

**TERMS OF REFERENCE**

**END OF PROJECT - INDEPENDENT EVALUATION**

**Project Title:** Resilient life-saving and life sustaining humanitarian assistance through improved inclusive and quality access to health and protection services to the most vulnerable groups in North West and Northeast Syria

**Implemented in:** North Syria: Ar-Raqqa, Hassakeh, Deir-Ez-zor, Aleppo and Idleb Governorates

**Donor: SDC**

**Project Implementation dates:** Aug 1st 2024 to March 31st 2026

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# General information

## 1.1 About Handicap International (HI)

***Our vision*:** Outraged at 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.

***Our mission:*** HI is an independent and impartial aid organization working in situations of poverty and exclusion, conflict and disaster. We work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions, and promote respect for their dignity and fundamental rights.

On its 35th anniversary, the Handicap International network changed its name to Humanity & Inclusion.

***Our Values:*** Humanity; Inclusion; Commitment; Integrity.

## 1.2 About Handicap International (HI) in the country/region

HI is a recognized international organization working in over 50 countries around the world to improve the living conditions of vulnerable people. HI has been operational in Syria since 2012 carrying out Health, Humanitarian Mine Action (HMA), Inclusion and Livelihoods programming in 8 of 14 Governorates with the support of different donors. HI has developed an excellent knowledge of the context and benefits from a strong local network facilitating the identification of vulnerable populations.

HI is part of the current mine action coordination participating in protection coordination meetings and clearance coordination meetings and has been a key-actor in the field of Risk Education in the region. For the clearance component, HI is already well-recognized and in links with all existing Humanitarian Mine Action (HMA) actors and authorities.

# Evaluation Context

## 2.1 Brief Presentation of Project

|  |  |
| --- | --- |
| Project title | Resilient life-saving and life sustaining humanitarian assistance through improved inclusive and quality access to health and protection services to the most vulnerable groups in North West and Northeast Syria |
| Implementation dates | Aug 1st 2024 to March 31st 2026 |
| Location/Intervention zones | North Syria: Ar-Raqqa, Deir-Ez-Zor, Aleppo and Idleb Governorates |
| Operational partners | Project is implemented using two modalities: Direct implementation, and through implementing partners managed by the HI team on the field. List of partners will be furnished at later stage. |
| Target groups | HI target all people in Need including most vulnerable groups such as (PWDs, IDPs) |

## 2.2 Purpose for the Evaluation

As per HI's updated project quality policy, an end-of-project evaluation is required in line with the quality reference framework composed of 7 criteria. This evaluation aims to assess the quality of design, inception, and implementation of the project, including the achievement of its objectives through related activities. The evaluation will also provide insight into the impact of interventions showing to what extent the project Increased resilience of vulnerable people living in target conflict affected communities of North Syria thanks to improved access to inclusive life-saving and life-sustaining humanitarian assistance and improved protective environment. Additionally, **this exercise will generate a set of best practices, lessons learned**, and **recommendations** for future interventions to ensure continuous improvement of HI programming as per the HI Project Quality Framework. The quality policy for projects has three components: the quality of the response to the identified needs, the quality of the processes of project management, and the technical quality of the approaches implemented.

The evaluation will be used as part of the organizational learning process aiming to identify best practices and points of improvement of interventions, increase program effectiveness, and to indicate directions of development and modification of future interventions. HI will follow the findings and recommendations of this evaluation with a management response approach that will result in an action plan with concrete actions to be implemented in a defined, timely period, in case of continuation of the program. Best practices and lessons generated by the evaluation are expected to be used by HI and SDC to inform future actions and optimize the programs to better address the needs of the intended populations.

