**Terms of reference   
and technical Specifications**

1. **General information**

|  |  |
| --- | --- |
| Assignment name | Service provision to design and implement the external monitoring and evaluation mechanism for the Project, Enhance and sustain conflict-affected communities in Northern Ethiopia. |
| Beneficiary | People living in the catchment areas of Adwa and Abala hospitals in Afar and Tigray Regions. |
| Country | Ethiopia |
| Total estimated number of days/months | **30 months** |

1. **Context and justification of the need**

The project “To enhance and sustain conflict-affected communities’ access to health and protection services through the rehabilitation and re-equipment of Abala and Adwa hospitals” aims to restore essential health and protection services for conflict-affected populations in Afar and Tigray regions, Ethiopia. The initiative focuses on rehabilitating and re-equipping Abala hospital in Afar and Adwa hospital in Tigray to ensure the resumption of quality healthcare services. It also includes the establishment of One-Stop Centers (OSCs) in both hospitals to deliver integrated protection and GBV response services.

Following two years of conflict, health facilities across Tigray, Amhara, and Afar regions suffered extensive damage, looting, and functional collapse, leaving critical service gaps despite rising health service needs. Abala primary hospital, serving approximately 85,000 people, and Adwa general hospital, serving an estimated 1.2 million people, were among the most affected operating at less than half of their capacity due to infrastructure destruction, loss of equipment, and damage to water, sanitation, and waste management systems. And as the security conditions of these regions remain fragile, and communities continue to face high levels of vulnerability.

The project responds by supporting the rehabilitation of hospital infrastructure, restoring water, sanitation and hygiene (WASH) systems, and providing essential medical equipment. It also strengthens service quality through staff capacity building and establishes OSCs to ensure comprehensive, survivor centered GBV services. Overall, the intervention contributes to stabilization efforts and enhances community resilience by improving access to safe, functional, and integrated health and protection services.

And the aim of this monitoring and evaluation (M&E) service is to design and implement the external monitoring and evaluation system for the project “Enhance and Sustain Conflict-Affected Communities in Northern Ethiopia.” The assignment includes establishing a robust Third-Party Monitoring (TPM) framework to assess progress, verify results, and ensure accountability throughout the project’s lifecycle. Responsibilities include, development of M&E methodology, tools, data collection approaches, reporting templates, and quality assurance mechanisms aligned with the project’s objectives and donor requirements.

The TPM intervention will cover the implementation phase of the project, with an anticipated start date of 1 February 2026 and an end date of 30 April 2028, in order to allow sufficient time for the review and validation of the final TPM report prior to the formal closure of the project.

Overall, the TPM function will provide independent oversight, support adaptive management, and contribute to improved transparency and effective delivery of services to conflict-affected communities in northern Ethiopia.

1. **Objectives and desired results**
   1. **General objective**

The overall objective of the M&E service is to provide support for the implementation of the monitoring and evaluation mechanism of Adwa and Abala hospitals rehabilitation project, by ensuring that the project is implemented according to identified targets and needs, and by providing useful and impartial tools to steer the project towards its stated objectives. The contracted firm/consultant will support Expertise France’s operations by collecting and analyzing data to inform project strategy.

* 1. **Specific objectives**

Expertise France seeks to contract an experienced Monitoring and Evaluation (M&E) firm/consultant to provide support across the project lifecycle. This includes conducting a baseline study, monitoring project indicators and conducting qualitative analyses during implementation, and carrying out a final evaluation, nourishing the exit and sustainability strategy at project completion. The overall purpose of the consultancy service is to support the project in the following ways:

