

Beirut, 28 April 2022

Invitation to tender Ref. 2022-04-26

Dear Madam or Sir,

You are invited to submit a tender to perform the **Mid-term Review (MTR)** of a project currently being conducted in Egypt titled “Supporting Communities – Health for All”.

The documents attached contain further information about the item specifications and instructions for submitting a quotation. By participating in this tender, you’re accepting the terms and conditions as settled in these documents.

Please acknowledge via email safe receipt of this invitation within two working days together with your confirmation of your intention to tender.

I am looking forward to receiving your quotation.

Best regards,
Imad El Hayek

Annexes:

- Scope of work and Terms of Reference
- Instructions for tenderers
- Declaration of Conformity
- Due Diligence Annex

Ref. 2022-04-26 – Scope of work

Scope of work for the present contract includes but is not limited to:

- The consultant is expected to include field visits as the MTR will be conducted in and around (6) target ERC (Egyptian Red Crescent) community hubs and in ERC Headquarters.
- Objectives to be tackled:
 - To make an overall independent assessment of the program achievements so far and to evaluate the strengths and weaknesses of the program in respect to the evaluation criteria such as relevance, effectiveness, efficiency, impact and sustainability against latest approved project objectives and results taking into account the realities on the ground;
 - The MTR evaluation is to identify key lessons and to propose practical recommendations for the continued implementation of the intervention;
 - To inform ERC, GRC, SRC, The European Union Delegation to Egypt, EUTF (DG NEAR) and other relevant stakeholders with sufficient and accurate information about the achievement of the program in the considered timeframe;
 - The MTR also would capture some of the lessons learned and generated recommendations for implementation and planning in case of an eventual project no-cost extension and future interventions.
- The consultant is responsible for the following:
 - Determining the evaluation methodology, time schedule, content, and materials required for meetings, interviews and workshops;
 - All organisational issues related to the implementation of the assessment, which will be coordinated with ERC and GRC/SRC;
 - Leading and implementing the evaluation, including but not limited to:
 - Organization of the assessment team and training of the team members;
 - Training of the assessment team members (e.g., enumerators) at the beginning of the exercise;
 - Collection of data and analysis;
 - Presentation of results and submission of final report to ERC and GRC/SRC;
 - Revision of the final report, based on the comments from ERC and GRC/SRC;
 - Daily feedback to ERC and GRC/SRC.

GRC Terms of Reference (ToR) for a Mid-term Review (MTR)

in Egypt

for

Supporting Communities – Health for All
NO. T05-EUTF-NOA-EG-01-02 (T05.60)

funded by

EU Emergency Trust Fund for stability and addressing root causes of
irregular migration and displaced persons in Africa

German Red Cross

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Abbreviations

AtB	Accountability to Beneficiary (AtB)
BF	Beneficiary
COVID-19	Coronavirus Disease 2019
EUTF	EU Trust Fund
GoE	Government of Egypt
GRC	German Red Cross
HH	Household
HIS	Health Information System
HNS	Host National Society
HQ	Headquarter
HR	Human Resources
IOM	International Organization for Migration
LRRD	Linking relief, rehabilitation and development
MADAD	Means “help” in Arabic (not an abbreviation)
MENA	Middle East and North Africa
MHPSS	Mental Health & Psychosocial Support
MOHP	Ministry of Health and Population
MOIC	Ministry of International Cooperation
MOSS	Ministry of Social Solidarity
MTR	Mid-term review
NS	National Society
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Partner National Society
SRC	Swiss Red Cross
ToR	Terms of Reference
UNHCR	United Nations High Commissioner for Refugees

1. Background

(Please describe the reasons for the assessment and the context in which the assessment shall be done.)

Grant Contract No	T05-EUTF-NOA-EG-01-02 (T05.60)
Implementing Agency	Egyptian Red Crescent
Contract holder	German Red Cross , Swiss Red Cross
Project Title	Supporting Communities – Health for All
Project Location	Egypt, Greater Cairo (Maadi, Tabba, Ain Shams, Ard El Lewa, 6th October, 10 th Ramadan)
Project Duration	24 months
Project Start Date	01.04.2021
Original Contract end Date	31.03.2023
Overall project budget	€ 1,400,000

1.1 Context in the area of the assessment

(Political- and socio-economical context, ongoing Red Cross or partner interventions, other stakeholder¹ activities, etc.)

Political- and socio-economical context

Egypt is with over 100 Mio. inhabitants the most populous country in the Arab world and the third most populous country in Africa, behind Nigeria and Ethiopia. The capital Cairo is home to more than 20 Mio. people. Most of the country is desert, so about 95% of the population is concentrated in a narrow strip of fertile land along the Nile River, the Nile Delta and the coast, which represents only about 5% of Egypt’s land area. Egypt’s rapid population growth – 46% between 1994 and 2014 – stresses limited natural resources, health care, jobs, housing, sanitation and education.

Egypt is vulnerable to natural hazards such as flash floods, earthquakes, droughts, landslides, wind- and sandstorms. With climate change, some of these hazards will occur more often and with more intensity. People and their livelihoods at the coast and in the Nile Delta will be affect-ed by rising sea levels. Fast population growth and urbanization is leading to overcrowded urban areas also increasing the risk and/or the severity of man-made disasters such as fires, bombing, civil unrest or large accidents.

About one third of the population lived below the poverty line before the COVID-19 pandemic emerged in 2020. Of course, the economic shock that followed COVID-19 containment and prevention measures such as suspension of air traffic, slow down or closure of various economic and social activities destroyed a huge number of jobs in tourism, sale, manufacturing, transport and construction sectors, affecting especially informal workers that struggle to pay their rent and feed

¹ The term all stakeholders include individuals and organizations other than the HNS, which are participating in the implementation of a project – amongst others these are especially the beneficiaries and most vulnerable and the public and private donors.

their families. Middle of 2021 saw some recovery of the affected sectors, the annual revenues of the Suez Canal even noted a record high. So economic growth picked up again in 2021, but labour force participation and employment rates remained low at the working-age population. It is clear that the COVID-19 crises has worsened social conditions in the country.

