



## TERMS OF REFERENCE FOR EXTERNAL EVALUATION

### HIRING CONSULTANT OR FIRM FOR SHORT-TERM CONSULTANCY FOR FINAL PROJECT EVALUATION

Terre des hommes (Tdh) Bangladesh is seeking to contract an expert to conduct the final evaluation of the Project **“Kalyana: Ensure access to life-saving integrated and sustainable services to the Rohingya population and host communities in Cox's Bazar District, Bangladesh”** funded by Bureau of Population, Refugees, and Migration (BPRM).

#### 1. About Terre des hommes

Tdh is a leading Swiss NGO working on child rights. It is active in more than 30 countries with development and emergency projects. Tdh focuses its action on the following areas of intervention: Health, WASH and Child Protection. Modern management and communication tools ensure the quality of Tdh's projects. The Foundation constantly aims to improve its services. In Bangladesh, Tdh is implementing a PRM-funded integrated, multi-sectorial, humanitarian assistance response project in camps 26, 27 and surrounding host community in Teknaf Upazila, titled “Kalyana: Ensure access to life-saving integrated and sustainable services to the Rohingya population and host communities in Cox's Bazar District, Bangladesh”.

#### 2. Context

As of now, approximately 1,006,107 Rohingya refugees/FDMNs are registered in Bangladesh as part of the Government-UNHCR joint registration exercise, residing in thirty-three extremely congested camps formally designated by the Government of Bangladesh in Ukhiya and Teknaf Upazilas of the Cox's Bazar District as well as on the island of Bhasan Char. Bangladesh has generously provided safety to Rohingya refugees/FDMNs from Myanmar for several decades, particularly following the events of August 2017 in Myanmar. Bangladesh has borne an enormous responsibility, including financially, for this crisis, and the international community must continue providing humanitarian assistance and working towards voluntary, dignified, safe, and sustainable repatriation of Rohingya refugees/FDMNs to Myanmar.

The project for which the consultancy is required, aims at enhancing the safety and dignity of refugees and host communities in the targeted areas through an integrated, multi-sectoral humanitarian response that will continue to increase access to quality health and nutrition, child protection and WASH services. It focuses on improving access to quality health and nutrition, child protection, and WASH services. Building on the outcomes of previous and ongoing interventions, the project seeks to reinforce and expand these efforts, contributing to broader humanitarian impact across the targeted areas.

#### Project Summary:

<b>Project Title</b>	Kalyana: Ensure access to life-saving integrated and sustainable services to the Rohingya population and host communities in Cox's Bazar District, Bangladesh
<b>Project Period</b>	1 September 2022 – 31 August 2025
<b>Project Location</b>	Region: Chittagong division/Cox's Bazar. Location: Teknaf Upazila, Nhilla Union, Camp 26 and Camp 27
<b>Project General Objective</b>	Enhance the safety and dignity of refugees and host communities in the targeted areas through an integrated, multi-sectoral humanitarian response



	that will continue to increase access to quality health and nutrition, child protection and WASH services.
<b>Project Specific Objective</b>	<ul style="list-style-type: none"> <li>✓ <b>Objective 1:</b> To improve access to essential health and nutrition services through integrated clinic- and community-based services, focusing on women and children under 5.</li> <li>✓ <b>Objective 2:</b> To increase access to quality WASH services by means of expanding facilities and strengthening community participation and awareness raising activities.</li> <li>✓ <b>Objective 3:</b> To enhance access to quality integrated child protection services in order to prevent and effectively respond to cases of child abuse and empower children to better protect themselves.</li> </ul>
<b>Project Expected Results</b>	<p><b>Objective 1: Health and Nutrition</b></p> <ul style="list-style-type: none"> <li>✓ Improved access to health care services for patients (Rohingya and Host community at two PHCs (Camps 26 &amp; 27).</li> <li>✓ Expanded health services, including Mental health, BEmONC, IMCI, NCD, and nutrition.</li> <li>✓ Digitalized NCD protocol for better service management.</li> <li>✓ Community outreach for community people, covering Service mapping, referrals, and awareness on Health, Nutrition &amp; Child Protection</li> <li>✓ Enhanced maternal &amp; child health, including ANC, PNC, , family planning, and 24/7 BEmONC.</li> <li>✓ Increased Exclusive Breastfeeding Rates and improved Nutritional Recovery for Children Under 5</li> <li>✓ Improved child nutrition, including Exclusive breastfeeding, IYCF counselling, and malnutrition referrals.</li> <li>✓ Strengthened Capacity of Local Health Actors &amp; Transition Planning</li> </ul> <p><b>Objective 2: WASH:</b></p> <ul style="list-style-type: none"> <li>✓ Improved access to safe water for both refugee and host communities through the establishment and operation of a desalination plant with a daily capacity of 100,000 liters, particularly benefiting communities during periods of severe water shortage.</li> <li>✓ Enhanced sanitation and safety through the construction of latrines, bathing cubicles, and women's hygiene centers, all equipped with solar lighting to increase nighttime accessibility and reduce risks of gender-based violence (GBV).</li> <li>✓ Strengthened environmental sanitation through the installation and maintenance of drainage systems and solid waste management facilities, including communal bins, composting units, and plastic recycling systems.</li> <li>✓ Maintained hygienic living conditions through the efficient operation of a Fecal Sludge Management (FSM) plant with a capacity of 70,000 liters per day, ensuring timely desludging, disinfection, and safe disposal.</li> <li>✓ Reduced environmental health risks by increasing community capacity for waste management through the provision of proper</li> </ul>