* + 1. Establish clear **baseline benchmarks** to enable measurable and evidence-based assessment of project results in line with the contractual logical framework;
    2. Design and implement a **comprehensive monitoring framework with SMART indicators** (specific, measurable, achievable, relevant, and time-bound) in close collaboration with the Project Manager;
    3. Provide ongoing support to the Project Manager to ensure project implementation remains on track and to systematically monitor progress throughout the project duration;
    4. Evaluate project performance at the middle and final stage in terms of relevance, effectiveness, efficiency, sustainability, and impact;
    5. Generate actionable lessons learned to improve project delivery during implementation, promote the replication of successful approaches in other contexts, and inform potential scale-up of activities.
  1. **Anticipated results**

**Result 1:** Target health infrastructures are rehabilitated and equipped to enable resumption of essential service provision in Adwa (Tigray region) and Abala (Afar region) hospitals;

**Result 2**: One Stop Centers (OSCs) are established at target hospitals to provide comprehensive protection services that can meet communities’ health, safety, and justice needs, with a specific focus on GBV.

* 1. **Description of the assignment**

The Third-Party Monitoring (TPM) assignment for the project “Enhance and Sustain Conflict-Affected Communities in Northern Ethiopia” provides independent oversight, verification, and evaluation throughout the project lifecycle to ensure accountability, transparency, and evidence based decision-making. The assignment is structured across multiple phases, including baseline data collection; ongoing monitoring, endline evaluation, and post assignment follow up.

* 1. **Planned Activities**

**Phase I: Baseline data collection and reporting**

Baseline data collection and reporting involves establishing the initial conditions of the project area to provide a benchmark for measuring progress and impact throughout the intervention. It includes developing the baseline methodology, designing and testing data collection tools, training field teams, and conducting primary data collection at community and facility levels. The process ensures accurate measurement of key health, protection, WASH, and service delivery indicators. Collected data is cleaned, analyzed, and compiled into a comprehensive baseline report that outlines current gaps, needs, and indicator values. This report serves as a critical reference point for ongoing monitoring, adaptive management, and final evaluation.

The key tasks to be undertaken under baseline data collection and reporting include:

* Baseline planning and methodology development;
* Development and pre-testing of data collection tools;
* Recruitment, training, and deployment of field teams;
* Data collection and field implementation;
* Quality assurance and data verification;
* Data management, cleaning, and analysis;
* Baseline report preparation;
* Validation and presentation of findings;
* Establishing baseline values for ongoing monitoring;

**Phase II: Ongoing Project Monitoring, including submission of a Mid-Term Monitoring Report and an ad-hoc qualitative study**

Ongoing project monitoring involves continuous verification of project activities, outputs, and service delivery to ensure timely implementation and adherence to standards. This includes routine field visits, data collection, beneficiary consultations, and coordination with implementing partners to track progress and identify challenges. The process results in the submission of a mid-term monitoring report that assesses performance against targets and provides actionable recommendations. Additionally, an ad-hoc qualitative study will be conducted to explore emerging issues, community perceptions, and contextual changes, generating deeper insights to support adaptive management and improved project effectiveness.

And the key task need to be undertaken under this phase includes:

* Prepare detailed work plan outlining the study design, sampling, tools, timeline, and data collection approach;
* Finalized and pre-tested quantitative and qualitative tools (e.g., surveys, checklists, KII/FGD guides);
* Documentation of training sessions, participant lists, agenda, and field readiness;
* Complete datasets in agreed formats, including coding sheets and data dictionaries;
* Summary of the data collection process, coverage, challenges, and mitigation measures;
* Comprehensive report presenting preliminary findings, baseline indicator values, and analysis;
* A PowerPoint presentation for stakeholders summarizing key findings and recommendations;
* A polished, validated report incorporating stakeholder feedback, with annexes (tools, datasets, photos, field notes);

