



REQUEST FOR PROPOSAL

[Endline Assessment for WAQAR Project]

RFP DOCUMENT # [00000030]

RFP ISSUE DATE: [SEPTEMBER 22, 2024]

PROPOSAL SUBMISSION DEADLINE: [SEPTEMBER 30, 2024, 12:00PM]

CARE AFGHANISTAN

House#242, St#1, District10, Charahi Haji Yaqoob, Shar-e-Naw, Kabul

CONFIDENTIAL DOCUMENT

PREPARED BY
CARE®

Certified by	Name	Designation	Signatures & Date
Requesting Officer	Sultan Mahmood Duranie	Senior officer Procurement and Logistic	22 Sep 24
Certifying Officer	Abdul Azim Hakimzada	Procurement & Logistics Manager	

Handwritten signature and date: *Sept. 22, 2024*



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1. ABOUT CARE

At CARE, we seek a world of hope, inclusion, and social justice, where poverty has been overcome and people live with dignity and security.

This has been our vision since 1945, when we were founded to send lifesaving CARE Packages® to survivors of World War II. Today, CARE is a leader in the global movement to end poverty. We put women and girls in the center because we know we cannot overcome poverty until all people have equal rights and opportunities. In 2019, CARE worked in 100 countries and reached 70 million people with an incredible range of life-saving programs.

To know more about CARE, visit: <https://www.care.org/our-work/>

2. GENERAL CONDITIONS AND CLAUSES

2.1. CARE's GENERAL CONDITIONS

The enclosed document is not an offer to contract, but a solicitation of a vendor's proposed intent. Acceptance of a proposal in no way commits CARE to award a contract for any or all products and services to any vendor.

CARE reserves the right to make the following decisions and actions based on its business interests and for reasons known only to CARE:

- To determine whether the information provided does or does not substantially comply with the requirements of the RFP
- To contact any bidder after proposal submittal for clarification of any information provided.
- To waive any or all formalities of bidding
- To accept or reject a proposal in whole or part without justification to the bidder
- To not accept the lowest bid
- To negotiate with one or more bidders in respect to any aspect of submitted proposal
- To award another type of contract other than that described herein, or to award no contract;
- To enter into a contract or agreement for purchase with parties not responding to this RFP
- To request, at its sole discretion, selected Vendors to provide a more detailed presentation of the proposal
- To not share the results of the bids with other bidders and to award contracts based on whatever is in the best interest of CARE.



Any material statements made orally or in writing in response to this RFP or in response to requests for additional information will be considered offers to contract and should be included by vendor in any final contract.

2.2. CONFIDENTIALITY/ NON-DISCLOSURE

All information gained by any vendor concerning CARE work practices is not to be disclosed to anyone outside those responsible for the preparation of this proposal. Any discussion by the vendor of CARE's business practices could be reason for disqualification. CARE, at their discretion, reserves the right to require a non-disclosure agreement.

Reciprocally, CARE commits that information received in response to this RFP will be held in strict confidence and not disclosed to any party, other than those persons directly responsible for the evaluation of the responses, without the express consent of the responding vendor.

Finally, the information contained within this RFP is confidential and is not to be disclosed or used for any other purpose by the vendor.

2.3. PUBLICITY

Any publicity referring to this project, whether in the form of press releases, brochures, or photographic coverage will not be permitted without prior written approval from CARE.

2.4. LIABILITY

The selected vendor(s) will be required to show proof of adequate insurance at such time as CARE is prepared to procure the services. The participating vendor will also be required to indemnify and hold harmless CARE for, among other things, any third-party claims arising from the selected vendor's acts or omissions and will be liable for any damage caused by its employees, agents or subcontractors.