	<p>waste disposal infrastructure and support for sustainable recycling practices.</p> <ul style="list-style-type: none"> <li>✓ Greater community involvement in sustainable waste management through engagement in waste segregation and recycling activities, promoting long-term behavior change.</li> <li>✓ Improved hygiene practices through targeted awareness campaigns, including hygiene promotion sessions, community meetings, and observance of hygiene-related days.</li> <li>✓ Strengthened individual hygiene and sanitation behaviors through the distribution of hygiene kits, menstrual hygiene management (MHM) kits, and water conservation tools (e.g., waste bins, handwashing stations).</li> <li>✓ Improved menstrual hygiene practices among women and girls through the provision of MHM support and education, contributing to better health, dignity, and participation in daily activities.</li> </ul> <p><b>Objective 3: Child Protection:</b></p> <ul style="list-style-type: none"> <li>✓ Improved access to quality integrated child protection services for refugee and host community children.</li> <li>✓ Enhanced psychosocial well-being and resilience of children, adolescents, and caregivers.</li> <li>✓ Strengthened case management and referral services for at-risk children, including alternative care and family tracing.</li> <li>✓ Provision of structured and non-structured psychosocial support (PSS) through community-based activities.</li> <li>✓ Strengthened community-based child protection mechanisms to respond to child protection risks.</li> <li>✓ Increased community engagement in child protection by supporting and mobilizing Community-Based Child Protection Committees (CBCPCs).</li> <li>✓ Empowered adolescents through participatory action research and arts-based initiatives.</li> <li>✓ Increased parental and caregiver's capacity in responding to and prevention of child protection concerns.</li> <li>✓ Improved parental support and mental health services, including Positive Parenting Skills training and individual PM+ counseling.</li> <li>✓ Strengthened anti-trafficking initiatives, including awareness-raising, monitoring, and response mechanisms.</li> </ul>
<b>Project Activities and Target Groups</b>	<p>The project focuses on enhancing the safety and dignity of Rohingya refugees and host communities in Cox's Bazar (Camps 26 &amp; 27, Nhila Union, Teknaf Upazila) through an integrated, multi-sectoral humanitarian response. The key activities are:</p> <p><b>Objective 1: Health and Nutrition</b></p> <ul style="list-style-type: none"> <li>✓ Provide comprehensive healthcare services by providing outpatient care, inpatient care, emergency, and trauma care, including consultations, referrals, first aid and basic Trauma care management to ensure effective and accessible healthcare delivery.</li> </ul>



