

# Call-down Contract

## Terms of Reference

### **EVALUATION OF STAMPING OUT AND PREVENTING GENDER BASED VIOLENCE (STOP GBV) PROGRAMME, 2012-2018**

The UK Department for International Development (DFID) is seeking an Evaluation Service Provider to design and implement an end-term evaluation for the Stamping Out and Preventing Gender-Based Violence (STOP GBV) programme in Zambia, jointly funded by DFID and the United States Agency for International Development (USAID). This evaluation contract is expected to last for a period of eight months.

#### **Background to STOP GBV**

The primary objective of the programme is to improve the prevention and response to gender-based violence, the programme began in 2012 however it is a successor programme to the USAID funded A Safer Zambia (ASAZA) which ran from 2008 to 2011.

Gender based violence in Zambia is high with 43% of women in Zambia having experienced physical violence, usually from a husband or partner. Among 15–24 year-old females, 63.1% believe that wife beating is justified under certain circumstances (2014 DHS). 45% of women aged 20-49 in Zambia were married before the age of 18. A major challenge in ending GBV is Zambia's dual legal system, where statutory and customary law co-exist. Under statutory law both sex and marriage under the age of 16 are prohibited and marriage between the ages of 16-20 requires written parental consent however, under customary law, a child may marry after puberty. Child marriage occurs more frequently in rural areas, where customary law predominates.

Additional information on the programme design and performance to date can be found in the business case and annual reviews

[http://iati.dfid.gov.uk/iati\\_documents/4317633.odt](http://iati.dfid.gov.uk/iati_documents/4317633.odt)

[http://iati.dfid.gov.uk/iati\\_documents/4789723.odt](http://iati.dfid.gov.uk/iati_documents/4789723.odt)

[http://iati.dfid.gov.uk/iati\\_documents/5254034.odt](http://iati.dfid.gov.uk/iati_documents/5254034.odt).

<https://devtracker.dfid.gov.uk/projects/GB-1-204315>

DFID and USAID are the only bilateral donors for the STOP GBV programme; however there are a wider range of donors and stakeholders engaged in GBV programming in Zambia. The Swedish International Development Agency and Irish Aid fund a UN implemented GBV programme with the Ministry of Gender which aims to support implementation of the Anti-GBV Act. Efforts are being made through the Ministry of Gender as well as through the Cooperating Partner Group on Gender to ensure that the various GBV-focused initiatives around the country are properly co-ordinated so as to avoid duplication and maximise synergies.

DFID Zambia is committed to ensuring that its work is consistent with the Paris Declaration on Aid Effectiveness. The design of the STOP GBV Programme incorporated the principles on alignment, harmonisation, results, mutual accountability and ownership. DFID Zambia will ensure that the proposed methodology for the evaluation by the service provider incorporates these principles as much as possible.

### **Programme Implementation**

There are three main components to the STOP GBV programme as per below and Annex 1 is the Theory of Change, Annexes 2 and 3 provides the districts where activities are implemented.

#### **1. GBV survivor support services, implemented by World Vision**

This component aims to increase the availability of comprehensive, quality services for GBV survivors through One Stop Centres that employ a culturally sensitive, victim-centred approach. It has three elements as follows:

- i. Provision of an integrated package of medical care, counselling, including HIV counselling and counselling for child survivors, provision of post-exposure prophylaxis and emergency contraception, psychological support, and legal advice and support for adult and child GBV survivors.
- ii. Referring GBV survivors to other services including medical facilities for further treatment, the police via Victim Support Units, economic support through micro-finance, savings groups and skills development, safe houses or shelters, and survivor support networks.
- iii. Mobile outreach to rural communities that are less able to access the centre.

This component also includes an “**Engaging Boys and Men through Sport**” activity implemented by Sports in Action (SIA). This activity was added to the programme in 2014 in six scale up districts (see Annex 2 for more details on district selection) to strengthen male engagement in GBV prevention and response through the use of sport to reach boys and young men with anti-GBV messages.

#### **2. Access to justice implemented by Women in Law in Southern Africa (WLSA)**

This component aims to provide support for GBV survivors to obtain access to justice and to strengthen the capacity of the police and legal system. Specifically through:

- i. Training paralegals to be located in the OSCs to provide legal advice and support survivors, together with the Victim Support Unit officer, during legal and court processes including applying for protection orders preparing court documentation, liaising with the prosecutor on the status of the case, and identifying legal representation.
- ii. Sensitising police officers on GBV, focusing on officers working in Victim Support Units and Child Protection Units, and provide training to strengthen capacity for investigation, evidence collection, including forensics, prosecution of cases, witness support and referral of cases.
- iii. Training key legal and judicial stakeholders including lawyers and legal aid lawyers, judges, magistrates and public prosecutors.