2.5. FORCE MAJEURE

- a. Neither Party shall be responsible for a performance that is delayed, hindered, or is rendered inadvisable, commercially impracticable, illegal, or impossible by a "Force Majeure Event." A Force Majeure event includes, without limitation, an act of nature, a pandemic, emergency, civil unrest or disorder, actual or threatened terrorism, war, fire, governmental action or interference of any kind, power or utility failures, strikes or other labor disturbances, a health warning issued by the Center for Disease Control (or similar agency), any other civil or governmental emergency and/or any other similar event beyond a Party's reasonable control.
- b. The Party that seeks to invoke this Force Majeure provision (the "Affected Party") shall provide the other Party (the "Unaffected Party") with a written notice within ten (10) days of the date the Affected Party determines a Force Majeure Event has occurred.

**2.6. ERRORS AND OMISSIONS**

CARE expects the vendor will provide all labor, coordination, support, and resources required based on the vendor's proposal and corresponding final SOW. No additional compensation will be available to the vendor for any error or omission from the proposal made to CARE. The only exclusions are add-ons, deletions, and/or optional services for which the vendor has received written authorization from CARE.

2.7. OWNERSHIP OF WORK

All work created during this evaluation must be original work, and no third party should hold any rights in or to the work. All rights, title and interest in the work shall be vested in CARE.

2.8. CONFLICT OF INTEREST

CARE encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to CARE if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFP.

3. COMPANY PROFILE & BIDDER'S DECLARATION

Bidders are requested to complete this form, including the Company Profile and Bidder's Declaration, sign it and return it as part of your proposal. No alterations to its format shall be permitted and no substitutions shall be accepted.

3.1. COMPANY PROFILE**Table 4.1.A Previous Work with CARE**

Have you already had previous transactions with CARE?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If marked "Yes", please provide the year of the latest transaction with CARE and the requirement that was delivered. (This is to inform everyone that this information is for system checking only. This will not be part of any evaluation process.)		
If you marked, "No" on the table above, please answer the Table 4.1.A. below:		

Table 4.1.B Other Information

Item Description	Detail(s)
Legal name of bidder	
Legal Address, City, Country	
Website	
Year of Registration	
Company Expertise	



Bank Information (Please answer below)	
Bank Name:	
Bank Address:	
IBAN:	
SWIFT/BIC:	
Account Currency:	
Bank Account Number:	

Previous relevant experience: 3 contracts				
Name of previous contracts	Client & Reference Contact Details	Contract Value	Period of activity	Types of activities undertaken

3.2. BIDDER'S DECLARATION

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Ethics: By submitting this Proposal/Quote, I/we guarantee that the bidder has not engaged in any improper, illegal, collusive, or anti-competitive arrangements with any competitors; has not directly or indirectly contacted any buyer representative (aside from the point of contact) or gather information regarding the RFP; and has not attempted to influence or offer any type of personal inducement, reward, or benefit to any buyer representative.
<input type="checkbox"/>	<input type="checkbox"/>	I/We affirm that we will not engage in prohibited behavior or any other unethical behavior with CARE or any other party. We also affirm that we have read the general clause and conditions included in this RFP and that we will conduct business in a way that avoids any financial, operational, reputational, or other undue risk to CARE.
<input type="checkbox"/>	<input type="checkbox"/>	Conflict of interest: I/We warrant that the bidder has no actual, potential or perceived Conflict of Interest in submitting this Proposal/Quote; or entering into a Contract to deliver the Requirements. CARE Procurement's Point of Contact will be notified right away by the bidder if a conflict of interest occurs during the RFP process.
<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy: I/We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal issues that could hinder the ability to conduct business.
<input type="checkbox"/>	<input type="checkbox"/>	Offer Validity Period: I/We confirm that this Proposal/Quote, including the price, remains open for acceptance for the Offer Validity.
<input type="checkbox"/>	<input type="checkbox"/>	I/We understand and recognize that you are not bound to accept any proposal you receive, and we certify that the goods offered in our Quotation are new and unused.