	<ul style="list-style-type: none"><li>✓ Deliver integrated Sexual and Reproductive Health (SRH) services focused on normal delivery, antenatal care (ANC), postnatal care (PNC), family planning, and treatment for sexually transmitted infections (STIs), Clinical Management of Rape (CMR), SGBV support which promoting maternal and reproductive health.</li><li>✓ Strengthen disease prevention and vaccination efforts through EPI and other vaccination, screening for vaccine-preventable diseases, and hepatitis B &amp; C screening, to reduce the burden of preventable diseases.</li><li>✓ Support mental health and psychosocial wellbeing by providing consultations of Mental health and Psychosocial support (MHPSS) by Psychologist and prescribing psychotropic medications by mhGAP-trained doctors to ensure comprehensive mental health care and support for those in need.</li><li>✓ Improve child health and nutrition outcomes by offering nutritional and IYCF counseling, screening and referral for malnutrition (SAM &amp; MAM) and providing education and support to ensure healthy feeding practices and child development.</li><li>✓ Community outreach activities on Health education including nutrition, vaccination and extended program of immunization, breastfeeding promotion, and hygiene awareness etc.</li></ul> <p><b>Objective 2: WASH:</b></p> <ul style="list-style-type: none"><li>✓ Desludging, disinfection and disposal by FSM plant (The plant's treatment capacity is a maximum of 70,000 liters per day).</li><li>✓ Establish and operate a desalination plant serving both refugees and host communities (The plant's capacity is 100,000 liters per day).</li><li>✓ Construction and maintenance of latrines (including solar lights), women's hygiene centers, bathing cubicles, drains, and solid waste management facilities (communal bins, composting, and plastic recycling).</li><li>✓ Promotion of hygiene practices (session, meeting, campaign, day celebration), menstrual hygiene support, and water conservation (including waste bin, hygiene kits, MHM kits, and handwashing units', and recycling items distribution).</li></ul> <p><b>Objective 3: Child Protection:</b></p> <ul style="list-style-type: none"><li>✓ Implementation of structured and non-structured PSS programs using structured PSS curriculum</li><li>✓ Implementation of Youth lead participatory actions YouCreate to empower children and adolescents.</li><li>✓ Specialized, gender sensitive Case Management and referral support for vulnerable and at-risk children and adolescents.</li><li>✓ Support for community-based child protection mechanisms by developing capacity of community-based child protection committee</li><li>✓ Implementation of community-led initiatives.</li></ul>
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	<ul style="list-style-type: none"><li>✓ Provide Positive Parenting Sessions to enhance the resilience of parents</li><li>✓ Individualized level 3 mental health support using Problem Management+ (PM+) for the 16+ adolescent and adult caregivers.</li><li>✓ Training and mobilization of community volunteers to support integrated outreach messages and service awareness.</li><li>✓ Establishment of youth-led initiatives</li></ul>
<b>Project Monitoring System</b>	<p>The project monitoring system includes assessment of progress towards achieving project indicators through onsite monitoring of activities, formal surveys, and qualitative methodologies (group discussions). To ensure compliance with M&amp;E principles, outcome assessments are conducted through baseline, midline, and end line studies. A final impact evaluation has been planned at the end of the project, to be conducted by an external evaluator. This evaluation will assess the project against the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) criteria that includes <b>Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability</b> of the project. Besides, Tdh follows an iterative approach with a user-centric design aiming to integrate the feedback of three core groups: Beneficiaries, Caregivers/care providers and a Broader group of stakeholders, including persons with disabilities, religious or ethnic minorities, Indigenous people, and children and women.</p>

### 3. Objective of the evaluation

The three primary objectives are to:

- ✓ Assess the DAC criteria of Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability of the project.
- ✓ Gather evidence on the project performance and lessons learned; and
- ✓ Provide recommendations for sustaining the results achieved, and for the potential replication and scaling up of this type of project.

Specifically, this evaluation should:

- ✓ **Measuring performance:** Measure project achievements by comparing results with the original objectives, planned activities, and targets in the project document, work plan, and logframe.
- ✓ **Relevance and Coherence:** Assess whether the project design and activities were relevant to the needs of Rohingya and host communities and aligned with Bangladesh's policies (Including sector-specific policies of Cox's Bazar) on Health, WASH, and Child Protection.
- ✓ **Effectiveness:** Examine how well the project achieved its goals and whether interventions in Health, WASH, and Child Protection effectively addressed key challenges and positively contributed to meeting the needs of the beneficiaries.
- ✓ **Impact:** Analyze the project's impact (including integrated impact), including how Health, WASH, and Child Protection activities worked together to bring about change. Also reflect on the implications of the USAID suspension—particularly the potential increase in patient burden at PHC due to reduced services elsewhere—and how this have influenced service delivery and cross-sector coordination.
- ✓ **Efficiency:** Understand how well the project was coordinated with government agencies, humanitarian organizations, and other local initiatives, and assess whether internal



coordination was effective—particularly considering that the project was designed as an integrated response across Health, Child Protection, and WASH.

