AGA KHAN FOUNDATION
CANADA

Terms of Reference

Endline Assessment: Planning, Technical Support, Analysis, and Reporting Consultancy for Foundations for Health and Foundations for Children

Locations: Remote
Type: Consultancy Position

About AKFC

Aga Khan Foundation Canada (AKFC) is an international development organization and registered charity. AKFC partners with communities, businesses, and governments to find innovative, lasting solutions to global challenges. Working in Africa and Asia, we invest in local institutions and systems that anchor progress over the long term. In Canada, AKFC mobilizes funding and expertise and promotes awareness of global issues. AKFC is an agency of the Aga Khan Development Network, one of the world's most comprehensive development organizations. Since 1980, AKFC has helped millions of women and men to unlock their own potential to build a better life. *Learn more at* www.akfc.ca

I. Position

As part of its five-year Foundations for Health and Empowerment (F4HE) project, AKFC is seeking applications from qualified consultants or firms to lead its Endline Assessment. This Terms of Reference (ToR) outlines the responsibilities of the lead consultant(s)/firm, who will lead on design, planning, technical support to data collection (data collection to be led by AKF country teams), analysis, and reporting for the endline assessment.

II. Background and Context

F4HE promotes equitable development and empowerment for women, girls, adolescents, their families, and communities in targeted regions of Afghanistan, India, Kyrgyzstan, Pakistan, and Tajikistan. The project has four complementary components: Foundations for Health (F4H), Foundations for Child (F4C), Advancing Gender Equality and Civil Society (AGECS), and Advancing Canadian Champions for Development (ACCD).

These components collectively contribute to F4HE's intermediate outcomes, which include:

1. Strengthening the delivery of quality, gender-responsive, and inclusive health, early childhood development, and other sustainable development services.
2. Reducing gender and social barriers to the utilization and uptake of health, early childhood development, and other sustainable development services and practices.
3. Enhancing the engagement of international and Canadian stakeholders on gender-sensitive and evidence-based development issues and programming.

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The endline assessment will cover two of these four components: Foundations for Health (F4H) and Foundations for Children (F4C).

III. Purpose and Objectives of the Consultancy

The overall purpose of the endline study is to establish endline values for all target indicators aligned with F4H and F4C's expected outcomes, enabling AKF and its implementing partners to assess the effectiveness of the project's interventions upon project completion. The following are the specific objectives of the endline assessment:

1. To assess F4H and F4C's effectiveness by comparing endline data with targets and baseline data across required disaggregation categories, rooted in the project's Theory of Change and quantitative and qualitative findings, to demonstrate where progress has and has not been made.
2. To provide recommendations rooted in evidence and backed by global research, evidence, and literature to inform the design and implementation of future programs, identifying elements of the project that could be scaled or adapted.

The endline study will consider gender and social inclusion needs in the design of instruments, protocols for administration (to the extent possible) and analysis framework.

IV. Scope of the Consultancy

The study will be carried out in Afghanistan, Kyrgyzstan, Pakistan, and Tajikistan and will only cover the F4H and F4C components of F4HE. The consultant will lead on design, planning, technical support to data collection (data collection to be led by AKF country teams), analysis, and reporting. Based on a common logic model and performance measurement framework across countries, the study will use a common methodology, data collection tools and guidelines for analysis and reporting.

The project geographies included in the study are listed in the table below:

Country	Region/Province	Districts/Locations
Afghanistan	Badakhshan	Baharak, Faizabad, Ishkashim, Khwahan, Kishm, Maimai, Nusai, Shekai, Shughnan
	Bamyan	Bamyan Center, Kahmard, Pajab, Waras, Yakowlang
	Baghlan	Pule-e-Khumri, Banu, Doshi, Khinjan
Kyrgyzstan	Bishkek	Bishkek
	Naryn	Naryn, Naryn Town, At-Basy
	Osh	Kara-Kulja, Alai, Chon-Alay, Osh Town
	Jalalabad	Aksy, Ala-Buka
Pakistan	Baltistan	Sakardu, Ghanche, Kharmang, Shigar
	Chitral	Upper Chitral, Lower Chitral

	Gilgit	Gilgit, Ghizer, Hunza, Nagar, Diamer, Astore
Tajikistan	Gorno-Badakhshan Autonomous Oblast (GBAO)	Khorog, Shugnan, Rushan, Vanj, Darvaz, Ishkoshim, Murghab, Roshqala

Endline sample: The Consultant will use the sampling strategy implemented at baseline for this endline study. For quantitative tools, the sample includes a representative sample of households, ECD centres, ECD clients, health facilities, and health facility clients, plus a small sample of purposefully selected government agencies and secondary data (see Annex II for details). Focus group discussions, key informant interviews and any other qualitative data collection methods should be conducted with a non-representative, purposeful sample of various stakeholders, such as teachers, students, government education system leaders, local civil society and community members. The Consultant is expected to validate and implement the sampling strategy used at baseline, ensuring inclusivity of diverse gender groups and perspectives.