**Phase III: End-line data collection and final evaluation report submission**

* Prepare a detailed endline evaluation design, including methodology, sampling strategy, tools, and timelines aligned with baseline indicators.
* Conduct a desk review of project documents and previous monitoring reports to ensure indicator consistency and enable comparison.
* Adapt and refine survey instruments, facility assessment checklists, and qualitative guides for end-line measurement.
* Train enumerators on evaluation tools, ethics, safeguarding, and quality assurance protocols.
* Collect quantitative and qualitative data from project sites, beneficiaries, hospital staff, and community stakeholders.
* Implement field supervision, spot checks, data consistency checks, and triangulation to ensure reliable results.
* Clean and analyze datasets to measure changes against baseline values and project targets.
* Prepare a comprehensive report outlining methodology, findings, performance against indicators, outcomes, challenges, lessons learned, and recommendations.
* Present endline findings to implementing partners and donors; incorporate feedback into the final report.
* Deliver the final validated report along with datasets, tools, photos, field notes, and other supporting documents.

**Phase IV: Final Dissemination and Project Closure Activities**

* Submission of project closure activities report;
* Submission of supporting documents;
* Conduct lessons learned workshop;
* Stakeholders closeout meeting;
* Documents achieving;
  1. **Anticipated deliverables**

Based on the objectives outlined above, the service provider will be responsible for developing a series of deliverables throughout the project lifecycle. All deliverables must be submitted in both electronic and hard copy formats, in English.

**5.1. Evaluation Deliverables**

**Baseline report**: The baseline assessment will establish a clear picture of the conditions of target groups and geographic areas at project inception. It will articulate the existing situation using both quantitative and qualitative data, collected by the service provider, in alignment with the project’s logical framework. The baseline will serve as the foundation for comparison during the final evaluation and guide future learning and adaptations.

**End-line Evaluation Report:** This final evaluation will assess the degree to which the project has achieved its intended results, particularly focusing on outputs and outcomes. It will compare end-line data with the baseline and identify sustainability factors, lessons learned, best practices, and successful approaches suitable for scaling, adaptation, or replication. These insights will inform future program design and sector-wide learning.

**End-line Data Collection:** The service provider will collect and analyze final quantitative and qualitative data covering all project indicators. This data will be used to produce the final evaluation report and to assess overall project performance and change over time.

**Presentation of Results:** For each of the major reports, the service provider is expected to deliver in-person presentations of key findings at the Expertise France office or another designated venue in Addis Ababa, Ethiopia (unless otherwise agreed).

Presentations will be required for the following:

1. Baseline Report
2. Mid-Term Monitoring Report
3. Monitoring Reports (as relevant)
4. End-line Evaluation Report
5. Final dissemination and project closure activities

**5.2 Monitoring Deliverables**

Monitoring and evaluation plan: In collaboration with EF, the service provider will support the development of a comprehensive Monitoring and Evaluation (M&E) plan to guide project data collection, performance tracking, and reporting. This plan must be included in the inception report and detail all key M&E activities to be conducted by the service provider throughout project implementation and the evaluation phases.

**Mid-term monitoring report:** A report analyzing progress against the project’s logical framework, primarily using data collected by Expertise France. This report will help assess whether implementation is aligned with intended outcomes and timelines. Short ad-hoc report or case study (10 pages maximum): A concise, thematic analysis or case study providing insights into specific aspects of the project’s implementation or impact. Topics will be identified and discussed by Expertise France during inception phase, and consolidated in the M&E plan.

Possible topics include:

* Health-care facilities and vulnerable communities access to health services;
* Gender-based violence prevention and access to care/counselling for survivors;
* Health-care facilities introduced with improved solid and liquid waste managements, environmental protection practices and supply of un-interrupting clean water;

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|  |  |
| --- | --- |
| **Deliverables** | **End date** |
| 1. Baseline analysis and assessment of project site and indicators | T0 + 8 weeks |
| 1. Baseline analytical report including findings, gaps, and recommendations | T0 + 8 weeks |
| 1. Organization of stakeholder validation seminar and presentation of baseline findings | T0 + 9 weeks |
| 1. Corrective measures and improvement plans based on baseline findings | T0 + 10 weeks |
| 1. Mid-term monitoring data analysis and verification | T0 + 12 months |
| 1. Mid-term monitoring report, including progress against targets and recommendations | T0 + 12.5 months |
| 1. Ad-hoc qualitative study report capturing emerging issues and community perceptions | T0 + 18 months |
| 1. Final end-line evaluation report, including lessons learned, outcomes, and recommendations | T0 + 24months |
| 1. Project closure activities reports | T0+30months |

* 1. **Coordination**

The service provider shall designate a single contact person for project implementation purposes.

