

Comprehensive Approach to Eliminate Harmful Practices in Upper Egypt Project

**Terms of Reference for Contract to Conduct Final Evaluation**

# **Background**

CARE Egypt, has been operating in Egypt since 1954. The organization’s programming aims to help communities living in poverty meet basic needs, improve their social positions and cope with their challenging environments in ways that are sustainable and empowering.

Underpinning all of CARE’s work is a commitment to strengthening local civil society, promoting human rights and addressing the underlying causes of poverty and injustice, such as poor governance, women and girls’ equality, economic and social exclusion and conflict. CARE places special emphasis on investing in women and girls because its experience shows that their involvement invariably brings long-term benefits to families and communities. CARE Egypt focuses on four main programs: Women’s and girls’ Rights, Education, and Agriculture and Natural Resources, while Governance and Civic Engagement is cross-cutting.

The Comprehensive Approach to Eliminate Harmful Practices in Project in Upper Egypt is a 6-year UNFPA-funded project running from 2019 through 2025, with total number of beneficiaries unique reached are 206,942. It supports girls and women from harmful traditional practices—particularly Female Genital Mutilation (FGM) and child marriage—through a multi-sectoral and community-based approach. The project aims to challenge discriminatory norms, promote women and girls’ equality, and improve access to reproductive health and protection services in 4 governorates (Beni Suef, Minya, Assiut, Sohag). CARE implements the project in collaboration with local CSOs partners in each governorate (one or more ), with activities carried out in multiple villages within each governorate.

As part of this consultancy, a separate evaluation will be conducted for the Counselling Schools activities implemented in Minya and Sohag governorates. This component will assess the effectiveness of the counselling schools model, examine the retention and application of knowledge and skills among graduates, and identify best practices and lessons learned to inform potential scale-up. Between 2021 and 2025, 31 beneficiaries were trained, of whom 12 successfully graduated. Additionally, this evaluation will explore the experiences of beneficiaries who dropped out of the program to understand the reasons behind their non-completion.

# **Scope of the project:**

The project contributes to the following **UNSDCF Outcomes**:

1. **By 2027**, women and girls realize their rights as laid out in the Constitution to social assets, health and livelihoods, and their voice and leadership are upheld in an Egypt free of all forms of violence against women and girls.
2. **By 2027**, strengthened human capital through equal access to quality services, social protection, and social justice ensured for all people.

**Expected project Outputs:**

1. By 2027, capabilities and capacities of actors and institutions are strengthened to promote women and girls, equality and expand a zero-tolerance environment toward all forms of violence against women and girls.
2. By 2027, the capacities of national systems, including local institutions, are strengthened to provide quality, comprehensive, and inclusive reproductive health-care services and information, as well as services addressing violence against women and girls and harmful practices

**Here are the target group, impact group ,list of activities and indicators that will be measured through this consultancy:**

* The project’s target groups:
* **Survivors of violence against women and girls, including FGM survivors**: receiving psychosocial support, counselling, and referral services.
* **Adolescent girls and young women**: participating in edutainment sessions, life-skills training, and awareness campaigns.
* **Men and boys**: trained on women and girls’ equality, manhood, and positive masculinity to promote equitable attitudes.
* **Religious and community leaders**: engaged and capacitated to lead advocacy against harmful practices and support community mobilization.
* **Youth and Y-PEER members**: trained to deliver peer-to-peer education on SRHR and women and girls’ equality.
* **Local CSOs and partners**: receiving technical and organizational capacity building to implement and sustain women and girls’ transformative programming.
* **Students enrolled in counselling schools**: receiving training and follow-up support to expand their knowledge and practical skills related to women and girls, SRHR, and social change.
* The project’s impact groups:
* **Women and girls**: particularly those vulnerable to or affected by **FGM and child marriage**.
* **Men and boys**: as allies and change agents for transforming societal norms towards women and girls.
* **Communities at large**: benefiting from shifts in social norms, reduced prevalence of harmful practices, and improved access to services sensitive to women and girls.
* **Local institutions and systems**: including CSOs, religious/community leaders, and service providers who gain capacity to sustain and scale women and girls-transformative approaches.
* The project implements the following key activities, that allow for advancing the overall purposes and outcomes:
* 1‑on‑1 and group psychological support sessions for FGM survivors.
* Capacity building and TOTs for youth, volunteers, and CSOs on women and girls’ related topics, manhood, and engaging men and boys.
* Intergenerational dialogue sessions addressing discriminatory norms and harmful practices.
* Edutainment education for youth addressing FGM and child marriage.
* Awareness campaigns and community mobilization targeting men, boys, women, and girls.
* Capacity strengthening for local CSOs to deliver women and girls’ transformative programming.
* Advocacy initiatives by men and boys promoting positive masculinity and elimination of FGM.
* Door to door campaigns for raising awreness about FGM and violence against women and girls.
* Counseling school programs for students on women and girls’ equality and SRHR issues.

**Geographic Area and Population Coverage for the whole project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Governorate** | **Total direct beneficiaries** | **Female** | **Male** |
| **2020** | Minya, Beni Suef | 29716 |  |  |
| **2021** | Assiut, Sohag, Minya, Beni Suef | 28772 |  |  |
| **2022** | Assiut, Sohag, Minya, Beni Suef | 12348 | 7703 | 4645 |
| **2023** | AssiutSohagMinyaBeni Suef | 60380 | 48026 | 12354 |
| **2024** | Assiut, Sohag, Minya, Beni Suef | 63824 | 47337 | 16467 |
| **2025** | Assiut, Sohag, Beni Suef | 2104 | 966 | 1138 |

**Geographic Area and Population segregation for the counselling school**

|  |  |  |  |
| --- | --- | --- | --- |
| **Governorate** | **Number of beneficiaries trained** | **Number of beneficiaries graduated** | **Number of beneficiaries work as counsellors** |
| Minya | 13 | 6 | 6 |
| Sohag | 18 | 6 | 3 |

