

Terms of Reference for the mid-term evaluation of the Mawe Tatu Program in North and South Kivu provinces

Dear applicant, we invite you to consult the attached Terms of Reference and submit your complete application package in hard and electronic format at the following address CARE RDC N°24, Av.Acassias, Q. les volcans, Goma, Nord Kivu, DR Congo, CODoffre.procurement@care.org Please indicate in the subject of the mail "Consultancy for the mid-term evaluation Mawe Tatu" The deadline for submission of applications is Friday, September 15/2017, at 4:30 pm Goma time.

I. Context: the Mawe Tatu project

"Mawe Tatu" signifies three pebbles in Swahili. CARE chose this project name to illustrate the physics of dropping three stones in a pond to represent interventions related to women, men and youth as the main target groups. As the stones fall, they have the immediate effect of moving the water. Each stone also creates ripples that spread and interact with those of other stones, in space and time. It is a metaphor that expresses the short and medium-term effects of the project and the long-term impact that will result in synergetic effects of the Mawe Tatu interventions.

Mawe Tatu's impact goal is that in 2019, women, men and youth (young men and young women) in five territories of North and South Kivu are key actors in more equal female-male relations that prevent GBV, promote improved household economic management and healthier SRH behaviors including family planning, with a trans-generational perspective.

The program presents three approaches, the first of which is the Village Savings and Credit Associations (VSLA or AVEC in French), a CARE model that serves as a platform that offers economic, social and personal benefits and the construction of a coalition of women. The second is the Men Engage approach – to encourage men to open spaces for men to learn, practice and publicly adopt new attitudes and behaviors in favor of gender equality and non-violence. The third is comprehensive sexuality education and awareness-raising among young people to better understand and undertake healthier relationships and to promote new models of gender equality. The program is implemented in North Kivu (health zones of Goma, Karisimbi, Nyiragongo and Rutshuru) and South Kivu (health Zones of Ibanda, Kadutu, Bagira and Walungu).

Direct target groups

- Women aged 13-49 who are vulnerable to poverty and violence;
- Men aged 25 and over for whom the dominant models of masculinity are both violent and non-productive;
- Young boys and girls aged 10-24 years who are negotiating the transition to risky adulthood in a distressed social and economic environment.

Expected Outcomes

- 23,900 women, organized in VSLA, improve their social and economic status and influence the promotion and enforcement of their rights;
- 10,000 men adopt attitudes and behaviors that contribute to the improvement of power relations and the reduction of gender-based violence;
- 24,655 girls and boys develop healthy relationships and work together to promote gender equality.

Responsibilities

The program is implemented by a consortium of 4 organizations, bringing their technical expertise, experience and engagement with local networks to maximize impact. CARE is the lead organization of the consortium.

The project has three outcomes and responsibilities are divided as follows:

- Since the second year of the project, CARE is responsible for a part of **Outcome 3** on comprehensive sex education for young people (Output 3.1);
- ADJ are responsible for Outcome 1 related to the empowerment of women under the guidance of CARE;
- COMEN is responsible for the Outcome 2 related to the involvement of men in the fight against sexual violence and gender equality, as well as Output 3.2 on the engagement of girls and boys in the transformation of gender;
- Swiss TPH is responsible for monitoring and evaluation, interpretation and analysis of information generated by the program.
- CARE Nederland is responsible for contract management, technical assistance and quality control.

2. Purpose and Objectives of Evaluation

The main purpose is to provide a strategic review of program performance as of the date of the evaluation and will build upon the data that is already available through the baseline and monitoring information that Swiss TPH has collected thus far.