<input type="checkbox"/>	<input type="checkbox"/>	By signing this declaration, the signatory below represents, warrants and agrees that he/she has been authorized by the Organization/s to make this declaration on its/their behalf
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Supplier Name:	
Title/Designation:	
Company Name:	
Phone Number:	
Email Address:	
Date:	
Signature:	

4. CONDITIONS AND GUIDELINES FOR SUBMISSION OF PROPOSAL

4.1. PROPOSOSAL GUIDELINES

This Request for Proposal represents the requirements for an open and competitive process.

All vendors must provide written notification via email to Sultamahmood.duranie@care.org of their intent to participate, or not to participate in the bidding process by [N/A].

Proposals will be accepted until **12:00 PM [September 30, 2024]**, send to **sultanmahmood.duranie@care.org**, not later than the above specified date.

Any proposals received after this date and time will not be accepted. All proposals must be signed by an official agent or representative of the company submitting the proposal.

If the organization submitting a proposal must outsource or contract any work to meet the requirements contained herein, this must be clearly stated in the proposal. Additionally, all costs included in proposals must be all-inclusive to include any outsourced or contracted work. Any proposals which call for outsourcing or contracting work must include a name and description of the organizations being contracted.

All costs must be itemized to include an explanation of all fees and costs.

Contract terms and conditions will be negotiated upon selection of the winning bidder for this RFP. All contractual terms and conditions will be subject to review by the CARE legal



department, and will include scope, budget, schedule, and other necessary items pertaining to the project.

You must respond to every subsection including statement, question, and/or instruction without exception.

Any verbal information obtained from, or statements made by representatives of CARE shall not be construed as in any way amending this RFP. Only such corrections or addenda as are issued in writing by CARE to all RFP participants shall be official. CARE will not be responsible for verbal instructions.

4.2. PROJECT PURPOSE AND DESCRIPTION

CARE is issuing this RFP (Request for Proposal) soliciting qualified bidders to submit proposals intended for the [provide requirement description and any other requirements].

This RFP is an invitation to bid, not an offer of contract. Bidders must submit a response that complies with the minimum requirements contained herein.

4.3. PROJECT OVERVIEW

CARE is seeking a provider to submit proposals intended for the [Endline Assessment for WAQAR project]

Requirement & Specs	Qty.	Unit of Measurement	Required Delivery Lead Time	Delivery Address	Contract Period
Endline Assessment for WAQAR project	1	ToR	Please refer to attached ToR	Please refer to attached ToR	As per ToR

[Provide additional requirements]

Item #	Other Requirements	
1	Delivery Date & Time	Bidder shall deliver the service at least one week after Contract signature.
2	Delivery Terms (incoterms)	<input type="checkbox"/> EXW [Ex-works (Place)]
		<input type="checkbox"/> FCA [Free Carrier (Port)]
		<input type="checkbox"/> FAS [Free Along-Side Ship (Port)]
		<input type="checkbox"/> FOB [Free On-Board (Port)]
		<input type="checkbox"/> CFR [Cost, & Freight (Port)]
		<input type="checkbox"/> CIF [Cost, Insurance & Freight (Port)]
		<input type="checkbox"/> CPT [Carriage Paid-To (Place)]
		<input type="checkbox"/> CIP [Carriage & Insurance Paid-To (Place)]
		<input type="checkbox"/> DAP [Delivered at Place (Place)]
		<input type="checkbox"/> DPU [Delivered at Place Unloaded (Place)]
		<input checked="" type="checkbox"/> DDP [Delivered Duty Paid (Place)]



3	Custom Clearance (Must be linked to Incoterms at origin)	<input type="checkbox"/> Not Applicable. Shall be done by _____ <input type="checkbox"/> Shouldered by CARE <input checked="" type="checkbox"/> Supplier/ Bidder <input type="checkbox"/> Freight Forwarder
4	Exact Address(es) of Delivery Location	
5	Warranty Period	Standard Manufacturer's Warranty (if applicable)
6	Payment Terms	30 Days upon Receipt of items
7	Quotation Validity	The quote needs to be valid for 90 days to cover all the days from bidding up to the award process. However, once the contract has been released, it shall be valid for the same coverage as reflected in the requirement above.