# **Purpose and objectives of the study**

The purpose of this consultancy is to conduct the following:

* 1. Comprehensive **Impact Assessment** to evaluate the project's achievements, effectiveness, and long-term changes among the target and impact groups, in addition to identifying success stories, gaps, and lessons learned to inform future programming, by doing the following:
* Evaluate the behavioral, and socio-economic outcomes among direct beneficiaries, disaggregated by women, girls, men and boys, age, and location.
* Assess project achievements against expected results, including changes in knowledge, attitudes, and practices related to FGM and child marriage.
* Analyze the relevance, efficiency, effectiveness, sustainability, and impact of the interventions.
* Provide actionable recommendations to inform future programming and scaling efforts.
	1. **Evaluation for the counselling schools** to assess the two schools and graduates in Minya and Sohag, identifying knowledge gaps among participants and highlighting best practices and lessons learned, through:
* Assess the overall design and delivery of the counselling schools’ model.
* Evaluate knowledge, attitudes, and skills gained by graduates, with focus on retention and application in personal/professional life.
* Identify gaps in training content or delivery.
* Highlight best practices and lessons learned for replication and scaling.
* Explore the experiences of beneficiaries who dropped out of the program to understand the reasons behind their non-completion.
* This evaluation will be conducted in Minya and Sohag only.

Scope of Work

The consultancy will cover **two distinct evaluations**, each with its own methodology, tools, data collection, analysis, and reporting:

**Component 1 – Main Project Impact Assessment (July2020–June 2025)**

* Designing a methodology based on a stratified random sample from the project databases covering the period 2020–June 2025.
* Collecting data using mixed-methods (quantitative and qualitative), including surveys, Focus Group Discussions (FGDs), and Key Informant Interviews (KIIs).
* Inclusion of both direct beneficiaries and control groups (non-beneficiaries) to assess attribution.
* Analysis of collected data to evaluate progress against the project’s logical framework and MEAL indicators.
* Documentation of success stories and case studies.
* Preparation of a **separate final report** in both Arabic and English for this component.

**Component 2 – Counselling Schools Evaluation in Minya & Sohag (2021-2025)**

* Designing a methodology specific to the counselling schools component, using appropriate sampling of graduates and stakeholders.
* Using mixed-methods (quantitative and qualitative) such as graduate surveys, FGDs, KIIs, and classroom observations where applicable.
* Analysis of collected data to assess the design, delivery, and learning outcomes of the counselling schools.
* Identification of knowledge gaps, best practices, and lessons learned for replication and scale-up.
* Exploring the reasons of dropping out of some beneficiaries.
* Documentation of relevant success stories and illustrative case studies.
* Preparation of a **separate final report** in both Arabic and English for this component.

*Note: The evaluator is expected to develop and use separate data collection tools for each evaluation component, ensuring that the findings and recommendations for each are clearly distinguishable.*

**Timeline**

* **September 2025**: Inception phase, desk review, finalization of methodology and tools, ethical approval.
* **October 2025**: Data collection (quantitative & qualitative) and analysis.
* **15th November 2025**: Drafting of report, validation workshop, submission of final report, presentations to stakeholders, dissemination.

**Intended Users and Use**

The evaluation findings and processes will be used and shared by CARE Egypt and relevant stakeholders

# **Evaluation Questions, Indicators to be Measured and Methodology**

Here are the key questions that the evaluation will explore and try to answer.

1. **For the Impact assessment:**
* Contribution to women and girls’ equality and reduction of violence against women and girls:
* To what extent has the project contributed to measurable changes in women and girls’ equitable attitudes (GEM Scale) and reductions in the prevalence of violence against women and girls, including FGM and child marriage, among women, men, and youth in the target communities?
* Behavioral and Social Norm Change
* How has the project influenced social norms, knowledge, attitudes, and practices around women and girls , reproductive rights, and harmful practices, and how sustainable are these changes?
* To what extent have religious leaders and fathers, as key change agents, contributed to shifting norms and influencing broader communities beyond the direct project participants? If indirect reach and impact can be demonstrated, how does this expand the overall population impacted by the project?
* Effectiveness of Project Components
* Which interventions (e.g., community leader engagement, youth capacity building, counseling services, edutainment, awareness campaigns) have been most effective in achieving the intended physical, behavioral, and socio-economic outcomes?
* Sustainability and Institutionalization
* To what extent have the project’s approaches and results been institutionalized within local systems, community structures, and partner organizations to ensure sustainability beyond the project’s life?
* Lessons Learned
* Which project strategies and models have potential for scale-up or replication in other contexts, and what lessons can be drawn to inform future programming under the UNSDCF?
* Relevance
* To what extent have the project’s objectives, approaches, and interventions been aligned with the needs, priorities, and realities of the target communities, particularly in addressing FGM, child marriage, violence against women and girls and inequality?
* Efficiency
* How well have project resources (financial, human, and technical) been used to deliver intended outputs and outcomes in a timely and cost-effective manner over the past five years?
* Effectiveness
* To what extent has the project achieved its intended results, including measurable changes in knowledge, attitudes, and practices related to women and girls’ equality, FGM, child marriage, and violence against women and girls among different target groups?
* Impact
* What significant and lasting changes—intended or unintended, positive or negative—have occurred among individuals, communities, and institutions as a result of the project, particularly in terms of women and girls’ equitable attitudes and reduction in violence against women and girls prevalence?
* Sustainability
* To what extent are the project’s results likely to be sustained beyond its completion, and how effectively have project approaches been institutionalized within community structures, local systems, and partner organizations?

