# TERMS OF REFERENCE

**Market Assessments:**

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| **Project Title** | Emergency Lifesaving Health & Nutrition, Food Security & Livelihood and Winterization Intervention in Afghanistan |
| **Project code (FC/AID)** | FC: AT734. |
| **Budget manager** | Akbar Banaras |
| **Project start and end data** | 15 Mar 2024- 14 Mar 2025 |
| **Date of the survey** | June/July 2024 |
| **Type of survey** | ADA.  PID: CAUTAF0007 |
| **Location of the survey** | Paktya- Gardez and Zurmat districts |
| **Attached documents** | Result framework &, work plan and Project proposal |

**Introduction:** CARE has received funding from Austrian Development Agency (ADA) to implement the Emergency Lifesaving Health & Nutrition, Food Security & Livelihood and Winterization Intervention in Afghanistan in targeted locations detailed above. The objective of the project is to contribute to enhancing the resilience of vulnerable households in the designated areas against shocks through comprehensive health and nutrition services and livelihood interventions. The project has the following three outcomes:

* Outcome 1: Improved access and quality of primary health and nutrition services in the vulnerable targeted communities in Paktia province
* Outcome 2: Vulnerable households have improved food security through income-generation opportunities
* Outcome 3: Vulnerable women, men, girls and boys have adequate access to cash to address their winterization needs

Through this project, CARE will reach a total of 30,000 (M 10,200 F 19,800) beneficiaries in the target province and districts.

1. **Purpose of the assessment**

The overall purpose of the market survey is to:

* To describe current good practices and techniques and innovation for the project implementation (in relation to livelihood, growth niches to women led businesses and MSMEs and advise locally adapted solution.
* Identify priority areas for Micro, Small and Medium Enterprises (MSMEs) led by women in the target areas in close cooperation with the private sector and other relevant stakeholders where MSME’s priority areas should be based on market demand with potential for growth, as well as value chains. .
* Identify enterprise opportunities and growth for Micro, Small and Medium Enterprises (MSME) women start-ups.
* Identify highly demanded enterprises/businesses in the market and assess existing and potential livelihood opportunities and key gaps related to priority areas.
* Assess capacity of existing private sector to respond to the market requirements for women, list MSMEs gaps and challenges.
* Identify critical value chain interventions across Afghanistan’s industry (mainly focus in targeted province) sectors that have key business enabling attributes. For value chains, make recommendations for business development support services (business planning, management advice and support, and microfinance, incentives for demand-driven product or service innovation and implementation, etc.) to reduce the constraints and stimulate observable economic growth and competitive potential for women.
* Provide recommendations for the project team on the value addition for MSMEs for enhancement

1. **Survey methodology**

This market has the following key directions with relevant accountabilities:

* **Design tools, training enumerators:** This will be done by consultancy firm; where the consultant will develop initial draft of the tools and CARE will support in review. The consultant/consultancy firm will be responsible for defining and carrying out the overall assessment approach. This will include specification of the techniques for data collection and analysis, structured field visits and interactions with beneficiaries and the assessment team.
* **Field data collection, data cleaning and verification: data** collection & the interview tools to be developed by the consultant firm as well as a thorough study of project documents, analysis of the collected data and writing of the report.
* **Literature review, cross-sectional analysis and report writ-up:** this is expected from the consultancy to manage and provide contextualized, evidenced based, and technically appropriate report and finding meeting donors requirement. The process, retrieving existing documents and data, will include: a desk review of existing literature including the project proposal, result framework, formative research, implementation plans, M&E data, formal policy documents, official statistics, and other relevant quantitative and qualitative secondary data that will support the evaluation implementation strategies. Information will be provided to the external evaluation team as per the proposed evaluation schedule.
* **Presentation, donor discussion and dissemination:** CARE Afghanistan will present finding and discussion with the stakeholders, CARE will also engage the consultant support in presentation of the technical finding where required.

