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 **Protection for Syrian and non-Syrian Refugees in Cairo, Alexandria and Damietta, Egypt**

**Terms of Reference**

**End Line Study 2021-2023**

**Background:**

**CARE International in Egypt:**

CARE Egypt Foundation for Development (CEF) is a non-governmental organization registered by the Central Administration of Associations and the Federations of the Ministry of Social Solidarity under number “833 / 2018”. CEF is located in 25 Asmaa Fahmy Street - Fifth Floor (Plot No. 1 - Square Y) Qesm 1st Nasser City, Cairo, Egypt. The organization is subject to the provisions of the law governing the work of the Non-governmental Organizations (NGOs) No. 149 of 2019.

CARE Egypt Foundation for Development (CEF) is capitalizing and building on the legacy, expertise of CARE International in Egypt since 1954. CEF is designing, implementing and managing development programs and projects that aim towards improving living conditions and quality of life by responding to and addressing the main root causes of poverty, the highest needs of the poor and marginalized groups in Egypt in a sustainable manner that is consistent with the culture, reality and local and national contexts.

**Women’s Rights Program Brief:**

The Women’s Rights (WR) Program is designed to empower poor and marginalized women in Egypt who suffer from rights’ violation. Its impact goal is: By 2025, poor women in Egypt especially in Upper Egypt are empowered and enjoying a better quality of life, having attained their rights. In order to achieve this goal, the program works with both the duty bearers in government and civil society, as well as rights bearers, women themselves, to address discriminatory attitudes and behavior towards women and girls.

The WR program works with the duty bearers to support their role to protect and uphold the rights of women, and also with the women to encourage them to understand voice and demand their rightful entitlements. The program works on three domains (agency, relations and structure) in order to empower poor women in Egypt to gain their rights. Through the focus on agency, women’s self-esteem and confidence are built, and women have increased financial independence to fulfill their potential as productive and income-earning members of their households and society. In addition, when power relations (families) are gender sensitive whilst tackling all forms of gender-based violence (GBV) within and outside the household, and when structures (social norms or laws) particularly in the area of personal status, domestic violence are reformed, passed and implemented, gender equality can be achieved.

The program has three themes, which are:

1. Tackling Gender-based Violence (GBV).

2. Women’s Social and Economic Empowerment.

3. Engaging Men and Boys (EMB).

**Education Program Brief:**

The objective of the Education program is to create opportunities for children, living in poverty in Egypt from 6-18 years, to enjoy their right to quality education and become empowered citizens in their communities with increased opportunities to realize their full potential and rights. Barriers preventing the realization of this objective are many and are multi-faceted. Thus, the program adopts a multi-dimensional strategy that aims to tackle a multitude of factors contributing to the weakening of educational services in Egypt. It is believed that when improved household incomes, increased students’ exercise of leadership in households and communities, and access of all children to quality basic education opportunities are achieved together; simultaneously with changed norms, attitudes and behavior and effective policy regulation; the program objective will be achieved.

The program seeks to directly influence the quality of education provided by the schools through building the capacity of school staff (teachers, social workers, school administration, etc.), activating structures/mechanisms (board of trustees, student unions, teacher training units, child protection committees, etc.) that can guarantee sustainability of the interventions, improving the physical environment of schools (through renovation), engaging the community and other stakeholders in education (local NGOs, government partners, etc.), and supporting policy-makers in replicating successful models across the nation along with advocacy for policy change when relevant.

**Project Brief:**

Sexual and gender based violence (SGBV) is often exacerbated during humanitarian crises when the stability of the society is disrupted and the population is most vulnerable. Refugees are at an even greater risk as they lack the protection of their government and may have limited rights in their host countries. Sexual harassment is a pervasive problem in Egypt, which is currently affecting the more disadvantaged Syrian, African population. During the past years, Refugees women have reported instances of sexual harassment and physical violence in public spaces. In addition to other SGBV concerns such as domestic violence, early marriage, and exploitation of single and female headed households.

