



**Terms of Reference  
Project Endline Evaluation**

**Project Name: Supporting Transition, Retention and Training for Girls (START4Girls)  
Project**

**Background**

CARE Zimbabwe is a humanitarian non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls. CARE has been actively working in Zimbabwe since 1992 in response to the regional drought. CARE's programming has since expanded to reach an average of one million Zimbabweans annually with humanitarian, recovery, and development programming. Through strategic local partnerships, CARE is implementing both short-term and long-term programming to empower Zimbabwe's vulnerable households to meet their basic needs through sustainable livelihoods. CARE's long-term programming efforts ensure measurable, lasting change is achieved for specific marginalized and vulnerable populations. CARE works through and in collaboration with government and the private sector with the vision to eradicate poverty and achieve social Justice.

**About the START4Girls project**

The Supporting Transition, Retention and Training for Girls (START4Girls) project is by design a gender-focused and resilience-building developmental intervention that seeks to strengthen the agency and capacities of adolescent girls and young women including those with disabilities, and the broader education ecosystem. The five-year project, from February 2020 to March 2025, is implemented by CARE Zimbabwe, the Coady Institute (St. Francis Xavier University, Canada), and relevant government line ministries with funding support from the Global Affairs Canada (GAC) in Buhera and Mutare rural districts of Zimbabwe. The project targets socio-economic barriers exacerbated by Zimbabwe's multidimensional and protracted challenges that prohibit girls' sustained engagement in secondary education and/or training and their successful transition to adulthood equipped with skills and capacities to access relevant and diverse choices to build and sustain their financial independence. The project is reaching 59,040 direct participants to improve attendance, retention, completion, and transition rates of adolescent girls and young women including those with disabilities within, across, and beyond educational and vocational training pathways.

**Project Scope**

The purpose of the START4Girls project is to improve attendance, transition, retention and training for adolescent girls and young women including those with disabilities, and to achieve this goal, three major outcome areas were set:

**Outcome 1100:** Reduced prevalence of harmful gender norms and socio-economic barriers to adolescent girls and young women's continued education and training, including those with disabilities, in crisis affected fragile communities in Buhera and Mutare Districts.

**Outcome 1200:** Improved provision of inclusive, equitable, safe, resilient, and disaster-ready education services by national, sub-national, and local education governance structures.

**Outcome 1300:** Improved provision of relevant, diverse, and accessible technical and vocational skills training opportunities to adolescent girls and young women, including those with disabilities, in Buhera and Mutare.

To achieve the goal, the START4Girls project implements the following key activities, aligned with the project overall purpose and outcomes:

- Adolescent-led advocacy – participation and decision - making

- Adolescent-led economic empowerment and building resilient schools
- Adolescent personal Leadership Skills Development – rollout of the Adolescent Development Module
- Establishment and strengthening of Child Protection Committees
- Disaster Risk Reduction and Safe Schools Initiatives/ Participatory Scenario and Scorecard Process
- Advocacy for girls’ rights through male champions
- Social Analysis and Action dialogues – community and family support in changing attitudes, practices and knowledge around harmful gender and social norms
- Pre-vocational and vocational skills training through in-school resilience building initiatives and the community-based mentorship approach
- Women Economic Empowerment and Household Resilience Building: Village Savings and Lending Associations and Income Generating Activities
- Support to learners with disabilities with assistive devices

Table 1. Geographic Area and School Coverage

Province	District	Targeted Secondary Schools
Manicaland	Buhera	50
	Mutare	53

Table 2. Key Participants, Target, and Impact Groups

Impact or Target Group	No. Direct Participants Reached to date	No. Indirect Participants
In and out-of-school adolescent girls and young women	38,344	62,582
Adult women		
In and out-of-school adolescent girls and young women	18,282	55,498
Adult men		
<b>Total</b>	<b>56,626</b>	<b>11,8080</b>

### Purpose, Objectives, and Rationale of the Endline Evaluation

The endline evaluation assesses the extent to which the project achieved the desired impact or results, how the results were achieved, and what influenced the achievement of these impacts/ results. This includes assessing the changes over time in secondary education attendance, completion, retention, transitioning and training observed among adolescent girls and young women including those with disabilities, and what could have contributed to these changes (both positive or negative and intended or unintended) through making a comparative analysis of baseline, midline, and endline evaluation and other monitoring data.

