



## Terms of Reference for The first 1000 Days (Phase III) Project Mid Term Review in Sekong and Phongsaly Provinces

### Overview

Application deadline	25 Jan 2026
Contract start date	Mar 2026
Duration	Mar – May 2026
Program sector(s)	Right to Health
Project/Program name	The First 1000 days: Phase III
Type of consultancy	External Project Midterm Review
Project/Program location	Sekong and Phongsaly Provinces
Consultant location	In-country would be preferred
Funded by	Ministry of Foreign and European Affairs (MoFA) Luxembourg and CARE Luxembourg

### Organizational Overview

CARE International is a global NGO working to end poverty and achieve social justice. We rebuild and improve the lives of the most vulnerable groups, especially women and girls who are often the most marginalised individuals in their communities and face unequal access to social and economic rights. In 2024, CARE worked in more than 100 countries around the world, supporting 200 million people from vulnerable communities to fight poverty and social injustice. To date, CARE supported over 52 million participants to promote lasting change in their lives, in line with the Sustainable Development Goals.

CARE International in Lao PDR began its operations in 1992 and has worked since then to improve the lives of vulnerable groups in both rural and urban areas, particularly the ethnic minority communities. CARE works in partnership with community members, the government, local civil society organisations, and the private sector. CARE currently implements projects in seven provinces: Vientiane Capital, Phongsaly, Luang Namtha, Luangprabang, Salavan, Champasack and Sekong.

CARE's "Marginalized Women and Girls" program in Laos empowers women and girls through integrated initiatives focusing on women's health, economic empowerment, and climate resilience, utilizing evidence-based practices to drive sustainable socio-economic justice. This is achieved by strengthening health systems, combating gender-based violence, improving food access, fostering resilient livelihoods and inclusive value chains, and enhancing climate adaptation through community-driven action plans that combine scientific and traditional knowledge, ultimately contributing to poverty reduction and a more equitable society. CARE Laos commits to women and girl empowerment, locally led and globally scaled through a comprehensive approach to long-term commitment to building local capacity as central to our mission.

## Project Overview

The first 1000 days: Phase III Project is co-financed by the Ministry of Foreign and European Affairs (MoFA) Luxembourg and CARE Luxembourg a.s.b.l. (CARE LUX), with a project duration of 48 months (from January 2024 to December 2028).

The project implemented in Laos is part of a Framework Agreement (FA) signed between CARE Luxembourg and the MoFA. The FA is implemented in 4 countries and has as overall objective to contribute to Sustainable Development Goals 1 (eradicate poverty), 2 (eradicate hunger, ensure food security and improve nutrition) and 3 (health) by targeting poor and vulnerable communities in remote areas of Niger (Zinder), Benin (Borgou Department), Laos (Phongsaly and Sekong provinces) and Myanmar (Shan South State).

To contribute to these SDG, a comprehensive approach was chosen, with 3 specific objectives : SO1 on a comprehensive approach of maternal and infant health (The maternal and infant mortality rate is reduced, the food security of target populations and the nutritional status of children are improved, thanks to access to quality health services for mothers and children, facilitated by creating an environment conducive to the use of health care and by raising community awareness of prenatal and neonatal needs), SO2 on gender equality (Gender equality and its acceptance in communities are improved by contributing to the financial independence of women and girls, through village savings and credit associations or other mechanisms depending on the context) and SO3 on governance and partnerships (Participatory governance and sustainable partnerships are strengthened to improve maternal health and ensure food security). We believe that the health of mothers and children will be improved if these 3 objectives are met: specific indicators have been set to measure achievements.

To reach these SO, 5 results have been defined also with their specific indicators: R1 on access to health services, R2 on food security and nutrition, R3 on women economic empowerment, R4 on voice and participation of women and R5 on the partnerships.