1. **Responsibilities and tasks**

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| **1. Preparation phase** | **Who implement** | **Who ensure quality control and verification** | **Who validate the final version** | **What deliverables and what is the audience** |
| Inception report | Consultancy firm/consultant | CARE Afghanistan MEAL and program team | MEAL unit / Program | Inception report should detail out understanding about the ToR/ assignment, implementation work plan, data collection.  methodology, sampling strategy, data collection questionnaire/ tools, output table (which related with the questionnaire) to MEAL unit and program team |
| Questionnaire Design | Consultancy firm/consultant | MEAL Unit | program | Tools to be developed by consultancy and approved by CARE |
| Questionnaire translation | Consultancy firm/consultant | MEAL unit and program team | MEAL unit | Tools to be translated in local language (Dari/ Pashto) by consultancy and approved by CARE AFG. |
| **2. Field work** | | | | |
| Trainings/orientation to surveyors | Consultancy firm/consultant | MEAL unit | MEAL unit / Program | Orientation session on tools to be delivered to the surveyors by consultancy firm |
| Field test | Consultancy firm/consultant | Consultancy firm/consultant | MEAL unit | Tools will be tested in field for one day by consultancy firm and after provision of possible required amendment to be finalized for final implementation |
| Implementation of the survey- Data collection | Consultancy firm/consultant | MEAL unit | Program | Consultancy will lead field data collection |
| **3. Data entry** | | | | |
| Database creation  Data entry  Data cleaning | Consultancy firm/consultant | MEAL unit and Consultancy firm/consultant | MEAL unit | Database for FGD and survey (creation of kobo) to be developed by consultancy. Quality of data collection and data entry, provide drafting and finalization of database is responsibility of the consultancy firm. Raw, compiled & cleaned database including quantitative output and syntax files, qualitative transcripts, field notes and verified Questionnaires to be delivered to CARE by consultancy and to be attached as annex of report as well |
| **4. Data analysis** | | | | |
| Data analysis | Consultancy firm/consultant | MEAL unit and Consultancy firm/consultant | Program | Consultancy is responsible to compile, assure quality , analyze data and produce a consolidated baseline and market analysis report |
| **5. Reporting** | Consultancy | CARE Afghanistan | Program | Consultancy is responsible to submit final assessment report incorporating 2-3 rounds of feedback depending upon quality of report. Final products should gain approval of CARE Afghanistan and UNDP SER Afghanistan |
| **6. Dissemination and follow-up** | PM | SPC/PQ | DCD-P | CARE Afghanistan has the authority to disseminate final product as required and final version of the report will be shared with UNDP-SER |

1. **Coordination**

MEAL unit and program team will provide the consultant/consultancy firm with necessary support to undertake and implement the assignment and execute the objective of this ToR. This will included:

* Provide initial briefing and existing work overview,
* Provide relevant documents and technical support,
* Monitor regularly, and provide feedback and ensure effectiveness of the contract,

1. **Chronogram of the survey**

The following tables delineate the assessment timelines and milestones during the evaluation process:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Preparation phase** | **July** | | | | **Aug** | | |
| **Week 1** | **Week 2** | **Week 3** | **Week 4** | **Week 1** | **Week 2** | **Week 3 &4** |
| Terms of References |  |  |  |  |  |  |  |
| Procurement Announcement |  |  |  |  |  |  |  |
| Contract/POs |  |  |  |  |  |  |  |
| Consultant’s Kick-off meeting with CARE |  |  |  |  |  |  |  |
| Review of project documents and other publicly available material from other agencies etc. |  |  |  |  |  |  |  |
| Development of methodology/sample size |  |  |  |  |  |  |  |
| Questionnaire Design, finalization and translation of tools |  |  |  |  |  |  |  |
| Field team recruitment (external to the project team) |  |  |  |  |  |  |  |
| **2. Field work** | | | | | |  |  |
| Trainings to surveyors |  |  |  |  |  |  |  |
| Field test |  |  |  |  |  |  |  |
| Implementation of the assessment |  |  |  |  |  |  |  |
| **3. Data entry** | | | | | |  |  |
| Database creation |  |  |  |  |  |  |  |
| Data entry |  |  |  |  |  |  |  |
| Data cleaning and processing |  |  |  |  |  |  |  |
| **4. Data analysis** | | | | | |  |  |
| Data analysis and cross sectorial  analysis |  |  |  |  |  |  |  |
| **5. Reporting** | | | | | |  |  |
| Submission of draft report to Afghanistan |  |  |  |  |  |  |  |
| Feedback of CARE on the draft report |  |  |  |  |  |  |  |
| Final submission of the report |  |  |  |  |  |  |  |
| Submission of final datasets to CARE |  |  |  |  |  |  |  |
| **6. Dissemination and follow-up** |  |  |  |  |  |  |  |

1. **Reporting Template**

It is recommended to use CARE template for the report and, where required, incorporate any additional donor-required components. That will help standardize reporting across evaluations and to ensure key information is not missing from reports. Below key recommended key components that provides section headings and descriptions as guidance for the organization

Rule of thumb: The report should not exceed 50 pages (excluding all annexes) in MS Word and use consistent page formatting, margin, fonts, and line spacing.

Suggested component includes but not limited to:

* Cover Page (1 page)
* Table of Contents (1 page)
* List of Acronyms (1 page)
* Acknowledgements
* Executive Summary (1-2 pages)
* Introduction (up to 5 pages)
* It should include the follow subsections:
* Purpose and survey objectives (1 page)
* Survey/assessment Questions (1 page)
* Methodology and Study Design (up to 5 pages)
* Results (by survey Question) (up to 10 pages)
* Analysis (up to 8 pages)
* Limitations and Challenges (up to 3 pages)
* Conclusions and Lessons Learned (up to 7 pages)
* Recommendations (up to 8 pages)
* Annexes (no page limit)
* Annex reporting on the CI indicators

**IMPORTANT NOTES:**

* The external consultant/consultancy firm **must submit a FINAL version of the report** within the timeline and comply with data protection, ethical concerns, and others as relevant**.** A final report needs to be received prior to allocation of final payment. assessment report titled draft will not be accepted as final.

