1.0: Background: CRS and Implementing Partners
Catholic Relief Services (CRS), the official international humanitarian agency of US Conference of Catholic Bishops (USCCB) was founded in 1943 and carries out the commitment of the Bishops of the United States to assist the poor and vulnerable overseas in over 100 countries around the world. CRS programs assist persons based on need, regardless of creed, ethnicity or nationality and works through local church and non-church partners to implement its programs. Our Catholic identity is at the heart of our mission and operations.

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Catholic Relief Services (CRS) in collaboration with partners in Ghana, Zambia, Kenya and Malawi is implementing a three-year SCORE ECD III project with support from Conrad and Hilton Foundation, through Catholic Sister organizations towards achieving the goal children 0-3 years old in the target areas live in nurturing environments by 2024. Phase III of the project is supporting the sustainability and leadership of 5 National Associations and 32 Congregations of Catholic Sisters in the four countries. The project is strengthening sisters’ organizations, adapting and refining the SCORE model by scaling up a targeted maternal mental health component, incorporating household economic strengthening, SMART Couples interventions, and introducing a quality improvement component in Sister-managed health facilities. The project theory of change is that if Catholic Sisters and their organizations continue to expand and improve their technical and organizational capacities, then they will more effectively and sustainably provide services to caregivers of young children, leading to those caregivers being better able to provide nurturing care, which ultimately improves child development outcomes. At the same time, if Catholic Sisters and their organizations become more effective and sustainable, then they will be better placed to provide leadership and influence at the policy level, contributing to an enabling environment for children and families across the target countries to thrive.

2.0: SCORE ECD Project Goal and Strategic Objectives
The overall goal of the SCORE ECD III project is that children 0-3 years old in the target areas live in nurturing environments by 2024. The Strategic Objective are:
- Objective 1: Sisters deliver nurturing care and family strengthening services to caregivers of children 0-3 by 2024.
- Objective 2: Caregivers of children 0-3 years old provide their children nurturing care by 2024.
- Objective 3: NACCS have strengthened organizational capacity by 2024.

3.0: Purpose and Objectives of the Final Evaluation (FE)
SCORE ECD III project is phasing out by the end of November 2024. Therefore, the purpose of the final evaluation is to assess how successful the project was in implementing its strategic objectives indicated above.

The FE provides an opportunity for all project stakeholders to take stock of accomplishment to date and to listen to the beneficiaries at all levels, including mothers and caregivers, other...
community members and opinion leaders, health workers, health system administrators, local partners, other organizations, and donors.

The specific objectives of the final evaluation are:
1. To what extent are Sisters equipped with capacity to enable them deliver nurturing care and family strengthening services to caregivers of children 0-3?
2. Objective 2: To what extent are Caregivers of children 0-3 years old equip with capacity to be able to provide their children nurturing care?
3. Objective 3: To what extent have National Associations and Catholic congregations of Sisters (NACCS) strengthened organizational capacity?

Consultant Research Qualifications
The consultant is expected to hold the following qualifications in order to be eligible for this position:
1. PhD or a Master degree with over 5 years hands on experience in ECD or related programming, from a recognized university in Early Childhood Development, public health, international development, or related social science.
2. Sound knowledge of major development issues - child health, ECD, capacity strengthening and institutional capacity development.
3. At least 5 years in early childhood development and experience in the formulation, monitoring and evaluation of similar projects
4. Practical experience and demonstrated success in undertaking similar exercises in the last 5 years.
5. Demonstrated high level proficiency in designing and leading qualitative studies with great knowledge of the Ground Theory approaches.
6. Computer proficiency with good knowledge of MS office and qualitative data management packages like Nvivo v.10, or Atlas.
7. A demonstrated high level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
8. Excellent analytical and report writing skills coupled with strong interpersonal and communication skills.
9. High proficiency in written and spoken English.
10. Sound past performance reference from well recognized institutions.

Clarifying Questions and CRS Response
Prospective bidders may submit any clarification questions to lauren.hamdy@crs.org, by May 13, 2024 [11:59 PM EST]. The solicitation name “US8294.05.2024 SCORE ECD III Final Evaluation” must be included in the Email Subject Line. Responses will be provided to any known prospective bidders on May 16, 2024.

Structure of Proposal and Submission Guidelines
CRS will publish a request for bids (financial and technical proposals) for conducting final evaluation of the SCORE ECD III Final Evaluation program. Applicants must meet the eligibility criteria stipulated in the Terms of Reference.

