CARE INTERNATIONAL IN SUDAN
Terms of Reference (ToR) for Final Project Evaluation

Required: International consultant.
Task: Project final evaluation.
Project name: Enhancing resilience through improved food security, disaster risk reduction and peaceful co-existence in South and East Darfur states, Sudan.
Location: South Darfur state (Abu Karinka, Bahr al Arab localities) and East Darfur state (Kass, Jabal Marra localities).
Start date: 1st July 2025

1. BACKGROUND

CARE is a leading international humanitarian and development organization fighting global poverty. CARE works in more than 100 countries, reaching over 92 million people through 1,350 poverty-fighting development and humanitarian aid programs. Women and girls are at the heart of CARE's community-based efforts to overcome poverty, achieve climate justice and strive for gender equality and women's economic justice.

CARE International Sudan (CIS) has been operational in Sudan since 2009, with humanitarian, early recovery and peace building interventions. Sectors involved include Peace building, WASH, Health & Nutrition, livelihood diversification and Economic Empowerment. Through funding from Global Affairs Canada (GAC), CARE has been supporting lifesaving support and build the resilience of IDPs, refugees and vulnerable host communities in East and South Darfur. CARE has also been supporting the urgent needs of those displaced by increasing access to a safe water and sanitation facilities, developing inclusive WASH management structures, and providing an emergency nutrition response through a Community Based Management of Acute Malnutrition (CMAM) intervention for malnourished children U5 and pregnant and lactating women. CARE strongly supports and works with national NGOs, Community Based Organizations, government line ministries to achieve its strategies and goals in Sudan.

Background of the Project:

The combination of a weak economy, high food and fuel prices, rising inflation, Covid-19 and recurring natural disasters are driving developments in the conflict-ridden country of Sudan. According to IPC, 9.8 million people are expected to be acutely in need of humanitarian assistance between June and September 2021, with more than 16 million people classified as moderately food insecure. The main causes of food insecurity are primarily the effects of tribal conflict, reduced job opportunities leading to low purchasing power, high food prices, and inflation. Also contributing to food insecurity are significant crop losses and damage to infrastructure resulting from the 2020 worshipful floods.

Acute and chronic malnutrition is widespread and poses a significant public health problem. More than 2 million children under the age of 5 suffer from malnutrition and 2 million from emaciation. At 38% in Sudan, the chronic malnutrition rate is considered very high by WHO standards. Deficiencies in micronutrients such as iron, vitamin A, and iodine, are common among children under 5, school-age children, and women of reproductive age. Causes of malnutrition include limited access to food, marginal and unstable livelihoods, poor quality and access to health services, poor hygiene and childcare practices, unhealthy diets, poor institutional capacity, gender inequality, and poor infrastructure to absorb and adapt to shocks.

Enhancing resilience through improved food security, disaster risk reduction and peaceful co-existence in South and East Darfur states, Sudan project implemented to help build the resilience of

individuals, households, communities, and institutions in the target areas in South and East Darfur, and achieve food security and peaceful coexistence for them by the end of the project in 2025.

To better address the impacts of decades of conflict in Darfur, climate, and other recurrent shocks, the project takes an integrated, multi-sectoral approach that combines strengthening sustainable livelihoods, access to basic services, promoting adaptive capacity, and peaceful coexistence. In doing so, it promotes greater inclusion of women, youth, people with disabilities, and other marginalized groups in individual project activities, but especially in the highly archaic - patriarchal decision-making processes and leadership roles in decision-making bodies and institutions. Unless otherwise noted, the target is 40-50% participation by this target group. While the project cannot address the larger problem of conflict in its entirety, activities focused on promoting peaceful coexistence of community groups, limiting conflict over resources, and promoting resilient livelihoods by supporting community-based conflict resolution mechanisms, capacity building, and empowering women and youth leadership in peacebuilding initiatives and participation in decision-making processes.