# Program overview

Based on the context, the need’s analysis in the targeted locations and the previous phases, HI proposes a 24-month intervention in Northern Syria with the aim to contribute to a positive change in the lives of the conflict affected people in the highest needs, with an emphasis on explosive ordnance victims, persons with injuries and persons with disabilities, by providing and supporting access to life-saving and life-sustaining humanitarian assistance and by strengthening the protective environment. The proposed intervention also aims to contribute to the resilience of the target conflict-affected communities by strengthening the system of local service provision

Specifically, HI proposes:

* A multi-sectoral intervention (Health and Protection) in the Idlib and Aleppo Governorates (Northwest Syria):
  + addressing physical and functional rehabilitation needs and psychosocial support needs of persons with injuries and persons with disabilities, inclusion needs (and rights) of persons with disabilities and other most vulnerable groups facing barriers to access humanitarian assistance, psychosocial support needs and protection needs of conflict affected communities who face risks from EOD contamination,
  + by providing rehabilitation services and MHPSS services, by supporting inclusion in humanitarian assistance and livelihood services and by providing EO Risk Education.
  + At the same time, by supporting system strengthening and localization of aid in the provision of services.
* An intervention focused on provision of Humanitarian Mine Action (Protection) in Raqqa and Deir Ez Zor (Northeast Syria):
  + Addressing protection needs of conflict affected communities, in particular displacement affected ones, who face risks from EOD contamination,
  + by providing EO Risk Education and clearance
  + at the same time, by supporting system strengthening and localization of aid through coordination and capacity building to NES Mine Action Center (NESMAC)
  + and contributing to fostering sustainable development within the Alternative Solutions to Displacement framework, by reinforcing coordination with other sectors through the Area-Based Coordination Mechanism (ABCM).

# Evaluation objectives

## 4.1 Overall Objective of the evaluation

***Assess the project, based on HI Quality Framework which includes but not limited to*** the quality of the response to the identified needs, the quality of the processes of project management, and the technical quality of the approaches implemented, through the following framework criteria.

## 4.2 Evaluation Criteria (HI Quality Framework)

HI subscribes to the Quality Framework define in HI’s Planning, Monitoring and Evaluation Policy, which is based on Development Assistance Committee (Base-HI QUALITY FRAMEWORK) criteria for evaluation:

* 1. Changes
  2. Relevance
  3. Effectiveness
  4. Efficiency
  5. Compliance
  6. Accountability and populations
  7. Partnership

HI also promotes systematic analysis of monitoring system and cross cutting issues (gender, inclusion, environment, protection etc.).

All HI external/independent evaluations are expected to use HI Quality Framework throughout the whole evaluation process. In particular, the evaluation must complete the following table and include it as part of the final report.

The evaluator will be expected to use the following table to rank the performance of the overall intervention using the HI QUALITY FRAMEWORK criteria. The table should be included either in the executive summary and/or the main body of the report.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Rating | | | Rationale |
| 1: Criteria not Fulfilled 2: Partially Fulfilled 3: Fulfilled. | | |
| 1 | 2 | 3 |
| Changes |  |  |  |  |
| Relevance |  |  |  |  |
| Effectiveness |  |  |  |  |
| Accountability and populations |  |  |  |  |

## 4.3 Key Evaluation Questions

**The following set of questions shall be answered by this evaluation exercise.**

1. **CHANGES:**

* **Physical and functional rehabilitation:** To what extent have the project contributed to positive and measurable changes for beneficiaries of physical and functional rehabilitation and to the reduction of vulnerabilities of their households?
* To what extent has the provision of physical and functional rehabilitation services including physiotherapy, prosthetics, orthotics and assistive devices (e.g., wheelchairs, crutches) improved the mobility and daily functionality of people with disabilities?
* How significantly have PSS activities reduced the levels of psychological distress, anxiety, and depression among people with disabilities and their caregivers?
* How have the improved mobility and daily functionality of people with disabilities reduced the caregiver burden and improved the economic and participation of people with disabilities?
* What additional support would people with disabilities and their caregivers/household need to enhance the impact of physical rehabilitation outcomes on their vulnerability and empowerment?
* **ICM**: Which specific changes do beneficiaries and service providers attribute to ICM support (e.g., smoother referrals, increased confidence, reduced stigma, improved navigation of services)?
* **EORE:** To what extent has EORE contributed to positive and measurable changes in people’s knowledge, attitude and behavior related to EO risks, leading to safer practices and reduced exposure to harm?
  + Are people behaving safely after EORE?
  + Are farmers reporting suspicious items instead of handling them?
  + Have communities experienced measurable reduction in risk from EO?
  + To what extent do people now recognize common EO types, warning signs, and safe behavior?
* **Overall**: % of beneficiaries reporting an improved perception of safety and dignity following the intervention