- iv. Sensitising traditional chiefs, headmen and headwomen and others responsible for administering customary law and the traditional justice system on GBV issues, statutory law concerning GBV and domestic violence, and cases that should be referred to comply with these laws.
  - v. Training other service providers, including health and social workers, on identifying which survivors require information about legal processes and on the legal aspects of managing cases of GBV, including issues such as documenting evidence.
  - vi. Increasing community awareness of legal aspects of GBV through mobile outreach activities.
3. Prevention and advocacy implemented by the Zambia Centre for Communications Programmes (ZCCP)

This component aims to change social norms, attitudes and behaviours and to tackle underlying risk factors for GBV by sensitising and mobilising communities through a comprehensive programme of complementary communication interventions. Specifically, it

- i. Conducts targeted sensitisation of traditional, community and religious leaders with messages about GBV and early child marriage to improve understanding and encourage stronger leadership and action to address GBV, including increasing the number of GBV cases that are reported to the appropriate authorities.
- ii. Trains men as advocates or 'change agents' to communicate with other men in the community about GBV and to take action in their own lives and in their communities, supported by production and distribution of targeted information, education and communication materials with key messages.
- iii. Uses community dialogue, drama and community radio to increase community awareness and promote discussion and reflection on GBV issues.
- iv. Runs a telephone helpline for GBV survivors and perpetrators.
- v. Works with traditional and community structures to shift negative social norms on ending child marriage.

The selection of all programme sites was based on a number of criteria:

- i. GBV prevalence data within the district.
- ii. Accessibility of programme partners (i.e. existing programme activities in the proposed site).
- iii. Capacity of district level health facility (i.e. sufficient medical staff to accommodate needs of a OSC).
- iv. Willingness of health facility to engage with the programme.

Five OSCs were managed by government from the outset with STOP GBV partners providing technical support, training, supplies and equipment, and support for outreach, monitoring and data collection; these are referred to as direct to government OSCs. Please see Annex 2 for a list of all programme sites in both original and scale up programmes indicating those sites which will be direct to government. Please also see

Annex 3 which provides a map of Zambia and the STOP GBV Programme intervention districts.

### **Expected Programme Deliverables**

The expected impact of the intervention is reduced gender-based violence (GBV) and child marriage in Zambia. The expected outcome is an improved GBV violence prevention and response in Zambia.

The intervention will deliver the following outputs:

- i. Access to comprehensive services for GBV survivors increased
- ii. Capacity of the police and justice system to respond to GBV increased.
- iii. Community awareness, positive social norms and mobilisation concerning GBV increased.
- iv. Effective leadership and implementation of the national End Child Marriage campaign.
- v. GBV evidence base and M&E strengthened.

### **Timing of programme implementation**

The STOP GBV programme implementation period is from 2012 to April 2018. Please refer to annex 2 and 3 on details for the districts where activities are implemented for various components of the programme.

### **Evaluation purpose**

The primary purpose of the evaluation is:

- To generate evidence about whether the One Stop Centre Model works.
- Provide information on what works and what does not work in reducing gender based violence in Zambia which would provide evidence on the follow-on programme to be able to adapt.

The evaluation will be published, providing information on what activities have been carried out and what results have been achieved, and so will also serve the purpose of accountability to stakeholders in Zambia and the UK.

### **Evaluation Use**

The primary audience for this evaluation will be DFID Zambia, USAID Government ministries (Ministry of Health, Ministry of Community Development and Social Welfare , Ministry of Home Affairs ,Ministry of Gender) as well the implementing partners.

The secondary users are other donors (EU, UN, Sweden and Irish Aid) and the wider Violence against Women and Girls community in relation to lessons learned from the Zambia programme.

This will provide critical information and lessons learned which will inform future government and development partner decisions for scaling up different types of GBV prevention interventions in Zambia. There is an important opportunity for this evaluation to provide evidence on GBV prevention to help inform potential future DFID programming in the region and sharing of experience from Zambia.

The evaluation is intended to be used as a tool for government and other donors to recognise and build upon the successes achieved while understanding challenges and opportunities to strengthen the model. Further, DFID will use the findings to make improvements on the follow-on programme.

### **Evaluation Objectives**

The evaluation will:

- (i) Contribute to evidence generation of what works or doesn't in preventing GBV and responding using the One Stop Centre model.
- (ii) Verify results achieved which are positive and negative, intended and unintended, direct and indirect, as well as lessons for Zambia.

The evaluation will also determine the extent to which the STOP GBV Programme has achieved its intended outcomes as identified in its logframe and assess the quality and effectiveness of implementation.