Egypt has been a significant destination and transit country on regular and irregular migration routes since 1990s. More than half a million migrants are currently living in Egypt as per IOM. This includes irregular and regular migrants recorded with IOM and UNHCR. Next to the registered migrants there is a large number, IOM estimates 6 Mio., of undocumented migrants in the country, about half from Sudan and South Sudan. The inward flow of asylum seekers and irregular migrants has been increasing since mid-2000s in response to political eruptions and armed conflicts taking place in the Middle East and East Africa. Hence, Egypt has become a transit and host country for various nationalities including (but not limited to) Syrian, Palestinian fleeing Syria, Iraqi, Sudanese, South Sudanese, Ethiopian, Eritrean and Yemeni.

As of 30 April 2020, a total of 258,812 asylum-seekers and refugees were registered with UNHCR in Egypt, 50% of them being Syrian asylum seekers. In the absence of major organised refugee camps, Egypt's refugee and migrant populations are thus self-settled in urban areas like Cairo and Alexandria where people rely on networks within long established communities.

Refugees face lengthy administrative procedures during which they cannot count on any support. Furthermore, despite entitlement to public services¹¹ (such as education, housing and healthcare) equally as Egyptian nationals, once registered, refugees find themselves confronted with an overstretched health care system trying to cope with a steadily growing Egyptian population. The increased demand negatively affects the availability and quality of social services, affecting the poorest Egyptians and migrants tremendously. Migrants have limited options for economic activities and struggle to access health care, housing and education. Many migrants from Sub-Saharan Africa face linguistics barriers and discrimination which further contributes to their marginalization and risk of exploitation.

Existing response

There are tremendous challenges for any kind of data collection due to the limited access to migrant communities outside the UNHCR-IOM caseload.

The Egyptian Red Crescent (ERC), the local beneficiary of this grant, is part of the international Red Cross & Red Crescent movement and it works as an auxiliary body to the government of Egypt in times of crises and disasters as part of its mandate. Additionally, the ERC has been serving the vulnerable communities as part of its multiple roles. ERC aims to contribute to the overall community resilience and social cohesion through utilising health as a key entry point to gain further understanding on socio-economic aspects about its targeted beneficiaries. This enables the organisation to be proactive and adaptive to identified needs and implementation gaps.

The Syrian crisis has stimulated ERC to develop and expand its migration profile. ERC has been a sub-recipient of the EU MADAD funding targeting Syrian refugees and their host communities in Cairo and Alexandria. Besides this, ERC is currently recipient of funding from the UK Department of Foreign and International Development (DFID), Swiss Development Cooperation, UNRWA, UNICEF and UNHCR as part of its migration portfolio.

In collaboration with donors and partners, ERC aims to develop a comprehensive approach to the current migration challenges and to ensure complementarity between activities rather than duplication of efforts towards ensuring better social integration and cohesion, and community

resilience. Furthermore, ERC has managed to adapt the scope of its projects in the light of COVID-19 to ensure better response to community needs.

1.2 Intended sector of intervention

(Describe the intended sector of intervention of Red Cross and partners and stakeholder)

Health Care and Mental Health in Egypt

The concentration of migrants in specific poor districts has stretched the already overburdened health service sector even further. The impacts are evident through the increasingly problematic access to existing primary health care for vulnerable people as well as the substantial deterioration in the quality of health care services. The extremely harsh living conditions for both – Egyptian and Non-Egyptian families – challenge their overall existence in Egypt and might motivate the decision of leaving the country or resorting to other negative coping mechanisms.

The Government of Egypt (GoE) has, as a long-term goal, the achievement of universal coverage of basic health services for all of its citizens. It has also stated the prioritization of targeting the most vulnerable population groups. Furthermore, the Ministry of Health and Population (MOHP) took a strategic decision in offering public primary healthcare for refugees and migrants on equal footing to nationals. Even though the health system in Egypt is rather complex, the MoHP is the main entity responsible for service provision.

The Egyptian health care system, with its public and private arms, is under a lot of pressure. In addition, the COVID-19 pandemic stresses the system additionally. The Government of Egypt (GoE) has recognised the various challenges for the strained health sector in the long-term and welcomes relief of the public services by non-state actors in the short-term.

A nation-wide survey in 2017 survey of the General Secretariat of Mental Health and Addiction Treatment (Section of the Ministry of Health) revealed that around 25% of the whole population sample are living with a form of mental health disorder: mood disorders (i.e. depression and anxiety, 43.7%), and substance-abuse related manifestations 30.1%). The survey also highlights the scanty access to mental health care services versus the apparent need. Only 0.4% of those living with a mental health disorder are accessing care and receiving medications for their mental health disorders.

In the field of migration, both migrants and refugees are facing additional mental health challenges compared to hosting communities. There is a need for Mental Health and Psychosocial Support (MHPSS) services that answers to the needs of migrant and refugee groups who may have been subject to extreme emotional and psychological stress (e.g., Survivors PTSD (post-traumatic stress disorder), SGBV (Sexual and Gender Based Violence), trafficking survivors, domestic abuse, bullying, and psychiatric patients). This situation is currently worsening for all the population due to the additional stress from the Covid-19 situation (economic scarcity, fear of infection, mental impact of the lockdown, etc.). Vulnerable people are less able to rely on healthy coping mechanisms and at the same time might experience increased stigmatisation leading to complex multi-layered trauma

Refugees and migrants living scattered in urban areas face various challenges to access health care that are also faced by the Egyptian host communities living in the same areas. An inequitable distribution of health facilities, the lack of standardisation of treatment protocols and lack of an

integrated Health Information System (HIS), the weak referral system, lack of transparency regarding costs and treatment protocols – especially within the private sector – and poor medical record-keeping result in a lack of epidemiological analysis of the incidence of health conditions and changing needs. As a result, vulnerable communities face a double burden – increased risk of diseases associated with bad living conditions plus the limited access to adequate health care. Irregular migrants and some refugee groups are, in addition, also facing linguistic barriers that hinder their access to health care or experiencing fear to go to public health services for fear of being reported. The continuous influx of irregular migrants and refugees, the current population growth and new emerging challenges to the health system (e.g., COVID-19 pandemic) will make achieving UN Sustainable Development Goal 3 very difficult to attain in Egypt by 2030.