Consultants interested in being considered for this consultancy must submit the following documents to lauren.hamdy@crs.org by May 31, 2024 [11:59 PM EST]. The solicitation name “US8294.05.2024 SCORE ECD III Final Evaluation” must be included in the Email Subject Line.
The proposal must contain no more than a total of 25 pages of which the technical proposal length limit is 20 pages and the financial proposal length limit is 5 pages. See the table below for details.

<table>
<thead>
<tr>
<th>Proposal content layout</th>
<th>Maximum pages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technical Proposal</strong></td>
<td>20</td>
</tr>
<tr>
<td>Expression of interest</td>
<td>1</td>
</tr>
<tr>
<td>Table of content</td>
<td>1</td>
</tr>
<tr>
<td>Introduction and background</td>
<td>1 ½</td>
</tr>
<tr>
<td>Qualification and profile of team members</td>
<td>2 ½</td>
</tr>
<tr>
<td>Evaluation methodology; With an overview of the consultant’s approach and understanding of the proposal. Assumption ad risk</td>
<td>5</td>
</tr>
<tr>
<td>Evaluation questions</td>
<td>2 ½</td>
</tr>
<tr>
<td>Work plan and deliverables</td>
<td>2 ½</td>
</tr>
<tr>
<td>Technical reference of the firm</td>
<td>4</td>
</tr>
<tr>
<td><strong>Financial Proposal</strong></td>
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<td>Summary</td>
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<td>Detailed budget</td>
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<tr>
<td>Budget explanatory notes</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
</tr>
</tbody>
</table>

**Required Application Components**

Key criteria that will be considered during the bid evaluation process will include the following:

1. **A capability statement**: State the firm / organization or individual's experience relevant to the assignment, curriculum vitae of key personnel, appropriate references and relevant testimonials. Please state your availability on the relevant dates of the assignment as described further below.

2. **Technical Proposal**: Provide an understanding and interpretation of the terms of reference, proposed time and activity schedule for the proposed activities.

3. **Financial proposal**: Include all proposed costs in dollars (i.e., consultation fees per day, CRS will pay for the accommodation in Kenya, Ghana, Malawi and Zambia as well as air tickets and internal travels besides CRS inputs mentioned above).

4. **References**: Please provide contact information for at least three professional references, with the following details about the references: (a) name, (b) position, (c) company, (d) phone number, (e) email address, and (f) city, state, country.

**Evaluation and Award of Consultancy**

CRS will evaluate the proposals and award the assignment based on technical and financial feasibility. CRS reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest, the highest or any bidder. CRS does not charge any fees from applicants for any recruitment. Further, CRS has not retained any agent in connection with this recruitment.

**Final Evaluator Characteristics**

The consultant will serve as the evaluation team leader and is welcome to propose additional evaluation team members to round out the evaluation team’s skill set in order to ensure adequate representation of evaluation, technical, geographic, cultural and language skills. Team members, their affiliations, and disclosure of conflicts of interest must be listed in an annex to the evaluation report. The consultant will coordinate closely with the Catholic Relief Services team regarding tool finalization, evaluation methodology, timeline, and draft report finalization.
1.0: Background: CRS and Implementing Partners

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The FE provides an opportunity for all project stakeholders to take stock of accomplishment to date and to listen to the beneficiaries at all levels, including mothers and caregivers, other community members and opinion leaders, health workers, health system administrators, local partners, other organizations, and donors.
The specific objectives of the final evaluation are:

1. To what extend are Sisters equipped with capacity to enable them deliver nurturing care and family strengthening services to caregivers of children 0-3?
2. Objective 2: To what extend are Caregivers of children 0-3 years old equip with capacity to be able to provide their children nurturing care?
3. Objective 3: To what extend have National Associations and Catholic congregations of Sisters (NACCS) strengthened organizational capacity?

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3. Objective 3: To what extend have National Associations and Catholic congregations of Sisters (NACCS) strengthened organizational capacity?

Time for conducting the final evaluation.
The final evaluation will be done from September 2024 to October 2024 in all the four countries.

Project locations and target participants for the final evaluation
Generally, the sisters work across the country in Kenya, Ghana, Malawi and Zambia, in each of the four countries and for this reason, each country program in consultation with their respective association, will identify specific sisters from target congregations/association and stakeholders to be interviewed during the evaluation.

Intended use of final evaluation results
The primary users of the final evaluation and recommendations will be internal and external stakeholders (e.g. CRS, governments in Kenya, Ghana, Malawi and Zambia, congregations/associations, national & international NGOs). The findings will be shared with Conrad N. Hilton Foundation and the results of the final evaluation will also inform future ECD project design.