1. **Relevance**

* **VA**: To what extent do the current needs and priorities of EO survivors and persons with disabilities justify continuing physical and functional rehabilitation, including P&O, and demonstrate the relevance of expanding VA toward economic inclusion support?
  + Has the project managed to address most needs of physical and functional rehabilitation services, including P&O, of the EO survivors living in the target areas? Do EO survivors still need P&O and rehabilitation services to restore functionality, mobility, or independence?
  + What socio-economic barriers (e.g., unemployment, loss of income, cost of assistive devices, limited vocational opportunities) continue to affect EO survivors and persons with disabilities, limiting their economic participation, despite having improved their mobility and functionality thanks to physical and functional rehabilitation?
* **NTS:** To what extent does the NTS accurately identify and reflect the actual contamination context and related constraints on community safety, land use, access to services and livelihoods?
  + To what extent does NTS capture the community most urgent safety and access concerns?
  + What key activities (farming, grazing, water access, market access, resettlements) are restricted due to the suspected or confirmed hazardous areas?

1. **Effectiveness**

* **Rehab:** To what extent does the implementation of RMS have improved the quality of care and service delivery in Aqrabat Hospital?
  + How has the RMS improved the efficiency of inventory or supply chain management for assistive devices as well as the P&O materials & consumables?
  + How effectively have the rehabilitation activities supported the delivery of the project’s planned outputs?
  + Has the RMS improved the speed and quality of organizational management process including facilitating more timely management decisions and resource allocation in an event of emergency?
* **EORE:** To what extent our EORE modalities effectively reached the targeted at-risk groups?
  + Which EORE modalities (community sessions in public places, door-to-door activities, school-based, CFPs – community focal points, media etc.) were most effective for different demographics?
  + Are high risk groups being reached (farmers, herders, scrap-metal collectors, children, women, persons with disabilities)?
* **Advocacy:** % key stakeholders recognize the importance of humanitarian mine action after advocacy activities

1. **Partnership:**

* **rehab:** To what extent is ISSH & Aqrabat Hospital involved in reasoned and transparent decision-making processes regarding the direction, implementation, achievement of objectives and success of the project.

The End line evaluation will adhere to “Do No Harm” principle. The consulting firm will be expected to explicitly propose strategies to ensure that carrying out the evaluation does not contribute to unrealistic expectations about the availability of support or programme activities targeting both the individuals and the communities participating in the evaluation. They need to take proper steps to avoid and mitigate consequences of any heated discussions or tensions that may be raised during the data collection process, especially if focus group discussions or other data collection activities engaging multiple people will be planned; and other context-specific risks that individuals and communities participating in the evaluation may face.

The evaluation will be informed by a guiding set of criteria as follows:

* **Independence:** The evaluation will be undertaken by an independent team ensuring both reliability and credibility.
* **Usefulness:** The evaluation will be an effective means for learning about the programme, by assessing its quality, identifying areas for improvements, and increasing effectiveness for future programmes through the utilization of the available resources.
* **Representativeness:** The evaluation will ensure that the results adequately capture experiences of groups that may have had different experiences with the programme, or for whom the effects of the programme may have differed.
* **Gender and Age Sensitivity: The programme** recognises that women, men, boys, and girls are differently affected during any crisis. Thus, during this evaluation, gender-age considerations should be considered.
* **Conflict Sensitivity:** The evaluation is based on a strong understanding of the Syrian context and its existing dynamics, thus it shall consider the volatile and unpredictable situation.
* **Disability Sensitivity:** The evaluation includes information on people with disability and their respective situations.
* **Accountability:** The evaluation takes into consideration the contextual and cultural sensitivities when assessing the viewpoint of the beneficiaries.
* **Transparency:** The evaluation is **explicit, clear, and open regarding the methods and research approaches used.**

# Scope and Objectives

* Timeframe: this evaluation needs to cover the entire program duration. from 1st Aug 2024 to 31st March 2026
* Geographical Coverage: Ar-Raqqa, Deir-Ez-Zor, Aleppo and Idleb Governorates

**The specific objectives of the evaluation are as follows:**

1. To identify key successes, gaps, and constraints experienced over the course of programme implementation using the overarching HI quality framework.
2. To assess the extent to which programme outcome has been achieved.
3. To document good practices and generate evidence-based lessons and recommendations for achieving better results and strengthen the strategies of ongoing and future programmes.