Access to livelihoods

Prior to COVID-19 pandemic, the unemployment rate among Egyptians reached the lowest level in 5 years (2015 – 2020) below 8%. However, the unemployment rate in the youth (15–24) age range remains the highest in comparison to other population brackets. Also, Egyptian women tend to be less employed than men (14% to 82.7%).¹⁹ On the contrary, there is a paucity of reliable data on access to livelihoods among refugees and irregular migrants. Nonetheless, available research shows discrepancies on access to work according to the country of origin, and irrespective of their educational level.

Obtaining a work permit for non-nationals is highly regulated and subject to strict criteria and entails increasingly high fees that most employers are not willing to pay. Recognized refugees and irregular migrants alike typically fail to meet those requirements. Both groups are likely to work in similar unregulated environments as day labourers and often face exploitations.

Considering the COVID-19 pandemic and the measures taken to contain the outbreak (incl. lockdowns and physical distancing), the livelihood situation has significantly deteriorated for many, with migrants and refugees being especially vulnerable to the economic crisis linked to the pandemic, as their source of income comes mainly from the non-formal economy. Many are unable to offer a hot meal a day for them and their families.

Project set-up and intervention

The Action aims to improve the access and to eliminate the physical, social and financial barriers to health services, for especially African migrants-refugees and host communities, as well as barriers to livelihood opportunities. The two main lines of support include:

- a) Health: provision of primary health care services, health promotion, and referrals to secondary health care services;
- b) Livelihoods support: i.e., vocational and preparation for wage-employment trainings.

This shall be achieved through six community hubs that are located in Greater Cairo, in areas with high concentrations of migrant and refugees' groups. They shall be adapted and upgraded to provide the above-mentioned services. The action builds on solid capacities as well as experiences and results from previous programmes implemented by the ERC, but it is not a continuation of a previous action (i.e., EU MADAD) as such. The project will contribute to form a support network (and/or strengthen existing ones).

GRC – Team International Cooperation

In Egypt the clinics/health care units do not offer tertiary services. This project will offer primary and secondary health care including specialities of ortho, dermatology etc. Beneficiaries will be given recommendations about other centres, labs and services they might need beyond the ERC services to be provided.

Logical framework as adapted after inception phase			
	Result (by level)	Indicator	Target (value / 2022)
Overall objective	Strategic Objective 3 (StO3): (EUTF DoA): To strengthen protection and resilience to those in need	% of the total reached targeted refugees, migrants and host communities (women, men, girls and boys) with perceived increase in protection and resilience	60%
Specific objective:	1. Access to and quality of services for target groups and host communities are improved.	1.1 % of health services beneficiaries reporting satisfaction with the quality and access of the services provided.	60%
	2. Self-sufficiency of target groups and host communities is enhanced.	2.1 % of participants from the target communities who increased their income by the end of the project.	5%
	3. Increased capacity of ERC to provide health and community development services	3.1 % of project stakeholders reporting perceived increase in ERC capacity after the project	60%
Outcomes	Immediate Outcome 1.1 (OC1.1) Improved primary and secondary health care services and health knowledge in the target communities	1.1 # of beneficiaries reached by primary and secondary health services	14,000
		1.2 #of beneficiaries reached by screening services	5320 individuals
		1.3 1.1.b % of beneficiaries who report increase in health related knowledge	60%
	Immediate Outcome 1.2a (OC 1.2a) Increased knowledge about mental health among members of vulnerable target group	1.2a % of target beneficiaries in the target community that report increase in knowledge about mental health	40%
		Immediate Outcome 1.2b (OC 1.2b) Good quality psychosocial services received by members of vulnerable target group	1.2.b # of target group members reached by psychosocial services, by gender, age and nationality
	1.2.c % of participants that express satisfaction with provided psychosocial activities		60%
	Immediate Outcome 2.1 (OC 2.1) Increased access to income generating (self-employment) and waged-employment opportunities by target community.	2.1 % of target group members who receive seed funds to start up their business or get enrolled in waged employment	40 %
		2.1.1.c % of target group members who managed to set up their own businesses by the end of the action	60% of the seed fund recipients
		2.1.1.d % of target group members who managed to seek and get enrolled in waged employment by the end of the action (TBC)	20% of the graduates

Logical framework as adapted after inception phase			
	Result (by level)	Indicator	Target (value / 2022)
	Immediate Outcome 3.1 (OC3.1) Strengthened capacity of ERC to be a leading organization in community development and empowerment of vulnerable groups in relation to migration.	3.1 % of vulnerable individuals who confirm trust in ERC as a provider of health-related and community development services	60%
Outputs	Output 1.1.1: Provision of Primary and partially secondary health care activities.	1.1.1 # of primary health care services provided by gender, age and nationality.	36,000 consultations corresponding to 14,000 beneficiaries
	Output 1.1.2: Provision of Health screening services	1.1.2 # Screenings on NCDs conducted (TBC)	5320 services
	Output 1.1.3: Provision of health awareness activities for target groups.	1.1.3 # of beneficiaries attending the health awareness sessions, by gender age and nationality	5320 individuals
	Output 1.2.1 Provision of Mental Health and Psychosocial support (MHPSS) activities for target groups	1.2.1.a # of psychosocial activities conducted on regular basis by community volunteers.	120 sessions
Outputs	Output 2.1.1: Livelihood skills building activities are provided for target groups	2.1.1.a # of target group members reached by self-employment capacity building training, by gender, age and nationality	120 participants
		2.1.1.b # of target group members reached by waged-employment capacity building training, by gender, age and nationality	199 individuals
Outputs	Output 3.1.1: Establishment of necessary structures for the delivery of services in six target areas	3.1.1.a # of ERC community hubs maintained and refurbished to provide health, awareness, and livelihood activities.	6 hubs
		3.1.1.b # of Software programmes (health information system) procured to organise data management, collection and analysis.	1 software
		3.1.1.c # of ERC staff trained and working on HIS, breakdown by gender and age	At least two ERC staff members per location (12 total)
Outputs	Output 3.1.2: Building the capacity of community volunteers in CBHFA, Health related issues and PSS.	3.1.2.a # of community volunteers trained on community-based health and first aid (CBHFA), breakdown by gender, age and nationality	60 volunteers
		3.1.2.b # of community volunteers trained on infant and young children feeding (IYCF) by gender, age and nationality	60 volunteers
		3.1.2.c # of community volunteers trained on Psychosocial support and Psychological First Aid (PFA), breakdown by gender, age and nationality	30 volunteers