Mr. Dane Anderson of the STAB Department will be the service provider’s sole contact person for Expertise France, contact details:

E-mail: [dane.anderson@expertisefrance.fr](mailto:dane.anderson@expertisefrance.fr)

A launch meeting shall be held within 7 days following the official notification of contract award. This meeting will provide an opportunity to confirm the project plan, clarify roles and responsibilities, review timelines, and align expectations between all parties.

The service provider is required to maintain close collaboration with designated personnel from Expertise France throughout all phases of the assignment from preparation, field implementation, monitoring, and reporting to final evaluation. This includes sharing work plans, schedules, and tools for review and feedback.

Additionally, the service provider must ensure regular and structured communication with Expertise France, including:

* Weekly or bi-weekly progress updates on field activities, data collection, and analysis;
* Immediate reporting of any operational challenges, security concerns, or delays that may affect the assignment timeline;
* Coordination for stakeholder meetings, validation workshops, and dissemination of draft and final reports;
* Timely provision of draft deliverables for review and incorporation of feedback;

This structured coordination mechanism ensures alignment with the project period and phased implementation, fosters efficient collaboration, and facilitates timely decision-making to achieve assignment objectives effectively and maintain high quality outputs.

1. **Place, duration and terms of performance**
   1. **Implementation period:**

The anticipated start date will be 01/02/2026 and end will be 30/04/2028 plus additional of 6 months’ period for post assignment follow up of project performance and monitoring.

* 1. **Start date: 01/02/2026**
  2. **End date: 30/04/2028**
  3. **Effective duration per assignment:**

The total engagement period of the TPM service provider will generally span the entire project duration of 30 months maximum (1 February 2026 to 30 April 2028).

* 1. **Schedule/program:**

The Third-Party Monitoring (TPM) assignment is structured around a phased and sequential implementation schedule aligned with the project lifecycle. The program begins with initial planning and preparation immediately after contract signature, including methodology development, tool design, and team mobilization. This is followed by baseline data collection during the early stages of the project to establish reference indicators and contextual benchmarks.

Throughout project implementation, the TPM team conducts routine monitoring visits, periodic data verification, mid-term assessments, and ad-hoc qualitative studies to track progress, identify challenges, and validate results. These activities are distributed across the project period to ensure continuous oversight and timely reporting.

Toward the end of the project cycle, the TPM conducts end line data collection and final evaluation to measure achievements against baseline values and log frame targets. The program concludes with a post-assignment follow-up period that allows for final clarification, dissemination of findings, and handover of all datasets and documentation.

The scheduling balances fieldwork, analysis, reporting, and stakeholder engagement, ensuring comprehensive monitoring coverage while maintaining alignment with project milestones and deliverable deadlines.