### **Evaluation criteria**

The key OECD-DAC criteria which will be considered in this evaluation are **relevance, effectiveness, efficiency, impact and sustainability**. The evaluation will look at what was achieved against the key performance indicators in the logframe, sustainability and the design. The real focus is effectiveness, sustainability and efficiency so that we have a better idea of whether this particular model is the right one so it can be replicated further.

- **Effectiveness** - (1) results verification (as per the log frame) and whether OSC is effective model; (2) focus on the effectiveness of prevention and advocacy activities.
- **Sustainability** - the realities of the continuation of behavioural change and the future continuation of the STOP GBV-implemented OSCs including financial sustainability of the OSCs.
- **Efficiency** - focus on the cost-effectiveness of OSCs.
- **Relevance** - focus on the extent to which the 3 programme components meet the needs of those intended, including people affected by poverty, disability and HIV.
- **Impact** - wider changes, potential for long term change, and relationship of results with national progress/ initiatives (across all 3 components of the programme).

Relevance and impact should be considered but not primary focus of the evaluation.

In addition to gender and power relations being the focus of the programme, the evaluation will equally explore cross-cutting issues on poverty, disability, HIV/AIDS and human rights.

## **Scope of work**

The scope of the evaluation will extend to all programme activities under the STOP GBV component implemented since 2012, however, the ending child marriage component will not be included in this evaluation. Geographically, the evaluation will cover national level work, and more intensive work in eight districts (Lusaka, Kafue, Choma, Mazabuka, Mumbwa, Katete, Chongwe and Nakonde). This is a selection of seven districts that were reviewed by the midterm evaluation and an additional one district which was reviewed by the midterm evaluation. However, the evaluator would add more districts to evaluate if possible.

Annex 2 has the schedules on the districts coverage of the programme components and Annex 3 is the map on programme coverage.

## **Evaluation questions**

The following indicative evaluation questions will be used as a basis for developing an evaluation approach and design; however they will be refined by the evaluation team in consultation with DFID, USAID and other stakeholders during the inception phase.

1. Did the programme change attitudes towards GBV in communities where it operated? To what extent are any changes influenced by:
  - a. increased awareness of GBV as a result of programme activities
  - b. introduction of the SASA community dialogue methodology promoted by the programme
  - c. the programme's work with traditional leaders
  - d. factors or activities occurring in communities but which are extraneous to the programme?
2. Is the programme sustainable, how much government support was leveraged and can the STOP GBV model be scaled up by government?
3. Does the OSC provide an effective continuum of service from reporting through to justice? Does this hold for different groups (disaggregated by sex, age, urban/rural, disability etc.)? Are the OSCs located at the right level (district hospital) as opposed to provincial hospital or community health facility or having more focus on a helpline?
4. What are the primary reasons for not pursuing GBV cases or for withdrawing a case, has the programme influenced these or adapted its approach to respond?
5. What was the added value of the three-partner approach (survivor support, access to justice, prevention and advocacy), and is there evidence that the partnership achievement are more than the sum of its parts?
6. What are the long term costs of the OSC model (underlying cost drivers not related to NGO start-up costs)? Is it a cost-effective and efficient approach to preventing and responding to gender based violence? How does this compare to available international evidence and benchmarks?

## **Available data and documentation**

The evaluation will be based on an assessment of the available documentation and feedback from key stakeholders. As most of this is in-house generated data, they will be need for quality assurance. The main data sources for the evaluation will be

- STOP GBV quarterly and annual performance reports
- STOP GBV Business Case-[http://iati.dfid.gov.uk/iati\\_documents/4317633.odt](http://iati.dfid.gov.uk/iati_documents/4317633.odt)

- Independent Evaluation of ASAZA
- Mid-term evaluation of STOP GBV Programme –*good quality but process evaluation* [http://iati.dfid.gov.uk/iati\\_documents/5394295.pdf](http://iati.dfid.gov.uk/iati_documents/5394295.pdf)
- DFID Annual Reviews (2012 - 2016)-  
[http://iati.dfid.gov.uk/iati\\_documents/4789723.odt](http://iati.dfid.gov.uk/iati_documents/4789723.odt)  
[http://iati.dfid.gov.uk/iati\\_documents/5254034.odt](http://iati.dfid.gov.uk/iati_documents/5254034.odt)
- Baseline data reports (Component 1 Survivor Support and Component 2 Prevention and Advocacy) - *mix quantitative and qualitative*.
- ZCCP, WV, WLSA, SiA Monitoring and Evaluation framework, additional studies
- UNDP evaluation report-*UNDP Zambia website*
- Perception survey 2015/16 will be available in Sep 17(mix–quantitative and qualitative).
- Gender status report 2012-2014 -*publicly available*
- KAP Survey (*0.10% of the total population per district*)
- Zambia Demographic and Health Survey 2013/14- *publicly available*