The key outcome/impact indicators that **the impact assessment** will measure, and disaggregation levels, are:

**1. Women and girls’ equality & Social Norms**

* % of people supported through/by CARE who report women and girls’ equitable attitudes towards social norms (GEM Scale) *(Global Indicator 1)*
* Change in knowledge, attitudes, and practices related to harmful practices (FGM, child marriage).
* Number of men and boys trained on women and girls, manhood, and engaging men and boys approaches who demonstrate improved women and girls’ equitable attitudes.
* Number of religious and community leaders engaged in promoting women and girls’ equality and addressing harmful practices.
* Number of people impacted as a result of outreached men and boys and religious leaders.

**2. violence against women and girls Reduction & Protection**

* % of women and girls aged 15 years and older subjected to violence against women and girls in the last 12 months *(Care Global Indicator 2)*, disaggregated data on forms of violence against women and girls and (physical, sexual, psychological, economic) and age categories.
* Number of survivors of violence against women and girls (including FGM) receiving psychosocial support, counseling, or referral services.

**3. Youth Empowerment & Capacity Development**

* Number of youth capacitated on edutainment education, life skills, and women and girls’ equality.
* Number of students completing counseling school programs and demonstrating increased awareness of women and girls’ equality and SRHR issues.

**4. Community Mobilization & Engagement**

* To what extent the initiatives were successful and achieved its goal
* Engagement of men, boys, women, and girls in dialogue sessions addressing women and girls’ equality, FGM, and child marriage.

**5. Institutionalization & Sustainability**

* Number of CSOs and local partners capacitated to deliver Advanced capacity of women and girls to meet their own needs and reach their full potential
* Evidence of integration of project approaches into local community or institutional let’practices.

1. **For the counselling schools’ assessment:**
	1. To what extent has the counselling school curriculum improved participants’ knowledge, attitudes, and skills in women and girls’ equality, SRHR, and harmful practice prevention?
	2. What elements of the counselling school approach were most effective in achieving learning outcomes?
	3. What gaps remain in knowledge or skills among graduates?
	4. To what extent have graduates applied the knowledge and skills gained to influence others in their communities or workplaces?
	5. How many people have been indirectly reached or impacted through their engagement and activities?
	6. What best practices and lessons can be drawn from the counselling school model for future programming?

Evaluation Design and Data Collection Methods

The evaluator should propose a sampling strategy that ensures representativeness across all governorates and target groups, with adequate disaggregation by sex, age, and location. Control groups should be selected to be comparable to the intervention groups in demographic and socio-economic characteristics, to allow for attribution analysis. The sampling design must be clearly justified and statistically sound.

The counselling schools’ evaluation will require separate data collection tools and analysis, distinct from the main project assessment. These may include graduate surveys, focus group discussions, trainer interviews, and classroom observation checklists.

IMPORTANT: A safeguarding risk assessment should be considered for identifying the possible barriers to participation in the evaluation (in particular for women and children), and harm and abuse, with mitigations plans and, where needed, resources allocated. Consideration should be given to the suitability of questions asked, how participants are selected to participate, required travel and location of the evaluation.

**Use of Artificial Intelligence (AI) Tools:**

If the consultant intends to use AI tools or platforms at any stage of the assignment, this must be explicitly detailed in the technical proposal, including:

* The specific stages and tasks where AI will be utilized (e.g., data transcription, coding, analysis, or statistical modeling).
* The AI platform(s) to be used, including their data security and confidentiality measures.
* A clear explanation of how data protection and privacy will be maintained, ensuring that no sensitive or personal data is exposed to unauthorized third parties.
* An outline of how the use of AI will lead to efficiency gains, such as reduced human resources or fewer working days, and how these savings are reflected in the financial proposal.

The proposal should also demonstrate that AI use will not compromise data quality, ethical standards, or compliance with CARE’s safeguarding and data management policies.

## **Data Collection and Sample Size**

The evaluator/evaluation team should provide CARE Egypt with the sample size and the data collection methods for the different stakeholders for both studies and to provide us with:

* Data collection schedule
* A table of mapping of the data collection tools with disaggregated targets is requested.

# **Deliverables**

Key deliverables throughout the evaluation process include:

1. Inception Report that covers the following:
* A refined evaluation design and methodology, including sampling strategy and data collection plan.
* Detailed work plan and timeline for all activities.
* A **mapping matrix** linking each evaluation question or indicator to:
	+ The **specific tool** to be used (e.g., survey, FGD, KII).
	+ The **exact questions** within that tool designed to collect the necessary data.
	+ The **target population** from which the data will be collected.
* Draft data collection tools for review and feedback.
* Proposed analysis framework to ensure alignment with indicators and research questions.
1. **Separate data collection tools** for the impact assessment, approved prior to fieldwork.
2. **Separate data collection tools** for the counselling schools’ evaluation, approved prior to fieldwork.
3. Progress Reports
4. Separate impact assessment Final Report – Draft and Final version (in Arabic and English), following [CARE´s standards for evaluation reports](https://careinternational.sharepoint.com/%3Aw%3A/r/sites/Global-MEAL-Hub/_layouts/15/Doc.aspx?sourcedoc=%7B466A2500-41B7-41A6-B061-75B048C80D64%7D&file=Evaluation%20policy%20-%20Annex%204%20-%20Evaluation%20Report%20Template%20and%20Quality%20Checklist%20for%20Evaluation%20Report.docx&action=default&mobileredirect=true&wdsle=0).
5. **Separate counselling schools’ evaluation report** (in Arabic and English) including methodology, findings, best practices, and recommendations.
6. PPT Slide of the study Findings
7. Data sets and all supporting documents compiled or produced during the evaluation process, 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 key stakeholders.
8. The contract will be a deliverables-based contract, and final payment will be contingent on receiving the agreed deliverables in their final versions meeting acceptable quality standards from CARE.

**Women and girls’ equality & Safeguarding**

All data collection tools and analysis must incorporate a women and girls’ lens, ensuring sex-, age-, and location-disaggregated data, and examining women and girls-differentiated outcomes and unintended effects. Safeguarding protocols must be followed at all stages, including obtaining informed consent, ensuring confidentiality, and having referral pathways in place for participants who disclose experiences of violence or distress.