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

**Objective 1:** To measure the extent to which the project met its set targets in the Performance Measurement Framework (PMF), using baseline and midline data for comparison.

**Objective 2:** To assess evidence of changes in the prevalence of harmful gender and socio-economic barriers to adolescent girls and young women's continued education, including factors contributing to observable change.

**Objective 3:** To assess what factors contributed to observable change in the project indicators, in the provision of inclusive, equitable, safe, resilient and disaster-ready education services by national, sub-national, and local education governance structures.

**Objective 4:** To evaluate the extent to which the project improved the provision of relevant, diverse, and accessible technical and vocational skills training opportunities to adolescent girls and young women, including those with disabilities.

**Objective 5:** Identify and assess key lessons learned that contribute to improvement and organizational learning and draw recommendations for sustaining the gains and success of the project.

*The following indicators from the PMF will be measured as part of the endline evaluation using a combination of existing data and new data collection:*

<p><b>Ultimate Outcome:</b> Improved attendance, retention, completion and transitions by adolescent girls and young women, including those with disabilities, within, across and beyond educational learning pathways in crisis affected communities in Buhera and Mutare Districts</p>
<ul style="list-style-type: none"> <li>• % of young women from crisis-affected communities proceeding to advanced level and higher education (disaggregated by gender and other pertinent demographic information)</li> <li>• # and % of adolescent girls from crisis-affected communities enrolled for form 1 completing Ordinary level with a minimum of 5 subjects passed (disaggregated gender and other pertinent demographic information)</li> </ul>
<p><b>Intermediate Outcome 1100:</b> Reduced prevalence of harmful gender norms and socio-economic barriers to adolescent girls and young women’s continued education and training including those with disabilities in crisis affected fragile communities in Buhera and Mutare Districts</p>
<ul style="list-style-type: none"> <li>• # and % of adolescent girls and young women reporting dropping or discontinuing their education due to financial and other socio-economic barriers</li> <li>• Degree of change in community members reporting knowledge of at least 3 harmful gender norms and socio-economic barriers to girl’s education.</li> <li>• # and % of adolescent girls and young women reporting dropping or discontinuing their education due to child marriage and teenage pregnancy</li> </ul>
<p><b>Immediate Outcome 1110:</b> Improved knowledge, attitudes, and perceptions of communities on barriers to girls’ education, girls and young women’s unequal caregiving burden, adolescent sexual and reproductive health (ASRH) rights, early marriage, and GBV in Buhera and Mutare Districts</p>
<ul style="list-style-type: none"> <li>• % of targeted school community members demonstrating a high level (on a scale of 1-4) of awareness &amp; knowledge on barriers to education for girls and young women’s unequal caregiving burden in crisis affected communities (disaggregated by sex and age)</li> <li>• % of community members reporting change in perception towards socio economic barriers to girls’ education.</li> <li>• % of community members reporting change in perception toward socio-economic barriers to girls’ education</li> </ul>
<p><b>Intermediate Outcome 1120:</b> Strengthened girls’ agency<sup>1</sup> to demand and access their rights to continuing education and health care services</p>
<ul style="list-style-type: none"> <li>• # and % of girls participating in different fora (including youth-led initiatives to advocate for their rights to education and health care services)</li> <li>• % of target group reporting increased capacity and confidence to advocate for their rights to education</li> </ul>