*The provisional programme for assignment implementation is as follows:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Place** | **Estimated schedule** | **Duration (man/days)** |
|  |
| 1. Baseline planning and methodology development | Remote | Month 1, week (1-2) | 3 |
| 1. Development and pre-testing of data collection tools | Field sites/Remote | Month 1, Week 3 | 2 |
| 1. Enumerators recruitment and training | Field sites (Adwa and Abala) | Month 1, Week 4 | 2 |
| 1. Baseline field data collection | Adwa and Abala hospitals and surrounding communities | Month 2, Weeks (1–3) | 8 |
| 1. Data cleaning, analysis, and drafting baseline report | Remote | Month 2, Week 4 – Month 3, Week 1 | 3 |
| 1. Baseline report validation and stakeholders presentation | Remote | Month 3, Week 2 | 2 |
| 1. Ongoing monitoring-field visits and verifications | Project sites (Abala and Adwa) | Month 4 – Month 18 | 6 |
| 1. Mid-term data analysis and report presentation | Remote | Month (12–13) | 3 |
| 1. Ad-hoc qualitative studies and reporting | Field sites (Adwa and Abala) | Month (10–14) | 3 |
| 1. End-line evaluation planning and tool finalization | Remote | Month 18, Week 1–2 | 2 |
| 1. End-line field data collection | Project sites (Adwa and Abala) | Month (19–20) | 8 |
| 1. Data cleaning, analysis, and draft end-line report | Remote | Month 21, Week 3 – Month 22 | 5 |
| 1. End-line report validation and presentation | Remote | Month 23, Week 4 | 2 |
| 1. Final dissemination and project closure activities | Remote | Month (24–30) | 2 |

* 1. **Required expertise and profile**

The M&E service are to be implemented by a qualified service provider with the legal and logistical capacity to conduct fieldwork in Ethiopia, including possession of all relevant authorizations. The staffing structure of the proposed team is at the discretion of the service provider but is subject to budgetary validation by Expertise France.

* 1. **Number of Experts per Assignment**

A typical Third-Party Monitoring (TPM) assignment of this scale generally requires (estimated 6–7) experts, organized into core and supporting teams to ensure comprehensive coverage across all phases (baseline, ongoing monitoring, endline, and follow-up). A recommended structure is:

* **Core Team (3-4 experts)**

1. Team Leader / Senior M&E Specialist (1)
   * Overall coordination, methodology development, quality assurance, reporting;
2. Public Health / Protection or Sectoral Specialist (1)

* Provides technical oversight for health, protection, hospital rehabilitation, and GBV components;

1. Data Analyst / Statistician (1)
   * Leads quantitative analysis, verifies data quality, and manages databases.
2. Qualitative Research Specialist (1)
   * Conducts interviews, FGDs, case studies, and qualitative assessments.

* **Field Team (2 experts)**

1. Field Supervisors / M&E Officers (1)
   * Coordinate fieldwork, liaise with local authorities, and supervise enumerators;
2. Enumerators / Data Collectors (1)
   * Conduct surveys, observations, and data validation in project areas (Adwa and Abala);

* **Technical and Operational Support (1–2 experts)**

1. GIS / Remote Monitoring Specialist (optional, 1)
   * Mapping, geolocation, remote verification of infrastructures;
2. Project/Logistics Assistant (1)
   * Supports scheduling, documentation, communication, and field logistics;
   1. **Profile of the designated expert(s) responsible for contract execution**
      1. **Qualifications and Experiences**

The service provider should demonstrate that its proposed team possesses the following qualifications and skills:

* Advanced university degree(s) in social sciences, development studies, international development, environmental science, public health, or research methodology;
* Proven experience and in-depth knowledge of both qualitative and quantitative research methods, including sampling strategies;
* Proficiency in statistical analysis and data management using recognized software packages;
* A minimum of five (5) years of demonstrated experience conducting baseline surveys and complex evaluations (copies of at least two previous works of this kind will be provided);
* Experience working in fragile or conflict-affected contexts, particularly in the Horn of Africa;
* Strong written and verbal communication skills in English; proficiency in Amharic is highly desirable;
* Experience conducting M&E in remote management settings;
* Understanding of training and capacity development principles.