1. **Data protection and management**

Data Disclosure: The consultant/consultancy firm should deliver, at minimum, all files including: quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy to read format, and maintain naming conventions and labelling for the use of the project/program/initiative and key stakeholders.

All documents should be compliant with the following conditions (see [data format requirements](#_Acceptable_formats_for_1)):

* MEAL unit will have ownership of all survey/assessment-related data and documentation. Communicating the findings from this survey/assessment and all communications will be dealt as per CARE’s communication policy.
* CARE requires that the datasets that are compiled or used in the process of baseline survey and market assessment are submitted to CARE when the survey is completed.
* **Data** **must be** **disaggregated by gender**, age and other relevant diversity, etc.
* Datasets must be anonymized with all identifying information removed. Each individual or household should be assigned a unique identifier. Datasets which have been anonymized will be accompanied by a password protected identifier key document to ensure that we are able to return to households or individuals for follow up. Stakeholders with access to this document will be limited and defined in collaboration with CARE during evaluation inception.
* In the case of textual variables, textual datasets or transcripts please ensure that the data is suitable for dissemination with no de-anonymizing information **unless** these are case studies designed for external communication and suitable permission has been granted from the person who provided the data. In these circumstances, please submit, with the case study, a record of the permission granted, for example a release form[[1]](#footnote-1).
* Where there are multiple datasets (for example both tabular and textual datasets) identifiers must be consistent to ensure that cases can be traced across data lines and forms.
* CARE must be provided with a final template of any surveys, interview guides, or other materials used during data collection. Questions within surveys should be assigned numbers and these should be consistent with variable labelling within final datasets.
* Formats for transcripts (for example: summary; notes and quotes; or full transcript) should be defined in collaboration between CARE and the consultant/consultancy firm at the evaluation inception
* In the case of tabular datasets variable names and variable labels should be clear and indicative of the data that sits under them. Additionally, the labelling convention must be internally consistent and a full codebook/data dictionary must be provided.
* All temporary or dummy variables created for the purposes of analysis must be removed from the dataset before submission. All output files including calculations, and formulae used in analysis will be provided along with any Syntax developed for the purposes of cleaning. We require that datasets are submitted in one of our acceptable format types.
* CARE must be informed of and approve the intended format to be delivered at the inception phase. Should this need to be altered during the project CARE will be notified and approval will be needed for the new format.
* The consultant/consultancy firm will be responsible for obtaining all necessary permissions, approvals, insurance, and other required permits needed for data collection. These include required permits related to data collection from human subjects, including necessary ethical review board approvals (ERB) and health and accident insurance for survey/assessment team members.

1. **Eligibility Criteria:** The successful consulting firm/consultant will have a solid track record on the criteria below, with examples/list of evidence for each:

**General criteria**

* Demonstrable relevant expertise and conducting similar assessment, studies, and research,
* Both independent consultant (individual) and consultancy firm can apply for the assignment to meet the criteria and provide quality services including design methodology, analysis of the data and report.

**Technical Evaluation criteria**

* Minimum 3 years of experience with, and knowledge on designing and conducting quantitative and qualitative survey/research with special focus on the food security/livelihood, social sciences, or developmental studies, contract/ completion certificates to be attached as proof– **45 marks**
* List of successfully designed and managed large-scale robust research and assessment and in similar nature and field (food security and livelihood, Market assessment)– **30 marks**
* Study team leader and key teams need to have relevant degree/experience in livelihood/food security, social sciences, or developmental studies or equivalent education and experience - **15 marks**
* Team composition with M&E and research experts (preferably international staff for writing the narrative) – **10 marks**

1. Required External Response to Terms of Reference

A technical and cost proposal based on this Terms of Reference (ToR) is requested from the consultant or consulting firm. The proposal should contain:

1. Detailed plan of action for field work indicating staff-days required
2. Specific roles and responsibilities of the team leader, supervisory chain and other core members of the survey/assessment team.
3. Schedule of key activities preferably in a format such as a Gantt chart.
4. Detailed budget with justification. The consultant/consultancy firm proposal should include a reasonable detailed budget to cover all costs associated with the evaluation. This should be submitted by major activities and line items for CARE’s review and decision. This includes a break-down of the cost to contract consultant/consultancy firm team members, international and local travel, and in-country lodging and per diem. Other related costs that might be in the budget include expenditures for hiring local personnel (drivers, translators, enumerators and other local technical experts), translating reports, and renting meeting rooms for presentations/workshops.
5. Updated CV of Team Leader and other core members of the Team
6. A profile of the consulting firm (including a sample report if possible)
7. **Submission Guideline**: Interested candidates are requested to submit their proposals clearly defining their work approach and a proposed costing for the work to CARE Afghanistan Procurement Department Head - email address

1. All release forms should be agreed in advance with CARE. [↑](#footnote-ref-1)