# Potential Risks and Challenges

The consulting firm might be confronted with some challenges as follows:

* The volatile security situation may hinder access to some geographical areas, in addition to challenges in securing approvals, licenses, and permissions from authorities for data collection.
* Due to the security situation in Syria, there may be possibilities to face challenges in data collection using traditional data collection methodologies and this may lead to encounter delays to conclude this exercise. Therefore, consulting firm will be required to design the evaluation methodology to cope with the situation.
* The use of tablets and/or other devices for data collection might be prohibited.
* The lack of experience of the enumerators and researcher (in regards to dealing with authorities) can cause further challenges with the authorities in communicating the purpose of data collection.
* Some restrictions related to accessing certain information because of confidentiality.
* The frequent movement of the population may not properly reflect the outcome of the programme.
* The population's fatigue from data collection exercises which is sometimes translated into challenging recruitment for the focus groups, and individual interviews.

# Evaluation methodology

The consulting firm will be responsible for proposing an appropriate methodology to address the key evaluation questions mentioned above during the proposal's submission phase. The proposal should be detailed enough to describe the proposed methodology, data collection methods, sample size, type of respondents, data quality assurance protocols, and limitations and mitigation strategies.

The consulting firm should adopt a mixed-method approach of qualitative and quantitative methods using primary and secondary data. Findings from multiple data sources should be triangulated. It should also adopt a participatory approach, engaging HI staff and partners, clients, local organizations, local authorities, as well as community leaders and other community members to the extent possible, while ensuring privacy and confidentiality of individuals that used programme services. Sampling strategies should ensure participation from groups of special interest.

Such data collection methodology may include, but is not limited to, the following:

* Desk review of programme materials, reports, and other relevant documents.
* Surveys and interviews with programme beneficiaries.
* Focus group discussions with the communities/beneficiaries.
* Interviews with key informants.
* Observation of programme activities.
* Qualitative and quantitative analysis of the data collected.

**Key Tasks and Deliverables**

Top of Form

1. Initial Briefing with HI management at Whole of Syria level, and in the field.
2. Development of data collection tools in close collaboration with HI management.
3. Agreement on schedule with specific dates with HI management at coordination and in the field.
4. Submission and approval of Inception report including data collection tools.
5. Data Collection in the field.
6. Submission of preliminary findings and workshop with HI management. The preliminary findings will be shared with all relevant stakeholders, as advised by the management.
7. Submission of Draft report.
8. Incorporating stakeholders’ feedback in draft report.
9. Final draft submission.

**Overall quality of the process will be ensured by:**

* All the results of the evaluation, as well as an assessment of their limitations, should be made available to the people concerned with the evaluation (All relevant stakeholders as approved by HI Management).
* The results are disseminated through the appropriate channels and in a format that is suited to the recipient (funding body, general public, beneficiaries, experts).
* The results of the evaluation are produced and disseminated within the appropriate time-frame according to the use intended for them.
* When disseminating the evaluation report, the commissioning party is bound not to change the nature of the evaluation’s findings.

# Management of Evaluation

The overall evaluation approach, design, methodology and deliverables will be approved by HI and SDC. HI will be facilitating the day-to-day aspects of the evaluation, including communication with relevant partners and stakeholders (if needed) and reviewing the deliverables, including the inception and final reports, in order to ensure quality. In addition, the HI team will support the coordination of the evaluation, by facilitating the evaluation team and providing necessary information to effectively support the proper evaluation (although, consulting firm will be solely responsible for logistical aspects of the evaluation). HI can also provide information on steps needed to be taken to obtain approvals and access, however, the consulting firm will secure its access and obtain approvals, HI will not be able to facilitate that for external staff. HI expects that the consulting firm providing this service ensures all access approvals, duty of care to its own staff involved in the evaluation, and makes sure staff safety is observed. HI recommends that evaluation field staff should receive Hostile Environment Awareness Training (HEAT) for locations classified as conflict zones.

## Actors involved in the Evaluation

**Management:** This evaluation will be coordinated by Whole of Syria office. The lead focal point for this exercise will be MEAL Manager with the support of a steering committee comprising MEAL and database officers, program, technical and support unit staff.