In their proposal, the service provider must demonstrate:

* Operational capacity to collect data in Northern Ethiopia, particularly in the Tigray and Afar regions;
* Ability to develop high-quality M&E reports and deliver analytical and ad-hoc studies;
* A strong track record in delivering M&E consultancy services for health, stabilization, and/or Ethiopia-specific projects;
* Capacity to write, analyze, and present findings in professional English;
  1. **General Professional Experience of the Firm and Its Personnel**

The TPM assignment requires a highly qualified service provider with demonstrated expertise in independent monitoring, evaluation, and verification of humanitarian, recovery, and development projects. The provider must have a proven record of accomplishment of delivering TPM or similar assignments within the last five years, particularly in Africa and preferably in Ethiopia across sectors such as health, protection, water, sanitation and hygiene (WASH), early recovery, and post-conflict rehabilitation.

The team should comprise specialists with advanced skills in quantitative and qualitative data collection, analysis, survey design, and evaluation methodologies. Strong experience in conflict-affected and hard to reach areas is essential, along with the ability to conduct fieldwork safely and ethically. Key personnel should have backgrounds in M&E, public health, social sciences, engineering, or related fields and must demonstrate solid experience working with projects funded by European Union, international development agencies, UN organizations, or INGOs.

Moreover, the TPM team must also have practical experience using digital data collection tools, GIS, remote monitoring systems, and compliance verification approaches. Strong reporting, communication, and stakeholder engagement skills are required to ensure timely delivery of high-quality analytical products. Local contextual knowledge, including language ability and understanding of administrative structures in Ethiopia, is considered a significant asset for successful implementation.

* 1. **Specific Professional Experience**
* Minimum **5 years of recent, relevant experience** in Third-Party Monitoring, evaluation, and verification of humanitarian or development programs;
* Proven experience conducting **baseline, midline, and endline assessments** for large-scale, multi-sector projects;
* Demonstrated expertise in **quantitative and qualitative research methods**, including surveys, KIIs, FGDs, and observational assessments;
* Experience implementing TPM assignments in **Africa**, with strong preference for prior work in **Ethiopia**, particularly in conflict-affected or hard-to-reach regions;
* Strong background in monitoring sectors such as **health, protection, GBV services, WASH, infrastructure rehabilitation, and early recovery**;
* Documented experience working with **UN agencies, international NGOs, or donor-funded programs**, including compliance with monitoring and reporting standards;
* Practical experience using **digital data collection tools** (e.g., Kobo, ODK, CommCare) and **GIS/remote monitoring** technologies;
* Proven ability to conduct **data quality assurance (DQA)** and verification of project outputs and outcomes;
* Experience producing **analytical reports**, evaluation summaries, and evidence-based recommendations;
* Demonstrated capacity to work in **insecure, post-conflict, and logistically challenging environments**;
* Strong skills in stakeholder engagement, coordination with authorities, and communicating findings to diverse audiences;

1. **Assignment reports**

At the conclusion of the Third Party Monitoring assignment, the service provider shall submit a comprehensive assignment reports that follows the reporting model provided by the contracting authority. The report must fully align with the expected deliverables and present a clear, evidence based analytical summary of all monitoring activities conducted. It should synthesize key findings, verified results, methodological approaches, data sources, and limitations encountered throughout the assignment. The report must also include comparative analyses against baseline data, assessments of project performance, verification of outputs and outcomes, and identification of gaps or compliance issues.

Furthermore, the report should present actionable recommendations, corrective measures, and lessons learned to support improved implementation and accountability. All supporting annexes including datasets, interview guides, field observations, photos, and verification tools must be attached. The final Assignment Report must be submitted electronically (via e-mail) within the agreed timeline and serve as the authoritative analytical deliverable confirming the completion and quality of the TPM activities

1. **Monitoring-Evaluation** 
   1. **Monitoring in TPM**

Monitoring focuses on regular, real time tracking of project implementation. The TPM team conducts field visits, remote monitoring, document reviews, and stakeholder interviews to verify that activities are taking place as planned.