In Laos, R1, R2, R3 and R5 of the FA are implemented through the first 1,000 days project: the project's goal is to reduce maternal and child mortality and improve health outcomes for women, adolescents, and children in the first 1,000 days of the life of a child in Sekong and Provinces as well as to support poor and vulnerable households in remote, rural areas to facilitate access to and improve the quality of nutrition-related health services for mothers and children , food and nutrition security for women, men, girls and boys in the targeted areas. To achieve these objectives, it focuses on health and nutrition related capacity strengthening of health volunteers, peer mobilisers, midwives and health center staff as well as facilitating access to and improved quality health and nutrition services for mothers (15-49 years of age) and children (below 2 years of age, CU2). – R1 and R2; on women's economic empowerment and socio-economic development- R3; and on engagement with local stakeholders in RMNCAHN- R5 pf the FA.

The project is mainly implemented through CARE International in Laos (CARE Laos) and with the Ministry of Health together with technical support by Mother and Child Health/ Nutrition Centers at the national level and works closely with Provincial Health Office, Provincial Lao Women Union, District Health Office District Lao Women Union Offices, and the Provincial and District Education and Sports Bureau to ensure local ownership and alignment of national objective subsequently from the central level down to district level.

The specific objective (SO) is to 1) improve access to good quality health services for mothers and children, 2) improve food security/nutrition of women of reproductive age, men, children and other vulnerable groups in the targeted communities, 3) strengthen the economic/financial independence of women and young boys/girls, and 4) develop strong partnerships with local stakeholders such as Govt authorities, village authorities and locally led CSOs.

The following activities and their expected outputs will contribute to achieve the project goal and objectives.

**R1: Improve access to good quality health services for mothers and children**

- R1A1 Support Equipment, Construction & and WASH facilities of health centres
- R1A2 Improving access to CSE information & ASRH services
- R1A3 Support and Scaling of Healthy Mother App
- R1A4 Support Government for Health System Strengthening including GBV response and referral
- R1A5 Support Training of Health Care staff

**R2: Improve food security/nutrition of women of reproductive age, men children and other vulnerable groups in the targeted communities**

- R2A1 Encouraging positive RMNCAH behaviours in communities
- R2A2 Build capacity and encourage positive nutrition behaviours that improve food security

**R3: Strengthen the economic/financial independence of women and young boys/girls**

- R3A1 Skill training and support to increase control over resources and health
- R3A2 Support the identification and access of markets to improve economic opportunities
- R3A3 Community reflection gender & social barriers to accessing health & GBV services

**R4: Develop strong partnerships with local stakeholders such as Govt authorities, village authorities and locally led CSOs**

- R4A1 Support improved RMNCH governance and engagement at provincial, district and village level
- R4A2 Support capacity building of locally led CSOs & SUN CSA that focus on locally led solutions for health, GBV, and disability inclusion.

## Purpose of the Mid Term Review

The purpose of the Mid Term Review is to evaluate the project's performance, identify project change at the systems and population level, and inform necessary adjustments of the project in relation to project design, planning, resources, approaches and methodologies by:

1. Assessing the achievement and progress of project impact, outcomes, and outputs involving beneficiaries, implementation teams and partners, against the project logical framework, DAC criteria and taking into account the donor's cross-cutting themes.
2. Identifying the challenges, lessons learned, and recommendations that inform decision-making to make necessary adjustments to the project.
3. Identifying changes through the project at the systems and population level.

## Recipients of the evaluation

The conclusions and recommendations of the evaluation are intended for:

- CARE Luxembourg and CARE International in Laos
- The MoFA Luxembourg, the donor.

The results of the evaluation may also be shared with other partners and other donors or NGOs upon request.

## Methodology

The mid-term evaluation will assess to what extent and what level of quality the project has achieved its intended results, by using the OECD DAC criteria and the donor's cross cutting themes to frame and guide the analysis with the key questions below.

### *Relevance*

- To what extent do the project objective and design respond to beneficiaries/participants' needs, consistent with the CARE Laos' priorities?
- To what extent are the modalities of the interventions relevant to the nature of the target audiences and the added value of the local partner(s)?

### *Coherence*

- To what extent do project stakeholders' synergies, coordination and operation fit the project achievement?
- To what extent is the program consistent with the maternal and child health and nutrition strategies of the country of intervention?
- To what extent does the program promote synergy with other programs run by CARE Laos?