The specific objectives of this mid-term evaluation are as follows:

- 1) To evaluate the implementation process through qualitative evaluation methods: How pertinent are the interventions as regards the overall project objectives, considering targeting, content, and quality of the interventions? More specifically, it should be evaluated to what extent the intervention contribute to:
 - a. Men and women are actors who work together in order to increase equity in intra-household gender-relations as regards access to and management of financial resources and household assets (productive and other assets);
 - b. Men and women act together towards decreasing gender-based violence and promoting gender equality;

- c. Men and women, including youth, are actors promoting sexual and reproductive health and the related rights of both women and men, including decisions about family planning.
- 2) To evaluate the project effectiveness by analyzing intermediate project outcomes through a review of existing project and monitoring data: How effective are the interventions in creating an environment that facilitates the transformation of social norms, social cohesion, local governance, and household economies? How did the different activities contribute to achieving the desired results (verification of workplan)? What is the synergy between the different project activities? What improvements could be made for the second phase? To evaluate the project efficacy: How were the resources allocated to the different project components in order to achieve the desired results? What improvements could be made for the second phase?
 - 3) To evaluate steps taken towards ensuring sustainability of the activities and/or results (process evaluation): What has been done in order to integrate strategies / approaches / activities into government-led activities? How have government actors and local communities been engaged in the project activities? What other mechanism to ensure sustainability have been developed and how effective they are?
 - 4) Assess the level of satisfaction of the various program stakeholders and beneficiaries according to the results achieved at the date of the evaluation;
 - 5) Draw lessons and learning experiences on the design, implementation and management of the Mawe Tatu program;
 - 6) Define the direction for the remaining duration of the program;
 - 7) Evaluate the level of compliance with the specifications of the program document (Mawe Tatu) and the funding agreement
 - 8) Identify other challenges and learning questions;
 - 9) Evaluate the level of integration and gender sensitivity:
 - 10) Presentation of results to program stakeholders including EKN during a mid-term participatory workshop
 - 11) Evaluate the level of integration of gender
 - Are the project activities adapted to the specific needs of women/men/girls/boys and reinforced by specific activities promoting gender equality across the three dimensions of the CARE Gender Equality Framework: Empowerment, Structure and relationships?
 - Does the project ensure the meaningful participation of women/men/girls/boys in the following three actions: information sharing and transparency, decision-making, appropriate feedback mechanisms?
 - Does the monitoring systems collect, analyze and address the following four elements: evolution of gender roles and relationships, gender and age disaggregated data, unintended consequences and trends in protection risks and needs?

II. Sample of Evaluation

This evaluation will target the beneficiaries of the project (members of VSLA, men's engagement groups and youth structures or organizations) and other stakeholders. Existing quantitative data will be used; only qualitative data will be collected. The sampling strategy has to consider all eight health zones where the project is implemented, under consideration of safety aspects.

This evaluation will use quantitative and qualitative data. Existing quantitative data shall be used, while qualitative data shall be collected among beneficiaries and other stakeholders. Gender sensitivity will be taken into account in the development of the methodology and all phases of the evaluation.

The evaluation will focus on the following methodology (steps):

3.1. Review project documentation and national and regional policies and strategies: This is the project document, the logical framework, the semi-annual reports, the annual report, etc.

(Baseline Report Phase I, quarterly, annual reports, etc.) and the Multi-annual Dutch Strategic Plan 2014-2017, the National Strategy to Combat Gender-Based Violence and the International Convention against all Forms of Discrimination Against Women (CEDAW), DRC National Action Plan for the implementation of UN Resolution 1325, the International Security and Stabilization Support Strategy (I4S).

3.2. Develop and share methodology for data collection and analysis integrating gender sensitivity

The evaluator will develop a gender-sensitive methodological guide for the organization of this study, including the analysis of existing quantitative data. The methodology should be presented to the Mawe Tatu team before data collection activities begin.

3.3. Develop data collection tools integrating gender sensitivity

The evaluator will develop the individual interview guides / focus groups for qualitative data collection. In addition, questions need to be developed in order to understand the specific changes produced by the project and taking account of gender sensitivity. These tools will be developed in collaboration with the M&E working group (consisting of staff responsible for M&E at partner level, CARE and M&E Swiss coordinator) of the project and the reference group (including CARE Nederland and Embassy representative).

3.4. Data collection and analysis

The evaluator is in charge of the collection and analysis of quantitative and qualitative data. It is imperative that the consultant have proven knowledge of qualitative data collection techniques, experience in conducting focus groups, individual and semi-structured interviews, etc. The activities to be carried out at this level are as follows:

- Develop a protocol and instruments for the collection of qualitative data;
- Pre-test collection tools and make proposals for adaptation where appropriate;
- Adapt tools after pre-testing based on project team decisions / discussions;
- Organize interview routes, proposing a schedule of operations, travel with logistical support from CARE
- Conduct data collection. Data will be disaggregated by sex

3.5 Validation workshop and finalizing of the evaluation report

In the validation workshop the data will be reviewed jointly with the M&E working group including the interpretation of the results. The process will be documented in writing by the consultant.