**Key Functions of Monitoring:**

* Activity verification: Confirm that planned activities (e.g., construction works, distribution of supplies, trainings) have been carried out according to standards, timelines, and contractual obligations;
* Output verification: Check if the immediate deliverables (e.g., number of liquid and solid waste facilities built, number of patients served) match reported achievements;
* Quality assurance: Assess the technical quality of works, services, and materials compared to sector standards, Ethiopian MoH standards, and donor requirements;
* Beneficiary feedback: Collect perceptions from community members regarding service relevance, timeliness, fairness, satisfaction, and risks;
* Compliance monitoring: Verify adherence to humanitarian principles, safeguarding/SEA policies, gender mainstreaming, environmental considerations, and donor regulations;
* Risk and issue identification: Detect challenges such as access constraints, delays, misuse of resources, safety risks, capacity gaps, or deviations from project plans;
* Real Time reporting: Provide timely evidence and actionable recommendations to donors and implementers for corrective action;
  1. **Evaluation in TPM**

Evaluation is a more **analytical and results focused** process conducted periodically or at the end of a project to assess performance, effectiveness, and impact.

### **Key Fonctions of Evaluation:**

* **Outcome assessment:** Determine whether project interventions achieved the intended outcomes (e.g., improved liquid and solid waste management, increased resilience, improved health services);
* **Effectiveness analysis:** Examine how well activities translated into meaningful changes for beneficiaries;
* **Efficiency assessment:** Analyze the use of resources and whether the project delivered value for money;
* **Relevance analysis:** Assess whether interventions address priority needs of the target population and align with contextual realities;
* **Sustainability review:** Evaluate whether the results are likely to continue after project closure (e.g., operations & maintenance, local ownership);
* **Impact analysis (where applicable):** Explore long-term, positive or negative effects of interventions;
* **Learning generation:** Document lessons learned, good practices, bottlenecks, and strategic insights to inform future programming;
  1. **Monitoring and Evaluation in TPM**

In Third-Party Monitoring, monitoring and evaluation are integrated to ensure an independent, evidence-based understanding of project performance:

* Monitoring provides continuous data and on-ground verification;
* Evaluation uses this data, combined with additional analysis, to assess the overall effectiveness and strategic value of the intervention;
* Together, M&E in TPM ensures accountability, transparency, and program improvement;
  1. **Key M&E activities in TPM Assignment**
* Desk review of project documents, logframes, MEAL plans, and progress reports
* Baseline or midline data collection;
* Field verification missions (site visits, observations, measurements);
* Beneficiary surveys, KIIs, FGDs;
* Remote monitoring (phone surveys, satellite images, GPS verification);
* Data triangulation and quality assurance;
* Statistical and qualitative analysis;
* Periodic monitoring reports;
* Mid-term or final evaluation reports;
* Verification of partner reporting accuracy;
* Recommendations for corrective action and learning;
* Presentation of findings to donors/implementers;

1. **Practical Information** 
   1. **How to Apply**

Interested service providers must complete and submit all required documents as outlined in the Request for Proposal (RFP). Only complete applications submitted by the deadline will be considered.

* 1. **Logistics and Equipment**

All logistical arrangements travel, and security measures are the sole responsibility of the service provider and will be undertaken at their own expense. The provider must have the necessary legal and logistical capacity to operate in Ethiopia, including in the identified field locations.

No equipment will be procured and transport expense covered by Expertise France for the purpose of this contract. The service provider is expected to use its own equipment, including but not limited to:

* Data collection tools;
* Laptops and/or tablets;
* Licensed software;
* Transportation and communication means;
  1. **Geographical scope of the M&E service**

The Monitoring and Evaluation (M&E) service provider will be responsible for activities in Adwa and Abala towns, including the catchment areas of Adwa and Abala Hospitals, located in the Tigray and Afar regions of Ethiopia. Coordination and meetings with the Project Management Team will primarily take place in Addis Ababa, Ethiopia.