* Consider the following elements:
	+ Informed consent will be obtained from every person participating in the evaluation process. If children are participating, informed consent will be obtained from their parent/carer giver.
	+ Referral pathways are identified and documented, informing CARE staff/partners how to respond to any disclosure of misconduct, or abuse, committed by CARE staff and/or partners as part of the program delivery, or within the community. Prior to undertaking an evaluation, staff must be informed of how to recognise a disclosure of a safeguarding concern and to whom to report.
	+ Quantitative datasets: should be submitted to CARE, password protected. The data should be anonymized with all personal or identifying information removed.
	+ Qualitative textual datasets or transcripts: The data should not anonymized UNLESS suitable permission has been granted from the person who provided the data. In these circumstances, submit a record of the permission granted, for example a consent form.
	+ 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 codebooks/data dictionary must be provided.
	+ All temporary or dummy variables created for the purposes of analysis must be included in the datasets. All output files including calculations, and formulae used in analysis should be provided along with any Syntax developed for the purposes of cleaning.
	+ All datasets should be submitted in one of CARE´s acceptable formats:

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| --- | --- |
| **Type of data** | **Acceptable formats** |
| Tabular data with extensive metadata | * Formats of statistical packages: SPSS (.sav), Stata (.dta), MS Access (.mdb/.accdb)
* SPSS portable format (.por)
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| Tabular data with minimal metadata | * tab-delimited file (.tab)
* delimited text with SQL data definition statements
* comma-separated values (.csv)
* delimited text (.txt) with characters not present in data used as delimiters
* widely-used formats: MS Excel (.xls/.xlsx), MS Access (.mdb/.accdb), dBase (.dbf), OpenDocument Spreadsheet (.ods)
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| Geospatial datavector and raster data | * ESRI Shapefile (.shp, .shx, .dbf, .prj, .sbx, .sbn)
* Geo-referenced TIFF (.tif, .tfw)
* CAD data (.dwg)
* Geography Markup Language (.gml)
* ESRI Geodatabase format (.mdb)
* MapInfo Interchange Format (.mif) for vector data
* binary formats of GIS and CAD packages
 |
| Textual data | * Hypertext Mark-up Language (.html)
* Widely-used formats: MS Word (.doc/.docx)
* Rich Text Format (.rtf)
* Plain text, ASCII (.txt)
* Extensible Mark-up Language (.xml) text according to an appropriate Document Type Definition (DTD) or schema
 |
| Image  | * JPEG (.jpeg, .jpg, .jp2) if original created in this format
* GIF (.gif)
* TIFF other versions (.tif, .tiff)
* RAW image format (.raw)
* Photoshop files (.psd)
* BMP (.bmp)
* PNG (.png)
* Adobe Portable Document Format (PDF/A, PDF) (.pdf)
* TIFF 6.0 uncompressed (.tif)
 |
| Audio  | * Free Lossless Audio Codec (FLAC) (.flac)
* MPEG-1 Audio Layer 3 (.mp3) if original created in this format
* Audio Interchange File Format (.aif)
* Waveform Audio Format (.wav)
 |
| Video  | * MPEG-4 (.mp4)
* OGG video (.ogv, .ogg)
* motion JPEG 2000 (.mj2)
* AVCHD video (.avchd)
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**Roles and Responsibilities: Consultant and CARE Egypt Foundation**

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| --- | --- |
| **Entity** | Roles and Responsibilities |
| Consultancy team  | - Design and implement robust, ethical evaluation methodologies for both the **main impact assessment** and the **counselling schools evaluation**. |
| Develop and pre-test data collection tools, ensuring alignment with evaluation questions and indicators. |
| Obtain any required ethical approvals before starting fieldwork. |
| Recruit, train, and manage field data collectors, ensuring adherence to ethical and safeguarding protocols. |
| Conduct high-quality, timely data collection, entry, and cleaning. |
| Analyze quantitative and qualitative data to answer all evaluation questions. |
| Deliver all agreed outputs, including inception reports, progress updates, datasets, draft and final reports, and presentation decks in both Arabic and English. |
| Maintain continuous communication with the designated CEF focal point to ensure alignment and timely updates. |
| CARE Egypt Foundation (CEF) | Provide access to all relevant project documents, databases, and reports required for the evaluation. |
| Facilitate coordination with local partners, CSOs, and stakeholders in the target governorates. |
| Review and approve the evaluation methodology, tools, and inception report prior to data collection. |
| Provide timely feedback on draft deliverables, including progress updates, draft findings, and final reports. |
| Ensure adherence to CARE’s safeguarding and data protection policies throughout the assignment. |
| The **Monitoring, Evaluation, Accountability, and Learning (MEAL) Manager** at CEF will act as the primary point of contact for coordination and communication during the evaluation. |

Required Qualifications of the Consultancy Team

The consultancy firm must demonstrate a proven track record in designing and conducting evaluations for development projects, particularly in women and girls’ equality, GBV, and social norm change programming. The proposed team should collectively have:

* **Expertise in Impact Assessment**
	+ Demonstrated experience conducting large-scale, mixed-methods impact evaluations in development and humanitarian contexts.
	+ Proven capacity to design robust sampling strategies, manage quantitative and qualitative data collection, and conduct rigorous data analysis.
* **Specialized Expertise in Counselling Schools or Related Interventions**
	+ The consultancy firm must include a specialized consultant with expertise in counselling schools, psychosocial support, or comparable capacity-building interventions.
	+ This expert will lead the counselling schools’ evaluation component, including tool development, field coordination, analysis, and reporting.
* **Thematic and Contextual Knowledge**
	+ Strong understanding of women and girls’ equality, violence against women and girls prevention, harmful practices (FGM, child marriage), and community mobilization in the MENA/Egyptian context.
	+ Experience working with vulnerable populations and applying sensitive and ethical research approaches for women and girls, men and boys.
* **Team Composition and Skills**
	+ At least one senior evaluator/team leader with 5+ years’ experience in evaluation and impact assessment of development projects.
	+ Data collection specialists (quantitative and qualitative) with demonstrated experience in similar assignments.
	+ Fluency in Arabic (spoken and written) for fieldwork, and strong English writing skills for reporting.
	+ Capacity to deliver high-quality reports and presentations in both Arabic and English.