<sup>1</sup> When defining agency, we try to demonstrate the capacity to act

<p><b>Immediate Outcome 1130:</b> Enhanced adaptive capacity of households and schools to financially support girls continued secondary education during recurrent periods of economic shocks</p>
<ul style="list-style-type: none"> <li>• # of households engaging in viable and sustainable income generating activities because of project (disaggregated by sex &amp; age category of household head, environmental sustainability, geographical location)</li> <li>• # of households engaging in viable IGA that decide to keep their daughters in school during periods of economic shocks</li> </ul>
<p><b>Intermediate Outcome 1200:</b> Improved provision of inclusive, equitable, safe, resilient and disaster ready education services by national, sub-national and local education governance structures</p>
<ul style="list-style-type: none"> <li>• # of inclusive, equitable, safe, resilient and disaster ready policies or initiatives adopted/revised through project support at the national/sub-national and local levels</li> <li>• # and % of targeted education institutions responding to special education needs for girls, young women including those with disability</li> </ul>
<p><b>Immediate Outcome 1210:</b> Improved capacity of select education institutions to identify and respond to the differentiated needs of adolescent girls and young women, including girls living with disabilities, in crisis affected and fragile populations</p>
<ul style="list-style-type: none"> <li>• # and % of teachers, student teachers, school administrators trained and demonstrating increased knowledge of gender, disability and inclusion and the Guidance and Counselling Adolescent Development curriculum including ASRH &amp; Menstrual Hygiene Management</li> <li>• % of girls reporting improved post training learning approaches</li> </ul>
<p><b>Immediate Outcome 1220:</b> Increased capacity of education systems in targeted districts to respond to shocks, stresses and risks impacting continued education for adolescent girls including those with disabilities</p>
<ul style="list-style-type: none"> <li>• # and % of schools with functional disaster risk management committee/structure as a result of the project support (disaggregated by school type, geographical location)</li> <li>• # and % of targeted secondary schools and TVET and community-based TVET training centres using gender and disability friendly approaches and materials through project support (disaggregated by geographical location)</li> </ul>
<p><b>Intermediate Outcome 1300:</b> Improved provision of relevant, diverse &amp; accessible technical &amp; vocational skills training opportunities to adolescent girls and young women, including those with disabilities, in Buhera and Mutare</p>
<ul style="list-style-type: none"> <li>• # of TVET and community-based TVET training centres that offer improved suitable learning environment (gender-sensitive, healthy, safe, protective and include adequate facilities)</li> <li>• # of young women, including women with disabilities, who report that TVET and community-based TVET training centres are offering gender-responsive and equitable educational opportunities</li> </ul>
<p><b>Immediate Outcome 1310:</b> Increased capacity of Secondary Schools and TVET Centres in the targeted districts to use gender and disability friendly vocational training and learning approaches and materials.</p>
<ul style="list-style-type: none"> <li>• # and % of targeted secondary schools and TVET and community-based TVET training <sup>2</sup></li> </ul>

<sup>2</sup> Links to Charlevoix KPI:

**Immediate Outcome 1320:** Increased equitable access and utilization of relevant, diverse and accessible technical and vocational skills training opportunities by adolescent girls and young women, including those with disabilities.

- # and % of adolescent girls and young women enrolled and completing studies at technical and vocational institutions from crisis affected communities of Buhera and Mutare Rural districts (over the total of yearly enrolment, disaggregated by disability status, district)
- # of adolescent girls and young women who report equitable access to training opportunities within institutions (including non-traditional vocations)

#### Evaluation Criteria and Questions

1. How and to what extent did the project improve attendance, retention, completion, and transitions by adolescent girls and young women, including those with disabilities, across educational learning pathways?
2. How and to what extent did the project reduce the prevalence of harmful gender norms and socio-economic barriers to adolescent girls and young women's continued education and training, including those with disabilities?
  - a. Did community knowledge, attitudes, and perceptions improve regarding barriers to girls' education, adolescent sexual and reproductive health rights, early marriage, and gender-based violence?
  - b. Did girls strengthen their agency to demand and access continuing education?
  - c. Did households increase their capacity to financially support girls to continue their secondary education, particularly during recurrent periods of economic shocks?
3. How and to what extent did the project improve the provision of inclusive, equitable, safe, resilient, and disaster-ready education services by national, sub-national, and local education governance structures?
  - a. Did educational institutions improve their capacity to identify and respond to the differentiated needs of adolescent girls and young women, including those with disabilities?
  - b. Did education systems increase their capacity to respond to shocks, stresses, and risks impacting girls' continued education, including those with disabilities?
4. How and to what extent did the project improve provision of relevant, diverse, and accessible technical and vocational skills training opportunities to adolescent girls and young women, including those with disabilities?
  - a. Did secondary schools, TVET Centres, and/or community mentors increase their capacity to use gender and disability friendly vocational training and learning approaches and materials?
  - b. Did adolescent girls and young women, including those with disabilities, experience more equitable access and increased utilization of relevant, diverse, and accessible technical and vocational skills training opportunities?
5. Were there any unanticipated outcomes or impacts of the project?
6. What lessons were learned in terms of successful approaches, best practices, adaptations, and strategies used to achieve the project's intended outcomes?
7. What are the opportunities and actionable recommendations to sustain the successes after the project's conclusion?