4.0: Proposed Methodology - Approach and design of the final evaluation
The evaluation methodology will use mainly qualitative methods, such as, Focus Group Discussions (FGDs) Key Informant Interviews (KIIs) to solicit feedback from sister associations, congregations, health workers, community members, community leaders, caregivers, CHVs and CRS staff. Select field visit and observation sites (with range of ECD experiences) for each site that can be completed in a day.

Data management and analysis
The consultant will use MS office and qualitative data management packages like Nvivo v.10, to analysis the data. Any audio recordings, or transcriptions, of all interviews notes on coding and interpretation and notes on any theories built up or any other conclusions reached will be stored in accordance with the CRS Data Protection Policy at the conclusion of the exercise.

5.0. SCORE –ECD Final Evaluation Plan: Methods to Evaluations Questions/Objectives Methodology
The evaluation methodology consists of a mixed-methods approach using both quantitative and qualitative data. The approach comprises both a desk review of secondary data sources and the collection of qualitative data to complement existing data. The written design of the evaluation must be further defined and specified by the final evaluator (e.g., number of key informant interviews, focus groups discussions, observations, and locations) and must be shared with project stakeholders and implementing partners for comment before the evaluation commences. Catholic Relief Services – in Kenya, Ghana, Malawi and Zambia will facilitate this sharing and feedback.
Secondary Data:
The final evaluator will review project reports (e.g., Detailed Implementation Plan; annual reports; HOCAI Assessment report; and baseline; and any monitoring reports) to assess the quality of quantitative and qualitative data and make assessments of project results in relation to the project design and targets set. The final evaluator should also review key Hilton strategic documents at the global and national levels relevant to the content of project. All relevant policy and strategy documents at the national level (e.g., MOH policies and strategies) are also crucial and should be used and referenced.

Qualitative Data:
In-depth qualitative interviews or focus group discussions may be conducted (depending on the feasibility) with stakeholders, including project staff, MOH, Sister Congregations and Associations and community-based organizations, district health teams, community- and facility-based health workers, community members, community leaders, and mothers (exit interviews). If possible, the assessment will also include observations of activities supported by the project. This will involve site visits to one or more implementation areas. It is recommended that the final evaluator randomly select communities to visit from a list provided by Catholic Relief Services. However, purposive sampling may be warranted in addition to explore certain areas in more depth to investigate results (e.g., high or low performance or unexpected results).

Evaluation Questions
The final evaluator and the evaluation team will use existing data collected or compiled during the life of the project, as well as additional data collected during the evaluation to answer the following questions:

1. To what extent did the project accomplish and/or contribute to the results (goals/objectives) stated in the DIP?
   - What is the quality of evidence for project results?
   - How were results achieved? If the project improved coverage of high-impact interventions simultaneously, what types of integration enabled this? Specifically, refer to project strategies and approaches and construct a logic model describing inputs, process/activities, outputs, and outcomes. Describe the extent to which the project was implemented as planned, any changes to the planned implementation, and why those changes were made.

2. What were the key strategies and factors, including management and partnership issues that contributed to what worked or did not work?
   - What were the contextual factors such as socioeconomic factors, gender, demographic factors, environmental characteristics, baseline health conditions, health services characteristics, and so forth that affected implementation and outcomes?
   - What capacities were built, and how?
   - Were gender considerations incorporated into the project at the design phase or midway through the project? If so, how? Are there any specific gender-related outcomes? Are there any unintended consequences (positive and negative) related to gender?

3. Which elements of the project have been or are likely to be sustained or expanded? e.g., through institutionalization or policies

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1See Table 1 in the document here: [http://heapol.oxfordjournals.org/content/20/suppl_1/i18.long](http://heapol.oxfordjournals.org/content/20/suppl_1/i18.long)
- Analyze the elements of scaling-up and types of scaling-up that have occurred or could likely occur (dissemination and advocacy, organizational process, costs and/resource mobilization, monitoring and evaluation using the Expand Net resource for reference).

See Table 1 Attachment (Questionnaires be developed as per the SO)

6.0: Evaluation Roles & Profiles
The final evaluation team will include the consultant and the SCORE ECD Program team.