Requisites for Evaluators presenting a Proposal for this Terms of Reference:

* A technical and cost proposal based on the above Terms of Reference (ToR) is requested from the evaluator or evaluation team.

The proposal should contain as minimum:

1. A detailed description of the overall evaluation design, in accordance to the ToR
2. Schedule of key activities preferably in a format such as a Gantt chart. A specific of action for primary data collection work, indicating resources required
3. Detailed budget including a reasonable detail of budget required to cover all costs associated with the evaluation. Make sure to include evaluator´s fees of both international or local evaluation team (lead evaluator, technical experts, enumerators, translators, drivers, etc.), international and local travel, in-country lodging and per diem, materials, or any other related costs (e.g., translators of the report, meeting rooms for presentations, etc.)
4. Description of the evaluation team, with roles and responsibilities of the team leader, supervisory chain and other core members of the evaluation team. If the evaluation team plans to include staff that have been involved in the design, implementation, or monitoring of the project/initiative/program to be evaluated, please describe the expected roles these staff would play.
5. Include Updated CV of Team Leader and other core members of the Evaluation Team.
6. A profile of the consulting firm
7. A sample report of an evaluation the evaluator or evaluator team has conducted

Checklist to Assess and Evaluator´s Proposal

The table below outlines criteria that can be used to assess the completeness and quality of an evaluator´s proposal. The team commissioning the evaluation can use these criteria during the recruitment/contracting process for the evaluator or evaluation team.

|  |
| --- |
| Criteria to Assess the Completeness and Quality of an Evaluation Proposal |
| Criteria | **Details** |
| 1. Evaluation design and alignment with ToR
 | **Alignment with the evaluation purpose and questions**1. There is a clear description of:
	1. The type of evaluation (e.g. experimental, quasi-experimental, non experimental)
	2. The methods to be used (e.g. quantitative, qualitative, mixed methods)
	3. The main focus of the evaluation (e.g. coherence, impact, sustainability, etc.).
	4. The actors to be involved and their roles
	5. How the evaluation will answer the evaluation questions from the ToR
	6. How all the indicators required in the ToR will be measured, with the required disaggregation levels (sex, age, location, etc.) and comparability with previous measurements.
	7. How/If it will look at unintended outcomes, learning, failures.
2. There is mention to the limitations of the type of evaluation proposed.
3. The evaluation proposed will examine aspects (e.g. impact by different groups, unintended consequences for different groups, etc.) for women and girls, men and boys.

**Primary data collection**1. The sampling method for the collection of data collection is clear
2. There is mention to ethical elements and considerations for primary data collection

**Secondary data collection**1. The sources for secondary data collection are well identified, even if not in full detail

**Deliverables and dissemination of results**1. The evaluation proposal commits to all the expected deliverables from the ToRs, in the respective formats and for the respective audiences
	1. The final evaluation document will follow CARE’s template and quality criteria for evaluation reports.
	2. CARE Egypt will have ownership of final data sets. The evaluator will share them in formats accepted by CARE Egypt
	3. The proposal clearly outlines other presentations or dissemination options, as per the ToR
 |
| 1. Evaluation plan with key activities.
 | 1. The overall evaluation plan is manageable within time requirements: process, due dates, responsibilities, and deliverables are clearly outlined.
 |
| 1. Evaluation budget
 | 1. The type of evaluation and evaluation activities proposed can be executed with the proposed budget
2. The budget clearly outlines all necessary costs, for instance:
	1. Professional fees of evaluation leads, technical experts, enumerators, translators, drivers, etc.)
	2. International and local travel
	3. In-country lodging and per diem
	4. Materials, or any other related costs (e.g., translators of the report, meeting rooms for presentations, etc.)
 |
| 1. Evaluation team
 | 1. The composition skills and experience required are commensurate to the task (supported by CVs or profile of the evaluation firm)
2. There is a clear description of the evaluation team and their roles
 |

The consultant shall submit a **comprehensive technical and financial proposal** that clearly outlines the proposed work strategy to achieve the expected results of the consultancy assignment. The proposal should include:

* The consultant’s CV.
* Work plan and timeline.
* A detailed financial proposal (daily rate of the consultant, transportation, tools/materials used, etc.).

**نطاق العمل**

**سوف تغطي هذه الاستشارة عمليتي تقييم منفصلتين، لكل منهما منهجية وأدوات وآليات لجمع البيانات وتحليلها وإعداد التقارير الخاصة بها:**

**المكون الأول – التقييم الرئيسي لأثر المشروع (يوليو 2020 – يونيو 2025)**

* **تصميم منهجية قائمة على عينة عشوائية طبقية من قواعد بيانات المشروع تغطي الفترة من 2020 وحتى يونيو 2025.**
* **جمع البيانات باستخدام منهجيات مختلطة (كمية ونوعية) تشمل الاستبيانات، مجموعات النقاش المركزة (FGDs)، والمقابلات مع اصحاب الادوار الرئيسية (KIIs).**
* **إشراك كل من المستفيدين المباشرين ومجموعات المقارنة (غير المستفيدين) لقياس نسبة الأثر وإثبات العلاقة السببية.**
* **تحليل البيانات المجمّعة لتقييم التقدم المحرز مقارنةً بالإطار المنطقي للمشروع ومؤشرات المتابعة والتقييم والمساءلة والتعلم (MEAL).**
* **توثيق قصص النجاح ودراسات الحالة.**
* **إعداد تقرير نهائي منفصل لهذا المكون باللغتين العربية والإنجليزية.**