[Provide additional requirements]

4.4. PROJECT TIMELINE

All bidders are advised to strictly follow the below timeline as noted.

Any technical questions arising during the preparation of your response to this RFP should be submitted in writing via email to Sultan Mahmood Duranie (sultanmahmood.duranie@care.org) no later than **30 September ,2024**

Schedule of Activities/ To-do	Date of the Activity/ Deadline of Submission	Responsible	Remarks
RFP Issued	September 22 ,2024	CARE	
Supplier to notify CARE of intention to participate in bidding	[N/A]	Supplier	Deadlines must be strictly observed.
Deadline for submission of clarification questions to CARE	[September 26 ,2024]	Supplier	Deadlines must be strictly observed.
CARE to answer all clarifications	[September 29, 2024]	CARE	
Supplier's Deadline of Submission of Proposal	[September 30, 2024] 12:00 PM]	Supplier	Deadlines must be strictly observed.
Evaluation of Proposal	N/A]	CARE	
Vendor presentation (if required)	N/A	Supplier	



Finalists selected	As soon as possible	CARE	Upon notification, the contract negotiation with the winning bidder will begin immediately.
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4.5. PROJECT REQUIREMENTS

a. Technical Requirements

a.1 Technical Proposal of the Product

REQUIREMENTS		Provide the necessary details. Attach document or provide separate sheet if needed.
A. Overall Proposal Suitability		
1	Please see the Scope of Work and any other required specifications for this project.	Please refer to attached ToR
2	Provide Delivery Lead Time	
3	Provide after-sales service (if applicable)	
4	Ability to provide sample (if applicable)	
5	Provide Warranty Period	
	(Any additional requirement that is deemed necessary for "Previous Works & Awards" Category)	

REQUIREMENTS		Provide the necessary details. Attach document or provide separate sheet if needed.
B. Previous Works and Awards		
1	Provide 3 or more client experiences or testimonials (References whose environment, size, and scope are most like CARE. Include a summary of the work completed for each account. Include reference contact names, with telephone numbers and email addresses.)	
2	Provide previous records of performance and service.	
3	Provide citations and awards. This encompasses reviewing the citations and awards a vendor has received from other customers and award-giving bodies.	
4	Provide any testimonials, survey response/s from previous buyers and/or partners.	



5	(Any additional requirement that is deemed necessary for "Previous Works & Awards" Category.	
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REQUIREMENTS		Provide the necessary details. Attach document or provide separate sheet if needed.
C. Technical Expertise and Organizational Experience		
1	Provide 5 Availability of vendor's representatives to call upon and consult with.	
2	Any proof that the vendor has the Ability to render satisfactory service in this instance.	
3	Provide Years of experience in providing the same requirement to other companies.	
4	Provide the latest audited Financial Statement	
5	(Any additional requirement that is deemed necessary for "Technical Expertise and Organizational Experience.	

REQUIREMENTS		Provide the necessary details. Attach document or provide separate sheet if needed.
D. Others		
1	Provide any relative requirements which were not mentioned above. (delete if not applicable)	

b. VALUE & COST (Financial Requirements)

(Provide below requirements, payment terms, etc., if there's any)

See attached template (in Excel File) to be used for your financial bid.

