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**AGA KHAN RURAL SUPPORT PROGRAMME**

**REQUEST FOR PROPOSAL FOR**

**LOCAL CONSULTANTS/FIRMS FOR**

**ENDLINE STUDY**

**under**

**ADVANCING GENDER EQUALITY THROUGH CIVIL SOCIETY (AGECS)**

**Foundations for Health and Empowerment (F4HE) Project**

Submitted by

Monitoring & Evaluation Section

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# Background

Foundations for Health and Empowerment (F4HE) is a 5-year program funded by Aga Khan Foundation Canada and Global Affairs Canada aimed to improve the health, wellbeing, equitable development and empowerment of women, girls, their families, and their communities. It is being executed in five countries in Asia by country units of Aga Khan Foundation in collaboration with different Aga Khan Development Network (AKDN) agencies.

Advancing Gender Equality through Civil Society (AGECS) is one of the four components of F4HE focusing on developing the capacity of gender equality and women-led civil society groups to enhance the ability of community structures, institutions, and leaders to respond to gender and social barriers and foster inclusive governance. In Pakistan, Aga Khan Rural Support Programme (AKRSP) with technical and grant management support of Aga Khan Foundation Pakistan (AKFP), will implement two sub-projects under the AGECS initiative in Gilgit Baltistan and Chitral through sub-contracting it to two local organizations; Karakorum Area Development Organization (KADO) and Legal Awareness Program for Human Rights (LAPH). These organizations have been selected through a competitive bidding process. The design of AGECS entails carrying out a endline survey for assessing the current situation of the capacity and effects of the sub-contracted organizations and their operations; and to document perceptions and understanding of other stakeholders as well.

AKRSP is seeking high calibre professional(s)/firm(s) for carrying out endline study in the target geographies of the two sub-contractors (KADO and LAPH) and of their operations separately. These Terms of Reference (ToRs) highlight the objective, scope of work and timeline of the assignment.

# The Endline Survey

The purpose of the endline study is to generate and provide information on the endline of situation the sub-contracted implementing organizations plan to change in order to compare the situation after the sub-projects implementation in comparison to the baseline values. As this information will assess the situation of key project outcome indicators after implementation of the sub-projects therefore, it may also be used to assess the success of the interventions of the CSOs, AKRSP and AKFP during the project implementation.

## 2.1 Objectives of the Survey

This endline study will be carried out to achieve the following main objectives.

* Assess the status of key outcome-level indicators of the sub-projects at the endline, in comparison to the targets set at baseline.
* Provide tailored recommendations for each sub-project outcome based on the study's findings.
* Document the key lessons learned/success stories by the CSOs supported through the sub-project

## 2.3 Scope of the study

The endline study will encompass a review of documents, collection of quantitative survey data and qualitative data; data management and submission of reports (inception and final endline report). The following section details the main activities:

1. **Review of documents:** The documents to be reviewed included but not limited to:
   1. the project proposals submitted by the sub-project implementing partners (LAPH & KADO), including the project Performance Monitoring Framework (PMF), progress reports of CSO
   2. the Endline Survey Guidelines prepared by AKRSP/AKFC – these will be provided after selection of the consultant/firm.
   3. other relevant printed or electronic material
2. **Inception meetings with key stakeholders**: AKRSP/AKFP and sub-project implementing partners (LAPH & KADO)
3. **Preparation and submission of Inception Report:** covering objectives, methodology, timeline of endline activities, data collection tools, consent form to be used and data analysis plan. Methodology section must cover major steps of the survey and its design including sampling design and sample size, data collection approach, selection and engagement of local data collection team/enumerators (including number of enumerators/researchers, training), measures to ensure quality of data, data cleaning and analysis etc.
4. **Securing approvals of competent authorities**: what and where required including ethical approval, No Objection Certificates etc. prior to conducting survey
5. **Collection of quantitative data:** Quantitative data should be collected via a community survey and document reviews (detailed guidelines will be provided to selected consultant(s)/ firm(s). In addition to routinely collected essential demographic information of respondents (e.g. Age, gender, education etc.), information needs to be captured on the following outcome indicators:
6. **Government Records:** the consultant will coordinate with relevant Govt Authorties to collect data on GBV cases reported and readdressed
7. **Collection of qualitative data:** Qualitative data should be collected through KIIs and FGDs.