**المكون الثاني – تقييم مدرسة المشورة بمحافظتي المنيا وسوهاج (2021 – 2025)**

* **تصميم منهجية خاصة بمكون مدارس الإرشاد، باستخدام أسلوب أخذ عينات مناسب يشمل الخريجين وأصحاب المصلحة.**
* **استخدام منهجيات مختلطة (كمية ونوعية) مثل استبيانات الخريجين، مجموعات النقاش المركزة (FGDs)، المقابلات مع اصحاب الادوار الرئيسية (KIIs)، والملاحظات الصفية عند الاقتضاء.**
* **تحليل البيانات المجمّعة لتقييم تصميم مدارس الإرشاد، آليات التنفيذ، ومخرجات التعلم.**
* **تحديد الفجوات المعرفية، وأفضل الممارسات، والدروس المستفادة بهدف إعادة التطبيق والتوسع.**
* **استكشاف أسباب تسرب بعض المستفيدين من البرنامج.**
* **توثيق قصص النجاح ودراسات الحالة ذات الصلة.**
* **إعداد تقرير نهائي منفصل لهذا المكون باللغتين العربية والإنجليزية.**

**ملاحظة: من المتوقع أن يقوم الاستشاري بتطوير واستخدام أدوات جمع بيانات منفصلة لكل مكون من مكونات التقييم، بما يضمن أن تكون النتائج والتوصيات الخاصة بكل مكون واضحة ومتميزة بشكل كامل.**

**الجدول الزمني**

* **سبتمبر 2025:** مرحلة التأسيس، المراجعة المكتبية، الانتهاء من المنهجية والأدوات، والحصول على الموافقات الأخلاقية.
* **أكتوبر 2025:** جمع البيانات (كمية ونوعية) والتحليل.
* **15 نوفمبر 2025:** صياغة التقرير المبدئى، ورشة عمل للتحقق، تسليم التقرير النهائي، تقديم العروض لمؤسسة كير مصر وفريق المشروع والممول والنشر.

**المستخدمون والغرض من الاستخدام**

سيتم استخدام ومشاركة نتائج التقييم وعملياته من قبل مؤسسة كير مصر والممول.

**أسئلة التقييم، المؤشرات المطلوب قياسها والمنهجية**

**أولًا: لتقييم الأثر**

**المساهمة في تحقيق المساواة بين النساء والفتيات والحد من العنف ضدهن:**

* إلى أي مدى ساهم المشروع في إحداث تغييرات قابلة للقياس في المواقف العادلة تجاه النساء والفتيات (مقياس GEM) وتقليل انتشار العنف ضد النساء والفتيات، بما في ذلك ختان الإناث وزواج الأطفال، بين النساء والرجال والشباب في المجتمعات المستهدفة؟

**تغيير السلوكيات والأعراف الاجتماعية:**

* كيف أثر المشروع على الأعراف الاجتماعية والمعرفة والمواقف والممارسات المتعلقة بحقوق النساء والفتيات والصحة الإنجابية والممارسات الضارة؟ وما مدى استدامة هذه التغييرات؟
* إلى أي مدى ساهم القادة الدينيون والآباء – باعتبارهم عوامل تغيير رئيسية – في تغيير الأعراف والتأثير على المجتمعات الأوسع خارج نطاق المستفيدين المباشرين؟ وإذا ثبت وجود أثر غير مباشر، كيف يوسع ذلك نطاق السكان المستفيدين من المشروع؟

**فعالية مكونات المشروع:**

* أي من التدخلات (مثل إشراك القادة المجتمعيين، بناء قدرات الشباب، خدمات الإرشاد، الترفيه التعليمي، حملات التوعية) كان الأكثر فعالية في تحقيق النتائج الجسدية والسلوكية والاجتماعية والاقتصادية المستهدفة؟

**الاستدامة والتأسيس المؤسسي:**

* إلى أي مدى تم تأسيس/إدماج منهجيات المشروع ونتائجه داخل النظم المحلية والهياكل المجتمعية والمنظمات الشريكة لضمان الاستدامة بعد انتهاء المشروع؟

**الدروس المستفادة:**

* أي من استراتيجيات المشروع ونماذجه لديها إمكانية للتوسع أو التكرار في سياقات أخرى؟ وما الدروس المستفادة التي يمكن أن توجه البرامج المستقبلية في إطار الـ UNSDCF؟

**الملاءمة:**

* إلى أي مدى كانت أهداف المشروع ومناهجه وتدخلاته متوائمة مع احتياجات وأولويات وواقع المجتمعات المستهدفة، خصوصًا فيما يتعلق بمكافحة ختان الإناث، وزواج الأطفال، والعنف ضد النساء والفتيات، وعدم المساواة؟

**الكفاءة:**

* كيف تم استخدام موارد المشروع (المالية والبشرية والفنية) لتنفيذ المخرجات والنتائج المستهدفة في الوقت المناسب وبطريقة فعّالة من حيث التكلفة خلال السنوات الخمس الماضية؟

**الفعالية:**

* إلى أي مدى حقق المشروع نتائجه المستهدفة، بما في ذلك التغييرات القابلة للقياس في المعرفة والمواقف والممارسات المتعلقة بالمساواة بين النساء والفتيات، وختان الإناث، وزواج الأطفال، والعنف ضد النساء والفتيات بين المجموعات المستهدفة المختلفة؟

**الأثر:**

* ما هي التغييرات المهمة والدائمة – المقصودة أو غير المقصودة، الإيجابية أو السلبية – التي حدثت بين الأفراد والمجتمعات والمؤسسات نتيجة المشروع، خصوصًا فيما يتعلق بالمواقف العادلة تجاه النساء والفتيات والحد من انتشار العنف ضدهن؟

**الاستدامة:**

* إلى أي مدى من المحتمل أن تستمر نتائج المشروع بعد انتهائه؟ وما مدى فعالية إدماج مناهج المشروع في هياكل المجتمع المحلي والنظم المحلية والمنظمات الشريكة؟