- ✓ **Sustainability:** Evaluate sustainability by assessing whether key project outcomes, services, and skills will continue beyond the project's end, including community ownership and stakeholder involvement.
- ✓ **Lessons learned and recommendations:** Identify key lessons learned, including successes, challenges, and areas for improvement, to provide useful recommendations for Tdh, government agencies, partners, and donors working in Rohingya and host communities.

#### 4. Intended Users of the Evaluation

The evaluation findings will inform best practices, lessons learned, and evidence-based recommendations for future program design and advocacy efforts. The key users include:

- **Tdh Foundation** – To refine program strategies, enhance decision-making, and strengthen donor reporting.
- **Local Partners & Stakeholders** – To improve collaboration and adapt local policies and practices.
- **Donors & Funding Agencies** – To assess project effectiveness and design and guide funding decisions.
- **Policy Makers & Advocacy Groups** – To contribute to the evidence base and support advocacy efforts on policies related to youth empowerment, climate-induced displacement, and protection of vulnerable populations.

#### 5. Evaluation criteria and questions

The final evaluation will apply the OECD-DAC criteria with a focus on exploring the questions below, but this will not limit the evaluation team to coming up with other important critical questions that may be appropriate for this evaluation.

- ✓ **Relevance**
  - To what extent does the project address the most urgent and evolving needs of Rohingya refugees and host communities in Teknaf, particularly in Health, WASH, and Child Protection?
  - To what extent does the project align with and contribute to the implementation of Bangladesh's National Health Policy, WASH Policy and Cox's Bazar WASH Sector Strategy, and key child protection frameworks, including the Child Protection Minimum Standard (CPMS) and the Child Protection Sub-Sector (CPSS) Guidelines and strategies for Rohingya Refugee Response?
- ✓ **Coherence**
  - How well does the project align with and complement the strategies and priorities of key institutions such as the Civil Surgeon Office and the Cox's Bazar District Administration in addressing health, WASH, and child protection needs?



✓ **Effectiveness**

- How effectively has the project improved access to essential health services (e.g., antenatal care, emergency obstetric care, and mental health support) in collaboration with the Civil Surgeon Office and PHCs?
- To what extent has the project strengthened access to safe water (aligned with Sphere Standards), sanitation (following WASH Sector Strategy), and hygiene practices (including WASH kits distribution, menstrual hygiene management, and waste management), and how effectively are these services being maintained and utilized by communities?
- To what extent have child protection interventions, including case management (aligned with the CPIMS+ system), structured MHPSS services following IASC Guidelines, and community-based child protection mechanisms such as CBCPCs, contributed to improving the safety, resilience, and well-being of children in Rohingya and host communities?

✓ **Efficiency**

- How effectively were the available resources (time, staff, and materials) used to deliver project activities, and were there any strategies that contributed to operational efficiency or delayed implementation?

✓ **Impact**

- What measurable changes (positive, negative, intended, and unintended) have occurred in beneficiaries (health status, child protection outcomes, WASH behaviours), institutions (policy adoption, service quality), and government engagement, and what were the missed opportunities?
- How effectively have project interventions contributed to achieving the expected outcomes and indicator targets (as defined in the project logframe)? What factors have facilitated or blocked progress?

✓ **Sustainability**

- To what extent has the project strengthened local capacities and integrated into government policies and programs to ensure long-term sustainability?

## 6. Evaluation approach and methods

The Consultant/ Firm will ensure that different data collection methods will be combined, and the information is triangulated. As much as possible, participatory methods will be used to involve project actors and staff, therefore ensuring optimal learning by the team and partners. The evaluator(s) must make use of project documents and particularly the baseline/midline/endline studies being conducted as part of the project.

**The evaluation/review consists of several phases:**

**Contract:** Once the contract is signed, an initial briefing is held to discuss the assignment. The evaluation expert is then provided with the first set of documents, including all available data.

**Desk Study:** The evaluation expert will review all relevant project documents, reconstruct and analyse the intervention logic and project theory of change, and analyse its assumptions. Existing data will be





thoroughly analysed and interpreted. The evaluation expert will be provided with all project-related documents, including financial and narrative progress reports, studies and other relevant documents.

