of life. **Project Outcome**: Persons with disabilities in Rwanda, Benin, Madagascar, Mozambique and Ethiopia have an increased level of

	inclusiveness of services. **OUTPUT 1**: Country and regional disability movements in five African countries are strengthened for long-term engagement in advocacy. **OUTPUT 2**: National multi-stakeholder consultation mechanisms between OPDs, CSOs and governments are established and/or reinforced. **OUTPUT 3**: A multi-stakeholders 'inclusive local development' approach in Rwanda, Benin and Ethiopia promotes an enhanced quality service delivery for persons with disabilities. **OUTPUT 4**: A multi-stakeholder 'inclusive local development' approach in Madagascar and Mozambique promotes enhanced quality inclusive education services and MHPSS piloting. **OUTPUT 5**: National & regional advocacy strategies are drafted and implemented to promote disability at their respective level. Indicators for each level are outlined in the project result framework (Annex1)
Main activities implemented	Output 1: • Capacity development OPDs • IDA-IDDC BRIDE CRPD-SDG training • Rights and policy monitoring • Advocacy plans • Micro-advocacy projects with OPDs Output 2: • Assessment of the inclusiveness of policies • Multi-stakeholder consultation • Disability data collection and/or research • Youth advocates (Benin & Rwanda) Output 3 and 4: • Barrier Assessment related to obstacles encountered by persons with disabilities (if not done previously) • Service mapping and assessment of level of inclusiveness of services • Capacity building of services related to inclusion • Awareness raising, community mobilisation Output 5: • National governments as mobilisers • African Union Advocacy and awareness raising • Additional Protocol on Disability • Lessons learning – a web documentary

The HELASIA project focuses on identifying the key challenges faced by people with disabilities in the five countries of implementation (Benin, Ethiopia, Madagascar, Mozambique and Rwanda) and how a programme of experience-exchange (based on practical actions with people with disabilities in improving their exercise of rights and living conditions) could feed into country-level and, eventually, Africa regional advocacy for change. These provided the basis for the development of a comprehensive theory of change which sets down challenging but realistic ambitions for the programme.

2.2 <u>Justification of the evaluation</u>

The project is implemented since October 2019 in three target countries, namely, Benin, Ethiopia and Rwanda. The expansion of the project in Madagascar and Mozambique resulted from a grant top-up requested on June 2020 and approved in December 2020. The

final evaluation is an integral part of the project agreement existing between HI and Norad. This evaluation will be led by external consultants contracted by HI. Processes of learning are currently (September 2022) ongoing as well as a good practices workshop will be planned in November 2022, both can be used as resources for the consultants.

The final evaluation takes place after 39 months of project implementation in Benin, Ethiopia and Rwanda and after about 25 months of project implementation in Madagascar and Mozambique. The Covid-19 pandemic ran parallel with the project launch in Benin, Ethiopia and Rwanda, it had a different impact on the project implementation.

The final evaluation is a key element of the Planning, Monitoring and Evaluation (PME) Policy for projects at HI. Accountability, learning and quality are not only the pillars on which the PME policy is based, but represent the key elements around which the final evaluation will revolve.

Quality: the evaluation will look into the quality of processes (Implementation, support, steering systems and measurement); the project technical quality (project's products and/or services) and the quality of the response to identified needs, which examines the way in which HI helps to introduce positive changes for the benefit of target populations.

Learning: the evaluation represents a key opportunity to learn from project implementation and results. The project is looking to have recommendations based on the findings, aiming to support possible adjustments of the project's approaches. The identification of good practices and lessons learned will also lead to necessary modifications to ensure the achievement of its objectives within the lifetime.

Accountability: account to project stakeholders in a transparent manner is one of the evaluation objectives. The final evaluation findings will be used to report on project changes both internally and externally. The evaluation is intended to provide guidance and learning to Norad, HI and its project partners on the project's overall performance, quality and effectiveness.