Logical framework as adapted after inception phase			
	Result (by level)	Indicator	Target (value / 2022)
	Output 3.1.3: ERC has established a (non-formal) network on national and local levels with relevant authorities and communities to play a key role in community development linked to migration	3.1.3.a Development of communication and visibility plan	1 visibility and communication plan
		3.1.3.b # of “Round Tables on Migration” conducted with community leaders, partner organizations or government representatives	3 round table meetings
		3.1.3.c # of recommendations/policy papers formulated by the “Round tables on Migration	2 policy and recommendations papers

1.3 Possible stakeholders

(Describe the possible stakeholders, which should be involved in the assessment.)

Egyptian Red Crescent (ERC)

ERC is responsible for the operational planning, implementation, monitoring, financial management and dissemination of Action's outcomes with support from the Project Delegate of GRC/SRC. A dedicated ERC Project Manager is coordinating with involved partners and internal departments for timely and effective implementation of planned activities.

The Community Hubs are part of the existing ERC network of centres that will be transformed into resource centres to cater the new activities to be provided under this project by ERC with the authorisation of the local authorities to benefit migrants and vulnerable host communities. Both ERC staff and volunteers will be involved in the day-to-day activities and there will be a manager/coordinator to run the centre.

The ERC is the biggest volunteer organization in Egypt with branches in all 27 governorates of the country. The proximity on local level facilitates access to the most vulnerable communities in Egypt. Being established in 1911, the ERC has gained credibility on all levels. A broad portfolio of activities (blood bank, community development, vocational training, emergency response teams, health care and others) is implemented.

German Red Cross (GRC)

As contracting party GRC assumes the role of overall lead of the consortium with SRC, including responsibility for quality assurance of implementation, monitoring, expense verification and submission of narrative and financial reporting including external visibility and communication to the EU. GRC provides technical and managerial support to the ERC in coordination with SRC and will monitor that the action is implemented in accordance with the contract. Further, GRC commits its expertise and own human resources to ensure successful implementation of the action and will look for resource mobilisation possibilities enabling replication of the action. GRC has been a partner to the ERC since 2014 and was assigned as Country Lead under the regional RCRC MADAD project.

Project management and grants management capacity building for ERC will be an integral part of the support in the form of tailor-made trainings. A joint GRC/SRC delegate for Egypt will support and work alongside ERC project staff. Furthermore, ERC will receive support through a "delegate assistant", an expert in EU guidelines and project implementation, of Egyptian origin and working full time within the ERC structure. This constant presence on the ground cannot be granted through the GRC/SRC international delegate due to legal reasons, however it is essential for the successful implementation of the Action. Resource persons from the GRC Regional MENA Office in Beirut are part of the project implementation structure, especially in regard to regional harmonization, finance and communication. The Communications Delegate and the GRC HQ Communication Unit will ensure appropriate visibility for the action.

Swiss Red Cross (SRC)

SRC provides technical and managerial support to the ERC in close coordination with GRC. SRC has been a partner to the ERC since 2012, first in relief (at the Libyan border) and since May 2012 in capacity building in logistics. Since then SRC has expanded its collaboration with further trainings and institutional preparedness in logistics. In addition, in February 2015 SRC started with the ERC a project titled “Improving livelihoods and health in slum areas of Cairo” which has further helped the ERC to make use of its strong experiences in health (increased access to health, hygiene and health awareness) to support the vulnerable population of three slum areas in Central Cairo in health and livelihoods.

Members of the target communities

ERC has direct contact with the communities and acts as a link between the Community Leaders and other institutional stakeholders. Target communities are the Egyptian host community and migrant and refugee communities consisting of various nationalities including (but not limited to) Syrian, Palestinian, Iraqi, Sudanese, South Sudanese, Ethiopian, Eritrean and Yemeni.

The European Union Delegation to Egypt/ DG NEAR (EUTF)

This action is funded by the EU Emergency Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa, through its programme Enhancing the Response to Migration Challenges in Egypt (ERMCE). The programme is articulated through seven different projects, amongst others the ERC ‘Health for All’ project. Objectives are: 1) to enhance Egypt’s migration management; 2) to address the root causes of irregular migration; and 3) to support Egyptian communities hosting migrants and refugees. The evaluation will serve to identify challenges and opportunities in the implementation of the action to steer it towards reaching its foreseen results. This evaluation will feed The European Union Delegation/DG NEAR with regard to future programming and the further development of their framework for project support.

2. Objectives of the Assessment

2.1 Scope

(Describe the area to be covered, the number of communities, the sample size of HH and No.of BF that should be involved in the data gathering and analysis)

The Mid-term Evaluation shall be conducted:

- In and around six (06) target ERC Community Hubs (Maadi, Tabba, Ain Shams, Ard El Lewa, 6th October, 10th Ramadan), located in Greater Cairo;

- In ERC Headquarters, Nasr City, Cairo.

Therefore, the consultant is expected to include field visits.

Sectors to be considered are Health Care Provision, Health Screening, Health Awareness Promotion, Mental Health and Psychosocial Support (MHPSS), Livelihood.

2.2 Objective and expected output

(Define the objectives and the expected outputs, for example: a report, specific data in a database, a logframe, etc.)