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- CG7 EDU4: # of teachers trained (m/f) according to national standards (similar to FIAP EDU1 KPI - EDRMS 8130201)
  - CG7EDU3: # of girls, adolescent girls, and women benefitting (a) directly and (b) indirectly from reduced barriers to education.

### Approach and Methodology

The endline evaluation will utilize existing data (provided by CARE) as well as new data collection. A mixed methods methodology using both quantitative and qualitative methods of inquiry, analysis, and reporting will be considered a key part of the evaluation. The project adopted a longitudinal study design where a cohort of learners was identified at inception in 2020, tracked at midline, and will be tracked at endline to assess changes from the project, and achievement of the desired outcomes. For comparability purposes with baseline and midline data, the consultant shall use the same sample size as was reached at baseline and midline evaluation phase. The evaluator should define in the methodology for how this cohort will be followed-up, considering participant attrition from the project. The evaluator will be responsible for defining and carrying out the overall evaluation approach on required indicators based on the PMF and the baseline methodology if applicable. This will include specification of the techniques for data collection and analysis, structured field visits, and interactions with project participants and the evaluation team. Evaluation tools, methodology, and findings should be reviewed and validated with various stakeholders and approved by the CARE team.

### Primary Data Sources

The consultant will be responsible for defining the approaches used for primary data collection to address the evaluation questions. To the extent possible, participatory approaches should be incorporated in the data collection processes. Some of the key stakeholders that must be targeted through the primary data collection include:

- Learners tracked longitudinally from the midline: especially in the cohort group: (Form 4 girls and boys or their replacements)
- Replacement group who was involved in project interventions with the same exposure as those from the baseline/midline tracked cohort
- Traditional and religious leaders
- School learner-led committees
- Guidance and Counselling teachers and school heads
- Parents/caregivers of the learners who we track as part of the longitudinal quantitative study
- Vocational mentees
- Community-based TVET Mentors
- Representatives: national, provincial, district, and community levels (e.g., government, organizations, CARE staff)
- Women's Rights Organizations (WROs)

It is expected that quantitative data will be gathered using Kobo Collect or a similar software. Qualitative interviews will be conducted in person using digital recorders; these recordings will then be fully transcribed (no summaries) and translated, if the language of analysis is different than the language of the interviews. If participants from the qualitative interviews refuse digital recordings, it is expected the consultant will use at least 2 data collectors in the interview: one to moderate the interview or discussion, and one or more to record notes.

### Secondary Data Sources

Multiple secondary data sources will be reviewed to gain a deeper understanding of the goals of the project and to avoid duplicate data collection, including a desk review of existing documents including: the project proposal, annual reports, baseline and midline evaluation reports, monitoring reports, project technical and thematic briefs, documentation reports, implementation plans, M&E data, MIS system data, official statistics (e.g., MoPSE records, ZIMSTAT). In addition to time for document review, the consultant will need to plan for time to analyze and synthesize secondary data with new primary data collection.

### **Evaluation Sample**

Data collection will include quantitative individual surveys with about 210 adolescent girls and 100 boys, 200 parents/guardians and about 49 qualitative key informant interviews and focus group discussions. Some of the evaluation questions and indicators may require additional or different evaluation methodologies, such as 'most significant change'. The consultant should include details in their proposal if such methodologies are recommended.