3.6 Mid-term participatory workshop to present results to stakeholders

After the validation workshop a broader workshop with the different Mawe Tatu partner organisations plus with selected local and government stakeholders will be held to discuss the results of the midline evaluation, and to formulate action points for the second half of the project duration. The consultant will assist in the preparation and possibly the moderation (to be discussed) of this workshop.

IV. Evaluation Period and Budget

In accordance with the Grant Agreement, the midterm evaluation covers the period from December 2015 to September 2017. It will take place in the provinces of North and South Kivu, in the 8 health zones in which Mawe Tatu is implemented. It is scheduled to start in September 2017. The final report will have to be in English and available before the end of November 2017. The budget will be proposed by the consultant and approved by CARE RDC.

V. Evaluation process and Reporting

5.1. The phases of the evaluation process

The evaluation process will include the following steps:

- A) The definition of the methodology by the evaluator: 1 week

- B) Start-up workshop (Briefing and orientation): 1 day
 - ✓ Introduction / presentation of each component of the program by CARE and its partners,
 - ✓ Presentation of the methodology, the tools to be used, the budget and the evaluation agenda by the evaluator,
 - ✓ Discussion and validation of the methodology: review methodology and data collection tools,

- C) Evaluation process: 3 weeks

- D) Presentation of results: 1 month
 - ✓ Quick presentation to program coordination on the results of the evaluation
 - ✓ Elaboration of draft report
 - ✓ Reaction of CARE and partners on draft report and draft second draft report
 - ✓ Restitution workshop (CARE, local partners and beneficiaries) of the evaluation
 - ✓ Finalization report + summary document for communication
 - ✓ Dissemination of the evaluation report to the ACD program and CARE NL for guidance and approval
 - ✓ Final Report.

5.2. Reporting Requirements

Reports are subject to quality requirements. The text of the report should be illustrated, as appropriate, by maps, charts and tables; a map of the project area (s) is mandatory (to be attached).

The consultant with support of the M&E working group will submit the following reports:

Report types	Number of pages (excluding appendices)	Main elements	Timeframe for submission (please refer to section 8)
Draft Final Report	15 to 25 pages	See detailed structure in Annex 2 <ul style="list-style-type: none">• Response to evaluation questions• Synthesis of all findings, conclusions and recommendations in the form of an overall assessment	End of the synthesis phase
Final Report	15 to 25 pages	<ul style="list-style-type: none">• Same characteristics as above, incorporating any comments received from interested parties on the interim final report that have been accepted	

All reports will be written in French and English using the fonts "Arial" or "Times New Roman", in body 11 or 12 minimum respectively and single spacing. Each report will first be submitted electronically.

For each report / deliverable, the project manager will make comments within 2 calendar days. Revised reports / deliverables incorporating submissions from interested parties will be submitted within 10 calendar days from the date of receipt of these comments. The final report (final version) will be submitted in 10 copies in hard copy, as well as in electronic version and on CD-ROM plus power point.

VI. Evaluation Results and Deliverables

- Draft evaluation with clear budget is submitted by the consultant
- An evaluation agenda is validated by CARE RDC and CARE Nederland
- A debriefing workshop report is produced
- A plan of the evaluation report is proposed and validated
- Evaluation report (draft and final) is produced by the consultant in French
- Restitution Workshop Report is written

VII. Evaluator (consultant)

a) Main tasks:

The main tasks of the Consultant are as follows:

- Elaborate the benchmarks of the evaluation with the detailed methodology, including evaluation questions that need to be validated by the reference group, and timetable;
- Ensure the collection of relevant information in time and from the selected stakeholders in order to have reliable results that are representative of the context and life of the project;

- Conduct the evaluation according to the methodologies mentioned above and according to the recommended evaluation criteria;
- Present preliminary findings and conclusions to the CARE team and partners;
- Organize the workshop on the return of the preliminary results of the evaluation to the project stakeholders, collect and incorporate the recommendations resulting from this refund into the draft report,
- Draw up the draft final evaluation report and submit to CARE for possible comments. Submit the final report in formats and number of copies as required and described in the TOR.