To what extent has the program worked in coordination and complementarity with other actors in the field of health, economic empowerment and partnerships strengthening in the selected sites? *Effectiveness*

- To what extent did the project achieve its overall objective and how? Did the output lead to the intended outcome?
- What factors were crucial to the achievement and failure to achieve the project objectives?
- What were the major barriers in improving the impact and effectiveness of project activities?
- To what extent and how does the programme contribute to the cross-cutting priorities of Luxembourg's cooperation (gender, environment, good governance)?
- How does the programme contribute to improving the living conditions of the target women/families and of children in particular?

### *Efficiency*

- How well were the financial resources, expertise, time and other inputs efficiently used to achieve the result chains (output, outcome and impact)?
  - Have the resources used for the components relating to health, nutrition, women empowerment and partnerships been converted into results in an efficient manner?

### *Impact*

- Were there any significant changes in the lives of the intended beneficiaries as a result of the project intervention?

- Did the project intervention change in norms or system and how?
- Were there any unexpected, negative effects on the communities, as a consequence of the activities implemented?

*Sustainability*

- To what extent are the benefits of the project likely to be sustained after the completion of this project?
- What were the key factors/areas requiring additional support/attention in order to improve prospects of sustainability of the project outcomes and potential for replication of this approach?
- To what extent has the project been able to hand over the follow-up of key activities to the government's counterparts and target communities?
- What are the recommendations for similar support in the future?

*Safeguarding:*

- *As per donor's requirement, to what extent the project's beneficiaries are protected from sexual harassment exploitation and abuse according to CARE Safeguarding implementation in the project locations: complain mechanisms, sensitization sessions to volunteers, beneficiaries and related persons, response mechanism if an incident is reported ?*

*Gender:*

- To what extent, using CARE's Gender Equality Framework and Gender Marker criteria, the project is gender transformative or could be adjusted to become more transformative?
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*Crosscutting donor's priorities:*

- *To which extent the project contributes to or takes into account the donor's cross-cutting priorities: environment, good governance, capacity building and participatory approach*

Mid Term Review covers the period from 01.01.2024 to 31.12.2025

The consultant(s) will be expected to measure these following indicators.

<b>Project Goal</b>	<b>To reduce maternal and child mortality and improve health outcomes for women, adolescents, and children in the first 1,000 days of the life of a child in Phongsaly and Sekong Provinces.</b>
<b>(Outcome) Specific objective 1</b>	Improve access to good quality health services for mothers and children
<b>Outcome Indicator #1.1</b>	% of pregnant women receiving 4 ANC
<b>Outcome Indicator #1.2</b>	% of births attended by skilled health personnel
<b>(Output 1) Expected Result 1.1:</b>	Improve access, use and quality of RMNCAH services
<b>Output Indicator #1.1.1</b>	% increase of births with a skilled attendant in target communities
<b>Output Indicator #1.1.2</b>	% increase of adolescents confirmed that they adopt family planning
<b>Output Indicator #1.1.3</b>	# adolescents that access ASRH services
<b>Output Indicator #1.1.4</b>	% adolescents that accessed SRH information
<b>Output Indicator #1.1.5</b>	% decrease of adolescent birth rate (10-19 yrs old)