**Inception-Phase:** The evaluator will outline the evaluation design in the inception report, detailing the approach for data collection and analysis. A data collection planning worksheet or a similar tool is required. The inception report should include, at a minimum, the evaluation methodology, schedule, key activities, a list of stakeholders and beneficiaries involved, research ethics and quality assurance, and a detailed table of contents of the report. This report must be submitted and approved at the end of this phase

**Field-phase:** Data needs to be gathered, analysed, and interpreted. It is expected that the evaluation will include quantitative and qualitative data disaggregated by gender, disability and type of communities, both host and Rohingya.

**Draft Findings Discussion:** The evaluators will schedule a draft conclusion workshop at the end of the fieldwork to discuss the draft conclusions to date with the programme team. This opportunity to directly engage with staff is vital in order to ensure effective learning from the evaluation process.

**Draft Report:** Submission and presentation of the draft report, inclusion of comments from Project team and partners. The findings and recommendations need to be included in the draft evaluation report. The results have to be presented in accordance with the suite of evaluation questions in the ToR. It is expected that the evaluation expert will present concrete recommendations which are corresponding to the specific evaluation findings and stakeholders.

**Final Report:** After incorporating feedback from Tdh, the final report is finalized and submitted.

Tdh MEAL Manager from Teknaf will be the focal point to support the Consultant/ Firm throughout the evaluation process. Should any challenges arise, reorientation of the evaluation approach may be considered, but only with Tdh's approval. The evaluators are expected to gather high quality information in a conflict-sensitive and contextually appropriate manner. The evaluation should minimize disruption to ongoing activities and ensure 'do no harm' principles are upheld, both in the data collection process and in the presentation of the findings.

## 7. Deliverables

The Consultant/ Firm will provide deliverables in a timely manner and in electronic format. Key deliverables will include:

1) **The inception report** will include:

In the inception report, the Consultant/ Firm will outline the design of the impact evaluation addressing each primary objective and will detail the approach for data collection and analysis. The report will include:

- ✓ Relevant background and context analysis
- ✓ Synthesis of literature review – to support the evaluation issues, methodology, and data collection instruments.
- ✓ Methodology – including the evaluation matrix (in line with evaluation objectives), evaluation participants, brief about the data collection methods, distribution of data source, data collection, and quality assurance technique, and data analysis tools and processes.
- ✓ Draft data collection tools and guides





- ✓ Detailed activity/work plan, including the number and type of people and sites to be visited
- ✓ Risks and limitations analysis, and mitigation plan
- ✓ Detail table of contents of the report
- ✓ List of literature– to be reviewed further and analysed for report preparation
- ✓ Research ethics and quality assurance:
  - Ethical Considerations: This includes ensuring informed consent, confidentiality, and anonymity for all participants, especially considering the vulnerability of the target population. The evaluation will also prioritize the protection of vulnerable groups.
  - Quality Assurance: To ensure the reliability and validity of the data, quality assurance protocols will be incorporated at each stage of the evaluation, from data collection to analysis. This will include pilot tool testing, regular fieldwork monitoring, and triangulation to cross-check data from different sources and methods.

The use of a data collection planning worksheet or a similar tool is required at the inception phase.  
**30% of the total contract amount shall be paid upon the delivery of the final inception report.**

## 2) The Presentation Slide:

The Consultant/ Firm will prepare a slide deck (25-30 slides) summarizing the key findings and recommendations from the evaluation. The presentation should include:

- A brief introduction to the evaluation objectives, methodology, and context.
- A concise summary of the key findings according to the evaluation questions, supported by data visualizations such as graphs, charts, and qualitative insights.
- Lessons learnt, good practices, failures and missed opportunities identified during the evaluation.
- Conclusions and actionable recommendations (separate short, medium and long term) for future interventions or program improvements.

The slides need to be clear, visually appealing, and designed for both internal and external stakeholders. The Consultant/ Firm will ensure that the slides are professional and follow the agreed format.

## 3) An intermediate (draft final report) and final evaluation report, which will include:

- ✓ Executive summary (max. 3-4 pages) focused on the brief introduction, objectives, methodology, findings and recommendations according to the main evaluation questions
- ✓ Table of contents
- ✓ List of annexes, abbreviations, tables, figures, pictures, etc
- ✓ Introduction
- ✓ Literature review
- ✓ Objectives of the evaluation
- ✓ Presentation of the methodology, scope, and limitations
- ✓ Findings of the evaluation according to the evaluation questions, including lessons learned
- ✓ 1 summary table with the main conclusions and recommendations (separate short, medium and long term) and the lessons learned.
- ✓ Annexes (ToR, data collection tools, survey protocols and questionnaires, updated work plan and list of people interviewed, as summary on key stakeholders' feedback, case studies, evaluation matrix, transcripts of interviews, focus groups, observation.)