Project objective: Improving food security and nutrition, peaceful coexistence, and strengthen resilience to buffer, adapt, and respond to future shocks at the individual, family, and community levels.

Project outcomes and indicators

Result	Indicators
Outcome 1: Men, women, boys and girls of the project region have improved their food security and nutrition through diversified agriculture, small business and social capital	1.1 75% of households having increased their harvest by 30% at the end of the project.
	1.2 80% of functioning social structures supporting women and youth in Improving food security.
	1.3 50% of women and youth supported by the project have diversified their sources of income, increasing their income by 30%
	1.4 30% households that have reduced negative coping strategies
Outcome 2: Households, communities, and institutions have improved access to basic services and have adaptive capacities and strategies to protect assets, prepare for, and mitigate shocks and stresses	2.1 75% of households with improved access to basic services.
	2.2 60% of women and men who report having improved their skills and knowledge to protect their assets and resources
	2.3 75% of households that have taken at least 2 risk reduction measures
	2.4 90% communities and institutions with functioning monitoring and early warning system
Outcome 3: Peaceful coexistence and inclusive decision making have increased in target communities	3.1 60% of people reporting increased perceptions of peaceful coexistence and well-being.
	3.2 60% decrease in incidents of violence and disputes reported to local committees in targeted areas
	3.3 90% of active community structures with inclusive representation and participatory decision making established at the end of the project
	3.4 60% increase in women and youth reporting active participation in peacebuilding and conflict resolution processes

The project is now in its completion period. In line with the provisions of the project agreement between **CARE and the Dutch Ministry of Foreign Affairs,** the implementing agency, CARE, agreed to undertake a final evaluation at the end of the project period. The output of the evaluation is expected to determine the level of achievement against the project targets and indicators and gather evidence on the criteria of relevance, effectiveness, efficiency, partnership and coordination, sustainability, and impact of the project interventions.

This term of reference (ToR) provides a detailed outline of expectations required of applicants to fulfill the objectives and criteria of the final project evaluation to the required standard and quality.

2. OBJECTIVES OF THE EVALUATION

CARE in Sudan is looking for a qualified international consultant/firm to conduct the final evaluation of the "*Enhancing resilience through improved food security, disaster risk reduction and peaceful co-existence in South and East Darfur states, Sudan*" project started on 1st September 2021 and now it is on the closing phase and will be ended 31st August 2025.

The objective is to evaluate the degree to which the project met its targets, the extent to which positive changes can be ascribed to the project's activities, the influence of contextual factors on implementation, the relationship between actions and outcomes, the obstacles and enablers of success, as well as the lessons learned and recommendations for enhancing the efficacy of similar projects in the future. The evaluation will provide evidence and insights applicable to future initiatives, as well as ensure responsibility to the impacted community and stakeholders. The assessment aims to:

- Determine if the project met its defined objectives as per the approved Indicator Tracking Tables and elucidate any discrepancies from the predetermined benchmarks.
- To evaluate the relevance, efficiency, effectiveness, impact/changes, and sustainability of the interventions.
- To evaluate how the program facilitated the participation of groups with vulnerabilities and disadvantages and interacted with impacted populations and communities.
- To record lessons learned and best practices (including successful and unsuccessful elements, as well as areas for improvement) and to provide evidence-based suggestions for similar actions in the future

3. EVALUATION CRITERIA

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, impact and sustainability of the BMZ project. The key evaluation questions include:

Relevance: Is the intervention doing the right things?	• 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: *Is the intervention achieving its objectives?*	• To what degree were the project's objectives successfully accomplished or are they anticipated to be accomplished? • To what extent have the project interventions been effective in achieving their intended outputs and outcomes, including improving beneficiaries' access to Climate-resilient livelihoods and socioeconomic infrastructure, protection and justice, and improved inclusive governance and conflict resolution mechanisms? • What factors influenced achievement or non-achievement of output and outcome targets? • Which project components showed strong results and required further scaling?
Efficiency: *How well are resources being used?*	• Have project inputs been converted to outputs in a cost-effective manner given monitoring targets? • Could activities be implemented more efficiently while maintaining quality? • How were problems and challenges managed during project implementation, and what strategies were used to overcome them? • To what extent have the project's interventions adhered to planned implementation schedules? • Was assistance delivered in a timely manner to be of use to project participants?
Impact	• What changes has the project induced in individuals' lives and the environment?
Sustainability: *Will the benefits last?*	• What are the key conditions or factors that are likely to undermine or contribute to the persistence of benefits? • Did the project include an exit plan and risk mitigation measures to ensure sustainability? • What exit strategies are required to ensure continuation of gains? • Are there any social or political factors that may influence positively or negatively the sustenance of project results and progress towards impacts? • Is the level of ownership by the main stakeholders sufficient to allow for the project results to be sustained? • To what extent are the continuation of project results and the eventual impact of the project dependent on financial resources? • Did the approach employed by the project promote replication effects? • To what extent has the actual replication has already occurred or is likely to occur soon.

4. METHODOLOGY

The consultant is expected to propose and design with precision the details of the methodology for conducting the evaluation. However, the use of appropriate participatory approaches is essential to properly triangulate information. supplemented by an in-depth review of program documents.

The consultant is expected to conduct the evaluation through phases: an inception desk-based phase, a field phase, and a synthesis and reporting phase which will be followed by a discussion seminar

for a de-briefing and validation of the evaluation process, quality, and findings before the final revised report is submitted.

I) Inception desk phase – This includes the collection and review of all relevant documentation concerning the project intervention (e.g.: financing decisions, project proposals, activity reports, monitoring reports, etc.). Based on the information collected, the evaluation team should comment on the logical framework, and the issues/ evaluation questions suggested or when relevant, propose an alternative or complementary set of evaluation questions justifying their relevance. Develop the evaluation into sub-questions identify provisional indicators and their verification means and describe the analysis strategy; Propose the work plan for the finalization of the first phase; Confirm the final time schedule. During the inception stage, an inception report shall be prepared and submitted to CARE for review, comment, and approval.

II) Field phase - After the approval of the inception desk-based phase the consultant shall train the enumerators, share an indicative list of people to be interviewed and surveys to be undertaken. This plan must be applied in a way that is flexible enough to accommodate any last-minute difficulties in the field. Due to access issues the consultant will work remotely, and supervisors and enumerators will do the data collection and submit it to the consultant. The consultant will summarize the findings of the fieldwork, discuss the reliability and coverage of data collection, and present it in a meeting with partner organizations, stakeholders, and CARE.

III) Synthesis and reporting phase: This phase is mainly devoted to the analysis of data and preparation of the draft final report. While working remotely it is the duty of the consultant to make sure that: The assessment is objective and balanced, the affirmations are accurate and verifiable, and recommendations realistic. A balance between descriptive, inferential, and qualitative analysis is essential and no element should be discounted in the triangulation process. When drafting the report, they will acknowledge clearly where changes in the desired direction are known to be already taking place, to avoid misleading readers and causing unnecessary irritation or offense. If CARE considers the draft report of sufficient quality, they will circulate it for comments to the donor and other stakeholders and convene a meeting in the presence of the evaluation team. Based on comments expressed by the reference group members, and collected by the evaluation manager, the consultant has to amend and revise the draft report. Comments requesting methodological quality improvements should be considered, except where there is a demonstrated impossibility due to uncontrollable/unforeseeable factors, in which case full justification should be provided by the consultant. Comments on the substance of the report may be either accepted or rejected. In the latter instance, the consultant is to motivate and explain the reasons in writing.