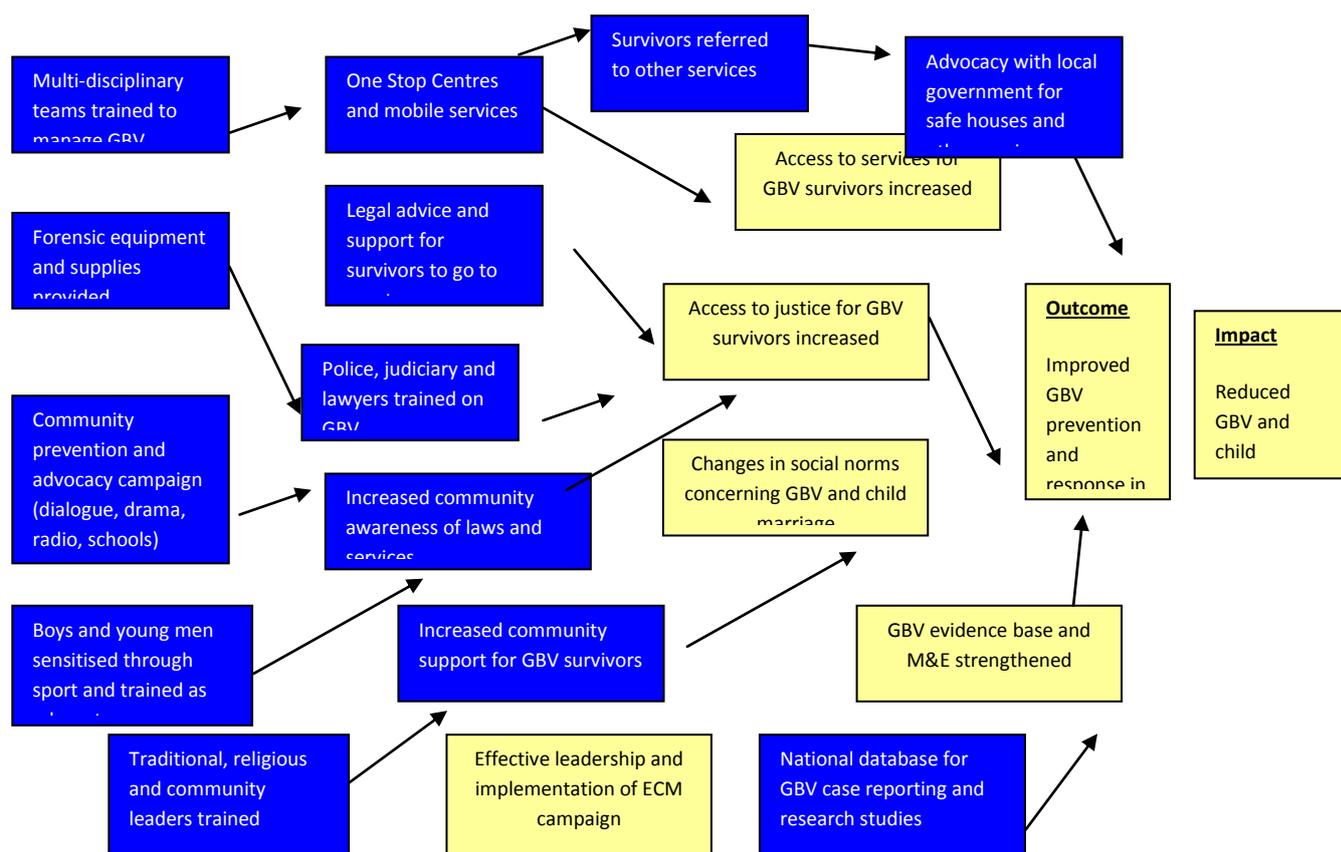
### **STOP GBV Theory of Change**

The Theory of Change underpinning STOP GBV assumes that:

- Effective responses to GBV involve both prevention and provision of integrated services for GBV survivors. A multi-sector approach linking health, justice, social services, economic empowerment and security is necessary to provide comprehensive protection and support for victims of violence and to prevent violence over the longer term.
- GBV survivors are better supported through separate OSCs with trained staff that can meet a range of needs and guarantee privacy, sensitivity and a victim-centred approach.
- GBV survivors need safe spaces and alternative means of generating independent income.
- Broad based interventions at community level can lead to changed attitudes and social norms, including improved perceptions about the value of women and improved notions of masculinity, which will result in a decrease in GBV including child marriage.
- Violence against women and girls is rooted in unequal power relations between women and men and it is essential to work with men and boys to address this.
- Promoting positive gender norms needs to be complemented by efforts to ensure that women are aware of their rights.