As of August 2017, 1,216 Syrian SGBV survivors were reported to UNHCR through the 3RP. Domestic violence (intimate partner violence IPV) remains the most frequent form of SGBV, along with forced and child marriage for Syrian refugees. For Africans and Iraqis, the most types of SGBV that they are subjected to are rape and sexual assault, as per CARE’s case management system. The prevention and response strategy has been taken into account in this project’s design.

Since 2013, CARE International in Egypt has been implementing a holistic approach to address the problem of sexual and gender based violence among refugees. Through a combination of rights-based, survivor-centred, and community development approaches, CARE continues to raise awareness on the issue, enhance protection for individuals at risk, and support survivors who have faced various types of violence, exploitation, and abuse.

The Safety, Empowerment and Protection for Syrian and non-Syrian Refugees and Host Communities in Egypt is a 2 years project funded by CAREUS from August 1, 2021 through July 30, 2023. Areas of implementation are Greater Cairo, Alexandria, and Damietta.

The project primarily targets Syrian and Sub-Saharan women and children living in Greater Cairo and Alexandria, who are most susceptible to and affected by SGBV. It is estimated that approximately 65% of beneficiaries will be Syrian refugees and 35% will be refugees from Iraq or African countries. The project additionally aims to engage men and boys in its various activities. In order to transform gender inequalities that social, cultural, economic and political systems perpetuate. Following CARE’s Gender Framework which encompasses agency, relations and structure and in order to create real sustained change, both men and women must be engaged in a synchronized way to ensure that work complements and reinforces the positive changes aimed for.

**Project Goal:** A safe and dignified life for Syrian and non-Syrian refugee and vulnerable host community women, children and youth living in Greater Cairo and Delta/Alexandria

The project has 2 main objectives and 6 outcomes:

**Objective 1: Strengthen SGBV knowledge, support and survivor services and create an enabling environment to end SGBV.**

* Outcome 1: Women and girls gain knowledge and awareness on their rights and available services for SGBV and reduce their risk of GBV.
* Outcome 2: Values, beliefs, attitudes, behaviors and practices of individuals, communities and institutions shift to recognize violence against women and children (VAWC) as unacceptable.
* Outcome 3: SGBV survivors access immediate response and protective services.
* Outcome 4: Women from refugee and host communities are economically and socially empowered.

**Objective 2: Empower children and youth within refugee and vulnerable host communities, and strengthen child protection, education and positive parenting.**

* Outcome 5: Community schools, learning hubs and youth centers promote and recognize gender equality, child protection and respect for all.
* Outcome 6**:** Increased access to emergency cash transfers, food vouchers and provide economic support to families whose livelihood has been disrupted due to the COVID-19 pandemic and current inflation.

 **And six expected outcomes for this project are:**

1. Women and girls gain knowledge and awareness on their rights and available services for SGBV and reduce their risk of GBV.
2. Values, beliefs, attitudes, behaviours and practices of individuals, communities and institutions shift to recognize violence against women and children (VAWC) as unacceptable .
3. SGBV survivors access immediate response and protective services.
4. Women from refugee and host communities are economically and socially empowered.
5. Community schools, learning hubs and youth centers promote and recognize gender equality, child protection and respect for all
6. Provide economic support to families whose livelihood has been disrupted due to economic situation through cash assistance and distribute food vouchers

The project is on 2 phases: Year1 starts August 2021 till July 2022 and Year2 starts August 2022 till July 2023