The major objectives of the planned mid-term review (MTR) are:

- a) To make an overall independent assessment of the program achievements so far and to evaluate the strengths and weaknesses of the program in respect to the evaluation criteria (cfr. 2.3 Specific questions) relevance, effectiveness, efficiency, impact and sustainability against latest approved project objectives and results taking into account the realities on the ground;
- b) The MTR evaluation is to identify key lessons and to propose practical recommendations for the continued implementation of the intervention;
- c) To inform ERC, GRC, SRC, The European Union Delegation to Egypt, EUTF (DG NEAR) and other relevant stakeholders with sufficient and accurate information about the achievement of the program in the considered timeframe;
- d) The MTR also would capture some of the lessons learned and generated recommendations for implementation and planning in case of an eventual project no-cost extension and future interventions.

2.3 Specific questions

(Formulate specific questions that shall be clarified by the assessment)

- a) Relevance

(Analysis to which extent the project activity is suited to the priorities and policies of the target group, recipient and donor.)

- To what extent were the objectives and intended results of the project valid?
- Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the programme consistent with the intended results, impacts and effects?

- Are the outputs/outcomes consistent with the beneficiaries' actual needs?

b) Effectiveness

(A measure of the extent to which an aid activity attains its objectives.)

- To what extent were the objectives achieved / are likely to be achieved so far?
- What were the major factors influencing the achievement or non-achievement of the objectives?
 - In case of factors hindering achievement: how can these be mitigated by the project team?
- To what extent could the intended target group be reached?

c) Efficiency

(Efficiency measures the outputs – qualitative and quantitative – in relation to the inputs. It is an economic term which is used to assess the extent to which aid uses resources in order to achieve the desired results.)

- Were activities cost-efficient?
- Were objectives achieved on time so far?
- Was the programme or project implemented in the most efficient way compared to alternatives?

d) Impact

(The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators.)

- What has changed as a result of the programme or project and why?
- To what extent has the action responded to the needs of beneficiaries?
- In how far had the intervention influence on the resilience of the beneficiaries?
- How many beneficiaries, directly and indirectly, were reached?
- What would have happened without the Action?

e) Sustainability & Connectedness

(Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Connectedness refers to the need to ensure that activities in complex emergencies, natural disasters and acute needs are implemented in a way that assists LRRD and supports the resilience of affected people.)

- To what extent can the benefits of a programme or project continue after donor funding ceased?
- In how far were activities linked/connected to other future actions in these thematic fields by involved actors?
- Is the contribution to resilience of beneficiaries sustainable?
- Which measures were implemented to achieve sustainability?
- What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?

3. Users of the assessment

The following organisations will be the users of the assessment data and report:

Name of User	Objective
EU Trust Fund/The European Union Delegation to Egypt	Donor justification of funding
GRC/ SRC/ERC	Justification of intervention; Impact of the project, efficiency and effectiveness of the delivery; Lesson learnt for further implementation and future actions
Other Stakeholders	Information
Beneficiaries	Accountability to Beneficiary (AtB) and Information

The use and protection of the data is the responsibility of GRC and its partners.

4. Implementation

4.1 Team

(Describe here the composition of the assessment team for this exercise, include IT support if necessary.)

The MTR will be conducted by the (inter)national consultant(s). To that extent the consultant(s) will be facilitated by an ERC-GRC/SRC team consisting of:

- ERC Head of Programs and Projects;
- Project Manager (focal point);
- GRC/SRC Delegate;
- ERC Field Coordinators.

4.2 Process & Methodology

(Describe the necessary steps and expected methods used to do the assessment)

The evaluator should use the available secondary data for analysis. For the collection of primary data, participatory methods should be applied. The choice of methods will have to be presented and described by the evaluator and will be approved by GRC in the introductory meeting. The IFRC standards for evaluation² should be respected and are the framework and basis for the evaluation.

4.3 Sources of information

The evaluator will have access to all relevant project documents like project proposal, project management documents (logframe, activity plan, budget), monitoring tools, project reports (narrative and financial), evaluation reports, audits etc. These documents are confidential but can be cited and used in the evaluation process. Information which could do harm to any stakeholder if published should be treated in a confidential way. The decision about the publication is the right of ERC and GRC/SRC.

4.4 Participation of stakeholders

(Please describe how potential stakeholders will be involved in the assessment)

It is expected that the consultant(s) will consult various stakeholders for this study. Suggested stakeholders include:

ERC management/supporting departments:

Head of Programs and Projects
Procurement Manager
Finance Manager
HR Manager
PMER

ERC project support:

Community Hub Managers
Project Volunteers

Beneficiaries:

Targeted Community Leaders and Beneficiaries

ERC EUTF project staff:

Project Manager

GRC/SRC:

GRC/SRC Delegate

²*The IFRC Evaluation Standards are:*

1. Utility: Evaluations must be useful and used.
2. Feasibility: Evaluations must be realistic, diplomatic, and managed in a sensible, cost-effective manner.
3. Ethics & Legality: Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
4. Impartiality & Independence; Evaluations should be impartial, providing a comprehensive and unbiased assessment that considers the views of all stakeholders.
5. Transparency: Evaluation activities should reflect an attitude of openness and transparency.
6. Accuracy: Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
7. Participation: Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
8. Collaboration: Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

Field Coordinators
Project Staff
Finance Officer

GRC MENA Country manager
SRC Country Manager Egypt
GRC MENA Regional Project Manager

4.5 Timetable

(Please use a table to describe the necessary steps, the time and who will participate (See example below))

Date	Task	Responsible person	actual days
Day 1	Introductory meeting with consultant in Cairo	Consultant, ERC, GRC/SRC	1
Day 2-3	Analysis of relevant documents; Preparation of inception report	Consultant (team members)	2
Day 4-8	Delivery of inception report for review and agreement; Negotiation final ToR	Consultant, ERC, GRC/SRC	5
Day 9-13	Development of data collection tools and finalisation of the methodology	Consultant, ERC, GRC/SRC	5
Day 14	Kick-off meeting	Consultant (team members)	1
Day 15-22	Implementation of assessment in Greater Cairo (6 hubs, HQ, stakeholders)	Consultant (team members), ERC, GRC/SRC	8
Day 23-25	Data analysis; Preparation preliminary findings	Consultant and team	3
Day 26	Evaluation workshop: presentation and validation of preliminary report (findings)	Consultant, team, GRC, HNS stakeholders	1
Day 27-30	Final report preparation	Consultant	4
Day 31	Report reception and final discussion	Consultant, ERC, GRC/SRC	1
	Total		31

Expected start date is May 30th, 2022, ending date of the evaluation is foreseen on June 30th, 2022.