3. 3. DESCRIPTION OF THE REQUIRED SERVICE PROVISION

3.1 Overall objectives and expectations of the evaluation

The objectives of this final evaluation are to evaluate the performance, the quality of the activities carried out, the results and the sustainability.
The intended primary users of the evaluation conclusions and of the recommendations that will be made, are the project teams – consisting of HI, partner staff and partner board members.
Evaluation findings will be also shared within HI and partners' organizations, assisting them in decision-making, by capitalizing the experience and building upon it. Project stakeholders (OPDs, project advisory board and project beneficiaries), will be also informed about the final evaluation findings and the way forward, in a way that will be accessible and easy to understand to them. Finally, the evaluation report will be duly submitted to the project funding agency, Norad, as part of contractual obligation and accountability.

3.2 Specific objectives

More specifically, across the 5 countries of implementations, as well as at regional level, the evaluation will:

1. Assess whether the project promotes and achieves meaningful participation of persons with disabilities, being its governance transparent, accountable and with a programming that is adapted to partners' capacity and own needs;
2. Evaluate if the project has the appropriate management and organizational capacities;
3. Verify whether the project makes optimal use of its resources (human, financial, logistics, technical…);
4. Evaluate the extent to which the project helps strengthen internal and external capacities of HI and partners in a sustainable manner; and
5. Assess the extent to which the project achieves positive effects that will be ongoing once the intervention is over and verify whether the post-project phase is anticipated and planned from the outset.

The above-mentioned specific objectives are linked to the evaluation criteria and questions detailed in the chapter below.

Specifically, the expected outcomes are:

- A participatory, impartial, and inclusive external final evaluation is conducted on the engagements defined below, providing a comprehensive understanding of project processes and governance while measuring the results of the project in accordance with its objectives.
- Best practices of the project are identified and evidence-based recommendations are formulated. This should contribute to HI knowledge management of the project's approaches and interventions;
- Strengths and weaknesses of the HELASIA project in the countries of intervention are evaluated and contextual factors underlying differences across the 5 countries are identified;
- Cross-cutting topics such as gender and intersectionality, innovation and inclusion are taken into account at both strategic and operational levels;
- The impact of Covid-19 pandemic in the intervention and the adaptations made by the project is examined.
- While acknowledging that the field phase might not target all the 5 project countries to the same extent, consistency and harmony in terms of approaches and quality of the findings are expected across project locations.

3.3 <u>Evaluation criteria and evaluative questions</u>

The consultant(s) will articulate the analysis around a set of evaluation questions and indicators as presented in the evaluation grid below, in line with HI's project quality framework. These questions might be reviewed during the evaluation inception phase, in light with the preparatory works that will have been finalised before the field phase takes place. Any substantial change needs to be agreed with HI and partners and reflected in the Inception Report. The below criteria should be looked into, for all 5 implementation countries.

For a participative selection of commitments to be assessed in the final evaluation, an internal survey with country teams and Head Quarters colleagues was performed at the end of August 2022. Hereunder, is a detailed description of categories, criteria, and the 5 HI commitments that will guide the evaluation, based on the next evaluative questions:

BENEFICIARIES category, CHANGES criterion

Commitment selected (1):

- <u>Effect</u>: To what extent do the final beneficiaries of the project, made up of people with disabilities with various functional limitations, of different ages and different genders, testify to positive and lasting changes in their quality of life attributable to the project activities?

What are the main changes, in terms of inclusion, reported by the final beneficiaries, that could be attributable to the project executed activities?

BENEFICIARIES category, CAPACITIES criterion

Commitment selected (2):

- Autonomy: To what extent have the implementing partners developed or installed sustainable capacities through the HELASIA project that can enable them to continue the activities driven by the project after its closure?

To what extent has the project improved the capacities of its targeted OPDs and implementing partners to lead a project autonomously and to fulfil their mandate as an organization representing persons with disabilities, women and young people?

MANAGEMENT category, EFFICIENCY criterion

Commitment selected (3):

- Strategy: To what extent have the modes of intervention chosen by the project and the implementation of its activities made it possible to achieve the objectives set in its results framework by maximizing the use of available resources?

What are the variances observed between results finally achieved and the objectives originally targeted?

Commitment selected (4):

- Consistency: To what extent do the intervention logics selected has been adapted to the context of each of the five countries?

What are the main differences in the 5 country intervention logics aiming to achieve the same objectives, and which of those interventions resulted to be more result driven?