Reports must be provided in Word format and the report pages numbered. All reports need to be submitted in English. Reports should be written for a general audience using clear and accessible language. They should be easy to read and technical jargon should be avoided. The full evaluation



report will provide **‘evidence-based’** conclusions. This evidence needs to be clearly illustrated to support the findings in the report. The findings and recommendations of the draft and final report have to be structured **according to the evaluation questions**. An outline of the report’s structure needs to be agreed upon during the inception phase with Tdh. **Remaining 70% of the total contract amount shall be paid upon the delivery of the final report.**

**All documentation related to the assignment shall remain the sole and exclusive property of Tdh.**

## **8. Chronogram**

This assignment is expected to begin by **June 2025** and shall be accomplished no later than **25 August 2025**. Evaluator should provide a workplan detailing the number of working days required per evaluation activity. The Consultant/ Firm will be expected to meet weekly with Tdh management staff to provide updates on the evaluation timeframe. This can be done virtually or in person.

## **9. Roles and responsibilities**

**Tdh team will provide support to the Consultant/ Firm in terms of:**

- ✓ Responding to questions about the task
- ✓ Briefing about Security conditions
- ✓ Ensure safety and security for the evaluation team
- ✓ Obtaining necessary permission from the RRRC (Refugee Relief and Repatriation Commissioner) to conduct the study
- ✓ Facilitate contact with / gathering staff and people to be interviewed
- ✓ Providing equipment / space needed for kick-off meeting and debriefing session in Tdh office
- ✓ Providing translation if needed (not for the main study)
- ✓ Reviewing and commenting on deliverables (inception report, draft report)

**The Consultant/ Firm will be responsible for:**

- ✓ Consulting with Tdh for any questions
- ✓ Ensuring that the consultancy team is aware of security conditions as per Tdh briefing
- ✓ Behave in a culturally, gender and child sensitive manner
- ✓ Abide by ethical principles when collecting data from beneficiaries, in particular from children and women (informed consent, confidentiality)
- ✓ Develop the data collection tools, test them, and review them upon Tdh recommendation, data collection, data quality assurance, analysis
- ✓ Prepare quality reports and deliver them as planned in the work plan and schedule
- ✓ Manage all travel and logistics for their team at Teknaf.

## **10. Selection criteria and score**

The evaluation of proposals will be conducted in three sequential stages:

1. **Eligibility Criteria’s (Yes/No)** – Proposals must meet all mandatory eligibility criteria to advance to the next stage.



2. **Technical Criteria's (80% Weight)** – Qualified bids will be assessed against predefined technical criteria. Only proposals achieving the minimum required technical score (45 out of 80) will proceed to financial evaluation.
3. **Financial Criteria (20% Weight)** – Cost proposals of technically qualified bids will be reviewed.

**Final selection** will be determined by the **combined weighted score** (80% technical + 20% financial).

The evaluation of proposals will be conducted in three stages:

- a) Eligibility Criteria (Yes/No)
- b) Technical Criteria's (80%) and
- c) Financial Criteria (20%)

Proposals must meet the eligibility criteria to qualify for technical evaluation and minimum required score in the technical evaluation to proceed to the financial evaluation stage. The final selection will be based on a combined score of the technical and financial evaluations, as per the weighting specified below:

**1. Eligibility Criteria:**

The bidder shall possess the following qualification: Bidders/ Suppliers must provide information and documentary evidence to establish that they have:

- a) **Legal establishment for a minimum of Three (05) years** for relevant Service/ Business/ Category from the City corporation/ Municipality
- b) **Update Legal Documents**
  - Up to date Trade License/Registration Certificate.
  - Up to date TIN, BIN/VAT
  - Certificate of Incorporation (for Limited Company only)
  - Up to date Tax return certificate.
- c) **Service Provider are not any prohibited parties** or on Government debar list/ Blacklisting or any INGOs. Please provide a statement or confirmation in your company letter head pad with seal, date and signature
- d) At least three (03) project or program evaluations related experience to health, WASH with FSM and child protection- Need to provide the evidence.
- e) Minimum two (02) successfully completed comprehensive evaluations of projects or programs related to health, WASH (including Fecal Sludge Management), and protection systems within the Rohingya humanitarian response in Bangladesh-- Need to provide the evidence.
- f) Extensive knowledge of the Rohingya refugee response, including local government structures, coordination mechanisms, and social services in Cox's Bazar- Need to provide the evidence.