5. Responsibilities and duties

(Please list and describe the different responsibilities of GRC, the HNS, the assessment team and if needed other persons involved.)

5.1 GRC

The overall management of this assessment shall be coordinated by the GRC/SRC Delegate and the ERC Project Manager. GRC/SRC will coordinate with the ERC on the organization of all assessment related logistics. More specifically, GRC/SRC will:

- Select, recruit, and contract a consultant (GRC HQ Berlin/Beirut) in consultation with ERC;
- Be responsible for all payments for the evaluation process;
- Make available to the consultants all necessary briefing materials and be available to respond to questions and requests;
- Be involved closely in the evaluation process with a GRC counterpart signing off the documents;
- Maintain full ownership, copyright and responsibility for publication;
- Give a security briefing for the consultant and take care that security regulations are applied.

5.2 Egyptian Red Crescent (ERC)

The overall management of this assessment shall be coordinated by the ERC Project Manager and the GRC/SRC Delegate. More specifically, the ERC will:

- Ensure overall management of the assessment, in terms of supervision and monitoring, approvals, providing project related documents, publication, protection of data;
- Make available to the consultants all necessary briefing materials and be available to respond to questions and requests;
- Make logistical arrangements in the field;
- Facilitate access to communities and stakeholders organizing meeting and interviews;
- Obtain necessary approval for assessment;
- Provide staff to accompany the survey team, and provide volunteer enumerators;
- Provide his expertise in specific sectors which shall be considered during the assessment;
- Support the logistics and the implementation of security regulations;
- In general, participate in the assessment exercise to ease the access to the communities and support the data gathering with staff and volunteers.

5.3 Consultant

The consultant is responsible for:

- Determining the evaluation methodology, time schedule, content, and materials required for meetings, interviews and workshops;

- All organisational issues related to the implementation of the assessment, which he/she will coordinate with ERC and GRC/SRC;
- Leading and implementing the evaluation, including but not limited to:
 - o Organization of the assessment team and training of the team members;
 - o Training of the assessment team members (e.g., enumerators) at the beginning of the exercise;
 - o Collection of data and analysis;
 - o Presentation of results and submission of final report to ERC and GRC/SRC;
 - o Revision of the final report, based on the comments from ERC and GRC/SRC;
- Daily feedback to ERC and GRC/SRC.

6. Reporting

6.1 Inception report

An inception report offers the opportunity for the evaluator and ERC, GRC/SRC, to clarify the contract and the ToR after a first study of the existing project documentation. The inception report of the evaluator should not be longer than 5 pages. The evaluator will give feedback to ERC, GRC/SRC, about the ToR and their feasibility. This is the point where the evaluator, based on the information from the secondary data, can clarify open questions and possibly change the content or direction of the evaluation as well. The inception report should be delivered before the evaluation starts. It should contain:

- The key data of the evaluation (Project title, project data, commissioner of the evaluation, contractors, ...);
- Feedback / Amendment of the ToR – suggestions for ToR amendments if necessary;
- Status of the evaluation preparation (team, timetable, distribution of tasks, reporting);
- Evaluation design: Chosen methods, approach, steps for their implementation;
- Tools for their implementation (questionnaires, data processing and analysis etc.);
- A draft implementation plan for the evaluation.

The inception report will be discussed with ERC, GRC/SRC, and the evaluator. Any changes of the ToR need an agreement of both parties, because they might change the conditions and thereby the contract between GRC/SRC and the evaluator.

6.2 Preliminary report

All findings, conclusions and recommendations including the evaluation methodology should be described and presented by the evaluator(s) in a short preliminary evaluation report. The results of the preliminary report will initially be discussed with ERC and GRC/SRC and will serve as basis for the preparation of the evaluation workshop. The report will be presented by the evaluator in the evaluation workshop.

6.3 Evaluation workshop

Representatives of stakeholders and the evaluator will come together in the evaluation workshop. The workshop will be organized in order to discuss and validate findings, lessons learned and recommendations proposed by the evaluator. Stakeholders might formulate additional recommendations if necessary. Possible content of an evaluation workshop:

- Presentation and discussion of the preliminary evaluation report;
- Validation of lessons learned and recommendations by all stakeholders;
- Collection of additional observations or recommendations.

It is expected that the evaluator presents a structure for the workshop as part of their preliminary report. ERC and GRC/SRC are responsible for the workshop preparation and all related logistics.

6.4 Final report

The final evaluation report should consider the validation of the stakeholders during the final workshop and has to be delivered no later than three days after the workshop. All consultant works, inception-, preliminary- and final report should be delivered in English. The evaluator will give his/her recommendations but should incorporate the validation process during the workshop in the final report, including additional recommendations from the workshop participants. The report will have to be approved by ERC and GRC/SRC. The final report should, as a minimum, include the following elements:

- Key data of the evaluation (from the inception report);
- Executive summary – a tightly drafted, to-the-point, free standing document (about 5 pages max) with a Short project description, Key questions of the evaluation, Key findings against key evaluation criteria, Lessons learned and Major recommendations;
- Introduction – with purpose of the evaluation, scope, key questions, short description of the project to be evaluated and relevant framework conditions;
- Evaluation design and methodology (Key questions, Sampling framework, Sources of data, Data analysis method, Sites visited, Meetings held with beneficiaries and stakeholders, Timeline, Limitations)
- Key findings with regard to the questions pointed out in the ToR;
- Conclusions based on evidence and analysis;
- Recommendations as expected in the ToR, which are relevant and feasible and targeted to the respective audience;
- Lessons learned, as generalizations of conclusions for a wider use;
- Annexes (ToR, list of consulted persons/organisations, consults documentation, tools, literature, etc.).