Output Indicator #1.1.6	# of health centers increased infrastructures and equipment
Output Indicator #1.1.7	# of health facilities using Healthy Mother App for recording their services
Output Indicator #1.1.8	# health staff trained in GBV response Health SOP
Output Indicator #1.1.9	# & % women and girls that access GBV services
(Outcome) Specific objective 2	<b>Improve food security/nutrition of women of reproductive age, men children and other vulnerable groups in the targeted communities</b>
Outcome Indicator #2.1	% of stunting among girls and boys under the age of five
Outcome Indicator #2.2	% of mothers and meeting minimum dietary diversity scores
(Output 2) Expected Result 2:	Improve food and nutrition behaviours and food security
Output Indicator #2.1.1	% of infants born who are exclusively breast fed
Output Indicator #2.1.2	% increase in women of reproductive age with meeting minimum dietary diversity
Output Indicator #2.1.3	# men and boys engaged in gender equitable advocacy on nutrition & RMNCH
(Outcome) Specific objective 3	<b>Strengthen the economic/financial independence of women and young boys/girls</b>
Outcome Indicator #3.1	% increase in women's access and control over resources
Outcome Indicator #3.2	% increase perception of women decision making within the household
(Output 3) Expected Result 3:	Improve women's economic empowerment and socio-economic development
Output Indicator #3.1.1	# of VSLA groups formed and facilitated
Output Indicator #3.1.2	% increase of women have better access and control of resources
Output Indicator #3.1.3	% increase in women as effective decision makers and leaders at household and community level
Output Indicator #3.1.4	# and % of women and girls who access GBV response services
(Outcome) Specific objective 4	Develop strong partnerships with local stakeholders such as Govt authorities, village authorities and locally led CSOs
Outcome Indicator #4.1	% increase of community members and local health care workers are satisfied with government health and nutrition services.
(Output 4) Expected Result 4:	Improve engagement with local stakeholders in RMNCANH
Output Indicator #4.1.1	# of district and village meetings for RMNCH planning and exchanges on barriers to health service delivery
Output Indicator #4.1.2	# of stakeholders engaged for improved technical health programming & advocacy, LGBTQIA+ & PWD inclusion, and improved coordination & governance

### Additional Indicators to be assessed

#### Health

- % increase of families confirmed that they adopt family planning
- % of infants born with low birth weight (<2.5kg)
- % Underweight children under 5
- % Wasting children under 5
  - % of infants age 0-6 months
  - % of children age 6-59 months
- % Children with early initiation of breast feeding (within 1 hour of birth)
- % children who seek care for diarrhea (Children under 5 who seek care within the last 2 weeks)
- % of female and male age < 18 yrs of age use modern contraception
- # of health facilities with Adolescent Friendly Services
- # of adolescent birth rate (among women aged 10–14, 15–17 and 18–19) Proportion of births to women with unplanned pregnancy

- # of female <18 years of age dropped out of school due to pregnancy
- # of female < 18 years of age returned back to school after giving birth
- # of female of age vaccinated with HPV vaccine
- % of women with disabilities in community with improved access to health services

### **Women's Economic Empowerment**

- # and % of women who have increased capability to participate equitably in economic activities.
- % of women and girls who report confidence in their own negotiation and communication skills
- # and % of women and girls who have actively participated in decision-making in (a) the household and/or (b) their workplace/community

### **Gender-Based Violence (GBV)**

- Percentage of women and men age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances
  - (1) she goes out without telling him,
  - (2) she neglects the children,
  - (3) she argues with him,
  - (4) she refuses sex with him,
  - (5) she burns the food
- # of women and girls who report concerns about experiencing GBV
- # and % of government staff trained on responding to a GBV disclosure and providing appropriate referrals
- # of health sites with a standard referral pathway for GBV survivors

### **CI Vision 30 indicator: ENDING GENDER-BASED VIOLENCE**

- **2.** % of people of all genders who reject gender-based violence.
- **New 3.** % of women and girls who feel safe from GBV risks when accessing project services or support
- **13.** % of people supported through/by CARE who report gender equitable attitudes towards social norms (GEM scale)

### **Safeguarding**

- % of women and men age 18-24 years who were first married or in union
  - Women
    - (a). before age 15
    - (b). before age 18
  - Men
    - (a). before age 15
    - (b). before age 18
- % of womenb and men age 15-19 years who are married or in union
- % of boys and girls age 15-19 migrated domestically
- % of boys and girls age 15-19 migrated outside Laos
- % of children registered with civil authorities ( e.g. birth certificates)
- # of social nets, care and support pathways that exist for adults and children at risk or child protection networks (e.g. social welfare, asylum)

Percentage of women and men age 15-49 years who state that a father or mother is justified in hitting or beating their child

## Target group of the Mid Term Review

Target of participants that will be involved in the Mid Term Review are

1. Women, pregnant and lactating women
2. Children under 5 years
3. Adolescents' boys and girls
4. Persons Living with Disabilities, particularly women and girls
5. Members of Village Savings and Loans Associations (VSLA)
6. Skilled birth attendants
7. Community leaders
8. Health Care Staff at the health facilities (health center and district hospital) and Village health volunteers
9. Representative of government partners from Provincial Health Office, Provincial Lao Women Union, District Health Office and District Lao Women Union Offices.