STAKEHOLDERS category, COOPERATION criterion

Commitment selected (5):

- Involvement: To what extent are partners' inputs communicated, analysed and integrated into the project's strategic decisions in order to improve its implementation and its results?

Are top-down and bottom-up processes implemented to ensure the participation of all stakeholders in decision-making, promote sharing of knowledge to promote sustainability of missions and structures?

4. 4. EVALUATION METHODOLOGY AND MISSION ORGANISATION

4.1 Collection methodology

The exact methodology should be proposed by the consultant(s) in the applications.
Considering the Covid-19 situation in the countries, its related restrictions and the precautionary principle not to accelerate the spreading of the virus.
The evaluation should consider the opinions of the different targeted actors, across the 5 project countries as well as the regional level and compare their views and perceptions on the project's processes and results. The methodology is required to have accessible, inclusive and user-friendly approaches and a strong participatory focus where people with and without disabilities are consulted. The consultant will adopt a mixed approach where she or he will apply qualitative and quantitative methods. Data collection approaches and tools,

as well as the dissemination of evaluation findings, should be inclusive and accessible and align with the evaluation's specific objectives. The technical feedback on the tools and the inception and final report will be delivered by the CoPil. The CoPil is a small group of people that will provide feedback during the process of the evaluation, it consists out of technical referent, MEAL referent, project coordination referent and main regional partner referent.

A wide range of project documents and existing studies will be made available to the evaluator(s) for desk review. This includes project key documents and reports, baseline reports, products of the MEAL activities (including After Actions Reviews and field visits reports) and HELASIA accountability framework amongst others.

4.2 <u>Evaluation and project stakeholders</u>

The HELASIA project works directly at policy level, with national and regional federations, targeting OPDs, CSOs and services, rather than providing direct service provision to the population.

Among the project stakeholders there is a multitude of levels of organisations of people with disabilities, that are interlinked but also all have different ways of functioning.

At the regional level, the African Disability Forum (ADF) takes the lead in the advocacy component and is linked to the national federations of OPDs in the five project countries: Benin, Ethiopia, Madagascar, Mozambique, Rwanda. It could be interesting, depending on the strategic vision for the evaluation, to also include virtually The Gambia and Botswana. Another regional partner is involved, the Pan-African Network for People with Psychosocial disabilities (PANPPD), which is also a member of ADF, but is still quite new as a network.

Each of the national federations of OPDs (national partners in the different countries) also has a different way of working with their membership: through national OPDs per region or per type of disability constituency (with regional offices or not).

Given the nature of HELASIA project, it would be essential to accurately capture the views, opinions and appreciations of the project partners. A selection should be made out of the total of 12 implementing partners. Selection criteria will be defined by the evaluator(s), in consultation with the CoPil members, during the inception phase of the assignment.

The CoPil will be present in the key moments of the exercise (kick-off, presentation of evaluation methodology, presentation of findings) and is in charge to validate each step of the evaluation process, i.e., the ToRs, the evaluators' selection, the methodology and all the evaluation deliverables.

It is composed of core members at the regional level (representatives from HELASIA regional coordination and the regional partner ADF). The CoPil core members will oversee the evaluation general framework, develop necessary documents (as the case of the ToR), select the consultants and validate the evaluation deliverables. Depending on the necessity and capacity to involve internal country advisors, some virtual presentations will be organized to provide necessary inputs before the validation is done, or to collectively validate the methodology and the final draft presentation. A focal point for the evaluators will be identified, as well as a focal point for the core members; they will be the main entry door for contacts between consultants and the CoPil.

4.3 <u>Organization of the mission</u>

The assignment will consist in:

1. Desk phase, during which the consultant will:
   - Review existing project documents and all other relevant documents;
   - Initial Teams discussions will take place with the Regional Coordination, HQ and country teams (, Operational and/or Technical Coordinator and Project Managers, regional partner staff).
   - Adjust the evaluation grid if needed;

- Develop the inception report (including evaluation protocol based on the evaluation grid presented above, identification/selection of the countries for the field phase, number of interviews and meetings; data collection tools and sampling methodology; questionnaires, focus group guide and semi-structured interviews guide and any other participatory methodology, work plan including the list of stakeholders to meet during the field phase);
- Prepare the surveyors' training and materials if applicable;
- Coordinate the translation of the tools from English to French and Portuguese.