Key findings, conclusions and recommendations should be presented in a clear and transparent way, possibly put next to each other in a table to demonstrate the logic. The report can be extended by the evaluator by additional points if necessary. The database (according to the IT program used) should be shared and be applicable for ERC, GRC/SRC.

ERC and GRC/SRC will analyse the final report, especially the utility of the gathered data and information. The consultant will receive feedback from GRC/SRC before the final payment of the consultant contract is approved. In case of major flaws, misinterpretation or incorrect contextual analysis, it is expected that the consultant corrects invalid data.

7. Quality and ethical standards

The consultant (and team) should take all reasonable steps to ensure that the assessment is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the assessment is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner. Therefore, the assessment should be implemented adhering to standards of the IFRC, who are used in evaluations but apply equally to all other types of assessments (supra). The collected data has to be safeguarded, respecting existing data security rules, to protect the rights of the individual.

The final report will be evaluated by GRC/SRC based on a checklist of criteria (see Annex II: Rules of Conduct of the German Red Cross). The evaluator will receive feedback from GRC/SRC before the final payment of the consultant contract is approved.

8. Dissemination of evaluation results

The following organisations will receive the final mid-term evaluation report: ERC, GRC/SRC (Egypt office and HQ). The mid-term evaluation report is an ERC/GRC/SRC internal document and cannot be shared nor published outside these stakeholders. The accepted recommendations should be used by: ERC , GRC/SRC (Egypt office and HQ) and EU Delegation /DG-NEAR (EUTF).

The follow up should be organised and a respective plan should be developed and implemented in an agreed timespan, to ensure the application of the recommendations by the relevant stakeholders of the evaluation.

9. Consultant Profile

The consultant should meet the following criteria:

- Essential:

- At least 5 years' experience in conducting evaluations and participatory assessment processes;
 - A proven record in delivering professional results
 - Consultant is required to send 2 samples of relevant evaluation;
 - In-depth knowledge and experience in Health and Livelihood projects;
 - Knowledge of strategic and operational management of humanitarian and/or development operations, as well as proven ability to provide strategic and practical recommendation to key stakeholders;
 - Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations, and prepare well-written reports in a timely manner;
 - Language skills: Fluency in written and spoken English, ideally in conjunction with good skills in written and spoken Arabic.
- Preferable
- Experience with administration and evaluation of EU funded projects;
 - Knowledge/experience of the Red Cross Movement;
 - Experience working in MENA.

10. Application procedure

Interested consultants should submit their dossier before **May 20th 2022** to Imad El Hayek (imad.elhayeck@germanredcross.de) and Rouba Ordakji (rouba.ordakji@germanredcross.de), stating "Application for Consultancy Mid-term Evaluation EUTF Egypt".

The application should include:

- Curriculum Vitae, as well as:
 - Two (02) examples of relevant previous assessments
 - At least two (02) reference persons
- Brief letter of motivation summarising relevant experiences and qualifications for the consultancy
- Technical proposal, containing the following elements:
 - a) A chronogram for how the consultant proposes to complete all tasks
 - b) A description of the proposed methodology
- Financial proposal, indicating the following elements:
 - a) The financial proposal is inclusive of daily fees and applicable taxes
Please indicate in your financial proposal: daily fees + % of taxes = overall fees
 - b) The validity of your offer
- Signed Declaration of Conformity (Annex I)

- Signed and stamped due diligence annex.(Annex III)

Failing to submit all required documentation mentioned in point 10, would lead to the bidder's disqualification from the tender.

The applicant has to agree with the Code of Conduct German Red Cross (Annex II), by signing it and including it in the bid.

Flight tickets to/from Egypt, insurance and per diem/DSA are not reimbursed by GRC, thus these should be factored into the daily fee. The financial proposal needs to be in EUR.

GRC will facilitate the consultant's accommodation and cover travel costs within Egypt.

All elements as stated above should be included in the application. GRC will not consider incomplete dossiers.

11. Evaluation criteria of the application

The decision for the award of contract will be determined via method credit points divided by total price; ratio 50/50%. Credit points will be added up through the following criteria:

A =Technical Proposal;
B = Experience as a consultant;
C = Comprehension of the ToRs.

Weight:

A =Technical Proposal = 60%;
B = Experience as a consultant = 30%;
C = Comprehension of the ToRs = 10%.

Applied Scoring system:

5 points: Excellent
4 points: Very good
3 points: Good
2 points: Sufficient
1 point: Bad
0 points: Insufficient

12. Annex

I. Declaration of Conformity

II. Rules of Conduct of the German Red Cross

III. Due Diligence Annex

Ref. 2022-04-26 - Instructions for submissions of quote

The German Red Cross (GRC) is inviting quotations for the Mid-term Review (MTR) of a project currently being conducted in Egypt titled “Supporting Communities – Health for All”.

The tenderers are requested to read carefully and ensure compliance with all instructions herein. Non-compliance with instructions in this document may disqualify the bidders from the tender exercise.

1. Procurement Procedure

The procurement is handled via an public tender.

2. Deadline of submission and period of validity :

- 1) Deadline of submission is **20.05.2022 12:00h Beirut time.**
- 2) Your quotation must state the period of validity, at least 30 days from the deadline for the submission.

3. Costs and ownership of tenders

- 1) Costs incurred by the tenderers in preparing and submitting the quote requests are not reimbursable.
- 2) The GRC retains ownership of all quotes received under this quote request. Consequently, tenderers have no right to have their tenders returned to them.

4. Confidentiality and publication

- 1) All recipients of tender documents, whether they submit a tender or not, shall treat the details of the documents as confidential as possible.
- 2) According to German/European procurement law information about the award of contract (name of company, type of product, extent, and duration of contract) might be made open to the public unless you disagree within your quotation, giving the reason of refusal.

5. Content of tenders and alternative offers

- 1) All tenders submitted must comply with the requirements in the tender dossier and comprise:
 - Specifications of quoted items including any documentation required as indicated in the technical specifications
 - Financial offer and payment conditions.
 - Earliest delivery and delivery schedule; transport conditions (e.g., Incoterms)
 - Tenderers self-declaration (Annex: “Declaration of Conformity”) signed and stamped.
 - Previous experience with such works.
 - Due diligence annex signed and stamped.