IV) Discussion workshop (de-briefing and validation): The consultant should present the revised draft final report online. The purpose of the seminar is to present the report to CARE teams, to check the factual basis of the evaluation, and to discuss the draft findings, conclusions, and recommendations. Based on comments made by participants, and collected by the focal person at CARE, the consultant must write the final version of the report incorporating the comments and input from the online presentation.

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5. SPECIFIC TASKS, OUTPUTS, LEVEL OF EFFORT, AND MILESTONES

Tasks	Outputs	Estimated level of effort	Milestones
Inception desk phase Collection and review of all relevant documentation concerning the project and provision of inception report with detailed methodology, data collection tools, and work plan.	Gain project background and the plan of action developed and shared.	5 days	Inception report Work plan
Field Phase o Hire of supervisors and enumerators. o Training of data collection team Team on data collection. o The consultant to follow up regularly with the field teams.	All field data/information gathered	15 days (depending on the number of evaluation teams and work plan to cover the sample)	All fieldwork conducted as per the agreed methodology and sample size.
Synthesis phase: This phase is mainly devoted to the analysis of collected data and preparation of the draft final report and key findings.	Draft report produced	12 days	Analysis of all data Draft report submitted to CARE
Discussion workshop (Debriefing and validation): The evaluation team must present the revised draft final report to all invited stakeholders.		1 day	Key stakeholders attend and input at the seminar
Final report writing	Final report produced	2 days	Final report document
Submission of hard and soft copies of the final report,		N/A	All copies received by CARE

6. DELIVERABLES

1. **Inception report** of a maximum of 15 pages to be produced 5 days after the start of the consultant services. In the report, the consultant shall describe the first finding of the study, any challenges expected in collecting data, and other encountered and/or unforeseen difficulties in addition to his program of work and staff mobilization. A technical discussion

with the contracting unit will follow to establish the concrete parameters for the final report, outlining any areas that need to be included. At this stage the consultant should annex the data collection tools, describe the methodology, work plan and remote management approach.

2. **Draft a final report** of a maximum of 35 pages. In addition, to meeting the evaluation objective and addressing the evaluation questions, the draft final report should also synthesize the findings and conclusions into an overall assessment of the project and recommendations for future interventions. Upon receipt of the final draft report, the project manager/CARE will arrange an internal validation workshop where the consultant is expected to present the draft findings and open for comments. Based on the validation workshop and comments received from relevant staff, the consultant will produce the final report. The report should be finalized within 2 days of receipt of the consolidated comments.

3. **A final report** with the same specifications as mentioned under 2 above, incorporating any comments received from the parties concerned on the draft report, to be presented within 2 days of receipt of these comments. The project manager in CARE must confirm that all the comments have been addressed prior to any final acceptance of the report.

   All the reports must be submitted in English and must be of high quality (publishable standard).

7. WORK PLAN AND EVALUATION

The project evaluation shall be conducted in a maximum of **35 days** starting from the date of signing the agreement for the task. The consultant is expected to present a detailed work plan in his application including the period of data collection since his/her support will be required.

8. DISTRIBUTION PLAN.

The results of the final evaluation will be shared internally within CARE Sudan and externally with the donor. The report will be posted on CARE International Global website where it will be accessed publicly by all the stakeholders. The consultant will conduct a virtual workshop to present the findings to relevant stakeholders that will be invited by CARE.

9. DATA DISCLOSURE

The consultant should deliver, at minimum, all files including quantitative data sets (raw and cleaned SPSS data products), transcripts of qualitative data, and others in an easy-to-read format and maintain naming conventions and labeling for the use of the project/program/initiative and key stakeholders.

10. CRITERIA FOR SELECTION OF CONSULTANT

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

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- Technical proposal for conducting the survey based on the given information and including methodology and work plan. The applicants must show their understanding of the TOR and provide evidence of experience in carrying out similar roles.
  Financial
- Because of difficult traveling to the project areas, the consultant will work remotely to design the evaluation methodology, design the tools, provide the required training to field staff for data collection, supervision, conduct data analyses and reporting. The proposed budget should only include consultancy fees while CARE will provide the required logistics for data collection in the field.