**المؤشرات الرئيسية لقياس الأثر (مع مستويات التصنيف):**

1. **المساواة بين النساء والفتيات والأعراف الاجتماعية**
* نسبة الأشخاص الذين تلقوا دعمًا من خلال/عن طريق كير والذين أظهروا مواقف عادلة تجاه النساء والفتيات (مؤشر مؤسسة كير العالمية رقم 1).
* التغير في المعرفة والمواقف والممارسات المتعلقة بالممارسات الضارة (ختان الإناث، زواج الأطفال).
* عدد الرجال والفتيان الذين تم تدريبهم على قضايا المساواة بين النساء والفتيات والرجولة ومناهج إشراك الرجال والفتيان، والذين أظهروا تحسنًا في المواقف العادلة.
* عدد القادة الدينيين والمجتمعيين المشاركين في تعزيز المساواة بين النساء والفتيات والتصدي للممارسات الضارة.
* عدد الأشخاص المتأثرين كنتيجة للوصول غير المباشر عبر الرجال والفتيان والقادة الدينيين.
1. **الحد من العنف ضد النساء والفتيات والحماية**
* نسبة النساء والفتيات (15 عامًا فأكثر) اللواتي تعرضن للعنف ضد النساء والفتيات خلال آخر 12 شهرًا (مؤشر مؤسسة كير العالمية رقم 2 ، مع بيانات مصنفة حسب أشكال العنف (جسدي، جنسي، نفسي، اقتصادي) والفئات العمرية.
* عدد الناجيات من العنف ضد النساء والفتيات (بما في ذلك ختان الإناث) اللواتي تلقين دعمًا نفسيًا اجتماعيًا أو إرشادًا أو خدمات إحالة.
1. **تمكين الشباب وبناء القدرات**
* عدد الشباب الذين تلقوا تدريبًا في الترفيه التعليمي، والمهارات الحياتية، والمساواة بين النساء والفتيات.
* عدد الطلاب الذين أكملوا برامج الإرشاد المدرسي وأظهروا زيادة في الوعي بالمساواة بين النساء والفتيات وقضايا الصحة والحقوق الجنسية والإنجابية.
1. **التعبئة والمشاركة المجتمعية**
* إلى أي مدى كانت المبادرات ناجحة وحققت أهدافها.
* مستوى مشاركة الرجال والفتيان والنساء والفتيات في جلسات الحوار التي تناولت المساواة بين النساء والفتيات وختان الإناث وزواج الأطفال.
1. **التأسيس المؤسسي والاستدامة**
* عدد منظمات المجتمع المدني والشركاء المحليين الذين تم تعزيز قدراتهم لتقديم خدمات تعزز قدرة النساء والفتيات على تلبية احتياجاتهن وتحقيق إمكاناتهن.
* الأدلة على دمج مناهج المشروع في الممارسات المجتمعية أو المؤسسية المحلية.

**ثانيًا: لتقييم مدرسة المشورة (Counselling Schools):**

* إلى أي مدى ساهم منهج مدرسة المشورة في تحسين معرفة ومواقف ومهارات المشاركين حول المساواة بين النساء والفتيات، والصحة والحقوق الجنسية والإنجابية، والوقاية من الممارسات الضارة؟
* ما العناصر الأكثر فعالية في تحقيق نتائج التعلم؟
* ما الفجوات التي لا تزال قائمة في المعرفة أو المهارات بين الخريجين؟
* إلى أي مدى طبق الخريجون المعارف والمهارات المكتسبة للتأثير على الآخرين في مجتمعاتهم أو أماكن عملهم؟
* كم عدد الأشخاص الذين تم الوصول إليهم أو التأثير عليهم بشكل غير مباشر من خلال أنشطتهم؟
* ما أفضل الممارسات والدروس المستفادة التي يمكن استخلاصها من نموذج مدرسة المشورة لبرامج مستقبلية؟

**تصميم التقييم وطرق جمع البيانات**

يجب على المقيم اقتراح استراتيجية أخذ عينات تضمن التمثيل عبر جميع المحافظات والفئات المستهدفة، مع التصنيف المناسب حسب الجنس والعمر والموقع. يجب أن تكون مجموعات الضبط قابلة للمقارنة ديموغرافيًا واقتصاديًا واجتماعيًا مع مجموعات التدخل لضمان إمكانية تحليل الأثر.
يتطلب تقييم المدارس الإرشادية أدوات جمع بيانات وتحليل منفصلة عن تقييم الأثر الرئيسي (مثل استبيانات الخريجين، مجموعات النقاش المركزة، مقابلات المدربين، قوائم الملاحظة الصفية).

**يجب إجراء تقييم لمخاطر الحماية** لتحديد العوائق المحتملة أمام المشاركة (خصوصًا للنساء والأطفال)، والتعامل مع احتمالية التعرض للضرر أو الإساءة، مع خطط للتخفيف وتخصيص الموارد إذا لزم الأمر.

**استخدام أدوات الذكاء الاصطناعي (AI)**

إذا كان المستشار يعتزم استخدام أدوات الذكاء الاصطناعي في أي مرحلة من المهمة، يجب توضيح ذلك في المقترح الفني مع تحديد:

* المراحل والمهام التي ستُستخدم فيها (مثل: نسخ البيانات، الترميز، التحليل، النمذجة الإحصائية).
* المنصات المستخدمة وإجراءاتها الخاصة بأمن البيانات وسريتها.
* كيفية ضمان حماية البيانات والخصوصية ومنع كشف أي بيانات حساسة.
* كيف سيساهم استخدام الذكاء الاصطناعي في تعزيز الكفاءة وتقليل الموارد البشرية/الأيام العمل، وكيف ستنعكس هذه الوفورات في المقترح المالي.