- Registration documents and any other supporting documents.

2) Alternative offers are not permitted.

6. Financial offer

- 1) Tenderer must quote by item and – if applicable – lot.
- 2) Item price, inspection charges and transport charges are itemized separately in the financial offer. Transport costs must be stated per lot if applicable.
- 3) All prices are in USD.

7. Submission of quote and further communication

- 1) All quotes, including annexes and supporting documents must be email to: imad.elhayeck@germanredcross.de and rouba.ordakji@germanredcross.de with subject:

*GRC Egypt project MTR
Ref. 2022-04-26*

- 2) Tenderers must raise questions in written 2 days prior to deadline for submission of quote latest, otherwise the extension of the deadline is not feasible anymore.
- 3) GRC reserves the right to continue the further communication after submission of quotes via a combination of media (e.g. post, e-mail, phone).

8. Evaluation & Award of Contract

The decision for the award of contract will be determined via method credit points divided by total price; ratio 50/50%. Credit points will be added up through the following criteria:

A = Technical Proposal;
B = Experience as a consultant;
C = Comprehension of the ToRs.

Weight:

A = Technical Proposal = 60%;
B = Experience as a consultant = 30%;
C = Comprehension of the ToRs = 10%.

Applied Scoring system:

5 points: Excellent
4 points: Very good
3 points: Good
2 points: Sufficient
1 point: Bad
0 points: Insufficient

- 1) In case of competitive procedure GRC reserves the right to award a contract based on the first non-negotiated offer.
- 2) The GRC may – but is not obliged to - ask each tenderer individually for clarification of its quote including, samples, breakdowns of prices etc. within a reasonable time limit to be fixed by the evaluation committee. The samples will remain property of the GRC. The tenderer has to bear possible additional costs for a sample delivery abroad.

3) Terms of contract

The award will lead to a Purchase Order by GRC and forms a one-time-service. Please find a template attached for your information only. This purchase order will be signed with German Red Cross headquarters based in Berlin and the services will be invoiced to Deutsches Rotes Kreuz e.V., Carstennstr. 58, 12205 Berlin, Germany ;with tax ID number DE1221223471.

4) Terms of delivery and payment

- 1) Unless explicitly permitted, GRC does not accept partial shipments.
- 2) The invoice must contain place of delivery and GRC order number.
- 3) Transport charges have to be itemized separately.
- 4) Payment on invoice only, following receipt of goods and documents in order.
- 5) **The deadline for finishing the works should not exceed the timeframe indicated in the ToR document.**

5) Self-Declaration

The signee of the attached “Declaration of Conformity” (Ref. Annex) assures that

- 1) no reasons for exclusion as mentioned per EU guideline 2014/24/EU, Art. 57, Paragraph 1 exists.
- 2) the tenderer fulfils GRC’s claim on good governance, environmental and social responsibility.
- 3) the tenderer agrees on participation in checks and audits as described.

Certification

- according to procurement procedures for humanitarian actions -

The candidate

name/company

address

represented by

representative's name

address

assures that **none** of the following points apply:

- a) The candidate or company are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations.
- b) The candidate has been convicted of an offence related to his professional conduct by a judgement which has the force of *res judicata*.
- c) The candidate has been guilty of grave professional misconduct proven by any means which the contracting authority can justify.
- d) The candidate has failed to fulfil obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which he is established, with those of the country of the contracting organisation or those of the country where the contract is to be carried out.
- e) The candidate has been the subject of a judgement that has the force of *res judicata* for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the German Red Cross or European Union's financial interests.
- f) The candidate has been declared to be in serious breach of contract for failure to comply with his contractual obligations pursuant to another procurement procedure or grant award procedure financed by the German Red Cross or European Union's budget.

The Contractor shall respect environmental legislation applicable in the country where the services have to be rendered and internationally agreed core labour standards, e.g. the ILO core labour standards, conventions on freedom of association and collective bargaining, elimination of forced and compulsory labour, elimination of discrimination in respect of employment and occupation, and the abolition of child labour.

The candidate also guarantees access to the relevant financial and accounting files and documents as well as other project related information and company registration data for the purpose of financial checks and audits or due diligence testing conducted by

- the European Commission,
- the European Anti-Fraud Office (OLAF),
- the European Court of Auditors and
- by chartered accountants and auditors commissioned by the German Red Cross or the relevant donor.

Furthermore he confirms to work together with above mentioned parties when contacted directly. The refusal to share requested data and documents may lead to disqualification from tender processes and cancellation of closed contracts.

place, date

signature

Ref. 2022-04-26

Required information for Due Diligence Check (Reputational Screening)

(Questionnaire to be filled out and signed by supplier)

Full official name of the company	
Copy of company registration added	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other marketing names of the company?	<input type="checkbox"/> No <input type="checkbox"/> Yes, they are:
Does the owner hold other companies inside or outside of Country of company registration?	<input type="checkbox"/> No <input type="checkbox"/> Yes, they are:
Are there subsidiaries/ branches of the company?	<input type="checkbox"/> No <input type="checkbox"/> Yes, they are:
Are there shareholders or other third parties involved in the company?	<input type="checkbox"/> No <input type="checkbox"/> Yes, they are:
Full name of the company owner (in latin alphabet)	
Place and date of birth of the company owner	
Copy of passport or other identity document added	<input type="checkbox"/> Yes <input type="checkbox"/> No
List of all members of the board of directors and key personnel (with name,	<input type="checkbox"/> Yes <input type="checkbox"/> No

place and date of birth) added	
Is the owner, a board member or key person currently also the owner, board member or employee of an outside company (including government-owned company)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, from the following company:
Are family members of the owner, board members or key personnel currently employed by the government in a sector that is related to the company?	
Is there any planned or ongoing merger or acquisition activity of the company?	<input type="checkbox"/> No <input type="checkbox"/> Yes, with the following company:

I herewith confirm that the information above is correct and filled out to the best of my ability. I will inform the German Red Cross immediately if any information changes during the contract period.

Place and date of signature

Company owner's signature