**External Stakeholders:** Consultant and their team will work with targeted populations, community leaders/representatives, donor, local authorities, IPs, other NGO actors in the field, cluster representatives and other related stakeholders.

# Principles and values

## 9.1 Protection and Anti-Corruption Policy

Selected consultant(s) and the team will comply with the following institutional policies and values of Handicap International.

* Adapting participatory approach.
* Respect security policies, protocols and procedures.
* Anti-fraud and anti-corruption policy.
* Child Protection Policy.
* Protection of Sexual Exploitation and Abuse Policy.
* Code of Conduct Policy.
* HI values:

**Humanity**: Our work is underpinned by the value of humanity. We include everyone, without exception and champion each individual’s right to dignity. Our work is guided by respect, benevolence and humility.

**Inclusion**: We advocate inclusion and participation for everyone, upholding diversity, fairness and individual choices. We value difference.

**Commitment:** We are resolute, enthusiastic and bold in our commitment to developing tailored, pragmatic and innovative solutions. We take action and rally those around us to fight injustice.

**Integrity:** We work in an independent, professional, selfless and transparent manner.

**Follow the following links to review HI Code of Conduct, Protection of beneficiaries from sexual exploitation, abuse and harassment, Child Protection Policy and Anti-fraud and anti-corruption policy**

|  |  |  |  |
| --- | --- | --- | --- |
| [***Code of Conduct***](https://www.hi.org/sn_uploads/document/Code-of-conduct_-Integrity--Prevention-of-Abuse-and-Safeguarding.pdf) | [***Protection of beneficiaries from sexual exploitation, abuse and harassment***](https://hi.org/sn_uploads/document/PI03---PSEAH---Institutional-Policy.pdf?_gl=1*25hbuy*_ga*MTkzMDExNDE5Ny4xNjU3MDg2NjU5*_ga_V73VM1C981*MTY2Mzc1NjUyNC4zLjEuMTY2Mzc1NjcwNy4wLjAuMA..) | [***Child Protection Policy***](https://www.hi.org/sn_uploads/document/IP-02---CPP---Child-Protection-Policy.pdf) | [***Anti-fraud and anti-corruption policy***](https://hi.org/sn_uploads/document/PI04_IP_antiFraud-bribery-corruption-policy_1.pdf) |

## 9.2. Ethical measures\*

As part of each evaluation, HI is committed to upholding certain ethical measures. It is imperative that these measures are considered 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-centered approach:** the technical offer must propose methods adapted to the needs of the target population (e.g. tools adapted for illiterate audiences / sign language / child-friendly materials, etc.).
* **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 adopted during the completion of the inception report.*

# Expected deliverables and proposed schedule

## 10.1 Expected deliverables

The following deliverables will be required from the consulting firm:

* Conceptual framework of the evaluation research drawn from the desk-based analysis.
* At the end of the preparation phase, an **Inception Report** should be provided, as mentioned earlier, detailing methodology, sample size, data collection tools, team composition, and the work plan with a timeline. The Report will be informed by the desk review of documentation and consultation with key stakeholders. Its methodology should consider the varied approaches for capturing specific parameters of the evaluation objectives, highlighting the methods to be used and any foreseen challenges (and remedies) which might need discussion prior to field data collection. The evaluation's communications plan should also be submitted along with the Inception Report.
* Data sets with primary data collected (raw and cleaned data).
* A **Draft Report** summarizing the evaluation, including the presentation of results from the quantitative and qualitative analysis.
* A **presentation** to show the initial findings to key staff and discuss the results and recommendations emerging in the Draft Report.
* A **Final Report**  incorporating the feedback from the presentation’s session.

HI and SDC will have unlimited access to the materials produced as part of the evaluation.