**2. Technical criteria (80% weightage)**



Qualified bids will be assessed against predefined technical criteria. Only proposals achieving the minimum required technical score (45 out of 80) will proceed to financial evaluation.

The shortlisted Consultant/ Firm/ firm agencies may be asked to give a presentation prior to the final selection.

Technical Evaluation Criteria	Points
a) Technical proposal (Demonstrated understanding, objective, and completeness of the assignment)	20
<b>b) Methodology and implementation plan</b> <ul style="list-style-type: none"><li>✓ Details and quality (adequacy) of methodology proposed for the assignment including the evaluation framework</li><li>✓ Detailed implementation plan indicating time frame</li></ul>	20
<b>c) Proposed Team</b> <ul style="list-style-type: none"><li>✓ Detailed description of the proposed team and their skillset</li><li>✓ Position with the firm with CVs (not more than three pages for each CV) of the proposed Team Leader and other key team members (Team leader and key team member must have post-graduate degree in Social Sciences, International Development, Social Work, Monitoring and Evaluation, or related fields)</li><li>✓ Gender-balanced team for data collection</li><li>✓ Technical capacity of Consultant/ Firm to do this kind of work</li></ul>	15
<b>d) Organisation</b> <ul style="list-style-type: none"><li>✓ Profile (including administrative and logistics facilities available)</li><li>✓ Experience in similar assignments in the last 5 years, client list, management control system</li><li>✓ Sensitization and experience working at Rohingya context with clear evidence.</li><li>✓ Exposure to working with UN, International Donor, and development agencies as well as donor-funded programs/project.</li></ul>	15
<b>e) Presentation</b>  Top three technical scorers will be invited for presentation	10
<b>Total</b>	<b>80</b>

### 3. Commercial Criteria

#### Cost factor-pricing (20 % weightage)

Commercial weight will be waived for relevant work/ Services in that case service provider will be based on obtain score of Technical Criteria. In that case, full score of technical criteria will be considered (80/20 weight) for scoring and position.



## 11. Budget

The applicant is requested to submit the budget in both USD and BDT.

## 12. Child safeguarding policy

As a condition of entering into a consultancy agreement the Consultant/ Firm must sign Tdh's Child Safeguarding Policy and abide by the terms and conditions thereof.

## 13. Application procedures

Interested candidates should present :

### **Technical proposal comprising (10 to 12 pages : Calibri – Font size-11)**

- 1) Understanding of the assignment and the Terms of Reference (ToR): 1-2 pages.
- 2) Detailed methodology of the evaluation: 4-5 pages
- 3) Details action plan for the realization of each of the evaluation phases: 1 page
- 4) Brief description/bio with relevant expertise and experience of the key team members and their role in this assessment: 2 pages
- 5) Organization profile – which should include relevant work experience and expertise: 1-2 pages.
- 6) Annexes of Technical proposal :
  - a. Updated CV of the key team members (3 pages maximum of each CV)
  - b. Organization profile
  - c. Sample reports of at least 2 similar evaluation studies (conducted following DAC criteria, and similar studies)
  - d. References (three references related to the previous consultancy with contact detail, phone and email)

### **Financial proposal:** Detail financial proposal (VAT and taxes included)

- Annexes with Financial proposal
- Tax registration certificat
- VAT certificat
- Bill must be submitted with Musak 6.3.
- A statement of availability and commitment to undertake and complete the consultancy within the indicated time frame will be required.

### **Selection of the Provider will be based on:**

- How well the application meets the technical requirements set out in the Terms of Reference
- Relevant previous experience in similar work
- Financial offer
- Vat and Tax registration

Submission of application should be done to [bgd.tenders@tdh.ch](mailto:bgd.tenders@tdh.ch) by close of business day, 20<sup>th</sup> May 2025 by 4:00PM with the subject: **Proposal for External Project Evaluation BPRM 2025.**



## 14. Reference documents and annexes

The selected Consultant/ Firm must read the following documents. Tdh will provide the following documents:

- ✓ Project proposal and logframe
- ✓ Annual assessment report of year 1 and 2
- ✓ Quarterly & Annual reports (financial and narrative)
- ✓ Annual Lessons Learned report of year 1 and 2