2. Field phase (steps/methodology to be detailed by the consultant and approved by HI staff)

This includes the collection of primary data through direct consultations with key stakeholders and beneficiaries at the field level. In light of the remaining Covid-19 pandemic and visa restrictions in some of the project countries, the consultant team will preferably take this into consideration for the primary data collection phase.

3. A reporting phase during which the consultant will:
- Organise a debriefing workshop with the HELASIA Regional team (HI and partners), remotely at the end of the field phase to present the findings, with the aim of exchanging and sharing feedback;
- Submit the preliminary report to get comments and feedback from HI team and partners (regional coordination and partners, country teams and partners, and HQ) within 10 calendar days after the field visit;
- Submission of a final survey report to HI of 30-pages maximum including Annexes.

5. PRINCIPLES AND VALUES

5.1 Safeguarding and Anti-Corruption Policies

Code of Conduct	Protection of beneficiaries from sexual exploitation, abuse and harassment	Child Protection Policy	Anti-fraud and anti-corruption policy

- Code of conduct: https://hi.org/sn_uploads/document/ID_CodeOfConduct.pdf
- PSEAH policy: https://hi.org/sn_uploads/document/PI03_HI_Protection-Beneficiaries_EN.pdf
- Child protection policy: https://hi.org/sn_uploads/document/PI02_HI-Child-Protection_EN_1.pdf
- Anti-fraud and anti-corruption: https://hi.org/sn_uploads/document/PI04_IP_antiFraud-bribery-corruption-policy_1.pdf

5.2 Ethical measures and participation*

As part of each evaluation, the project is committed to upholding certain ethical measures. It is imperative that these measures are taken into account in the technical offer:
- Guarantee the safety of participants, partners and teams: the technical offer must specify the risk mitigation measures.
- Ensuring a person/community-centred and participatory approach: the technical offer must propose methods adapted to the rights and needs of the target population (e.g.

tools adapted for illiterate audiences/ sign language / child-friendly and accessible materials, etc.). Persons with different disability types need to be targeted and included in the evaluation process.

- Obtain the free and informed consent of the participants: the technical proposal must explain how the evaluator will obtain the free and informed consent and/or assent of the participants.
- Ensure the security of personal and sensitive data throughout the activity: the technical offer must propose measures for the protection of personal data.

*These measures may be adapted during the completion of the inception report.

5.3 **Participation of stakeholders and beneficiaries**

The HELASIA project works directly at policy level, with national and regional federations, targeting OPDs, CSOs and services, rather than providing direct service provision to the population.

Among the project stakeholders there is a multitude of levels of organisations of people with disabilities, that are interlinked but also all have different ways of functioning.

At the regional level, the African Disability Forum (ADF) takes the lead in the advocacy component and is linked to the national federations of OPDs in the five project countries: Benin, Ethiopia, Madagascar, Mozambique and Rwanda. And there is an additional regional partner, the Pan-African Network for People with Psychosocial disabilities (PANPPD) that is a member of ADF, but are still quite new as a network.

Each of the national federations of OPDs (HIs national partners in the different countries) also have a different way of working with their membership: through national OPDs per region or per type of impairment (with regional offices or not).

5.4 **Others**

Safety is very important, although the 5 project countries are quite stable politically and are not very dangerous areas, decisions for field phase will incorporate the safety aspect. This mostly focusing on safety in the field of health and administratively, avoiding situations of risks where the evaluator could be blocked in a country.

There are no sensitive topics in the project, but the evaluator(s) are requested to respect HI ethical measures as mentioned above.

6. DELIVERABLES AND CALENDAR

6.1 **Deliverable**

➢ Contents (schedule), language, format, and quantity

- An inception report refining / specifying the proposed methodology for answering the evaluation questions, selection of the field destination(s) and an action plan. The report will include all proposed tools (protocol: sample size, data processing and rating systems, detailed schedule of FGDs, KII, etc), to be introduced at the end of the desk phase. The inception report and tools will have to be validated prior to launching the field phase by the Copil.
- A presentation document presenting the first results, conclusions and recommendations, to be presented to the Copil and country focal points. The document will include:
    I. A detailed explanation of the methodology and tools used and timeframe;
    II. A preliminary analysis of findings/results of the evaluation;
    III. Proposed recommendations addressing the findings for each of the project's components;
    IV. Mains lessons learnt and best practices capitalized during the evaluation.