The consulting firm will produce a written product of high standards, informed by evidence and triangulated data and analysis, which should be copy-edited and free from errors/typos. When developing the **Evaluation Report**, the consulting firm should follow its template as proposed HI brief structure, as shown below, would help:

1. Title Page.
2. Summary.
3. Table of Contents.
4. Executive Summary.
5. Introduction/Background:
   1. Context of the Development Intervention.
   2. Theory of Change.
   3. [Evaluation Questions.](#_Toc433116126)
6. [Purpose, Scope, and Methods.](#_Toc433116127)
7. [Evaluation](#_Toc433116128) Work Plan.
8. Limitations.
9. [Findings](#_Toc433116129).
10. Conclusion.
11. Recommendations.
12. Learning.
13. [Annexes:](#_Toc433116131) 
    1. Evaluation ToR
    2. Methodology.
    3. Data Collection Tools
    4. Data Analysis tables, graphs and pictures.
    5. Recommendation table and [management](#_Toc433116137) response.
    6. Interviewees and Other Informational Sources Consulted.
    7. Bibliography.
    8. Other Annexes to be Published Externally.

The **Final Report** will be produced with comments incorporated and should have the same layout as the **Draft Report**. The **Final Report** shall be submitted in soft copies (Word and PDF; maximum 30 pages; excluding Annexes and Graphs). In addition, filled hard copy questionnaires (if used), and key informant interview forms/reports shall be delivered to HI (together with the **Final Report**).

**Selection Criteria: the ultimate selection of the consulting firm will be based on the following criteria, as conveyed in the table below:**

|  |  |
| --- | --- |
| **Criteria** | **Points to Consider** |
| **Technical Capacity of Organization (20%)** | * Proven past experience of working with NGOs, INGO or UN in Syria on monitoring and evaluation. * Experience in conducting evaluations of similar programme(s). * Proven past testimony for carrying out similar work in the whole of Syria and particularly geographic areas/governments where HI operates in. * Ability to demonstrate strong relationship with the local administrative and health authorities so as to carry out data collection. |
| **Appropriateness of the proposed team (30%)** | * Evaluation team with relevant academic qualification in development studies, social sciences, public health, and related fields. * Evaluation team leader with relevant academic qualification in evaluation, development studies, social sciences and related fields. * Team leader demonstrated skills in survey design, tools development, fieldwork planning, data collection, and data analysis. * Team leader experience in conducting evaluations and/or similar assignments in the MENA region specifically whole of Syria. * Fluency in Arabic language for researchers and enumerators. * Expertise of data analyst in statistical software packages, including, but not limited to, SPSS and STATA. * Team leader experience in remote management of such evaluations. |
| **Technical Offer**  **(40%)** | * Technical proposal demonstrates a clear understanding of the evaluation’s needs and scope according to the provided TOR. * Proposal meets the objectives of the evaluation. * A clear implementation plan and time frame. |
| **Financial Offer (10%)** | * Competitive financial offer. |

## 10.2 Proposed schedule

|  |  |
| --- | --- |
| Work Plan | |
| Activity | **Date** |
| Desk Review | Jan 25-Jan 30 |
| Submission of inception report + data collection tools | Feb 5 |
| Submission of final inception report | Feb 12 |
| Translation and Coding of tools | Feb 20 |
| Approval process for data collection | Feb 20 |
| Training of enumerators, fieldwork preparation and piloting | Feb 25 |
| Field data collection | Feb25- March 10 |
| Presentation of preliminary findings | March 20 |
| Submission of draft report | March 25 |
| Submission of final report | March 30 |

## 10.3 End-of-Evaluation Questionnaire

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

# Expertise:

**Organizational Capacity**

* Proven past experience of working with NGOs, INGO or UN in Syria on monitoring and evaluation.
* Experience in conducting evaluations of similar programme(s).
* Proven past testimony for carrying out similar work in Syria.
* Ability to demonstrate strong relationships with the local administrative to carry out data collection.
* Ability to independently access and travel to the project location in NE Syria.
* Data collection team presence inside Syria is must (NS).
* Registered or presence inside in Syria and/or permission to work and access targeted areas;

**Team Capacity**

* An evaluation team with relevant academic qualification in development studies, social sciences, public health and related fields.
* Fluency in Arabic language for researchers and enumerators.
* Data analyst with expertise in statistical software packages, including, but not limited to, SPSS and STATA