Compliance with Requirements

	Yes, we will comply	No, we cannot comply	If marked as "No", please provide counter proposal
Minimum Technical Specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Term (INCOTERMS)	<input type="checkbox"/>	<input type="checkbox"/>	
Warranty Period (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Terms (30 Days)	<input type="checkbox"/>	<input type="checkbox"/>	
Other Requirements (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	

4.6. EVALUATION CRITERIA

CARE will evaluate all proposals based on the following criteria. To ensure consideration for this Request for Proposal, your proposal should be complete and include all of the following criteria:

- **Overall Proposal Suitability:** proposed solution(s) must meet the scope and needs included herein and be presented in a clear and organized manner.
- **Previous Work and Awards:** Bidders will be evaluated on examples of their work pertaining to the requirement as well as client testimonials and references.
- **Technical Expertise and Organizational Experience:** Bidders must provide descriptions and documentation of staff technical expertise and experience. Bidders also need to provide their experiences as an organization which include but not limited to years of experiences, financial stability, expertise, and edge to other competitors.
- **Value and Cost:** Bidders will be evaluated on the cost of their solution(s) based on the work to be performed in accordance with the scope of this project.

Note for Country Offices (CO): The specific criteria must closely represent the objective and scope given the nature of the procurement required. Evaluation criteria reflected above can be added and or adjusted depending on the requirement and the type of purchase. The final evaluation criteria must be reflected above prior to releasing of this RFP.

CARE will review proposed budgets and pricing after the initial review of the criteria above.*

TERMS OF REFERENCE

Endline Assessments



Project Title	WAQAR: Livelihoods and Integrated Health and WASH Service Strengthening and Support for Displaced Populations in Afghanistan
Project code (FC/AID)	US3FA
Budget manager	Mirzakhon Basharmal
Project start and end data	June 2022- Nov 2024
Date of the survey	Oct/Nov 2024
Type of survey	Endline assessment
Location of the survey	Khost (Khost City (Matoon), Sabari, Alisher, Bak,, Gurbaz, Jajimaidan districts) and Paktya- Gardez
Attached documents	Result framework, baseline report & project proposal

1. Introduction

CARE is a humanitarian non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls.

CARE Afghanistan is part of the global CARE International organization, which helps poor people in more than 100 countries in the world. CARE has worked in Afghanistan since 1961. CARE is an independent, non-political and impartial aid organization, which provides help to those who most need it. CARE works to bring positive change in the lives of poor people in Afghanistan. Currently, CARE Afghanistan is operating three programs: Resilience Program (RP), Education Program and Health, Equity & Right (HER) Program. The focus of CARE Afghanistan's programming is on education, health, women's empowerment, resilience, livelihoods food security, emergency/humanitarian response, and rural development.

WAQAR: Livelihoods and Integrated Health and WASH Service Strengthening and Support for Displaced Populations in Afghanistan is a two and half years EU funded project managed by UNOPS through the Lives in Dignity Grant Facility, running from April 2022 through Nov, 2024. The impact of the project is that refugees and other displaced persons are productive members of their host communities and participate in furthering their common resilience, socioeconomic growth and development.

The project has two main outcomes including:

1. Increased income generation and livelihood opportunities for displacement affected persons
2. Increased access for displacement affected persons to integrated basic services (education, health, water, sanitation and energy)

The project targeted a total beneficiary of 192,384 in the two target provinces.

2. Purpose of the assessment

The overall purpose of the endline assessment is to: Measure and assess the progress and performance of the project against its objectives and indicators, and to identify the achievements, challenges, recommendations and lessons learned from the project's start and so far. In addition to that,

The endline assessment will cover the following:

- **Health:** The endline assessment will evaluate the access and utilization of health, immunisation and Sexual Reproductive Health, and Rights (SRHR) services by the target communities, and the quality and effectiveness of the services provided by the project staff and community health workers and community midwife. **The**

endline assessment will also assess the satisfaction and feedback of the beneficiaries and the stakeholders regarding the health services.

- **Nutrition:** The endline assessment will measure the impact of implementation of nutrition component on the nutritional status of the children under five years and the pregnant and lactating women in the target communities, and the coverage and quality of the nutrition therapeutic and preventive services provided by the project. The endline assessment will also examine the knowledge, attitudes, and practices of the beneficiaries and the communities regarding the IYCF, and the nutrition education and counselling services. The endline assessment will also identify the factors and barriers that influence the nutrition outcomes and behaviours of the target groups, and the best practices and lessons learned for improving the nutrition interventions and impact.