b) Qualification of the consultant / team leader

Education	<ul style="list-style-type: none"> • Post-graduate (BAC + 5) university degree in the social sciences, conflict studies, development studies , project management or other related discipline; • A valid certificate in development project evaluation technology or a member or affiliate of a recognized evaluation expert association would be an asset.
Experience	<ul style="list-style-type: none"> • Experience of at least 10 years in qualitative and quantitative participatory research and in the implementation, monitoring and evaluation of women's empowerment projects, SGBV and particularly with in-depth knowledge of VSLA approaches, commitment And Reproductive Sexual Health and Rights (SRHR) • Experience in gender and development of gender sensitive tools; • Ability to appreciate the integration of gender and human rights in the activities of participatory approaches; • At least five years of experience in conducting post-conflict program and project evaluations; • Demonstrate good qualities in high-level strategic thinking and development policy skills; • Familiarity with the results-based management approach, effects and impact; • Ability to take the lead in conducting all evaluation-related work and in particular conducting exercises to restore evaluation findings and recommendations to stakeholders, including the production of an Aide-Mémoire, the organization of briefing / debriefing sessions, and the production of draft and final mission reports; • Ability to coordinate teamwork, work under pressure and deliver quality results on time; • Field experience in eastern DRC, articulating it in North Kivu and South Kivu would be highly appreciated ;
Skills	<ul style="list-style-type: none"> • Expertise in the formulation, management and monitoring and evaluation of projects and programs, particularly in crisis and peace-building contexts; • Specific expertise in the area of capacity building, social accountability, gender, rights-based approach and empowerment of women; • Expertise in the field of sexual and reproductive health; • Good qualities in collection, analysis of quantitative and qualitative data and reporting; • Demonstrate an ability to engage communities in an interview; • Good ability to use common software (MS Word, MS Excel, MS PowerPoint, Internet, statistical software).
Languages required	<ul style="list-style-type: none"> • Excellent command of English (language of report writing) • Have a command of Swahili the language commonly spoken in the project is an advantage

IX. Call for Proposals

Applicants interested in this call for tenders may submit to CARE-RDC a file containing:

- A letter of expression of interest
- A technical proposal for the evaluation
- Official documents authorizing work in the DRC,
- CVs of experts from the organization With experience in multisectoral evaluation in the areas of education, health, gender, economic development, community governance and women's empowerment.

VIII. Evaluation of Tenders and Submission of Applications

The technical offer will be evaluated on the basis of the following criteria:

1.1. Compliance with administrative documents

- Have full documentation and authorization to operate in the DRC valid and up-to-date (tax number and VAT number)

1.2. Quality and justification of the methodology

- General description of the methodology
- Relevance of the methodology
- Presentation of the tools proposed in each step of the methodology
- Timetable consistent with the methodology and timeline

1.3. Quality of proposed human resources

- Experience of the Agency in the evaluation of multisectoral projects / programs
- Experience of evaluators in the evaluation of multisectoral projects / programs (based on the CVs presented)

1. ANNEXES

ANNEX I: INFORMATION TO BE SUBMITTED TO THE EVALUATION TEAM

Indicative list of documents to be shared with consultants:

- Project documents (proposal and budget)
- Operational plans of the project (global and annual)
- Annual progress reports on the project
- Follow-up reports on the project
- Baseline report of the Mawe Tatu project
- Logical Framework and Theory of Change;
- The IPIA of Mawe Tatu
- Communication and visibility plan;
- Partnership agreements with implementing partners
- Project monitoring plan and monitoring and evaluation manual
- Other evaluation reports that may be useful. The evaluation team should not repeat the points already covered by these documents, but should be inspired by them and go beyond them.

Note: The evaluation team must identify and obtain any other document that may be useful in their interviews with individuals who are or have been involved in the design, management and supervision of the project/program. Contacts should be sought for the collection of information and data within the implementing agencies.

ANNEX II: SUMMARY AND FINAL REPORT STRUCTURE

The final report should not exceed the number of pages indicated. Additional information on the general context, program or aspects related to the methodology or analysis will be included in the annexes.