### **Data Analysis**

The consultant shall outline the data analysis process/protocols to address the evaluation questions, guided by the indicators in the PMF. For quantitative data analysis, the consultant should elaborate on what statistical analysis they will use to identify significant differences over time (baseline, midline, and endline) and across disaggregated groups. Analysis should include, but is not limited to comparisons by:

- Sex
- Age group (schoolgirls, schoolboys, TVET mentees)
- Disability
- Religion (Apostolic vs. non-Apostolic)
- Region (Buhera, Mutare)
- School attendance (in/out of school)
- Marital status, children
- Participation in activities

For qualitative data analysis, the consultant should identify what analysis methodology they will use. It is expected the qualitative analysis will identify when comments are indicative of a trend (amongst which subgroup of individuals and with what frequency) and to expand understandings of why/how/for whom, etc.

It is expected that qualitative and quantitative analysis be conducted in parallel, with results synthesized for each indicator. Include how the analysis process will engage participation of key participants/stakeholders to validate the results. The consultant should demonstrate how to conduct a meaningful gender and power analysis during results interpretation and presentation.

### **Deliverables**

#### **1. Inception Report**

An inception report will serve as an agreement between CARE Zimbabwe and the consultant on how the assignment will be conducted. The following items will be included and finalized with review by CARE:

- Outline the consultant's understanding of the questions and issues raised in the TOR
- How to assess the evaluation questions in the TOR
- Research methodology including ethics strategies and protocols
- Key evaluation matrix detailing how each indicator will be assessed
- Data collection tools (suggestions/modifications to existing tools)
- Endline implementation plan
- Roles and responsibilities of team members

#### **2. Draft Report**

The evaluator is expected to submit a draft report for review and input by CARE. It is expected this review will take up to 2 weeks, and the consultant will use the inputs to conduct additional requested analysis and write-ups.

#### **3. Final Report**

The external evaluator is accountable to maintain the requirements for the content, format, or length of the final report, overall quality and approved timelines. They will produce a concise report

that assesses the outcomes and achievements of the START4Girls project and provide recommendations to sustain project successes. This report should address the comments from the draft report (deliverable #2); the consultant is required to submit the revised report within 10 days for further review and approval by the CARE technical team.

The consultant/Team Leader will be responsible for ensuring the final report adheres to the donor's requirements. The report must not exceed 35 pages (excluding all annexes) in MS Word and use the standard page set-up, margin, fonts, and line spacing. The general outline of the final report should include:

- Cover Page with a title including the name of the project, location, and implementation period
- Table of Contents
- List of Acronyms
- An **executive summary** that focuses on outcomes and impact, is no more than 2 pages in length, and is formatted so that it can be printed as a standalone document about the project.
- **Introduction:** include a project overview and evaluation purpose, objectives, and questions
- **Methodology:** explain how the methodology chosen appropriately answers the evaluation questions. Describe ethics strategies and protocols and how the evaluators protected participants, managed power dynamics, and personally identifiable information.
- **Results:** The data should be organized and presented to answer each of the evaluation questions. Synthesize quantitative and qualitative data and include stories of change and quotes from respondents. Sources of all evidence must be identified. **Talk about impact early on the report** so that the audience does not have to read the entire report before seeing evidence of change (e.g., What changed because of the program? What happened in the world, and why did it matter?).
- **Conclusion: 3-5 key lessons learned.** These should be short, actionable, and the most important aspects of what the program/analysis found. It is important to have non-jargon descriptions of what a project did to get to impact. These are highlights of the most effective, relevant, and scalable approaches and tools. Conclusions must be based only on evidence presented in the report.
- **Recommendations:** Recommendations must directly correspond to the conclusions. For the endline evaluation, these should focus on opportunities and approaches to sustain the gains/successes of the project.
- **Annexes:** Additional important information including references, additional data tables, and the PMF updated with endline data.

#### 4. Power Point

Submit a final PowerPoint presentation which pulls out key findings as they relate to the project indicators.