Specific objectives of the assessment:

- **Evaluate Impact:** Measure the effectiveness and impact of the WAQAR project by assessing the outcomes achieved and changes observed since the baseline assessment.
- **Assess Achievement of Objectives:** Determine the extent to which the project has met its goals and objectives as outlined in the project plan.
- **Inform Decision-Making:** Provide data and insights to stakeholders and decision-makers for future planning, resource allocation, and program improvements based on the findings of the assessment.
- **Document Progress:** Document the progress made over the project duration to understand the success factors and challenges faced in implementing the project activities.
- **Support Learning:** Capture lessons learned, best practices, and areas for improvement to enhance learning and guide future projects or similar interventions.
- **Generate Evidence:** Contribute to the body of evidence in the field by providing data that can be used for research, policy development, and advocacy related to similar projects or initiatives.
- **Facilitate Sustainability:** Identify strategies to ensure the sustainability of project outcomes and impact beyond the project period.
- **Assess the implementation and process of the project** to understand potential for learning, and outlining the project sustainability, effectiveness, efficiency and relevance (DAC criteria).

Objectives	Indicators
Outcome 1: Increased income generation and livelihood opportunities for displacement affected persons	1.2. % of beneficiaries reporting that the project activities are delivered in a safe accessible, accountable and participatory manner : Target: 75%
	1.3 % of beneficiaries of all genders satisfied with their last engagement with service providers [SDG indicator 16.6.2]. Target: 80%
	% of beneficiaries receiving health care service who express satisfaction with services received. Target: 80%
	% of women of reproductive age who have their need for family planning satisfied with a modern contraceptive method. Target: 80%
	% of births attended by skilled health personnel

Outcome 2: Increased access for displacement-affected persons to integrated basic services (education, health, water, sanitation and energy)	2.1 Percentage of assisted displacement affected persons who gained or improved access to integrated basic services (education, water, sanitation, health and energy): Target: 90%
	2.2 % improved access to health facilities rehabilitated with handwashing stations, latrines and drinking water sources: Target: 70%
	2.3. % of trained health care providers who reported increase in their knowledge and practices after the training: Target: 80%
Output 2.1: Access to basic health services, GBV support, WASH and COVID-19 information through capacity building and health-systems strengthening	2.1.1: Number of service providers trained for responding to the specific needs and vulnerabilities of displaced persons (disaggregated by sex, age, status and other context specific sub-categories)
	2.1.2 Number of CHW and midwife health posts established and supported
Output 2.2 Improved health and awareness of communities on common illnesses and comprehensive health and hygiene, with specific focus on women and children (6-59 months), as well as support to people at the risk of GBV and GBV survivors.	2.2.1: Number of displacement affected persons who gained access to national healthcare scheme (disaggregated by sex, age, status and other context specific sub-categories)
	2.2.2: Number of displacement affected persons who report improved or gained access to essential integrated health services, (disaggregated by sex, age, status and other context specific sub-categories)
Output 2.3: Community access to SRHR through government and PPP services	2.3.1: number of people accessed at least one SRHR service
	2.3.2. Number of people provided with any type of modern contraceptive method
Output 2.4 Access to assessment of the pregnant and lactating women and children under five years for malnutrition, Infant and Young Child Feeding (IYCF) Counselling services and referral of the malnutrition cases	2.4.1. Number of children under 5 and PLWs screened in the community by CHWs
	2.4.2. child caregivers who received counseling on IYCF
Output 2.5. Under five children & women of reproductive age (WRA) got access to routine immunisation services through health facility-based services (two Sub Health Centers in Khost)	2.5.1 Number of under five children received routine immunisation services as per National EPI policy.
	2.5.2. Number of women of reproductive age received TT vaccine as per National EPI policy
Output 2.6 Community based advocacy for displaced people to access services designed and implemented	2.5.1. Number of advocacy meetings conducted
	2.5.2. Number of community influential received training on communication, negotiation, lobby and advocacy