Moreover, the study will determine results for the following outcome indicators of the PMF to establish comparisons between baseline actuals, targets, and endline actuals.

Ind#	Indicator	Data Collection Method and Tool	Data Source
Ultimate Outcome 1000 Enhanced equitable development and empowerment for women, girls, their families and communities in select areas of Asia			
1	% of live births attended by skilled health personnel (by age, geography)	Household Survey using Household Survey Tool, Module-B	Ever married Women of Reproductive Age (WRAs)
2	% of WRA who are using modern methods of family planning (by age, geography)	Household Survey using Household Survey Tool, Module-B, Section 2	Currently married WRAs
3	% of adolescents demonstrating signs of healthy adolescence (by gender, geography)	Household Survey, using Household survey tool Module-E section 1-4.	Adolescent boys and girls
4	% of children reached by ECD interventions who meet age-appropriate developmental standards (cognitive, language, social, emotional, and physical) (by gender, age, geography)	Household Survey using Household Survey Tool, Module C – Section 3(b) – MICS-6	Mothers of Children aged 36-59 months
5	Prevalence of insufficiently physically active ever-married women of reproductive age and adolescents (defined as less than 60 minutes of moderate to vigorous intensity activity daily) (by gender, age group, geography	Household Survey Tool For WRAs: Module B – Section 5 - Information on Mental Health and Physical Activity For Adolescents: Module E – Section 3 - Information on Mental Health and Physical Activity	Ever married WRAs and adolescent boys and girls
6	Prevalence of current tobacco use among ever married women of reproductive age and adolescent (by gender, age group, geography)	Household Survey Tool, WRAs: Module B – Section 5 - Information on Mental Health and Physical Activity Adolescents: Module E – Section 3	WRAs and adolescent boys and girls

7	% of ever-married women aged 40 years and above reported to mammography during the last 3 years (by geography)	Household Survey, Module-B Section 4(a)	Ever-married WRAs aged 40 and above
Intermediate Outcome 1100 Strengthened delivery of quality, gender-responsive, and inclusive health, early childhood development, and other sustainable development services, in select areas of Asia			
8	% of health institutions and facilities that are gender responsive and adolescent/child responsive as per standards (by facility type (gender-responsive and adolescent friendly), and geography)	HFA – Section 2	Health Facilities
9	% of AKF-supported ECD centers/pre-primary/community spaces meeting the minimum quality and secure learning environment standards (by geography)	Teach ECE classroom observation	ECD Centres
10a	Level of client satisfaction with the quality of AKF-supported early learning and ECD services (geography, gender)	ECD Client Exit Interview	Parents (or other caregivers) in AKF-supported ECDs
Intermediate Outcome 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			
11	% of women of reproductive age 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, country, decision area)	Household Survey Tool Module B – Section 2 and 3 Module C – Section 1 for WRAs Module E – Section 2 for Adolescent Girls	Ever married WRAs and adolescent girls
12	% of fathers engaged in children's caregiving and responsibilities as indicated by women of reproductive age (by geography)	Household Survey Tool Module B – Section 7	Currently married WRAs
15	# of children reached through center-based early learning spaces (pre-schools, government centers, community centers, parenting/caregiver groups) (by gender, age group, geography)	ECD Enrollment Data Collection Tool	ECD Centres
16	% of ever married women of reproductive age and adolescents who have sought counselling for mental health issues in the last 3 years (by age group, gender, geography)	Household Survey Tool Module B – Section 5 for WRAs Module E – Section 3 for Adolescents	Ever married WRAs and adolescent girls and boys
17	% of sampled project stakeholders who report having used findings of research initiatives and studies to inform programming and policy (by gender, geography)	TBD	Sampled stakeholders
Immediate Outcome 1110 Improved technical capacity of health, early childhood development, and development professionals to deliver gender-responsive and inclusive services and programs			
19	% of supported ECD staff (government or community health workers, pre-school teachers and others) with improved knowledge, attitudes and practices regarding ECD (by gender, geography)	Teach ECE Teacher's Observable Behaviors Section	ECD teachers