## 2.2 Key Indicators of the study

The study will cover PMF indicators as below:

Sub-project 1: PMF Outcome Indicators

|  |  |  |
| --- | --- | --- |
| Expected Results | Indicator | Data Collection Method |
| Intermediate Outcomes (Behaviour Change) | | |
| 1200 Reduced gender and social barriers to utilization and uptake of health, early childhood development, and other sustainable development services and practices in select areas of Asia by women and girls, adolescents, men, and boys | % of AKF supported CSOs with improved performance (by type of CSO, country) | Organizational Performance Index |
| # of GBV cases reported and redressed (by gender, district) | Document review and interview |
| % of people satisfied with the handling and management of GBV cases (by gender, district) | Field Survey |
| Immediate Outcomes (Access and Knowledge) | | |
| 1210 Increased equitable access to legal aid as well as government and community support services for GBV survivors in the districts of Upper and Lower Chitral. | # of people/GBV survivors accessing courts for justice and other support services (by gender, district) | Document review and interview |
| 1220 Enhanced ability of local community structures, government institutions, civil society organizations to identify and respond to gender and social barriers in Upper and Lower Chitral. | Monetary value of support raised from local donors by CSOs (by geography) | Document Review |
| Extent to which members of the project population value the work of CSOs (by geography) | Sample Survey |
| 1230 Enhanced knowledge, skills and attitudes among female and male community members in targeted Union Councils on the rights of women and reintegration of GBV survivors. | % of individuals surveyed that hold gender equitable attitudes towards ending GBV (by gender, district) | Sample Survey |

Sub-project 2: PMF Outcome Indicators

|  |  |  |
| --- | --- | --- |
| Expected Results | Indicator | Data Collection Method |
| Intermediate Outcomes (Behaviour Change) | | |
| 1200 Reduced gender and social barriers to utilization and uptake of health, early childhood development, and other sustainable development services and practices in select areas of Asia by women and girls, adolescents, men, and boys | % of AKF supported CSOs with improved performance (by type of CSO, country) | Organizational Performance Index |
| % of women and adolescent girls who made decisions alone or jointly on matters related to family planning, child health and use of health, SRH and ECD services (by age group, district, UC, decision area) | Survey with Opinion poll using Likert scale on lean sample of beneficiary population to measure the change |
| Immediate Outcomes (Access and Knowledge) | | |
| 1210 Increased equitable access to legal services for addressing GBV cases in target districts | 1210.1 Number of women filing formal complaints regarding GBV with law agencies (by district) | Document review |
| 1220 Enhanced ability of local community structures, institutions, and leaders to identify and respond to gender and social barriers through transformative action | 1220.1 Monetary value of support raised from local donors by CSOs | Document Review |
| 1220.2 Extent to which members of the project population value the work of CSOs (by geography) | Sample Survey |
| 1220.3 % of Community leaders reporting increase in ability to identify and respond to gender and social barriers (by gender, district) | Opinion poll using Likert scale on lean sample of beneficiary population administered through standard survey tool |
| 1230 Enhanced knowledge, skills and attitudes among female and male community members on gender equality and women’s empowerment | 1230.1 Percentage of male and female community members reporting increase in understanding and acceptance of gender equality and women’s empowerment (by gender, district) | Sample Survey |

The consultant will further ensure to collect data on the following indicators:

1. **Mandatory indicators:**
   * 1. Organizational Performance Index (OPI) – to establish a benchmark of performance of the subcontracted CSO across four domains (Effectiveness, Efficiency, Relevance, and Sustainability), using AKF’s pre-designed OPI scoring tool.
     2. Monetary value of support raised from local donors by the CSOs in previous year (data to be collected via a financial document review).
     3. Determining the extent to which beneficiaries value the work of the CSOs, using AKF’s pre-designed Net Promotor Score (NPS) methodology (data to be collected via a survey).
2. **Other Indicators:**
   * 1. Indicators related to beneficiary behaviours, attitudes, or access
     2. Indicators related to intermediary beneficiary capacity.
     3. Indicators related to knowledge change
     4. Any other relevant indicators
3. For **qualitative data**, focus group discussions (FDGs) and key informant interviews (KIIs) to be used for collection of qualitative information. The qualitative information will help to complement the findings based on quantitative data, better and in-depth understanding of the topics covered in endline survey, identifying illustrative examples of issues and needs of the beneficiaries, finding areas of concerns that may not have identified by the subcontracted CSO etc.