3. CARE's MEL principles and standards

CARE International has developed 7 monitoring, assessment and learning (MEL) Principles and standards which we use to inform our approaches to monitoring, assessment, accountability and learning. Our assessment standards state that:

- Assessments should provide CARE with a complete and-comparable assessment of the before-after or without situation;
- Assessments should assess desired as well as unexpected outcomes;
- Assessments should be conducted in line with ethical principles by professionals who establish and maintain credibility in the assessment context;
- Assessments engage all key stakeholders, including CARE staff members to ensure ownership, buy-in and credibility of findings;

- e. Assessments need to meet high standards of methodological quality and produce findings which are appropriate to the purpose of the assessment;
- f. Progress against CARE's global impact indicators should be measured where it is possible to do so.

The assessment must always respect the security and dignity of the stakeholders with whom CARE works, incorporating gender and power elements (see CARE's gender analysis framework) during the assessment. To gain a better understanding of potential differences in gender and power elements, evidence should be able to be disaggregated by sex, age, and any other relevant criteria defined in collaboration with CARE.

4. Assessment methodology

This assessment 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 development of the questioners and data collection tools, 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, including agreement, proposal, LFA, implementation plan, financial overview, analysis of the collected data and writing of the report.
- **Literature review, cross-sectional analysis and report write-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, relevant national health surveys and studies for Afghanistan, implementation plans, M&E data, formal policy documents, official statistics, and other relevant quantitative and qualitative secondary data that will support the assessment implementation strategies. Information will be provided to the external assessment team as per the proposed assessment schedule.
- **Presentation, donor discussion and dissemination:** CARE Afghanistan will present finding and discussion with the stakeholders, CARE will also engage the consultant support in the presentation of the technical findings where required.

4.1. Primary Data

To answer the Key assessment questions, data will be collected based on the methodology and tools proposed by the consultancy firm/consultant including KII, Semi structured interview, BNF survey, observation, and FGDs, approved by CARE Afghanistan, using the approved sample size which will be population or beneficiary-based. Findings of the data should be specific, disaggregated by sex, age and location, be concise and supported by quantitative and/or qualitative information that is reliable, valid and generalizable. The consultancy is expected to follow a collaborative and participatory approach ensuring close engagement with the project staff, relevant stakeholders, UN agencies working to contribute to the same outcome and BNFs groups. Some of the key stakeholders that must be targeted through the primary data collection include:

- Local health service providers including BPHS implementing partners
- Provincial/district MoPH staff and cluster
- Targeted Health Facilities
- Community Health Workers/Project staff
- Health Facilities key personnel/HF's staff

4.2. **Secondary Data:** The process, of 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 assessment implementation strategies. Information will be provided to the external assessment team as per the proposed assessment schedule.

4.3. **Assessment tools:** Assessment tools will be developed by the consultancy firm/consultant; and CARE Afghanistan through its MEAL department will monitor field data collection. The consultancy firm/consultant

will develop the data collection tools, present them to CARE Afghanistan's program and MEAL technical teams for validation, and then build them into Kobo.

5. Responsibilities and tasks

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	Health Equity and Right program (HER) program	Tools to be developed by consultancy and approved by CARE AFG.
Questionnaire translation	Consultancy firm/consultant	MEAL unit and program team	Monitoring and Assessment and Learning 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	Orientation session on tools to be delivered to the surveyors
Field test	Consultancy firm/consultant	Consultancy firm/consultant	MEAL unit	Tools will be tested in field for one day by consultancy and after provision of possible required amendment to be finalized for final implementation
Implementation of the survey- Data collection	Consultancy firm/consultant	MEAL unit	HERP Program	PQ unit will lead field data collection
3. Data entry				
Database creation Data entry Data cleaning	Consultancy firm/consultant	MEAL 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 consultancy. Raw, compiled & cleaned database including quantitative output and syntax files, qualitative transcripts, field notes and verified Questionnaires to be delivered to CARE AFG by consultancy and to be attached as annex of report as well
4. Data analysis				