*Target beneficiaries:*

|  |
| --- |
| **Table 1: Beneficiary targets** |
| **Governorate** | **Municipality** | **GPS coordinates** | **# of HHs** | **# of PPL** | **Below 17** | **18-59** |
| **F** | **M** | **F** | **M** |
| Alexandria | Agamy | 31.09945, 29.76658 | 1939 | 7,758 | 2,401 | 2,125 | 2,679 | 553 |
| Montazah | 31.29508, 30.01458 |  |  |
| Greater Cairo | Heliopolis | 30.10983, 31.32871 | 1939 | 7,758 | 2,401 | 2,125 | 2,679 | 553 |
| Giza | 30.01322, 31.20779 |  |  |
| Qalyoubia | 30.17979, 1.20670 |  |  |
| Damietta | New Damietta  | 31.45421, 31.6664 | 223 | 892 | 216 | 156 | 496 | 24 |
| Ras El-bar | 31.50378, 31.82769 |  |  |
| **Total** |  |  **4101** | **16,408** | **5,018** | **4,406** | **5,854** | **1130** |

Refugees especially women and girls are the impact groups.

Men, boys, women and girls are the target groups.

\*Sample should be calculated per each component of the project as each component is targeting different target group.

**Objective of the Assignment:**

CARE Egypt is seeking the services of a professional consultant/ consultancy firm in the field of monitoring and evaluation for an assignment with the objective of conducting an End line study for the project.

The objective of the assignment to conduct an end line study for the project. This study will:

* Measure the project’s achievement against expected objective and results aligning with set indicators at objective and results levels.
* Measure the 6 evaluation criteria which are: effectiveness, efficiency, impact, coherence, relevance and sustainability of the projects.
* Capture challenges that were faced during implementation of defined activities as well as strategies that were adopted to overcome the challenges. In addition, the study will identify lessons learned, linking them to the wider context in designing similar projects.
* Develop specific and practical recommendations to guide future program management and design.

**Scope of the Assignment:**

The Endline study will measure the values of the indicators placed for the project’s overall objective and the below mentioned outcomes. Below is the list of indicators intended to be measured by the Endline study (all disaggregated by gender, nationality, age and location). Additionally, the Endline study will aim to answer the following questions:

**General Questions:**

**Relevance:**

* Was the project design, planned interventions and targeting strategy appropriate given the situation analysis especially women and girls?
* How were the objectives and design respond to beneficiaries needs and priorities?
* To what extent was project able to adapt and provide appropriate response to context changes and emerging local needs, and the priorities of beneficiaries?

**Efficiency:**

* Were project resources and inputs used in the best possible way to achieve project objectives?
* What would have been opportunities to have cost-efficient without compromising quality?
* Were any cost-efficient alterations made to the program design in terms of implementation phase based on the reality on the ground?

**Effectiveness:**

* How appropriate was the original project design for achieving the results that were originally expected?
* To what extent did the project achieve its expected result and contributed towards its objective?
* How well has the internal monitoring system contributed to the evaluation and to ongoing project implementation?
* What were the helping and hindering factors for the implementation? And how did that affect achieving project’s objective?

**Impact:**

* Approximately how many people has the project reached, directly and indirectly?
* How has the activities implemented improved the beneficiaries’ lives especially women and girls?
* What are the positive and negative changes produced by the project, directly or indirectly, intended or unintended for beneficiaries especially women and girls?

**Sustainability:**

* Are the changes brought about by the project resilient and sustainable? Why or why not?
* To what extent, did the project interventions contributed to build long-term community capacity?

**Coherence**:

* To what extent was the project implemented in line with the CARE cross cutting strategies of Gender justice, Inclusive Governance and Resilience?
* To what extent was the project implemented in line with CARE global indicators and CARE vision 2030?
* To what extent was the project implemented in line with refugees’ international policies, laws and SDGs?

**Questions under each objective/ outcome/ indicator:**

*Overall Objective:* **Refugees and vulnerable host community members, especially women and children, have improved protection in Greater Cairo, Alexandria and Damietta.**

Objective 1 [GBV]: ***Strengthen SGBV knowledge, support and survivor services and create an enabling environment to end SGBV***

Ind0: **% of beneficiaries who report an improved sense of safety and well-being at the end of the program, disaggregated by age and gender**

- What is the percentage of women and children (especially girls), reporting feeling safe in their homes and community?