## Scope of the Mid Term Review

The Mid Term Review will not cover all 90 target villages, 30 community health facilities and 12 schools, but the sample size should be acceptable and reliable and included target group of midterm review.

The consultant's tasks are allocated into 3 phases as follows:

### **Phase One:**

- Review all documents related to this project, including the logframe, and CARE's related strategy documents: CARE Vision 2030, Marginalized Women and Girls- Long-term Program Strategy, Gender Equality and Women's Voice Strategy, Gender analyses Annual narrative and financial reports. Other related documents.

### **Phase Two:**

- Review and adjust study design (from baseline study) and develop sampling methodology.
- Present inception report along with data collection tools and organize face to face meeting with CARE Laos team in Vientiane Capital for planning and preparation before conducting the data collection training. All tools should be ready in both Lao and English for CARE review before this meeting.
- Provide data collection tool training to enumerators and pilot the tool. Piloting the tool is a must.
- Lead the data collection process in the field with multiple target groups along with the enumerators to ensure the data is collected effectively. It is strongly recommended that the lead evaluation consultants travel on the field trip with the data collection team.

### **Phase Three:**

- Lead the cleaning and validation of quantitative and qualitative data, and data analysis.
- Present the evaluation result through a data validation workshop.
- Prepare draft report and take feedback for finalization of the report and presentation of key findings. Please expect multiple rounds of feedback for the draft report.
- Provide a one-page summary of the report after the final version is submitted.

## Approach and Methodology

The Mid Term Review will use a mixed-method approach and participatory based process.

1. A mix of quantitative and qualitative instruments and methods will be used
2. A participatory approach should be adopted to capture the perspectives of key stakeholders and project participants/beneficiaries
3. The methodology will be gender, safeguarding and target group (ethnicity) sensitive
4. The sampling must be purposeful and represent local diversity (i.e. distance to roads, ethnicity, active and inactive villages, etc.). The sample sizes should not be less than 20% of the total target populations (villages, schools, healthcare centers) and covers all the target groups listed above.
5. Field visits to meet beneficiaries; villagers, district and provincial stakeholders; relevant government staff
6. Present findings to relevant partners/stakeholders/CARE Staff

Furthermore, the following documents will be considered for review:

1. Revision of project documents, including proposal and Logframe
2. Baseline report, interim report and annual report; Y1 and Y2 financial reports.
3. Gender Analysis report, project gender marker, CARE Lao Feedback and Accountability Mechanism guideline,
4. CARE Vision 2030 (Core Global and supplemental indicators for measuring change)
5. CARE Laos' program strategies (e.g. Gender Strategy, Women's Health program approach)
6. Framework Agreement, CARE International Safeguarding policy,

## Roles and Responsibilities

### Team Member and Roles

Phase	Responsible Person	Primary Tasks
Planning	MILKA advisor, Health team and Phongsaly and Sekong Provincial Manager	Lead in facilitation evaluation process and managing the external midterm review consultant by collaborating with CARE Luxembourg, CSO Partners and government partners.
	External Consultant	<ul style="list-style-type: none"><li>- Lead in designing the necessary methodology and tool for conducting the final evaluation by collaborating with CARE Laos' program team and CARE Luxembourg.</li><li>- Lead in providing the training to the data collection team on methodology and tools to be used in the final evaluation.</li><li>- Ensure the appropriate team composition by collaborating with CARE team regarding ethnic group.</li><li>- Lead in writing the inception report.</li></ul>
Data Collection	MILKA Advisor, Sekong and Phongsaly Provincial Manager	<ul style="list-style-type: none"><li>- Lead in facilitating the logistic and making an appointment with the selected target groups mentioned above.</li><li>- Provide relevant information and data as requested.</li></ul>
	External Consultant	<ul style="list-style-type: none"><li>- Lead in collecting the data following the data collection plan.</li></ul>