#### 5. Data sets

CARE Zimbabwe and Global Affairs Canada requires that the datasets that are compiled or used in the process of external evaluation are made available during the data collection process for data quality checks and submitted to CARE when the evaluation is completed. It is expected the consultant will submit quantitative datasets in Excel and SPSS formats, a) Original raw endline data sets, b) a cleaned endline dataset; c) a combined dataset where baseline, midline, and endline data from the tracked cohorts are matched per individual student (e.g. each student is one row; their matched baseline, midline, and endline data is in the columns). All datasets must have complete codebooks where full variable information, language from the questions, and a key which identifies what each numerical response corresponds to (e.g. 0 = no; 1 = yes; 97 = don't



know; 98 = refuse to answer, etc.). Qualitative data should be submitted in the following formats: a) original digital audio files, b) transcribed interview files, and c) translated interview files; the file names for each of these qualitative files should clearly correspond to one another and include information such as the type(s) of respondents, location, and date.

### 6. Performance Measurement Framework (PMF)

The consultant is expected to submit an updated PMF showing indicator values (with necessary disaggregation) for all indicators to be measured at endline evaluation point.

#### Dealing With the Unforeseen

The consultant should have a contingency plan on how to handle unexpected circumstances that may affect the endline evaluation processes. The contingency plan/alternatives should not compromise the overall quality, purpose, and timeline of the assignment.

#### Proposed Timeframe

The consultancy duration will be confirmed between CARE and the consultant, but ideally, the assignment is expected to take 70-101 days from the day of the inception meeting, which is expected to be 30 September 2024, with the final report submission deadline to CARE on 09 January 2025.

The following table delineate the evaluation timelines and milestones during the evaluation process:

Evaluation Activities	September				October				November				December				January		
	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	
Consultant engagement																			
Inception meeting, inception report development and submission																			
Fieldwork																			
Development and submission of first draft report & PowerPoint																			
CARE reviews																			
Revision of report and PowerPoint report																			
Consultant present and submit final report, PowerPoint presentation, and digital copies of all evaluation documents and datasets to CARE																			

#### Logistics and provisions

Consultant will:

- Be responsible for evaluation logistics including providing own transport for use during the assignment.
- Source own accommodation, meals, and incidentals and other logistical requirements as needed by the Consultant.
- Hire and train enumerators, and secure digital recorders for data collection
- Meet costs for communication, printing, and other documentation material
- The external evaluator will be responsible for obtaining all necessary permissions, approvals, insurance, and other required permits needed for data collection by CARE Zimbabwe and Global Affairs Canada.

#### Roles and responsibilities

### Profile of the Lead Consultant

The consultant will have the overall responsibility for planning and leading work under this ToR and for producing high quality assessment deliverables within the agreed budgets and according to the agreed schedules. The Consultant should be a suitably qualified and experienced consultant or consulting firm meeting the following profile:

- An evaluation specialist with a minimum of five years' experience in conducting evaluations of development projects, preferably in the education sector and youth skills development
- Program/project evaluation experience within the Zimbabwean context.
- Experience with results-based monitoring and evaluation.
- Ability to design and plan the evaluation approach and methodologies, including quantitative and qualitative research methods which include gender and power analysis, data disaggregation, and analysis to understand relationships between variables/indicators. Ability to design, manage, and implement primary research in potentially challenging project environments with fluid populations.
- Ability to conduct statistical analysis to assess change over time and differences between groups.
- Ability to analyze qualitative data to make sense of complex themes, including stories of change
- Ability to triangulate, interpret, and synthesize multiple lines of evidence to evaluate project outcomes

### Consultant Team Composition

The team will consist of a technical team leader, M&E expert with extensive practical experience and expertise in evaluation using mixed methods approaches, an Education Expert, Vocational Skills Development and Women Economic Empowerment expert, and Gender Expert (with extensive proven experience in gender integration). Each expert should have at least 5 years' experience in the relevant fields. One of the team members should have experience and skills in child safeguarding and ethics in research with minors.

### CARE Team

During data collection and analysis, the primary roles of CARE program staff and any implementing partner with a direct stake in the project, are as informants and reviewers. The CARE project team will be responsible for sharing tools used during the baseline and midline, along with suggestions for their use at the endline, reviewing and providing feedback on all deliverables before they are finalized. They will also provide relevant project documents and secondary data. They will not be responsible for collecting primary data or participating in translation, analysis, or interpretation of the data. The CARE Zimbabwe Team Leader and MEAL Specialist will have overall oversight of the evaluation process. The MEAL Officer and Database Officer will support the consultant by coordinating fieldwork and offering support during data collection as required. Periodically, CARE USA and CARE Canada will provide technical support through technical reviews and feedback on the inception report, data collection tools, and drafts of the evaluation report.