**جمع البيانات وحجم العينة**

على فريق التقييم تقديم:

* خطة لجدول جمع البيانات.
* جدول يوضح مواءمة أدوات جمع البيانات مع الفئات المستهدفة المصنفة.

**المخرجات المطلوبة**

1. تقرير تأسيسي (Inception Report) يشمل:
	* تصميم التقييم والمنهجية المحدثة، بما في ذلك استراتيجية أخذ العينات وخطة جمع البيانات.
	* خطة عمل وجدول زمني مفصل.
	* مصفوفة تربط كل سؤال تقييم/مؤشر بالأداة والأسئلة والفئة المستهدفة.
	* مسودات أدوات جمع البيانات للمراجعة.
	* إطار التحليل المقترح.
2. أدوات جمع بيانات منفصلة لتقييم الأثر.
3. أدوات جمع بيانات منفصلة لتقييم المدارس الإرشادية.
4. تقارير مرحلية.
5. تقرير نهائي لتقييم الأثر (عربي/إنجليزي).
6. تقرير نهائي لتقييم المدارس الإرشادية (عربي/إنجليزي).
7. عرض تقديمي (PPT) للنتائج.
8. قواعد البيانات والوثائق الداعمة (كمية ونوعية) بتنسيقات يسهل قراءتها وفق معايير مؤسسة كير مصر.
9. العقد سيكون قائمًا على المخرجات، والدفع النهائي مرهون بتسليم جميع المخرجات بالجودة المطلوبة.

**المساواة بين النساء والفتيات والحماية**

يجب أن تتضمن أدوات جمع البيانات والتحليل منظورًا قائمًا على النوع الاجتماعي، وضمان بيانات مصنفة حسب الجنس والعمر والموقع. كما يجب الالتزام ببروتوكولات الحماية في جميع المراحل (الموافقة المستنيرة، السرية، مسارات الإحالة، إلخ).

**الأدوار والمسؤوليات**

**فريق الاستشاري:** تصميم وتنفيذ منهجيات تقييم أخلاقية وقوية، جمع وتحليل البيانات، تسليم المخرجات في الوقت المحدد، ضمان التواصل المستمر مع نقطة الاتصال في مؤسسة كير مصر.

**مؤسسة كير مصر:** توفير الوثائق المطلوبة، تسهيل التنسيق مع الشركاء، مراجعة واعتماد الأدوات والمنهجية، تقديم التغذية الراجعة، وضمان الالتزام بسياسات الحماية وحماية البيانات.

**المؤهلات المطلوبة لفريق الاستشاري**

* خبرة مثبتة في تقييم الأثر واسع النطاق باستخدام مناهج مختلطة.
* معرفة قوية بقضايا المساواة، العنف ضد المرأة، والممارسات الضارة في سياق مصر/المنطقة.
* خبرة عملية مع الفئات الضعيفة والنهج الأخلاقي في البحث.
* فريق متكامل يشمل:
	+ قائد فريق خبرة اكثر من 5 سنوات.
	+ خبير متخصص في مدارس المشورة أو التدخلات المماثلة.
	+ متخصصين في جمع البيانات وتحليلها.
	+ إجادة العربية (ميدانيًا) والإنجليزية (للتقارير).

**متطلبات تقديم العروض**

يجب أن يتضمن العرض الفني والمالي على الأقل:

1. وصف مفصل لتصميم التقييم.
2. جدول زمني (يفضل على شكل مخطط جانت).
3. ميزانية تفصيلية تشمل جميع التكاليف (الاستشاريين، السفر، الإقامة، الترجمة، القاعات، إلخ).
	* + **التكاليف الخاصه باجر الاستشاري والفريق الذي يعمل معه**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| الاجمالي | سعر الوحدة | وحدة القياس | الكمية | الوصف / المخرجات |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* + - **المصاريف الاخري**

|  |  |  |  |
| --- | --- | --- | --- |
| الاجمالي  | العدد  | التكلفة (بالجنيه المصري) | الوصف |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. وصف للفريق وأدواره.
2. السير الذاتية للفريق.
3. نبذة عن الشركة/المؤسسة.
4. نموذج تقرير تقييم سابق.

تقديم العرض الفنى و المالى

**- يرسل العرض الفني و المالي علي البريد الإلكتروني في موعد أقصاه 5 ايام عمل من تاريخ النشر مع كتابه (** العرض الفنى والمالى للدراسات التقيمية لاثر مشروع معا للقضاء على العنف ضد المرأة ) مستخدما الجداول السابقه في العرض المالي .

**لن يتم النظر في أي مقترحات يتم تلقيها بعد الموعد النهائي، ولا يوجد اي استثناءات.**

لا تتردد في التواصل بنا عبر البريد الإلكتروني Nermin.Kadry@cef-eg.org و Huda.Abdelgelel@cef-eg.org

لمزيد من التفاصيل أو الاستفسار قبل

**سوف يتم الدفع (خلال 30 - 45 يوم عمل من نهاية تقديم الخدمة طبقاً للجدول الزمني وتقديم فاتورة/ وبيان بايام العمل).**

**وتحتفظ المؤسسة بالحق في عدم ابداء اسباب الرفض. كما تحتفظ المؤسسة بالحق بمراجعة المتقدمين للمهمة الاستشارية وطلب عرض معدل (ان تطلب ذلك) او تقديم مستندات اضافية.**

**كما تحتفظ االمؤسسة بحق تقسيم المهمة الاستشارية بين اكثر من استشاري اذا كانت هناك عدة افكار ملائمة للعرض المطلوب من استشاريين مختلفين.**

سيتم تقييم المقترحات وفقًا لمعايير مرجحة تتضمن الاتى:

|  |
| --- |
| فني 70%:1. فهم المهمة 20 %
2. المنهجية المقترحة 30 %
3. الخبرة السابقة 20 %
 |
| مالى 30%:1. وقت التسليم 15 %
2. شروط الدفع 15 %
 |