Annex 1: Logical Framework

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Results*** | ***Results Chain*** | ***Indicator*** | ***Baseline***  ***(Value & reference year)*** | ***Target***  ***(Value & reference year)*** | ***Data collection methods*** | ***Sources of data/Information*** |
| ***Impact*** | Improved well-being and resilience of conflict-affected communities in Ethiopia | % increase in the utilization of comprehensive healthcare services, including GBV-related care, by conflict-affected communities | TBD (baseline to be conducted in Q1 2026) | TBD (baseline to be conducted in Q1 2026) | FGD; KPI; Hospital attendance records;  Disaggregation: Gender, age. | Baseline study; health facility records and vital statistics; Final evaluation |
| ***Outcome*** | Enhanced quality and effectiveness of healthcare and protection services for conflict-affected communities | % of restoration of Essential health service in all health facilities HSDIP Indicator (n.69) | 0 | 90% (National level) | FGD; KPI; Annual data collection, according to the Admin report, incorporated in the HMIS (Health Management Information System); Disaggregation: Gender, age. | Baseline study; health facility records and vital statistics; Final evaluation |
| % of clients satisfied during their last health care visit (client satisfaction rate) HSDIP Indicator (n.96) | TBD (baseline to be conducted in Q1 2026) | 85% | FGD; survey;  Disaggregation : Gender, age, stakeholder category (hospital patients including pregnant women, PWD, patients needing surgery, family members of hospital patients). | KPI Report; Baseline study; Final evaluation |
| % reduction in mortality rates among conflict-affected communities attending target hospitals, compared to pre-intervention levels (inpatient mortality rate) HSDIP Indicator (n.61) | TBD (baseline to be conducted in Q1 2026) | 30% | FGD; KPI; Monthly data collection, according to the Admin report, incorporated in the HMIS (Health Management Information System);  Disaggregation:Gender, age. | Baseline study; health facility records and vital statistics; Final evaluation |
|  | Output 1: Target health infrastructures are rehabilitated and equipped to enable resumption of essential service provision in Adwa (Tigray region) and Abala (Afar region) hospitals. | # of conflict affected hospitals rehabilitated and upgraded for improved quality of services | 0 | 2 | Comparison of identified equipment needs with procured equipment;  Disaggregation : Hospitals' level of functionality per service | Baseline study; Mid-term evaluation; Ongoing monitoring; Final evaluation |
| # of medical equipment installed according to MoH's minimum standards list | 0 | TBD (consultations with stakeholders to determine the precise list of equipment to be conducted in Q1-Q2, 2026) | Survey, Comparison of hospital equipment records with identified equipment needs and MoH list of essential equipment; Disaggregation: Equipment per hospital service | Baseline study; Mid-term evaluation; Ongoing monitoring; Final evaluation |
| # of staff trained in Adwa and Abala hospitals to proficiently handle equipment maintenance and waste management practices as per MoH guidelines | 0 | 50 | Pre and post-tests;  Disaggregation:Gender, stakeholder category. | Activity report; Final evaluation |
| Output 2: One Stop Centers (OSCs) are established at target hospitals to provide comprehensive protection services that can meet communities’ health, safety, and justice needs, with a specific focus on GBV. | # of OSCs established  and equipped with the necessary  equipment and trained professionals | 0 | 2 | Comparison of identified equipment needs with procured equipment;  Disaggregation: OSCs level of functionality. | Baseline study; Mid-term evaluation; Ongoing monitoring; Final evaluation |
| # of people benefitting from EU-funded interventions to counter sexual and gender-based violence (NDICI Level 2 indicator: GERF 2.37) | TBD (base-line to be conducted in Q1 2026) | TBD (base-line to be conducted in Q1 2026) | FGD; KPI;  Disaggregation: Gender, age. | Baseline study; health facility records and vital statistics; Ongoing monitoring; Final evaluation |
| # of health professionals  trained on clinical treatment of GBV survivors | 0 | 250 | -Data collection methods: “Survey; Secondary document review”  -Sources of information: “Monitoring reports; community feedback forms” | Baseline study; health facility records and vital statistics; Final evaluation |