- A final report of approximately 30 pages structured with the following sections:
  I. Executive summary;
  II. Introduction to the context;
  III. Evaluation methodology, including selection and sampling methods, and mention any constraints and challenges encountered, and strategies used to overcome them;
  IV. Detailed key findings and conclusions presented per criteria and including case studies and lessons learned;
  V. Recommendations.
  Annexes – all data collection tools; success stories and best practices; Database (if any);
  List of persons met during the evaluation process and salient points of the meetings.
- Easy-to-read and/or accessible formats of the report will be required.

➢ Reporting dates:
  30th April 2023 (first draft of the final evaluation report)
  12th of May 2023 (the final version of the final evaluation report)

All reports will be delivered in English and the report will be submitted in soft copy.
Within the report, confidentiality will be respected when representing personal information.
NB: For reasons of confidentiality, the evaluation report remains the intellectual property of HI.

The final report should be integrated into the following template:	The quality of the final report will be reviewed by the CoPil of the evaluation using this checklist:
TS8_Template_Final_ Report.docx	TS7_Final_Report_Q uality_Checklist.docx

6.2 **Final evaluation questionnaire**

An end-of-evaluation questionnaire will be given to the evaluator and must be completed by him/her, a member of the CoPil and the person in charge of the evaluation.

6.3 **Evaluation calendar**

➢ Start date
At earliest 2nd of January 2023

➢ Mission end date
At latest 12th of May 2023

➢ Proposal submission date
11th of November – 23.59h CET

➢ Estimated Consultancy timetable and number of days to be spent by the Consultant
The evaluation consultancy is expected to last approximately 80 working days (without counting approximately 20 days of in-between time for Copil validation of the Inception report, and revision/validation of the final report for finalisation by the consultancy). The field phase in the selected countries should take place between February and March 2023. The deadline for the submission of the final evaluation report for Copil comments is 30th April

2023. The final report, including Copil validation should be submitted by the 12th of May 2023. The evaluation visits will be planned in accordance with the project team (HI and partners) and dependent on activities planned for the proposed timeframe. A final debriefing session will take place with the CoPil at what time the end-of-evaluation questionnaire will also be completed. And findings of the evaluation will be shared with partners during the closure workshop of the project and the remaining project period to share information to project beneficiaries.

It is to note that the project expects to contract the consultant by mid of December 2022.

➢ Service location(s)
It is expected that the field phase will take place, at least, in all 5 countries of implementation, some interviews can be done remotely with for example partners or target OPDs in other countries.

➢ Work schedule
- 11th of November: submission of applications
- 30th of November latest: selection of consultants
- 15th December 2022: contracting of selected consultants
- 2nd of January 2023: earliest possible start of the desk review.

7. RESSOURCES

7.1 Consultant's profile

The evaluation can be carried out by a team of experts/support staff and will be put under the responsibility of one team leader chosen among the team of experts. This person will ensure all communication with the HELASIA final evaluation CoPil and will be the sole responsibility for managing the organization of the evaluation.
The team of experts should combine the following skills, experience and knowledge:

➢ Training, experience and references required for each expert

- Proven experience in external and final project evaluations, including experience in evaluation of regional/ multi-country programmes/projects delivering a complex intervention (required);
- Background in disability inclusion and the rights-based approach, preferably with a working knowledge of Inclusive Governance and support to OPDs (required);
- Proven experience in a wide range of data collection and data analysis tools/methods (required);
- Experience in conducting participatory (qualitative and quantitative) evaluation techniques, including universally accessible techniques (required);
- Experience working with International Non-Governmental Organizations (required);
- Cross-cultural & field-based experience in developing contexts (preferred);
- Experience working in countries of intervention (Benin, Ethiopia, Madagascar, Mozambique and Rwanda) - (preferred).