# Methodology

The consultant will propose methodology consisting of mixed method approach and standard endline tools. The consultant will share the draft methodology along with proposed tools with AKRSP and will refine the study design as per feedback received from the MERL team. In terms of population coverage, the study/studies are expected to cover 29 UCs in 6 districts of GBC. Following is the expected population frame for the study.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Administrative Unit (District) | Households | Total Population | Male Population | Female Population |
| Ghizer | 22,532 | 173,588 | 83,020 | 90,568 |
| Gilgit | 44,301 | 330,091 | 156,176 | 173,915 |
| Hunza | 9,779 | 61,588 | 29,553 | 32,035 |
| Nagar | 10,700 | 74,727 | 36,314 | 38,413 |
| Upper Chitral | 22,710 | 169,240 | 86,312 | 82,928 |
| Lower Chitral | 38,909 | 278,122 | 141,842 | 136,280 |

# Consultant’s ToRs

The consultant will be responsible for following task.

1. Draft an inception report, receive feedback from AKRSP and incorporate feedback. The inception report should discuss in detail the study plan, methodology, refined ToRs, sampling scheme, survey tool and survey protocols,
2. The consultant will work with the MERL team of AKRSP in aligning the data for sample finalization.
3. Engage and train local researchers and enumerators for the endline survey
4. Conduct pilot testing of the survey tools and revise and refine the tools (if it is required) in consultation with AKRSP,
5. Develop survey manuals and implement the full-scale study,
6. Collect data from the field/beneficiaries with the support of AKRSP field teams
7. Maintain database in MS Excel and submit the database with analysis to AKRSP at the end of the study,
8. Cleaning and analysing comparative quantitative and qualitative data with baseline results and preparing a concise endline study report documenting all preliminary findings based upon qualitative and quantitative findings
9. Finalizing the report incorporating feedback/input given by AKRSP and its submission within the timeline agreed.
10. Prepare and submit a draft survey completion report to the AKRSP on the agreed template and on agreed deadline,
11. Present findings based on the draft report in a workshop and receive feedback,
12. Incorporate any further feedback provided by AKRSP on the report.
13. Develop a consolidated report which includes findings of the assessment and agreed feedback to be submitted within a week after the validation workshop
14. Ensuring confidentiality of collected information and safeguarding (No Harm to anyone) of data collection teams, all respondents and participants in the survey will be mandatory.

# Key Deliverables

The consultant will submit the work in the form of a final report on an agreed template of AKRSP. Overall, the report should cover the overall objectives/purpose and scope of the work. Specifically, the report should discuss in detail:

1. Inception Report: focusing on objectives, methodology and detailed work plan
2. Copies of NOCs from relevant authorities for data collection and approval of an ethical board (if required)
3. Data Sets (both quantitative and qualitative)
4. Draft Report – covering Objectives, Methodology, Key findings, other findings and programme recommendations. Formal format of report will be shared with approval of inception report.
5. Final Report
6. Data interpretation workshops with AKRSP/AKFP.

# Data analysis plan

The consultant will share data analysis plan to assess each outcome indicator and tables, graphs and infographics to be used to highlight key findings.

# Qualification and Experience of Consultant

The consultant/firm should include the technical expertise and practical experience required to deliver the scope of work and evaluation outputs, in particular, with regards to:

* Masters’ degree preferably in Economics, statistics or relevant social sciences with extensive experience of conducting endline studies.
* Working experience of at least 10 years as similar endline/evaluation studies with a reputable development organization conducting large scale surveys or evaluations.
* In-depth understanding of ‘all-inclusive’ programming. gender related issues including Gender Based Violence (GBV)/Violence Against Women (VAW)
* Knowledge of Government policies and laws related GBV and VAW in GB and Chitral
* Proven expertise in data analysis and drafting high quality reports
* Fluency in English and Urdu is mandatory. Additional relevant local languages (e.g., Khowar, Brushaski, Shina, and Wakhi etc), an asset.
* Excellent interpersonal and communication skill and capability to simplifying complex concepts into simple and intelligible language.
* Demonstrated experience in safeguarding and respecting vulnerable populations.