The programme is consistent with the Theory of Change in the DFID Zambia and USAID's Gender Strategy, where the empowerment of women and girls depend on access to assets and services; ability to exercise voice, influence and choice and changing the rules of the game.

**Figure 1: STOP GBV Theory of Change**



An independent evaluation of the ASAZA programme found that it had successfully “broken the silence” regarding GBV in Zambia, transforming deeply entrenched attitudes and norms in the districts in which it operated. In less than three years, the level of awareness regarding GBV increased from 67% to 82%; the number of individuals able to identify spouse battery as a form of GBV increased from 37% to 67%; 73% of individuals reported they had recently seen or heard messages regarding GBV; and 75% indicated they knew of specific activities in their community being undertaken to combat GBV. The evaluation also found that the increased awareness had encouraged individuals to report incidents of GBV and to seek help.

Further, in 2015, an **independent mid-term evaluation (MTE)** of the STOP GBV programme was conducted. The review found that the programme was well designed, rooted in international best practice and lessons learned from its predecessor program ASAZA. The STOP GBV Theory of Change provides a clear and comprehensive multi-sector prevention and response roadmap towards the expected impact of reduced GBV and early child marriage. It was noted that the STOP GBV Theory of Change could benefit from a mid-course review among partners focused on identifying additional advocacy efforts to improve programme sustainability, focused on addressing constraints such as underlying economic vulnerability of survivors and potential survivors, constraints to accessing justice, including inadequate support for witnesses and ongoing issues with community confidence in police, and supporting national efforts to improve retention of health care workers involved in management of GBV.

Additionally, the MTE noted that implementing partners were using different operational definitions of GBV, resulting in inconsistency in outreach and ambiguity in how GBV cases are categorised for Monitoring and evaluation (M&E) and learning purposes.

Adapting a unified programme-wide definition of GBV may support programme cohesiveness in implementation.

On overall programme performance it was noted that reported cases of violence to One Stop Centre (OSCs) 'had more than quadrupled from the first quarter STOP GBV began operating, indicating significant success of the program'. Gains had also been made in increased reporting of more stigmatized sexual GBV cases, such as rape and sexual assault, as well as child marriage. Finally, the MTE found that the programme was showing preliminary anecdotal evidence of influencing knowledge, attitudes and practices about violence.

## **Methodology**

Bidders should propose a robust and well-justified methodological approach, based on the nature of the programme and the evaluation purpose, objectives and questions. While DFID and USAID do not specify an evaluation methodology, bidders should call upon recognised evaluation approaches and provide a good rationale for their choice. The evaluation design will then be refined in the inception report.

Bidders should propose methods most appropriate and feasible for data collection and analysis in order to address the indicative evaluation questions and to assess changes which each of the four outputs are contributing to. It is expected that a combination of qualitative and quantitative, methods and desk-based and participatory field methods of data collection and analysis will be required, including direct engagement with intended beneficiaries, communities, implementers and other stakeholders.

Bidders should include the following in their proposals;

- Outline the approach framework and methods proposed, justifying the choice of strategies, and the stages of the evaluation.
- An approach to the inception phase including the process to refine the evaluation questions.
- Data collection strategy and sampling approach (for both district and national level components of the programme)
- Communications strategy for feeding back findings to evaluation participants and wider stakeholders.
- Evaluation management structures.
- Analysis of risks and mitigation strategies for the evaluation process.
- Ethical considerations and strategies to adhere to ethical protocols.
- An indicative work plan showing activities and key milestones over the period of the evaluation.

The main risks and challenges to the evaluation are the evaluation is poorly managed and delivered by the winning bidder, engagement of government and stakeholders in the process and lack of ownership of results by the government. Bidders should identify any additional risks and challenges as part of the proposal.

## **Stakeholder involvement**

In order to help ensure the findings are relevant and useful, this evaluation will require extensive stakeholder engagement. Key government stakeholders are the Ministry of Health, Ministry of Community Development and Social Welfare, Ministry of Gender, Ministry of Home Affairs, Co-operating Partners (EU, UNDP, Sweden and Irish Aid) as well as implementing partners, OSC staff, programme beneficiaries and NGOs implementing similar programmes. The service provider is expected to develop a relationship with each stakeholder as required to fulfil the objectives of the evaluation. DFID and USAID will facilitate these connections in Zambia.

## **Ethical considerations and Evaluation Standards**

The evaluation approach should adhere to international best practice standards in evaluation, through OECD DAC Quality Standards for Development Evaluation and DFID's Evaluation principles and [DFID's Ethics Principles for Research and Evaluation \(to be made available to the service provider\)](#).

