

CARE International in Sudan

Terms of Reference (TOR) – Final Evaluation

Required: National Consultant

Project Title: Emergency CASH Assistance for Vulnerable Woman-headed HH in Kassala - Sudan

Duration of Appointment: 40 days

Expected Start Date: 20th July 2025

1. Background on CARE

CARE has been operating in Sudan since 1979 implementing humanitarian and development programs particularly focusing on women's and girls' empowerment, gender justice, humanitarian action and resilience building. CARE operates in seven states in Sudan: Khartoum, Al Gezira, East Darfur, South Darfur, Kassala, Gedaref and South Kordofan. CARE Sudan prioritizes partnerships, currently collaborating with 12 national NGOs, various line ministries, and several alliances.

CARE's strategy for food security and women's economic empowerment in Sudan focuses on a market-driven approach within agricultural value chains. This includes enhancing skills, improving the business environment and market connections for female smallholder farmers, engaging men and boys to challenge cultural norms, facilitating access to finance and capital, and supporting the formation of groups and networks of women entrepreneurs.

With a long-standing history in Sudan, CARE adopts a nexus approach to programming by delivering humanitarian assistance to preserve development gains and support community resilience with lifesaving aid.

2. Background to the project:

CARE targeted 440 vulnerable female headed households, among them IDPs, refugees and host community HHs (approx. 2640 individuals), in Kassala State, specifically targeting communities hosting high numbers of IDPs (i.e. Kassala town) and refugee camps. In addition, CARE targeted 12 existing WLiE and Mother groups in Wad Alhelaow and Kassala City locality, which were established in 2022. The targeted women include widows, divorced, separated, abandoned, or single women, with priority given to pregnant and lactating mothers and women with disabilities.

Project Outcomes/results:

Project objective: To support the refugees, IDPs and host community, especially vulnerable women in female headed households in Kassala State, to access food and other basic needs through Multi-Purpose Cash Assistance (MPCA) and strengthen their role in communities.

Outcome 1: Vulnerable female headed households (IDPs, refugees and host communities) who are at risk have enhanced their ability to meet their basic needs in an effective, and human-focused manner.

Outcome 2: Women have a more significant role in decision making and community-led emergency responses.

2.1. Purpose/objectives of the final evaluation:

Purpose, Objectives, and Rationale:

The purpose of the end line evaluation is to learn from monitoring data and supplemental qualitative methods, as well as from end line data collection. During the end line evaluation, the purpose is to assess the extent to which the project was able to achieve its targets, the extent to which positive changes can be attributed to the project's activities, how contextual factors affected implementation and the connection between actions and outcomes, the barriers and facilitators to success, and lessons learned and recommendations for how to improve the success of similar projects in the future. The evaluation will provide evidence and learning that can be applied in future projects, and to the accountability of the project to its affected population and stakeholders. Specifically, the evaluation sets out to:

1. Establish if the project achieved its set targets according to the approved Indicator tracking tables and explain any deviations from established targets.
2. To assess the extent the project applied WLiE approach to the targeted beneficiaries in accordance with the WLiE guidance.
3. To assess the relevance, efficiency, effectiveness, impact/changes, and sustainability of the interventions.
4. To assess how the program ensured inclusion of vulnerable and marginalized communities and engaged with affected population and communities.
5. To document lessons learned/best practices (what worked well, what did not work well, what can be improved - practices that worked well during the project period?) and provide evidence-based recommendations for similar future interventions.

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

- Assess the quality and **relevance** of the project design (its activities and objectives) in addressing the priority issues in the targeted communities and institutions.
- Assess to what extent the project resources have been used economically and in a timely manner (**efficiency**).
- Assess the major achievements of the project to date (**effectiveness**).
- Assess bottlenecks, opportunities and lessons learned.
- Assess to what extent the project contributed to empower women and support them to improve their capability to effectively participate in decision making and community activities.
- Identify which positive outcomes of the project are likely to continue after the project ends (**sustainability**).

Intended Users and Use

The evaluation's findings and processes will be used and shared by relevant stakeholders, including GIZ, CARE International in Sudan, the CARE International Confederation more broadly, and any other national, regional and international stakeholders looking to replicate or build on the work carried out under this project.

Evaluation Type:

The end line evaluation for this project will be a performance evaluation that follows a pre-post design using mixed-methods data collection and analysis approaches.

The evaluator will apply the OECD/DAC criteria to assess the relevance, efficiency, effectiveness, and sustainability of the GIZ project. The key evaluation questions include:

Relevance: <i>Is the intervention doing the right things?</i>	<ul style="list-style-type: none"> • Were interventions appropriate and effective for the target group based on their needs? • Which target groups and individuals were reached by the interventions? • How effective was the targeting approach in achieving the activity goal?
Effectiveness: <i>Is the intervention achieving its objectives?</i>	<ul style="list-style-type: none"> • To what extent do the activity's interventions appear to have achieved their intended outputs and outcomes? • To what extent do project interventions improve beneficiaries access to food and other basic needs through Multi-Purpose Cash Assistance (MPCA) and strengthen their role in communities
Efficiency: <i>How well are resources being used?</i>	<ul style="list-style-type: none"> • How were problems and challenges managed? • To what extent have the activity's interventions adhered to planned implementation schedules? • What was the level of efficiency and timely delivery of the goods or services?
Sustainability: <i>Will the benefits last?</i>	<ul style="list-style-type: none"> • To what extent did the activity take advantage of other organizations or projects investments in the same target areas to facilitate linkages with complementary services, layering with earlier investments, and implementing an exit strategy? • To what extent did the activity align and integrate with host government social protection strategy/policy/service delivery? • Was the activity able to end operations at the close of the award without causing significant disruptions in the targeted communities?