- To what extent do the women and children specially girls feel comfortable, happy and have good health in their community and home?

- What are the factors contributing to their sense of safety? What are the factors compromising their sense of safety?

- What are the main protection concerns faced by women and children, in their homes and the community at large?

- What forms of SGBV are beneficiaries subjected to?

*Outcome 1:* Women and girls gained knowledge and awareness on their rights and available services for SGBV

**Ind 1.1 % of beneficiaries, (disaggregated by nationality and gender) that recall key messages for awareness-raising sessions on early marriage, legal aspects and health matters**

* What is the beneficiaries’ knowledge towards SGBV, protection SRH, legal and psychological topics?
* What is the beneficiaries’ awareness of available services provided to SGBV survivors and abuse victims?
* What is the beneficiaries’ awareness of their rights and on Egypt’s personal status law in relation to their status as refugees; psychosocial support services provided to refugees?

*Outcome 2:* Values, beliefs, attitudes, behaviors and practices of individuals, communities and institutions shift to recognize violence against women and children (VAWC) as unacceptable

**Ind2.1 % of parents who have adopted positive parenting tools**

* What is the parents’ perception of parenting methods?
* What is the best way to raise a child?
* What are the current attitudes of beneficiaries towards negative parenting?
* What parenting methods do beneficiaries perceive as acceptable?
* What parenting methods do beneficiaries perceive as unacceptable?

**Ind 2.3 % of beneficiaries (disaggregated by sex, age and nationality) who acknowledge all forms of VAWC as unacceptable**

* What is the distinction beneficiaries make between violence against children and disciplining?
* What are the types of violence that women and children exposed to?
* What is the beneficiaries’ attitude towards parenting and violence against children?
* What is the beneficiaries’ awareness of the consequences of violence against children?
* What is the beneficiaries’ attitude towards VAW?

Outcome #3*:* ***SGBV survivors access immediate response and protective services***

**RI4.1 % of beneficiaries who have reported satisfaction with the case management services**

* What is beneficiaries’ awareness of case management services provided?
* What forms of protection violations are beneficiaries subjected to?
* What is the level of satisfaction that SGBV survivors reported regarding time, accessibility, quality and service providers?
* What are recommendations for better services for SGBV?
* What is the level of satisfaction for the distributed food vouchers?

Outcome 4: Women from refugee and host communities are economically and socially empowered.

**Ind 4.1 % of women who (report they) are able to equally participate in household financial decision-making (CARE global indicator)**

* To what extent are the women participate in the household financial decisions?
* What are the beneficiaries attitudes towards women participation in financial decisions?
* How power relations in households impacts women participation in financial decision making?

Objective 2 [child protection]: ***Empower children and youth within refugee and vulnerable host communities, and strengthen child protection, education and positive parenting***Outcome 5: Community schools, learning hubs and youth centers promote and recognize gender equality, child protection and respect for all and respond to the COVID-19 context.

**Ind 5.1 % of adolescents who have indicated a gain in at least 3 skills of the LSCE program**

* What is adolescents’ awareness of their skills for learning?
* What is adolescents’ awareness of personal empowerment?
* What is adolescents’ awareness of skills for active citizenship?
* What skills adolescents need to improve/gain?

**Ind 5.2 % of students (disaggregated by nationality and gender) who report increased satisfaction with their schools’ learning environment**

* What is the students’ level of satisfaction with current teaching methods? What are the activities conducted by teachers in the classrooms?
* What is the students’ level of satisfaction with social workers in schools? How do they perceive the social worker’s role?
* What is the students’ level of satisfaction with the state of their schools’ infrastructure?
* What methods of discipline are used by teachers and social workers in target schools?
* What are the current mechanisms used in target schools for child protection especially for girls?
* What are the main child protection concerns/ risks faced by children in their schools?