# Reporting and management

After selection the consultant/firm will work closely with IPs and AKRSP team. The lead consultant will be monitored and supervised by Specialist M&E with technical support of PM Civil Society, AKRSP during the assignment and all deliverables will be reviewed and approved by Head M&E, AKRSP. The AKRSP MERL focal point, AKFP MERL focal point, and AKFC MERL focal points and program leads will provide technical support during the endline survey designing, its implementation and finalization of the report.

# Study Execution Plan

# Timelines

The core M&E team will be responsible for the conceptual design and contract out outcome study. As per ToRs, the consultant will be responsible for collecting data, using standard MERL tools and produce a consolidated draft narrative report incorporating analysis of findings against each indicator preferably by second week of July 2025. It is anticipated that 50 working days would be required to complete the assignment. The tentative activities with LOE will be:

|  |  |
| --- | --- |
| Activity | Days |
| Documents review | 2 |
| Preparation of survey design | 2 |
| Preparation of tools | 5 |
| Drafting Inception Report | 2 |
| Identification of data collectors and their training and field-testing of tools | 3 |
| Data Collection | 10 |
| Data Analysis and sharing of preliminary findings with AKF/AKRSP | 4 |
| Inputs on findings provided by AKRSP/AKF and incorporated by the consultant | 7 |
| Data interpretation workshop arranged by the consultant | 2 |
| Draft Report of Endline Study Submitted to AKF/AKRSP | 3 |
| Feedback on draft endline report provided by AKF/AKRSP | 5 |
| Preparation and Submission of Final Report | 5 |
| TOTAL LOE | 50 |

# Hiring Process

AKRSP will hire services of consultant through competitive process through RFPs and evaluating proposals.

# Application package

Applicants are required to submit following as part of the application package.

1. **Letter of interest**, including the names and contact information of two previous clients who can be contacted regarding relevant experience. Consultants are also expected to disclose any conflict of interest related to this mandate with AKRSP and AKF.
2. Detailed **technical proposal** of not more than 8 pages clearly demonstrating a thorough understanding of this request for proposals and including the following:
   * 1. Description of study approach and methodology, including preliminary sampling strategy, data collection, data management and data analysis, gender equality and ethical standards
     2. Demonstrated previous experience in conducting similar endline studies and other qualifications outlined in this TOR
     3. A proposed timeframe detailing activities and a schedule/work plan (including a Gantt chart)
     4. Team composition and level of effort of each proposed team member
3. A **financial proposal** with a detailed breakdown of costs for the study (taking into account an additional VAT as per Pakistan’s taxation rules)
   * 1. Itemized consultancy fees/costs
     2. Itemized field data collection expenses
     3. Itemized administrative expenses
     4. Validity period of quotations
     5. Expected payment plan and method
4. CVs of all proposed team members outlining relevant experience (annexed to technical proposal)
5. Two copies of a previous report of similar work undertaken on: a) baseline study; OR b) endline study
6. Copy of legal registration (for registered firms)
7. A Consulting Firm profile

# Evaluation Criteria

Proposals will be evaluated based on the following set of criteria:

|  |  |
| --- | --- |
| CRITERIA | MAXIMUM SCORE |
| Technical Component | |
| Demonstrated experience in conducting and coordinating similar studies | 25 |
| Education and Technical Experience of Team | 15 |
| Proposed Methodology, Workplan and Approach(Gender lense and technical) | 30 |
| Relevance of Sample work to study | 10 |
| Total Technical Component | 80 |
| Financial Component | |
| Realistic and appropriate costs for proposed work | 10 |
| All relevant costs included to carry out proposed work | 10 |
| Total Financial Component | 20 |
|  | 100 |

# Confidentiality and Ownership of the Data, Documents, and Equipment

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* AKRSP shall be the owner of all the data collected, data sets, reports, documents, etc. prepared by the consultant,
* All the data sets/tools and reports, MoVs must be handed over to AKRSP MERL team before final payment,
* All documents, reports and information from this assignment will be regarded as AKRSP's intellectual property, so the mentioned outputs or part of it cannot be sold or used in any case without the prior permission of AKRSP.

# Ethical/Safeguarding Considerations

The responses will be taken after the consent of the respondents. The informed consent section will be added in the beginning of the questionnaire/tool. The consent will be taken after informing objectives and purpose of the survey and abiding by the AKRSP’s safeguarding policy.

*AKRSP-AKF is an Equal Opportunity Employer and is Committed to Safeguarding and Promoting the Welfare of Children and Vulnerable Adults and Expects all Staff and Partners to Share this Commitment*