Evaluation design and methodology

The evaluation is expected to employ a "mixed methods approach" that combines quantitative and qualitative techniques. The evaluation is expected to involve partners and stakeholders, field visits, and review of program documents and program data. Data collection techniques may include desk reviews, key informant interviews, focus group discussions, satisfaction surveys and observations.

The team leader is expected to give due attention to the methods employed at baseline used to benchmark the performance of tracked outcome indicators. The survey will incorporate both qualitative and quantitative components, using, but not limited to, the following key data collection methods:

1. Desk review of project documents and other background documents like project proposal, log frame, assessment reports, etc.
2. Survey to collect quantitative indicators that cannot be assessed through secondary data.
3. Semi structured KKIs interviews with key informants and other community groups such as women and youth groups.

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4. Focus group discussions with target women as well as community leaders.
5. Observations from the field – basic service provision, natural environment, community institutions, livelihoods activities, etc.

Any limitations to obtaining and verification of program data as well as to the methods and analysis should be clearly documented in the report.

All efforts should be made to capture gender disaggregated data. The team leader is expected to refer to the OECD-DAC criteria.

Evaluation Approach

An independent external team leader has responsibility for the evaluation. For more accurate quantitative data will be processed digitally using kobo toolbox. The team leader will be responsible for improving the data collection tools, translating Arabic and uploading the household questionnaire to the Kobo system and providing training to the field team and enumerators. Additionally, he/she will do data collection, analysis and generate the evaluation report.

Secondary Data Analysis and Desk Review

The selected team leader will do secondary data analysis and a thorough examination of all project documents and reports in order to provide a foundation for reviewing and updating data gathering tools. Furthermore, project documentation, baseline reports, PDM reports, and other reports will be utilized to assess the progress made on monitored output indicators and record the extent to which the interventions have met their predetermined targets.

The review will offer potential justifications for any deviations from the established goals. CARE will provide the team leader with the essential project documentation and strategy documents to enable the evaluation. The desk review will also assess the degree of accomplishment of planned actions and the level of achievement of the established targets.

Mixed-methods Performance Evaluations: for this project CARE will conduct a performance evaluation which consists of both quantitative and qualitative data collection, which are systematically integrated. A final, mixed-methods performance evaluation must integrate a comparison of baseline and end line quantitative data, as well as a qualitative study. The qualitative study should be designed to explore issues identified in the quantitative results and answer evaluation questions that are beyond the scope of the quantitative survey (e.g., sustainability, management, etc.). Where possible, mixed-methods performance evaluation should pull from other sources of data including different project reports.

The GIZ project final evaluation study will focus on collecting data on the indicators listed below:

Results	Indicator
OUTCOME 1: Vulnerable IDPs, refugees and host-community female-headed households (HHs) have enhanced their ability to meet their basic needs in an effective, and human-focused manner.	80 % of HHs satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian assistance provided by CARE and partners
	85% of women headed HH, and vulnerable individual covered at least three of their needs.
OUTCOMES 2: Women have a more significant role in	352 of women reported that they acquired the required knowledge and skills for decision making in the community

decision making and community-led emergency responses.	1200 of individuals report that they could work collectively with others in the community to achieve a common goal and prevent GBV
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The survey expected to answer the following questions that related to the designed results and indicators:

OUTCOME 1: *Vulnerable IDPs, refugees and host-community female-headed households (HHs) have enhanced their ability to meet their basic needs in an effective, and human-focused manner.*

Indicator1.1: 80 % of HHs satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian assistance provided by CARE and partners What are the current practices in agriculture and the level of support?

- What support the project provided for vulnerable women and individuals?
- To what extent are supported people satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian assistance provided?
- Is the support provided by the project being sufficient for the vulnerable women?
- Existing accountability system in the targeted areas and its functionality?
- Level of access to financial services.

Indicator1.2: 85% of women headed HH, and vulnerable individual covered at least three of their needs.

- What are the major needs of the vulnerable women and individuals in the targeted area?
- To what extend supported vulnerable women and individuals are able to cover their needs?

OUTCOMES 2: *Women have a more significant role in decision making and community-led emergency responses.*

Indicator 2.1: 352 of women reported that they acquired the required knowledge and skills for decision making in the community (target: 440 women).