**Ind 5.6 % of teachers with increased knowledge in training topics**

* What is teachers’ attitude towards gender equity?
* What is teachers’ awareness of differences between sex and gender?
* What is teachers’ attitude towards roles towards gender roles?
* How do teachers treat girls and boys differently?
* How do teachers deal with children who suffered from traumas and losses?
* What is teachers’ attitude towards children who suffered from traumas and losses?

Outcome 6: Provide economic support to families whose livelihood has been disrupted due to the COVID-19 pandemic

* Was the choice to use cash rather than in-kind assistance justified in terms of needs?
* Was the size and regularity of the cash assistance adequate? and to what extent were the different needs of the beneficiary population met within the cash assistance?
* How efficient were delivery processes, considering the time and resources required at each stage of implementation, and coordination between different actors?
* How timely was the response in relation to needs of beneficiary? How could timeliness have been improved?
* How effective were the delivery processes for the cash assistance from both implementers and beneficiaries’ perspective?
* How effective was the process of information dissemination to beneficiaries through multiple mechanisms in terms of coverage and beneficiary knowledge?
* How well did the targeting mechanism function?
* For the food vouchers, how effective was the amount the vendor of the food voucher?

**Ind 6.1 # and % people satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian assistance and/or protection services provided by CARE and partners.**

* To what extent the cash transfer was effective to meet most of the basic needs of their households, according to their priorities?
* Was the amount of cash enough to meet basic needs for a household?
* To what extent have beneficiary households reported changes in coping strategies?
* How was the method of cash transfer safe especially for women?
* Did the criteria for cash distribution reflect inclusiveness?
* Did the amount of the food vouchers meet the basic food needs for the family?
* In terms of receiving and exchanging the food voucher, did you face any challenges?

\*Post Distribution Survey in addition to qualitative tools will be used to assess cash transfers.

**Intended Users and Use:**

The evaluation findings and processes will be used and shared by relevant stakeholders, including (CARE US and the donor (BPRM).

**Methodology:**

The consultant will be requested to use a mixed-methods approach in addressing these questions. Additionally, research tools will be designed and selected with the project team. All questions will reflect indicators in the project’s M&E system. These indicators, which all have proposed tools and means of verification for measurement are gender sensitive and disaggregated by gender, nationality, age and location.

Primary Data

The collection of primary data will be to answer the Key Evaluation Questions, data will be collected using a sample; Sample will be determined per each indicator as the project works with 5 different components (Prevention activities, Women friendly spaces, Case management, Education and Cash transfers))

Secondary Data

The process, retrieving existing documents and data, will include: a desk review of existing literature including the project proposal, M&E plan and previous progress reports. Information will be provided to the external evaluation team as per the proposed evaluation schedule.