### Ethical Considerations

All members of the consultancy team must adhere to the CARE Ethical safeguarding and ethical research guidelines to be shared by the CARE team.

### Required Response to Terms of Reference

Interested applicants who meet the minimum requirements are encouraged to submit a technical proposal and should contain:

Introduction  
Methodology

Detailed plan of action for field work indicating staff days required

1. Specific roles and responsibilities of the team leader, supervisory chain, and other core members of the evaluation team.
2. Schedule of key activities preferably in a format such as a Gantt chart.
3. Reasonable, detailed budget to cover all costs associated with the evaluation, including government taxes. This should be submitted by major activities and line items for CARE's review and decision. This includes a breakdown of the cost to contract external evaluation team members, local travel, in-country lodging, and per diem. Other costs might include expenditures for hiring local personnel (drivers, translators, enumerators, and other local technical experts), translating reports, and renting meeting rooms for presentations/workshops.
4. Updated CVs of Team Leader and other core members of the Evaluation Team (Education, Skills Development, and Women Economic empowerment and Gender)
5. A profile of the consulting firm (including a sample report, if possible)

### Selection Criteria

Description of Items	Weighted %
<b>Qualifications and experience</b>	
Experience in conducting longitudinal/cohort style mixed methods research and endline evaluations, which include detailed gender and power analysis.	15
Relevant academic qualification from team leader	5
Budget's level of detail, aligned budget notes, and connections to each of the deliverables	10
Budget's suitability regarding the overall cost	10
<b>Total qualifications and experience</b>	<b>40</b>
<b>Methodology</b>	
Study methods proposed are realistic and relevant to the objectives of assignment	10
Data collection methods/sources are mapped to each evaluation question	15
Ethics strategies in field data collection and management clearly defined in Proposal, including management of power dynamics and safeguarding (gender, education, age, etc. differences among participants and with the research team)	5
Data analysis methods, data management, and data security mechanisms are well explained	15
Proposed field plan (timeline) is realistic	5
Well explained quality assurance mechanisms	5
Past Performance References for similar evaluations	5
<b>Total methodology</b>	<b>60</b>
<b>Total Score</b>	<b>100</b>

### Payment

The contract will be deliverables-based and final payment will be contingent on receiving the agreed deliverables in their final versions at acceptable quality standards. Thirty (30%) percent of the contract amount will be paid after submitting deliverable 1 (the inception report), 30% percent will be paid after completion of fieldwork and submission of deliverable 2 (1st draft report), twenty percent (20%) will be paid after satisfactory delivery of deliverables 3 (the final report) and 6 (updated PMF), 10% paid after receiving deliverable 4 (PowerPoint), and 10% will be paid after receiving deliverable 5 (datasets).

### Award of Contract

### *Supporting Transition, Retention and Training for Girls (START4Girls) project*

- At the time of proposal submission, if the selected consultant(s)/firm wishes to contact CARE Zimbabwe on any matter related to proposal, it should do so in writing. Any effort by the organization/organizations to influence CARE Zimbabwe in the evaluation, proposal comparison, or contract award decisions may result in the rejection of the proposal.
- The contract will be awarded to the selected consultant(s)/firm following completion of all vetting and evaluations including negotiations if necessary.
- The selected consultant(s)/firm is expected to commence the assignment promptly (date TBD).
- **CONFIDENTIALITY:** Information related to evaluation of proposals and recommendations concerning awards shall not be disclosed to the organization/organizations that submitted the proposals or to other persons not officially concerned with the process, until the finally selected organization/organizations has been awarded the contract.

### **Intellectual Property**

The rights and ownership of reports to publication rests with CARE. All data and reports, including key findings and recommendations, will remain with CARE and no third party shall be allowed to publish. All datasets will be submitted and remain CARE's property, and the consultant will not be allowed to use the findings for its personal gain and publications.