- What kinds of support that WLiE members receive to increase their capacity to participate in decision making in WLiE?
- # & % of WLiE members involved in WLiE projects planning
- # of men and boys supporting women's participation in WLiE
- # & % of WLiE members reporting better handling and decision making of cash after the WLiE program
- # & % of WLiE members who reported improved self-confidence after the WLiE program

Indicator 2.2: 1200 individuals reporting that they could work collectively with others in the community to achieve a common goal and prevent GBV (target: 1200 individuals).

- The level of women participation in public after the implementation of the WLiE program in the targeted communities?
- .% of WLiE groups' members reporting that they could work collectively with others in the community to achieve a common goal.

- # & % of people of all genders from the community experiencing actual or potential impacts from the WLiE projects.
- # & % of people of all genders from the community who attended at least one GBV awareness session
- # of men and boys supporting women's participation in general
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Sample size determination and sample distribution:

Stratified sampling technique should be employed for the HH survey, and the individual interviews to be conducted with the project direct beneficiaries and particularly with the supported vulnerable women. However, other stake holders such as community leaders can be involved in the FGDs and KIIs.

2.2. Consultant's Roles and Responsibilities

- Establish working contacts with all stakeholders in Kassala States – Sudan.
- Review of the relevant project documents.
- Prepare and submit the evaluation proposal including methodology, work plan schedules and budget: (the budget covers consultant fees for design of the proper methodology, Inception report including all required data collection tools, data analyses and reporting etc.), vehicle rents and enumerators cost. Break down of the budget is required.
- Identify the appropriate sample size to achieve the survey objective.
- Design tools/questionnaire and methodology for data collection of both qualitative and quantitative data and share them with CARE International for their review and approval.
- Supervision of data collection (primary data and review of secondary data).
- Analyze and synthesize data; and prepare report.
- Submit data analysis and draft report to CARE International Sudan for review and feedback
- Incorporate, compile and submit final report

2.3. CARE International's Roles and Responsibilities:

- Review and approve the study tools and methodologies.
- Brief the stakeholders about the purpose of the evaluation.
- Provide all the necessary support to the consultant.
- Contact with State HAC & security to get the permission.
- Assist in organizing all meetings.
- Prepare and effect payment for the consultant upon completion of the assignments and acceptance of the final report.
- Ensure accuracy of representation in the research team and in the interviewees.
- Provide consultant with all supported documents.

3. Expected Deliverables

The consultant is required to deliver the following:

- Inception report including the operational methodology and detailed work plan (indicating all the stages of the study process, timelines and team/individuals involved with their CVs) and data gathering instruments (survey questionnaires, etc.) attached to the report.

- Draft and final evaluation reports with clear findings
- Systematic evaluation database produced and delivered with the final report.

4. Proposed work plan

Activity Timeframe	
Activity	No. of days
Development of Inception Report, including methodology and tools	5 days
Review of secondary information + finalization of tools by the consultant team.	3days
Conduct primary data collections	13 days
Data entering cleaning and analyses	4 days
Draft and submit evaluation report	5 days
Comments from stakeholders (CARE & partners)	5 days
Finalization and submission of the final report	5 days
Total	40days

Finance:

Consultant is required to give detailed budget covering all his technical work including preparation of inception report and tools, data analyses and reporting. And the required budget for data collection in the field, including vehicle rents and enumerators cost.

5. Required qualification of the consultant.

- Relevant academic qualification in social sciences or another related field
- Good experience or education background in the livelihood, cash transfer, women empowerment.
- Demonstrated experience and skills in facilitating and conducting projects final evaluations.
- Extensive and demonstrated experience in HH surveys, feasibility studies, evaluations, needs assessments etc.
- Extensive experience in working within development or humanitarian sectors and familiar with participatory approaches
- Working experience in the context of IDPs (culture consideration)

Supporting documents (sample of previous evaluation report) for proof of experience are required

6. Reporting format

Below is the suggested format for the report:

- Table of Content
- List of Abbreviations
- Executive Summary of findings
- Introduction

- Background, project description
- Objective, Methodology & Limitations
- Findings focusing on the project indicator results, Analysis and Interpretation
- Conclusion and Recommendations
- Annexes-not limited to:
 - Project log frame updated with the evaluation values
 - List of people/organizations consulted and their identifications (including age and sex)
 - All data collection Tools (questionnaires etc.)
 - List of documents consulted
 - Evaluation Survey TOR

7. Data Disclosure

The consultant 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:

- It is understood and agreed that the Consultant shall, during and after the effective period of the contract, treat as confidential and not divulge, unless authorized in writing by CARE, any information obtained in the course of the performance of the Contract. CARE and its partners will be the sole owners of all information collected in this survey.
- 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.
- 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.

8. Proposal Content:

Those interested in the consultancy must include in their application a detailed technical and financial proposal with the following components.

Technical: Technical proposal for conducting the evaluation based on the given information and including methodology and work plan schedules.

Financial: Budget, covering all the survey expenses such as consultancy fees, support staff, vehicle rent, enumerators cost, printing etc.).

Sample of previous work: Support document to prove experience including sample of evaluation report done by the consultant.

For those who interested in this consultancy work, please send your proposals and the other required documents to the following emails:

Procurement: Wala.Yousif@care.org Najat.Ahmed@care.org

MEAL: Nasreldin.Saeed@care.org