Bidders need to consider other requirements for ethical considerations for evaluating VAWG/GBV such as **WHO guidance on research and UNICEF guidance** as young people and children are also users of services on the STOP GBV programme.

Bidders should also put in place specific protocols such as a Response Plan to refer evaluation participants to support if they are distressed or disclose that they are in direct danger.

## **Evaluation Management and Governance Arrangements**

The following governance arrangements will be put in place to ensure the quality, integrity and credibility of the evaluation. An Evaluation Management Committee (EMC) will have the primary function of managing the evaluation process.

The EMC will include the DFID Senior Responsible Owner (SRO), DFID Social Development Adviser, DFID Results Adviser, USAID Gender Adviser and USAID M&E Specialist. The EMC will be chaired by DFID SRO. The EMC will support DFID's Procurement Department in the selection of the service provider. The EMC will also be responsible for the management of the evaluation process. The service provider's Evaluation Team Leader will be accountable to the EMC. The EMC will provide key background documentation to the evaluation team.

A Reference Group will have the primary function of ensuring relevance and usefulness of evaluation outputs through ongoing stakeholder engagement. This Reference Group will comprise of Ministry of Health, Ministry of Community Development, Ministry of Gender, EU, UNDP, World Vision, WLSA, ZCCP and Evaluation Adviser.

This Reference group will act as an advisory body to help steer the evaluation at key strategic points, review and comment on key evaluation outputs before submission for formal quality assurance, and bring in stakeholder views.

In line with DFID requirements for evaluations using DFID funds and DFID's Evaluation policy, full use will be made of the Evaluation Quality Assurance and Learning Service (EQUALS). EQUALS is an external service established to deliver independent quality assurance of evaluation products and provide a range of specialist evaluation and monitoring technical advice. EQUALS will provide quality assurance throughout the evaluation process (terms of reference, inception, baseline and draft final reports)

### **Deliverables, Reporting Schedule and Dissemination**

Timelines and payment tranches are as follows:

#### **Timeline**

| <b>Period (2018)</b> |          | <b>Phase of Evaluation</b> |
|----------------------|----------|----------------------------|
| March - May          | 3 months | Inception phase            |
| June-July            | 2 months | Data collection phase      |
| August - October     | 3 months | Reporting phase            |

#### **Payment schedule**

| <b>Expected Deliverable</b>   | <b>Expected Due Date</b> | <b>Payment Schedule</b> |
|---|--------------------------|-------------------------|
| <b>Inception report</b> and presentation  | May 2018                 | 20%                     |
| Instruments design, piloting, data collection, consultations, site visits to all implementing partners.   | July 2018                | 20%                     |
| Draft <b>evaluation</b> report and presentation to stakeholders.  | September 2018           | 20%                     |
| <b>Final end of programme evaluation report</b> and presentation to stakeholders<br>1 page infographic<br>Policy briefs<br>Dissemination activities | October 2018             | 40%                     |

The bidder will deliver the following outputs:

The **Draft Inception Report** will be prepared and presented to the EMC within two months from commencement of the contract. This will contain

- i. Description of the final evaluation questions for investigation.
- ii. Analysis of existing data availability.
- iii. Detailed methodological approach for data/information collection and analysis.

- iv. An evaluation matrix mapping evaluation questions (and any sub-questions) to data sources and proposed analytical approaches.
- v. Detailed outline of the evaluation report.
- vi. Evaluation Communications plan to ensure learning from the evaluation (this plan should contain the following key steps i) identify target audiences and their information needs, ii) stakeholder contact information, iii) determine types of products that meet the audience's information and learning needs and preferences, v) determine efficient forms and dissemination methods per evaluation knowledge product.

The **Final Inception report** will be presented within two weeks of receiving the EMC and Reference Group's comments.

The **First Draft Evaluation Report** will be submitted by September 2018. The EMC will review the report and provide feedback to the service provider to ensure that the report is of good quality after which the service provider will have three week to produce a second Draft (including an annex to explain how it responds to those comments).

Thereafter, the evaluation team will present the draft findings, conclusions and recommendations to a meeting of the Reference Group. The Reference Group will provide comments on the second draft. After the comments from the reference group have been incorporated, the second draft will be submitted to DFID EQUALS for final Quality Assurance (QA).

After this, the evaluator will have two weeks to produce the final report, including an annex to explain the response to all comments.