20	% of health workers in project geographies with improved knowledge, attitudes and practices related to gender-responsive and respectful health service delivery (by gender, geography)	HFA – Section 1 - KAP	Health care staff
Immediate Outcome 1120 Enhanced ability of local, provincial and national institutes and governments to design and lead in quality, gender-responsive, and inclusive health and early childhood education sector policies and programming			
21	% of AKF-supported government agencies with improved performance (by geography)	GPI standard tool	Government agencies
22	% of AKF supported health facilities that implement quality assurance action plans (by sector, geography)	HFA – Health Facility Check List - Section 2	Health Facilities
23	% of AKF supported health facilities with effective management systems in place (by geography)	HFA – Health Facility Check List – Section 2	Health Facilities
Immediate Outcome 1130 Increased availability of quality gender-responsive materials and appropriate resources and infrastructure in health and early childhood education sectors			
24	% of supported health facilities with at least 3 modern family planning contraception methods on the day of the assessment (by geography)	HFA – Health Facility Check List – Section 2	Health Facilities
25	% of ECD facilities with contextually relevant and age-appropriate teaching and learning resources	Teach ECE Classroom Observation Module	ECD Centers
25a	# of ante natal care visits by adolescent girls and women (by geography) **[FIAP KPI HN3 1120a]	Document Review	Health Management Information System (HMIS)
25b	# of deliveries by skilled birth personnel (by geography) **[FIAP KPI HN3 1120b]	Document Review	HMIS
25c	# of post natal visits by adolescent girls and women (by geography) **[FIAP KPI HN3 1120c]	Document Review	HMIS
Immediate Outcome 1210 Increased equitable access to resources and services of women and girls, adolescents, men, and boys at household and community levels			
26	% of clients who are satisfied with their access to health services, including SRH and family planning (by gender, age, geography)	HFA – Section 3a and 3b	Health facility clients, men and women
27	% of women of reproductive age (with child 0-59 months) who are satisfied with their access to early childhood development services (age group and geography)	Household Survey Module C – Section 2 - Satisfaction with ECD Services	WRA with child aged 0-59 months attending ECD facility
Immediate Outcome 1230 Enhanced knowledge, skills and attitudes among female and male community members to utilize equitable development practices and benefits			
30	% of ever married women of reproductive age, girls and boys who demonstrate improved knowledge towards key gender equality topics and issues, including SRHR (by gender, age, district)	Household Survey Module B – Section 2 and 3 for WRAs	WRA, girls and boys

		Module E – Section 1 and 4 for Girls and Boys	
31	% of mothers (with children aged 24-59) who demonstrated improved knowledge, attitude and practices regarding ECD	Household Survey Tool	WRA with children aged 24-59 months
32	% of ever married women of reproductive age and adolescents who reported about mental health issues (by age group, gender, geography	Household Survey	WRA, girls and boys
33	% of ever married WRAs who reported knowing self-examination for breast cancer (by geography)	Household Survey Tool	WRAs
34	% of women 30-49 who are aware that screening exists for cervical cancer (by geography)	Household Survey	Women aged 30-49 years assessed
Immediate Outcome 1310 Increased availability of gender-sensitive evidence and research on health and early childhood development to inform decision making at program and policy levels			
35	Functionality of feminist Monitoring, Evaluation, Research, and Learning (MERL) system, according to key criteria, on a scale 1-5 (by geography)	System Review	MERL system documents

V. Overview of the Methods

The study will employ a mixed methods approach. Below is an overview of the methods to be employed in this study:

Quantitative Component

The quantitative component of the endline study will consist of five key parts:

- **Household Survey**: Assessing key project indicators at the household level to evaluate changes in access, utilization, and outcomes associated with health and ECD services.
- **Health Facility Assessment, Staff Survey, and Client Exit Interviews**: Evaluating the quality of health services delivered at targeted facilities and capturing client satisfaction and utilization patterns.
- **ECD Classroom Observation, Educator Survey, and Client Exit Interviews**: Assessing ECD service delivery quality, utilization, and satisfaction among parents and caregivers using Teach ECE and ECD Client Exit Interviews.
- **Targeted Government Agencies Assessment**: Evaluating the engagement and performance of government agencies in supporting health and ECD programming in project areas.
- **Additional Data**: Covering various miscellaneous indicators and obtained from national or local HMIS data, an internal project MERL system self-assessment tool, a survey of users of project research, and an internal project ECD enrolment tracking tool.

Qualitative Component

The qualitative component of the endline study will focus on conducting a deeper analysis of key areas related to project outcomes, particularly around access to and utilization of health and ECD services. It will help in triangulating the quantitative data obtained through household survey and other tools.