 **Deliverables:**

* Meet with the project Manager, and the Monitoring, Evaluation, Accountability and Learning Officer (MEAL) to further discuss and agree on the methodology and approach proposed by the evaluator in his/her proposal, collect needed information on the project, and set a time plan including milestones and reporting management with the consultant.
* Review the project’s documents including the proposal and the logical framework; baseline study
* Implement thorough desk review and combine analytically all the gathered information, and submit a work plan. (Secondary data review)
* Develop data collection tools and related materials. Tools will be reviewed and must be approved by CARE before fieldwork. The study will include qualitative and quantitative approaches with a variety of primary and secondary data sources.
* Review the Post Distribution Survey questionnaire designed by CARE and manage the data collection in KoBo toolbox. The PDS has to be done after 14 days of receiving the transfers.
* Plan and coordinate field visits with a prior time table including dates with the assistance of the project team for applying the tools and meeting with relevant recipients
* Inception Report: The inception report will be delivered to CARE after the initial meeting and desk review have taken place. The report should include the objectives of the evaluation, a detailed plan of how the evaluation will be carried out describing research methodology, qualitative and quantitative survey, proposed guiding questions for semi-structured interviews, focus group discussion or other approaches, and proposing the draft data collection questionnaires. The inception report should also provide a clear matrix of roles and responsibilities indicating the persons involved in the evaluation and their roles, the key internal and external stakeholders to be involved, a detailed work plan and timeline including the number of days and persons involved. It should also summarize the preliminary findings and any preliminary hypotheses resulting from the desk review and explain the process for obtaining the participants’ consent and any necessary government permissions. A detailed work plan and data quality assessment should be annexed to the report. The main text of the inception report should not exceed 10 pages. The inception report should be delivered in English. Suggested tools must be delivered in both Arabic and English.
* Draft the Endline study and submit an initial draft including 3-4 pages executive summary that presents the key points of the different sections.
* Attach a Post Distribution Monitoring report to the Endline study.
* Incorporate comments, new information, clarifications and additional inputs received upon agreeing to feedback
* Submit a complete final draft to CARE in addition to a short guidance note on how to use the data collection tools, and design a PPT that summarizes the whole process and results as well as conduct the presentation to CARE Egypt staff.
* Final deliverable must be in both languages; Arabic and English.
* Validation workshop to be conducted using a PowerPoint presentation of preliminary findings
* All original datasets/ raw data and questionnaires used must be handed to CARE by the end of the assignment. For any use of the produced materials/reports/documents, other than for the purpose of the project and CARE, the consultant must receive a formal approval from CARE in writing.
* The consultant will provide the suggested sampling methodology and size. CARE will review and decide whether to approve it or if any further modifications or changes are needed. All the collected data should be disaggregated by age, sex, location, sponsorship status and disability if existed.

**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.

* Datasets must be anonymized with all identifying information removed. Each individual or household should be assigned a unique identifier. Datasets which have been anonymized will be accompanied by a password protected identifier key document to ensure that we are able to return to households or individuals for follow up. Stakeholders with access to this document will be limited and defined in collaboration with CARE during evaluation inception.

NOTE: 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.

**Consultant’s Qualifications:**

**Technical Requirements**

* Strong knowledge of VSLAs, SGBV, child protection, the education sector, and monitoring and evaluation tools.
* Master’s Degree (or equivalent experience) in international development field and/or research fields
* Proven track record on conducting final evaluations (at least two similar studies) including qualitative and quantitative data collection.
* Extensive experience (not less than 5 years) in project research, monitoring and evaluation in Egypt.
* Working experience with international non-profit organizations
* Demonstrated writing and oral communication skills
* Ability to establish priorities in a time-sensitive environment, and meet deadlines with strong attention to detail and quality
* Specific expertise in research and monitoring and evaluation in Egypt
* The evaluator will be responsible for obtaining the necessary permissions to implement the research data collection at the local and national levels.

**Competencies Required**

1. Situation Awareness

* Be familiar with existing relevant sectoral programming in the country and/or region
* Be aware of context, humanitarian situation and cultural practices in target communities

2. Design and Writing

* Work collaboratively within tight time constraints
* Identify information gaps blocking the completion of the research and secure the necessary information to complete.

3. Key Internal Contacts

* Women’s Rights and Education Program Teams.

4. Reporting lines

* Reports to Initiative Manager.

**Core Competencies**

* People Skills: Ability to work independently and as a team player who demonstrates leadership skills.
* Communication Skills: Well developed written and oral communication skills. Able to communicate clearly and sensitively with internal and external stakeholders as a representative of CARE. This includes effective negotiation and representation skills.
* Integrity: Works with trustworthiness and integrity and has a clear commitment to CARE's core values and humanitarian principles.
* Resilience/Adaptability and flexibility: Ability to operate effectively under extreme circumstances including stress, high security risks and harsh living conditions. Works and lives with a flexible, adaptable and resilient manner.
* Awareness and sensitivity of self and others: Demonstrates awareness and sensitivity to gender and diversity. Have experience and the ability to live and work in diverse cultural contexts in a culturally appropriate manner. Has a capacity to make accurate self-assessment particularly in high stress and high security contexts.
* Work style: Is well planned and organized even within a fluid working environment and has a capacity for initiative and decision making with competent analytical and problem solving skills.
* Knowledge and skills: knowledge of CARE policies and procedures, Sphere and the Red Cross/ NGO Code of Conduct. Requires general finance, administration, information management and telecommunication skills and proficiency in information technology/ computer skills.
* **The evaluation will be based on the following criteria according to the submitted documents:**