The **Final Evaluation Report** will be submitted by October 2018 having responded to any final quality assured comments. It should not exceed 30 pages plus annexes and should contain the following:

- i. Executive summary **of 1-4 pages** – highlighting the main findings, conclusions, recommendations and any overall lessons.
- ii. Introduction – including the policy, institutional and development context and their influence on programme implementation and results, an overview of the programme and theory of change (ToC)
- iii. Methodology- a methodological section providing an overview of the methodology, with detailed evaluation design and methods and how the approach covered all aspects of the terms of reference in an annex. This section should also highlight any constraints and how these were overcome
- iv. Analysis and Evaluation findings, including a critical reflection on the ToC
- v. Conclusions and lessons learned
- vi. Recommendations – this should cover recommendations for future programming within Zambia and programming from a regional perspective.
- vii. Appendices – including TORs, list of people consulted / interviewed, list of documents reviewed, timetable, and workplan.

Instruments and data should be submitted together with the final report:

- i. An electronic copy of all the instruments used, including any research protocols, interview questionnaires, interviewer handbooks, guidance notes, etc. which might be used according to the chosen methodology.

- ii. A database or databases with all the underlying qualitative and quantitative data in a commonly used format, anonymised and safeguarding confidentiality, and accompanied by together by clear metadata and documentation

Any deliverable submitted and not meeting the required specifications will be resubmitted at no additional cost.

**Communications and Dissemination:** It is important that the evaluation is designed to promote dialogue and sharing of lessons and recommendations. As part of the communications plan, evaluation findings should be widely disseminated in a relevant and timely manner, shared with stakeholders and where possible beneficiaries. Meetings, debriefings, progress updates and final presentations to key stakeholders will be key elements of the dissemination and feedback strategy.

The Evaluation findings will be presented to the Reference Group and other stakeholders for discussion. Key learning documents should be written in an engaging style using plain English. Potential dissemination channels include: websites, concise summaries, papers at a conference, training sessions and workshops, data visualisation and social media publications.

The final findings of the evaluation report will be used in the DFID Zambia Project Completion report in 2018. The evaluation will be published online through the DFID Projects database.

### **Logistics and procedures**

The Service Provider (evaluation team) will be responsible for arranging their own logistics, including meetings, transport and accommodation. The EMC will provide background documents and information for the evaluation and provide contacts with stakeholders.

### **Expected input days**

This will be an eight months contract and the expected input days of up to 425 for all the people in the team between March and October 2018. Bidders should provide:

- A breakdown of costs per stage of the evaluation and per team member and by item line (fees; travel; accommodation; fixed costs; show a sub-total of fees and a sub-total of all other costs
- Explain how your financial and technical proposal provides “value for money”.
- Include all taxes

### **Skills and Qualifications required**

The TOR will be best responded to by an institution or team of individuals that includes knowledge and experience in evaluation of social science, gender, public health and/or other relevant programmes.

The **Team Leader** will have the following attributes;

- i. Strong experience in leading multi-disciplinary evaluation teams.
- ii. Masters level/Post graduate qualification in social sciences
- iii. Experience of gender programming and in particular gender based violence and health service provision in Zambia or other Southern African countries.

- iv. Extensive experience in evaluation design, data collection and analysis and communication of evaluation findings;
- v. Strong experience in evaluating gender-based violence programmes;
- vi. Analytical, methodical, and succinct style of writing, in plain English.

Overall, the **Evaluation team** should possess the following areas of expertise:

- i. Strong and proven experience in evaluation methods and techniques of development interventions (qualitative and quantitative);
- ii. Extensive experience in the field of gender based violence in Southern Africa, preferably with experience in Zambia, including the policy and legislative environment, GBV prevention approaches, and familiarity with available data sources and current research;
- iii. Compliance with international quality and ethical standards in evaluation
- iv. Strong interpersonal skills and excellent analytical and writing skills.
- v. A mix of international, national, male and female personnel
- vi. Health Economist
- vii. Communication and Advocacy expert

### **13. Assessment Criteria**

*Bids will be scored according to the following criteria:*

#### **1. Technical Evaluation Criteria**

- |  |            |
|--|------------|
| <b>1.1 Overall Response</b>  | <b>10%</b> |
| <ul style="list-style-type: none"> <li>• An interpretation of the tasks described in the TORs which demonstrates an understanding of the services to be provided.</li> </ul>   |            |
| <b>1.2 Company and Key Personnel</b>   | <b>20%</b> |
| <ul style="list-style-type: none"> <li>• Strength of the team proposed to respond to the overall scope of the services requested, including the team leader who will have the overall responsibility for all other team members, as well as contact with the commissioning agent.</li> <li>• Composition of the team proposed, including the appropriate gender balance and balance of national and/or international experts to respond to the overall scope of the project.</li> <li>• A description of the input of each of the team members and the distribution and interaction of tasks and responsibilities between them.</li> </ul> |            |
| <b>1.3 Proposed Methodology and Approach</b>   | <b>30%</b> |
| <ul style="list-style-type: none"> <li>• Outline of the approach framework and methodology proposed.</li> <li>• Workplan and time schedule, including milestones breakdown and the number of experts and the number of working days they will require for the assignment, either on a monthly schedule.</li> </ul>   |            |
| <b>Total Technical</b>   | <b>60%</b> |
| <b>2. Commercial Proposal</b>  | <b>40%</b> |
| Including VFM, total costs, fee rates  |            |