Qualitative Focus Areas:

- **Women of reproductive age:** Their access to and utilization of health services, including their experiences and satisfaction levels.
- **Adolescent girls and boys:** Differences in their needs, access to, and utilization of health services.
- **Mothers or caregivers of children aged 0-6 years:** Their satisfaction with ECD services and perception of the gender-sensitivity and inclusiveness of these services, and access to health and ECD facilities.
- **Adolescent and adult fathers:** Their involvement in caregiving and shared responsibilities for children, providing insights into male engagement.

Qualitative Methods:

- **Individual In-Depth Interviews**: Conducted with key stakeholders to explore personal experiences and perceptions.
- **Focus Group Discussions**: Engaging groups of women, adolescents, caregivers, and fathers to gather collective insights and diverse perspectives.

Ethical Standards and Safeguarding

The endline study must conscientiously abide by AKF's Gender Equality Policy and its Global Safeguarding Manual and its adaptations in the study countries, and all members of the Consultant team must sign AKF's Safeguarding Statement of Commitment upon contracting. The Consultant must also be sure to provide any required information to AKF country teams to obtain the relevant research permits, as required, from all relevant national authorities. Codes of conduct must be specifically referenced, and commitment confirmed in writing by each researcher involved in this study. The design of the study must clearly specify how data collection and use will be undertaken with integrity and honesty, respecting human rights and differences in culture, customs, religious beliefs and practices of all stakeholders. The Consultant must explain how its researchers will be mindful of gender-related needs and roles, ethnicity, children living with disability, age, language and other differences when designing and carrying out the study. The design and implementation of the study must strike an appropriate balance between recognition of the potential benefits of the research, and the protection of participants from potential research-related harms. Safeguarding principles to protect key informants from sexual exploitation and abuse, sexual harassment and bullying, including child protection, must be explicit.

VI. Key Activities

The key activities expected from the Consultant(s) for this assignment are as follows:

Review of Project Documents and Secondary Data

- Examine all relevant project documents and secondary sources on Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH), and Early Childhood

Development (ECD) across the project geographies.

- Conduct a virtual meeting via MS Teams with AKFC, the Regional MERL Officer, and other regional technical team members to clarify the scope and expectations before drafting the Study Inception Report.

Study Inception Report

A comprehensive inception report and study work plan/protocol must include:

- Study Design and Sampling Strategy for the quantitative components of the study, along with tools and data analysis mechanisms.
- Work Plan detailing tasks by the Consultant and team members, incorporating overall study timelines and guidance to country teams for fieldwork plans.
- Team Roles and Efforts, outlining the level of effort for each team member.
- Analysis Plan, defining computations for each indicator and corresponding data collection tool references.
- Prepare comprehensive guidelines and protocols to ensure consistent and high-quality data collection across all countries, including developing detailed enumerator training materials and an agenda aligned with the study protocol

Review/Finalization of Data Collection Tools

- Collaborate with AKF Country Units (Program and MERL staff), the Regional Gender Advisor, and the Regional MERL Officer to refine data collection tools, ensuring alignment with the analysis plan.

Develop Data Entry Application

- Create a centralized electronic data capture platform, which AKF country teams will either use directly for data collection or use for data entry if they deploy paper-based data collection.

Orientation and Training for Country Focal Persons

- Conduct a virtual orientation workshop to train country MERL leads on:
    - Study protocols and tools.
    - Enumerator and facilitator training procedures.
    - Data entry and cleaning protocols.

Data Entry Quality Assurance

- Remotely review data entry processes conducted at the country level and provide occasional check-ins and feedback to country study leads to ensure data quality.

Data Analysis

- Process and analyse quantitative data, performing statistical analysis and triangulating findings with other data sources.
- Consider exploring possible correlational analysis options to enhance insights.

Data Interpretation Workshops

- Contribute to workshops with internal stakeholders facilitated by AKF country and/or regional MERL leads.
- Share preliminary endline data tables for indicators with minimal qualitative and secondary

data for triangulation where feasible.

Draft and Final Endline Study Reports

- Submit draft and final study reports for each country, including:
  - Executive Summary.
  - Full Consolidated Endline Report.
  - Annexes.
- Provide both Word and PDF versions of the reports. A suggested Table of Contents will be shared by AKF.
- Submit original and cleaned datasets (in XLS format) along with field notes to the Regional MERL Officer and AKFC upon draft report submission.

VII. Time Frame, Deliverables, and Level of Effort

The period of the contract is estimated to be from the last week of February 2025 to March 2026 with an expected 97 working days over this period. The consultant is expected to carry out all the preparation required to roll out the study as per the suggested time frame below:

Note: Timelines are subject to change and are dependent on factors such as time required for receiving ethical approval for conducting the study in each country. Additionally, it is important to note that each country has a distinct school/academic calendar. Therefore, data collection for ECD facility-based tools should be planned to coincide with periods when classes are in session.