CARE Tasks

In order to make the evaluation assignment successful and deliver expected activities within the deadline and high quality, the evaluation shall undertake the following key tasks:

- Facilitate meetings with key project staff of CARE, CARE management, and/or other stakeholders.
- Provide all required project documents.
- Hiring of data collection team (enumerators) at field level.
- Provide logistics for data collection in the field (enumerators per day, vehicle rent, tabs for data collection, internet and space for training, photocopy, stationery).
- Consolidate feedback on IR, data collection tools and reports from program team.

Individual Consultant/Firm Tasks

- Write the inception report including finalizing the evaluation methods and presenting it to the respective program quality and project team members.
- Design of data collection tools and upload it to kobo system.
- Organize and conduct training for field supervisors and enumerators focusing on data collection tools, methods, and overall field data collection process.
- Supervision and guide data collection from a representative sample of individuals from the target groups and key project relevant stakeholders using household questionnaires, key informant interviews (KII) and Focus Group Discussions (FGDs)
- Conduct data analysis Report writing and submission of first draft report.
- Presentation of findings and recommendations to and validation by key stakeholders.
- Finalize the report incorporating feedback and submission of final report.

Other conditions:

- Must adhere to the CARE Code of Conduct and CARE Security Protocol during the entire duration of conducting the assignment.

1. **Qualification and Experience**
   - Master's degree in economics, development studies, agriculture, sociology, policy, or a related social science field.
   - 5 years of experience conducting similar studies or research in volatile contexts like Sudan.
   - Experience in livelihoods, resilience, gender, markets, value chain development and any other relevant background.
   - Knowledge and demonstrated experience and skills in designing, facilitating, and conducting conflict analysis exercises.

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- Demonstrated proof of conducting similar exercises in the past possible, share reports from previous tasks.
- Strong knowledge of qualitative and quantitative research methods and sampling.
- Statistical analysis skills and strong proficiency with data analysis packages such as SPSS or STATA and qualitative data analysis software
- Fluency (verbal and written) in English and Arabic is an added advantage.
- If working as a team the proposal should outline the roles, and the CVs must be included

11. COMPLIANCE

Each party hereby certifies that it has not provided support of any kind in violation of applicable law to a person or entity that it knows or has reason to know advocates terrorism or engages in terrorist activity.

12. LOGISTICS AND SERVICES

This is a remote assignment, and CARE will support and fund the necessary field arrangements such as data collection and packaging of data and sharing with the consultant. The consultant will only conduct online interviews with relevant staff and stakeholders who can be accessed online.

13. APPLICATION PROCESS.

All applications should include the following:

- **Cover letter** (maximum 1 page) stating the candidate's availability during the evaluation period and **updated CVs** of the main consultant.
- **Technical proposal**: Which should include **(i)** brief explanation about the consultant with particular emphasis on previous experience in this kind of work; **(ii)** profile of the consultant to be involved in undertaking data analysis and report writing of the evaluation, **(iii)** anticipated data analysis and interpretation plan; **(iv)** understanding of the TOR and the task to be accomplished, **(v)** proposed methods and approach to conduct the evaluation **(vi)** draft work plan for the assignment(data analysis, interpretation and report writing).
- **Financial Proposal**: Budget that includes consultancy fee design, supervision, data analysis, interpretation, visualization, software used, and report write up.
- **One previous similar report,** relevant to the scope of work and deliverables indicated above for Donors like BMZ, GIZ, BHA, USAID, EU, ECHO etc. and conducted in Sudan or area.
- **Copy of firm's** legal documents (valid tax ID, commercial registration, etc.) and firm's profile.

All the interested applicants should send their CVs and proposals to:

sdn.procurementtender@careinternational.onmicrosoft.co and Cc: najat.ahmed@care.org.