**Total Technical/Commercial** **100%**

**Duty of Care/Risk Assessment**

The supplier shall be responsible for the safety and well-being of their Personnel and Third Parties affected by their activities under these ToRs, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

DFID will share available information with the Supplier on security status and developments in-country where appropriate. A security briefing by the British High Commission will be offered to the Service provider on arrival. All personnel must register with their respective Embassies to ensure that they are included in emergency procedures.

The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract. Tenderers must develop their Tender on the basis of being fully responsible for Duty of Care in line with the details provided above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

## **Duty of Care**

### **Duty of care to suppliers**

- 1.1. The Service Provider is responsible for the safety and well-being of their Personnel (as defined in Section 2 of the Contract) and Third Parties affected by their activities under this contract, including appropriate security arrangements and third parties with whom the contractor has a contractual agreement. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.
- 1.2. The Service Provider is required to comply with the DFID Duty of Care to Suppliers Policy in delivery of this assignment.
- 1.3. DFID will share available information with the Service Provider on security status and developments in-country where appropriate. (Risk Matrix also attached for Zambia.)
- 1.4. The Service Provider has a duty of care and is responsible for ensuring appropriate safety and security briefings for all of their Personnel working under this contract and ensuring that their Personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Service Provider must ensure they (and their Personnel) are up to date with the latest position.
- 1.5. The Service Provider is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their Personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in dangerous, fragile and hostile environments etc.).
- 1.6. Tenderers must develop their Tender on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix developed by DFID. They must confirm in their Tender that:
  - They fully accept responsibility for Security and Duty of Care.

- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

1.7. If tenderers are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, that Tender will be viewed as non-compliant and excluded from further evaluation.

1.8. Acceptance of responsibility must be supported with evidence of capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence Tenderers should consider the following questions:

- Have you completed an initial assessment of potential risks that demonstrates your knowledge and understanding, and are you satisfied that you understand the risk management implications (not solely relying on information provided by DFID)?
- Have you prepared an outline plan that you consider appropriate to manage these risks at this stage (or will you do so if you are awarded the contract) and are you confident / comfortable that you can implement this effectively?
- Have you ensured or will you ensure that your staff are appropriately trained (including specialist training where required) before they are deployed and will you ensure that on-going training is provided where necessary?
- Have you an appropriate mechanism in place to monitor risk on a live / on-going basis (or will you put one in place if you are awarded the contract)?
- Have you ensured or will you ensure that your staff are provided with and have access to suitable equipment and will you ensure that this is reviewed and provided on an on-going basis?
- Have you appropriate systems in place to manage an emergency / incident if one arises?

#### **Annex 1: Risk Assessment Matrix**

|                                  | <b>DFID RISK SCORE – Zambia</b> |
|----------------------------------|---------------------------------|
| <b>FCO Travel Advice</b>         | <b>1</b>                        |
| <b>Host Nation Travel Advice</b> | <b>1</b>                        |
| <b>Transportation</b>            | <b>2</b>                        |
| <b>Security (SS)</b>             | <b>1</b>                        |
| <b>Civil Unrest</b>              | <b>2</b>                        |
| <b>Violence / Crime (SS)</b>     | <b>2</b>                        |
| <b>Terrorism (SS)</b>            | <b>1</b>                        |

|                         |             |
|-------------------------|-------------|
| <b>War</b>              | <b>1</b>    |
| <b>Hurricane</b>        | <b>1</b>    |
| <b>Earthquake</b>       | <b>1</b>    |
| <b>Flood</b>            | <b>1</b>    |
| <b>Medical Services</b> | <b>1</b>    |
| <b>Overall Rating</b>   | <b>1.25</b> |

|                      |                 |                    |                  |                       |
|----------------------|-----------------|--------------------|------------------|-----------------------|
| <b>1</b>             | <b>2</b>        | <b>3</b>           | <b>4</b>         | <b>5</b>              |
| <b>Very Low Risk</b> | <b>Low Risk</b> | <b>Medium Risk</b> | <b>High Risk</b> | <b>Very High Risk</b> |
| <b>Low</b>           |                 | <b>Medium</b>      | <b>High Risk</b> |                       |