Typical project milestones /outputs for deliverables	Deadlines
Deadline for receipt of proposal Consultant selection and contract signature	12th January 2025 6th February 2025
1. Inception Phase	Deadlines
Inception meeting held	Week of February 10th, 2025
First draft inception report	28th February 2025
AKF feedback on first draft inception report	14th March 2025
Second draft inception report	26th March 2025
Feedback on second draft inception report from AKF	1st April 2025
Final inception report submitted	8th April 2025
2. Data Collection Phase	Deadlines
Training and Orientation/ToT of AKF Country Team focal persons on tools and protocols by Endline Consultant	Week of 12th May 2025
Data collection by AKF country teams completed, with remote support by Endline Consultant	30th September 2025
3. Data Analysis and Reporting Phase	Deadlines
Analysis and Preliminary Findings	30th October 2025
Data interpretation workshop	7th November 2025
First Draft Endline Report	28th November 2025
AKF feedback on First Draft Endline Report	12th December 2025
Second Draft Endline Report	19th December 2025
AKF feedback on Second Draft Endline Report	13th January 2026
Final Endline Report submitted	23rd January 2026

VIII. Qualifications of the Consultant(s)

- Minimum of 10 years of experience in administering studies, collecting data, and producing

quality baseline/endline study reports, preferably for international non-profit organizations or multilateral agencies and multi-country studies.

- Demonstrated experience in designing baseline and endline studies including proven experience in sound sampling, mixed methods approach (quantitative and qualitative), tool development, enumerator, and qualitative facilitator training, etc.
- Demonstrated experience in quantitative data collection and statistical analysis.
- Demonstrated experience in qualitative data collection and analysis.
- Demonstrated experience in programming in Open Data Kit (ODK) or other computer assisted personal interviewing software will be an asset.
- Demonstrated experience in conducting studies in the sexual, reproductive, child, neonatal and maternal health.
- Proven experience in conducting studies on early childhood development using standard tools such as Teach ECE. Additionally, the consultant or a team member is expected to have the expertise to interpret the tool and deliver training on Teach ECE to country units.
- Experience in Central Asia an asset.
- Demonstrated experience in data management, including designing and managing gender- and age-disaggregated data and information systems capable of handling large datasets for study purposes.
- Demonstrated experience in conducting gender sensitive and gender targeted studies.
- Knowledge of and commitment to uphold ethical standards and safeguarding practices when working with vulnerable communities.
- Fluency in English is mandatory and additional Central and South Asian languages (Dari, Tajik, Kyrgyz, Russian, Urdu, etc.) is an asset.
- Ability to produce high quality work under tight timeframes.

IX. Application Packages and Procedures

Qualified and interested parties are asked to submit the following:

- Letter of interest, including reference to relevant experience conducted and the contact information of two previous clients who can be contacted regarding the relevant experience. Consultants are also expected to disclose any conflict of interest related to this mandate with AKF.
- Detailed **technical proposal** of not more than **8 pages** clearly demonstrating a thorough understanding of this request for proposals and including the following:
  - Description of quantitative and qualitative study approach and methodology, including preliminary sampling strategy, data management and data analysis, gender equality and ethical standards
  - A proposed timeframe detailing activity and a schedule/work plan (including a Gantt chart)
  - A proposed training approach for AKF country teams
  - Team composition and level of effort of each proposed team member
- A **financial proposal** with a detailed breakdown of costs for the study
  - Itemized consultancy fees/costs
  - Itemized administrative expenses
  - Validity period of quotations
  - Expected payment plan and method
- Curriculum Vitae(s) of all proposed staff outlining relevant experience (annexed to technical proposal)
- A copy of a previous report of similar work undertaken on a) baseline study; OR b) endline study
- A Consulting Firm profile (if applicable)

Proposals will be evaluated only if the complete package as outlined above is received. Evaluation of

proposals will be weighted at 80% for the technical component and 20% for the financial components.

Complete applications should be submitted electronically to:

AKF Regional MERL Officer at shakeel.shah@akdn.org with the email subjected "F4HE Endline Assessment Application"

*Closing date for submission of the application package is end of business day EST on **12th of January 2025.***

X. Management and Reporting

The successful candidate(s) will report to AKF's Regional MERL Officer for F4HE based in Islamabad, Pakistan and will work closely with all AKF country M&E leads. The consultant will be directly accountable to AKF Canada on all matters related to the contract.

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