**Team Leader:**

* An evaluation team leader with relevant academic qualifications in evaluation, development studies, social sciences and related fields.
* At least 8 years of experience in evaluating similar programme, particularly in the evaluation of Humanitarian Mine action, humanitarian assistance and integrated emergency assistances preferably covering Health, and PSS.
* Demonstrated skills in survey design, tools development, fieldwork planning, data collection, and data analysis.
* Experience in conducting evaluations and/or similar assignments in the MENA region specifically Syria.
* Experience in remote management of such evaluations.
* Understanding of donor requirements, rules and regulations.
* Ability to manage the available time and resources and work to tight deadlines

# Submission of bids

* Further information and or any queries that you may have can be directed to email to [tender.info@sr.hi.org](mailto:tender.info@sr.hi.org)
* Please send your official proposals to email [tender.info@sr.hi.org](mailto:tender.info@sr.hi.org) not later than Date and time will be added later.
* For any communication / request of information / submission of proposal, please clearly indicate **“2024-26 HI SDC External Evaluation”** in the email subject line.
* Please note that only short-listed candidate(s) will be contacted / interviewed.

## 12.1 Technical Proposal

The technical proposal should contain:

1. Profile / CV of the Consultant(s) and proposed team.
2. Previous work samples/examples of final evaluation studies with references.
3. Complete list of all Evaluations conducted, with title and dates (very important).

4. Proposed methodology =mandatory to adopt and propose two approaches:

a. Direct implementation.

b. Remote management. Furthermore, the proposed methodology shall have coverage of all HI Quality Framework points, participatory and mixed-method approach, with clear timelines for all the phases of this study. (Please refer to 6.3: Evaluation Schedule)

## 12.2 Financial Proposal

The financial proposal should outline:

1. Total Cost;
2. Cost per day of each contributor;
3. Additional costs (additional services and documents);
4. Transport costs (international and local);
5. logistics costs;
6. translation costs;
7. With agreement proposed schedule of payments.

# INSURANCE

The consultant(s) and its team are responsible for personal/life/travel and health insurance during the evaluation. The consultant will also provide any necessary materials (including their own laptops) required for the evaluation.

# SCHEDULE OF PAYMENTS

Upon submitting the proposals, the consultants’ agree upon the below given schedule of payments.

* 40% upon contract signature.
* 60% upon approval of final draft of the evaluation report with presentation and summary.

All payments will be made upon reception of invoice and signature of the selected consultants, by bank transfer or cheque in USD/EUROS, under the name of the contracting parties. The offer and payments are subject to in-country fiscal regulations applicable and fulfillment of deliverables.

# Documentation and resources

## 

## 15.1 Resources available to the evaluation team (data, document, etc.)

* Project Proposal and Log-frame.
* Project Budget.
* Assessments/ pre and post-test.
* Reports.
* Dataset of beneficiaries (anonymous).
* Any other related documentation to evaluate the project.
* Set of Institutional policies of HI.
* ESRI based data management technologies (Information Management System for Mine Action (IMSMA Core).

## 15.2 Required documentation and resources from consultant(s)

* Legal and valid registration.
* Evidence that government taxes have been paid
* The consultant(s) are responsible for personal/life/travel and health insurance during the evaluation for themselves and their team(s).
* Proof that the Consultant has paid social security contributions.
* Certificate from the Consultant’s tax office or equivalent.
* The consultant(s) will also need to provide any necessary materials (including their own laptops) required for the evaluation.

# Annexes

* [*HI's Quality Framework*](https://hi.org/sn_uploads/document/QualityFramework_EN.pdf)*, on which all evaluators must base their evaluation.*
* [*The Disability - Gender - Age Policy*](https://hi.org/sn_uploads/document/IP_DisabilityGenreAge_1.pdf)*, which must guide the approach and the construction of evaluation tools in the technical offer.*

*Following Annexes will be shared with the selected consultant.*

1. *Evaluation Protocol and Standard procedure (*Evaluation Toolkit*).*
2. *PME Policy.*
3. *Related documentation of the project (log frame, proposal, budget, reports, assessments etc.).*
4. *Assessing quality of the Evaluation – Template*
5. *Dataset of beneficiaries (anonymous) and any other relevant data.*
6. *Any other related documentation to evaluate the project.*
7. *Set of Institutional policies of HI (Child Protection Policy, Protection, Sexual, Exploitation and Abuse Policy).*
8. *Code of Conduct Policy.*
9. *Anti-fraud and anti-corruption policy.*