Working languages
- Written and spoken English and French (required);
- Knowledge of Portuguese (preferred);

7.2 Budget

The candidate must detail their offer in Euros:
- The daily cost of each contributor or associate;
- The breakdown of intervention times by worker and by work stage;
- Ancillary costs (services and additional documents);
- The overall cost of the intervention including transport costs (international and local), logistics costs, translation costs, etc., and the proposed terms of payment.

The proposed payment modality is as follows:
- 25% upon signature of the service contract
- 25% after the validation of the inception report
- 50% after the receiving of all deliverables and validation of the final report.

If other payment modality is requested, this must be justified in the offer.

Note: No per diem will be paid to the consultant(s). The consultant will be responsible for its own security in all countries, HI will not cover any insurance fee during the consultancy period.

7.3 Resources

Within the framework of the service provision, the Consultant will be asked to collaborate with Handicap International's teams and in particular with Mr Clément Delors who will be the focal point from HI side.

Relevant project data and documents will be made available to the evaluation team at desk review stage. For the field phase, HI can provide invitation letters for visa applications and facilitate transportation by land, where needed.

8. ADMINISTRATIVE AND TECHNICAL APPENDICES

Contractor (Last name Forename Position Date and Signature)	Consultant (Last name Forename Date and Signature)

Proposals from interested consultant(s) should include:

1. Letter of expression of interests, including how the skills and competencies described in the Terms of Reference are met (compulsory);
2. Curriculum vitae (compulsory) detailing the consultant's experience and qualifications on impact evaluations and in the disability field; reference of previous assignments done or sample of work accomplished (if it is a team of consultants, all CVs should be included);
3. Technical proposal (compulsory) including the evaluation design and methodology, data collection and analysis, activities proposed to accomplish the objectives of the assignment. It should include a proposed timeline considering contextual limitations (see details below);

4. Financial proposal in Euro (compulsory). All costs related to the consultancy without exceptions (including VAT, if applicable) should be figured in the financial plan of the consultant, the cost per day for each evaluator differentiating i) field days; ii) desk days; and iii) report development and the breakdown of the time spent per evaluator and per stage of work (phase 1,2,3), the overall cost of the intervention including accommodation and local transport costs (e.g. internal flights) for the field phase,(transportation by land will be provided by HI), the ancillary costs (services and additional documents), any interpretation or translation cost (including sign language), data entry, logistics, stationary, accessibility costs of final deliverables, etc.; The interested candidate (or team) must include a budget in the offer that details:

If other payment modality is requested, this must be justified in the offer.

> Note: No per diem will be paid to the consultant(s). The consultant will be responsible for its own security in all countries, HI will not cover any insurance fee during the consultancy period.

5. 3 references of which 2 should be from a previous similar experience;

Evaluation of the applications will be made through a selection committee in 2 phases:

- Administrative selection: checking for completeness of application (all compulsory items listed above). Incomplete applications will not be taken into consideration for technical selection.
- Technical selection: criteria to select the best application will be based on the quality of the technical proposal, competitive financial proposal, human resources skills and previous experiences, and demonstrated expertise of the applicant.

The deadline for submission of applications is 11th November, 2022.
Proposals should be submitted to the following email: dao@rwanda.hi.org , including the email subject: "HELASIA Final Evaluation Consultancy".
Only candidates who pass the administrative selection will be taken into consideration for the technical assessment and they will be afterward notified of the final decision. Selected applicants may be invited for a (phone/skype) interview. Interviews will be aimed to be conducted on 24-25th of November, 2022.
HI reserves the right to contact the applicants for further information before the final selection of the selection committee.

9. APPENDICES

- HI's Quality Framework, on which all evaluators must base their evaluation.
  https://hi.org/sn_uploads/document/QualityFramework_EN.pdf
- The Disability - Gender - Age Policy, must guide the approach and the construction of evaluation tools in the technical offer.
  https://hi.org/sn_uploads/document/IP_DisabilityGenreAge_1.pdf
- HELASIA Results Framework
  https://drive.google.com/file/d/1xM3e7knJqtIIxNHfL0ZvWkIDxWqxtE2o/view?usp=sharing
- HELASIA Theory of Change
  https://drive.google.com/file/d/11wYrTIZgB4FDlLiyC0OWYOf76jeVi5Uz/view?usp=sharing