Roles of CRS and Resources:
1. Provide SCORE ECD related documents.
2. Review interview guides and make suggestions for improvement.
3. Select field visit and observation sites (with range of ECD experiences) and number of interviews or FGDs for each site that can be completed in a day.
4. Coordinate all in-country logistics for the consultant including airport transfers if needed, local travel and accommodations. The country program managers assist with communication with implementing partners-congregations/associations.
5. Ensure an independent local translator, where applicable.
6. Review draft report and provide timely feedback to consultant.
7. Disseminate the outcomes of the report findings and recommendations with MoH and other country stakeholders.
8. Submit Final Evaluation Report to The Hilton Foundation

The Consultant’s responsibilities will include:
1. Provide feedback to the Scope of Work for the final evaluation.
2. Read project document before traveling to the field if not done virtually.
3. Developing the document review report, interview guide for focus group discussions (FGD) with Sisters on ECD interventions, organizational sustainability, network and advocacy, the interview guide for key informant interviews with master trainers, partners, caregivers/community health volunteers (CHVs) and national associations of the three countries.
4. Conduct interviews and FGDs with sampled ECD master trainers, CHVs, caregivers, congregation, and association focal point persons in the three countries and relevant stakeholders.
5. Capture success stories for future replication and publication.
6. Gathering the data and analyzing the key informant interviews and the focus group discussion results of the three countries into a comprehensive final evaluation report.
7. Draft a short PowerPoint presentation with preliminary findings to be validated by key stakeholders.
8. Share draft Evaluation report for review before final report is made.

Report format.
The final report is expected to not exceed 30 pages minus annexes and organized as follows:
I. Executive Summary
II. Introduction
III. Evaluation Methodology
IV. Key findings and conclusions
V. Recommendations for future directions
VI. Annexes:
   a. Success stories per country.
   b. Scope of Work
   c. Team Members

Please note that the contents of the report will be analyzed, and final payment will only be made upon agreement on the Final Evaluation Report from the CRS Country Program Team, the SCORE ECD coordinator, Head of Programs and the STA/PCS & Foundation and Corporate Engagement Manager at CRS HQ.

**Deliverables**

**To be delivered at end of Phase 1**
- Final key informant interview and focus group discussion guides.
- Preliminary analysis of quantitative data
- Document review report.

**To be delivered at end of Phase 2**
- Qualitative data manifest all digital files.
- Debriefing slides

**To be delivered at the end of Phase 3**
- Final report
- PowerPoint slides of highlighted findings from final report including case stories on best practices at least 1 per CP.

### 7.0 Activities and due dates for the consultant

<table>
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<tr>
<th>Activities</th>
<th>Person responsible</th>
<th>Number of days</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of SCORE documents - proposal, reports, case stories, quantitative evaluation report, Document review/analysis report, Development of interview questions &amp; tools Note: Consultant does this from home</td>
<td>Consultant</td>
<td>10 working days.</td>
<td>2nd -13th Sept</td>
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<tr>
<td><strong>Phase 2</strong></td>
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<tr>
<td>Travel to Kenya</td>
<td>Consultant</td>
<td>1</td>
<td>14th Sept</td>
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<tr>
<td>Evaluation design workshop</td>
<td>Consultant &amp; SCORE Team involved in the evaluation</td>
<td>1</td>
<td>15th Sept</td>
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<td>Data collection - planning and execution</td>
<td>Consultant &amp; evaluation team</td>
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<td>16th -20th Sept</td>
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<td>Synthesis</td>
<td>Consultant</td>
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<td>23rd -24th Sept</td>
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<td>Consultant</td>
<td>1</td>
<td>25th Sept</td>
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<td>Travel to Malawi</td>
<td>Consultant &amp; CRS</td>
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<td>Evaluation design workshop/Malawi</td>
<td>Consultant &amp; SCORE Team</td>
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<td>7th -8th Oct</td>
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<td>Data collection - planning and execution/Zambia</td>
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<td>1</td>
<td>23&lt;sup&gt;rd&lt;/sup&gt; Oct</td>
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<td>Travel from Zambia to Ghana</td>
<td>Consultant and CRS</td>
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<td>6&lt;sup&gt;th&lt;/sup&gt; – 7&lt;sup&gt;th&lt;/sup&gt; Nov</td>
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<tr>
<td>Data analysis and draft Summative Evaluation report for review</td>
<td>Consultant</td>
<td>10 working days</td>
<td>11&lt;sup&gt;th&lt;/sup&gt; to 22 Nov</td>
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<tr>
<td>Reviewers (CRS CP, Region and Headquarters)</td>
<td>CRS</td>
<td>N/A</td>
<td>25&lt;sup&gt;th&lt;/sup&gt; to 30&lt;sup&gt;th&lt;/sup&gt; Nov</td>
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<tr>
<td>Include comments and submit final report (soft copy).</td>
<td>Consultant</td>
<td>5</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; to 7&lt;sup&gt;th&lt;/sup&gt; Dec</td>
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