Data analysis	Consultancy firm/consultant	MEAL and Consultancy firm/consultant	Program	Consultancy is responsible to compile, quality assure and analyze data and produce a consolidated baseline and gender analysis report
5. Reporting	Consultancy	CARE Afghanistan and CARE Netherlands & Norway	HERP/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 CARE USA as final versions.
6. Dissemination and follow-up	PM	SPC/MEAL	DCD	CARE Afghanistan has authority to disseminate final product as required.

6. Coordination

CARE Afghanistan MEAL unit and program team will provide the consultant with necessary support to undertake and implement the assignment and execute the objective of this ToR. This will include:

- Provide initial briefing and existing work overview,
- Provide relevant documents and technical support,
- Monitor regularly, and provide feedback and ensure the effectiveness of the contract,
- Support the consultant in accessing relevant stakeholders

7. Chronogram of the assessment

The following tables delineates the assessment timelines and milestones during the assessment process:

	Week 1-2	Week 3-4	Week 5	Week 1-2	Week 3-5	Week 1-2
1. Preparation phase	Sept 2024			Oct 2024		Nov 2024
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						
2. Field work						
Trainings to surveyors						
Field test						
Implementation of the survey						
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 CARE Afghanistan						
Feedback of CARE entities on the draft report						
Final submission of the report						
Submission of final datasets with CARE						
Presentation of the Assessment Findings, Learning and Recommendations						
6. Dissemination and follow-up						

8. Results and findings utilization

The assessment findings and processes will be used and shared to relevant stakeholders, including CARE Afghanistan, CARE USA, the donor and concerned local stakeholders.

9. Final report template

It is recommended to use CARE's template for the report and, where required, use the endline assessment format to ensure alignment of the comparison between endline and baseline situations.

The assessment report should be structured as below (projects to add additional chapters, as needed).

- Acronyms
- Acknowledgement
- Table of content
- List of Figures and tables
- Executive summary
- Introduction
- Methodology
- Findings, Results and Identified Outcomes
- Lessons learned
- Conclusions and recommendations
- Annexes

IMPORTANT NOTES:

- The external evaluator **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. A report titled 'draft' will not be accepted as final.

10. Data protection and management

Data Disclosure

The external evaluator 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](#)):

- MEAL Dept will have ownership of all assessment-related data and documentation. Communicating the findings from this 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 external assessment are submitted to CARE when the assessment is completed.
- **Data must be disaggregated by gender**, age and other relevant diversity, disability, and target group / displacement status per the LiD requirements 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 assessment 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 form¹.
- 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 external evaluator at the assessment inception phase.
- 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 assessment 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 external evaluator 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 assessment team members.

11. Eligibility Criteria

The successful consulting firm/consultant and service provider having 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,
- Independent consultant (individual), Service provider and/or 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 Assessment criteria

- Minimum 3 years of experience with, and knowledge on designing and conducting quantitative and qualitative survey/research with special focus on the health & nutrition, or developmental studies, contract/ completion certificates to be attached as proof– **45 marks**

¹ All release forms should be agreed in advance with CARE.

- List of successfully designed and managed large-scale robust research assessments and in similar nature and field (health & nutrition)– **30 marks**
- Study team leader and key teams need to have relevant degree/experience in health & nutrition, 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**

12. 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 assessment. 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)

13. Payment mechanism

The payment will be done in two instalments as follows:

First instalment (30%): upon the completion of kick-off meeting, approval of inception report and tool development.

2nd instalment (70%) will be paid upon the completion and finalization of the assessment report.

14. 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