|  |  |
| --- | --- |
| **Evaluation type** | **Percentage** |
| Qualifications  | 10% |
| Service proposed (Methodology of work and expected results) | 30% |
| Experience (CV should be included) | 10% |
| Timeframe & commitment | 10% |
| Financial Evaluation | 40% |

*P.S. applications rated less than 40% in the technical evaluation will be excluded.*

**Execution of Assignment:**

Consultancy start and end date: **From 14 June 2023 to 28 July 2023**

**Coordination and Reporting:**

The Consultant will report on progress to the Project Manager of the action, who shall within 7 working days of receipt notify the Consultant of its decision concerning the documents or reports received, giving reasons should s/he reject the reports or documents, or request amendments.

**Conditions of Implementation:**

Interested applicants should submit the following documents in their offers:

1. **Technical Proposal.**
	* 1. A brief statement in understanding of the assignment, and general approach to it.
		2. A brief description of the methodology proposed to be used in the assignment, including data analysis techniques for surveys and focus group discussions.
		3. A capabilities statement of the consultant organization and/or brief description of relevant (similar) consultancies that would qualify for this assignment. This statement should be included as a separate annex, in addition to the five-page proposal.
		4. A work sample of a previous evaluation assignment with a similar scope
		5. Consultant CV
		6. It should indicate a complete list of deliverables and a proposed time-frame.
		7. A list of related previous experiences

|  |  |  |
| --- | --- | --- |
| Date of project/duration | Partners contacts | Description of the study  |
|  |  |  |

1. **Financial Proposal:** The consultant is requested to submit a firm fixed price offer separate from the technical proposal. The financial proposal should include a breakdown for the cost.

Note: CARE will withhold applicable taxes and deposit the funds with the applicable for tax authorities under this agreement (based on the proposal submitted’ please ensure that it is included in the proposal).

**Consultant Professional Service Fees**- will be subject to taxation

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Rate in EGP | Number Days | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Consultant Administrative Costs** (Such costs could include others costs, transportation, materials / printing, data collectors fees, translation costs, ....,… etc. ) – may not be subject to taxation

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Unit Cost in EGP  | QTY | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Deadline for sending the technical and financial proposal is June 8 2023 end of day, Financial proposal should include Taxes,** to be sent to CARE International in Egypt – via CARE website (<https://care.org.eg/consultancy/>),

**\*** Any proposals not submitted via the website or received after the deadline mentioned, will not be considered. Thus, please ensure that the proposal should be received at CARE email inbox no later than **June 11, 2023 end of day.** Please accept our apology for not giving any exceptions or accepting any justification.

Please feel free to contact us via email Please feel free to contact us via email (Hady.farid@cef-eg.org) for any further details or inquiry prior **June 4, 2023**

Proposals will be assessed against weighted criteria that include understanding of the task; proposed methodology; submitted documents as per the above requested documents in the technical proposal, previous experience and value for money.

CARE Egypt will respond to applicants with its decision within 3-5 working days from the proposal

deadline.

CARE keeps all rights to accept or refuse any offer received without giving reasons.

Technical and financial offer will be discussed upon selection.

**Payment Schedule:**

All payments (done within 20 working days from invoice submission) and linked with deliverables.

No down payment (advance) can be provided / accepted by CARE.

* First payment: 20% from the agreement total value upon receiving and approving Methodology and Tools.
* Second payment: 30 %from the agreement total value upon completing the Data Gathering/collection.
* Third payment: 30% upon submitting a draft report and being approved.
* Final payment: 20% from the agreement total value upon receiving and approving the final report.