The main points of the evaluation report are as follows:

Summary

Written in a condensed, precise and designed to be published independently, the executive summary is an essential part of the report. It should be short (no more than five pages), focus on the main purpose or key points of the evaluation, describe the main analytical issues, and clearly outline key findings, lessons learned and specific recommendations.

1. Introduction

The introduction contains a description of the project/program and the evaluation, including the evaluation questions, and provides the reader with sufficient explanation of the methodology used to assess the credibility of the conclusions and to have knowledge of the possible limitations or weaknesses of the exercise.

2. Answers to questions/findings

This chapter will present the evaluation questions and their answers and analysis, accompanied by evidence and justification.

4. Overall assessment (optional)

This chapter will summarize all the answers to the evaluation questions in a global judgment on the project / program. The precise structure of the general assessment must be refined during the evaluation process. This chapter should present all the findings, conclusions and lessons learned in order to reflect their importance and facilitate reading. Its structure should not be based on evaluation questions, the logical framework or the seven evaluation criteria.

3. Conclusions and recommendations

4.1 Conclusions

This item presents the conclusions of the evaluation. These should be grouped into "clusters" to provide an overview of the element being evaluated.

A paragraph or subchapter should summarize the three or four major conclusions ranked in order of importance, while avoiding repetitiveness. This makes it possible to communicate better the messages which are sent to the Commission.

If possible, the evaluation report identifies one or more transferable lessons, which are highlighted in the executive summary and can be presented at appropriate seminars.

4.2 Recommendations

The recommendations are intended to improve or modify the project / program within the current cycle, or to prepare for the development of a new intervention in the next cycle.

Recommendations should be carefully grouped and prioritized, targeted to specific audiences at all levels, particularly within the Commission.

4. Annexes to the report

The report must contain the following annexes:

- The terms of reference of the evaluation
- The names of the evaluators and their companies (their CVs, abstracts and limited to one page per person, must be provided)
- A detailed description of the evaluation method including: the options chosen, difficulties encountered and limitations of the evaluation, details of tools and analyzes

- Logic of intervention / matrix logical frameworks (original and improved / updated)
- Map of the geographical area covered by the project
- List of persons / organizations consulted
- Books and documentation consulted
- Other technical annexes (statistical analyzes, tables of contents and figures)
- A detailed response to evaluation questions, judgment criteria and indicators (evaluation matrix)

ANNEX III: STANDARDS OF EVALUATION, COPYRIGHT AND PUBLICATION

Anonymity and confidentiality: The evaluation must respect the right of individuals to provide information guaranteeing their anonymity and confidentiality.

Responsibility: Any difference of opinion that may arise between the members of the team or between them and the leaders of the intervention with respect to the conclusions and / or recommendations should be mentioned in the report.

Integrity: The evaluation team will be responsible for highlighting issues that are not specifically identified in the TDR if it is necessary to obtain a more complete analysis of the intervention.

Independence: The evaluation team must ensure its independence from the evaluated intervention, not being linked to its management or to any component of it.

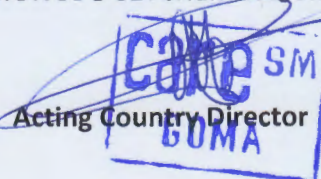
Validation of information: It is the responsibility of the evaluator to ensure the accuracy of the information gathered to prepare the report; the team will be ultimately responsible for the information contained in the evaluation report.

Incidents: In cases where problems arise during fieldwork or at any other stage of the evaluation, these should be reported immediately to CARE. Otherwise, the existence of these problems in any case may be used to justify the impossibility of obtaining the results required by the entity in these terms of reference.

Penalties: In the event of delays in the delivery of reports or in cases where the quality of the reports submitted is clearly inferior to the agreement, the penalties and arbitration established by the contracting entity in its contract with the evaluation team.

Goma 31/08/2017

MONGBO SETCHEME Jeronime



CARE International, en RDC, Bureau de GOMA, 24, Avenue ACASSIAS, Q / Les volcans,
C/Goma, Nord-Kivu., RD Congo Téléphone : +243810163300 ; E-mail : CODGoma@.care.org