		<ul style="list-style-type: none"> <li>- Lead in cleaning the data and data processing/translation if required.</li> </ul>
Data Analysis	External Consultant	<ul style="list-style-type: none"> <li>- Lead in analysing the day following the objective and requirement from the final evaluation ToR.</li> <li>- Cross check all data to ensure that collected data meets the needs of the final evaluation objectives and requirements.</li> </ul>
Reporting	External Consultant	<ul style="list-style-type: none"> <li>- Debriefing for the community representative and government partners at the district level.</li> <li>- Debriefing for the program team from CARE Laos, CARE Lux and relevant Partners.</li> </ul>

## Deliverables

Below are summaries of key deliverables:

Deliverable	Description	By when
Inception report	Including the methodology, sampling, tools and the guiding principles of the MTR and data analysis plan.	Week 2, Mar 2026
Draft MTR report (max 35 pages, annexes excluded)	Please find report outline here:   Report structure.docx	Week 1, May 2026
Indicator summary table	Update the indicator in logframe	Week 1, May 2026
PowerPoint presentation (debriefing)	Includes the methodology, sampling, tools, key findings, imitations, and recommendations from the mid-term evaluation	Week 1, May 2026
Cleaned qualitative and quantitative data sets.	The consultant should deliver, at minimum, all files including quantitative data sets (raw and refined products), transcripts of qualitative data, and others in an easy-to-read format and maintain naming conventions and labeling for the use of the project/program/initiative and key stakeholders.	Week 1, May 2026
Completion of the approved final report	Following the feedback on the draft report – submit the final version along with one page evaluation summary and materials to CARE	Week 4, May 2026

## Time frame

The following table shows the anticipated work schedule:

Item	Specific Task	Days	Tentative dates
1	1-2 hour kickoff meeting with CARE Laos and CARE Lux Project literature review	2	Week 1-2, Mar 2026
	Inception report: Design methodology, research tools and plan data collection.	2	
	Training on data collection and prepare the document	1	

		<b>Sub-total</b>	<b>5</b>	
<b>2</b>	Field activities	Travel to Sekong and Phongsaly Province	-	Week 3-4 Mar to Week 1-2 Apr 2026
		Interview key project and program staffs / relevant stakeholders at the field level (Phongsaly & Sekong at same period) (2 days per provinces in the same period)	4	
		Field data collection in villages (FGD, Household survey, Anthropometry, etc...) (8 day for each province)	16	
		Travel to Vientiane.	-	
		<b>Sub-total</b>	<b>20</b>	
<b>3</b>	Report writing	Prepare the draft Report (1 <sup>st</sup> draft) <b>(The reports will be 3 reports: 1 for the whole project and 2 separated reports for Phongsaly and Sekong).</b>	5	Week 1-5 May 2026
		Finalize first draft of report (2 <sup>nd</sup> draft) Two weeks for back-and-forth comment and feedback	1	
		Present the key findings to CARE Senior Program Team and CARE Lux and relevant partners in Vientiane Office for feedback	1	
		Finalize report (taking into account comments from CARE) and submit the finalized report to CARE.	1	
		<b>Sub-total</b>	<b>8</b>	
		<b>Grant Total</b>	<b>33</b>	

## Selection Criteria

1	Experience	<ul style="list-style-type: none"> <li>▪ At least 5 years' experiences in the fields of Reproductive, Maternal, Newborn and Child Health (RMNCH), nutrition, gender, women's economic empowerment programming in Lao PDR or south east Asia</li> <li>▪ Demonstrated strong social research and reporting skills, including experience conducting quantitative and qualitative research.</li> <li>▪ Demonstrated successful experience in conducting project end of evaluations especially development projects.</li> <li>▪ Demonstrated good understanding of gender issues, women's empowerment in Laos</li> <li>▪ Relevant technical experience (e.g. agricultural and food security, gender mainstreaming, ethnicity, Social Behavioral Change and Communication, rural livelihoods, institutional development, etc.) is preferred.</li> </ul>
2	Qualification	<ul style="list-style-type: none"> <li>▪ Relevant post graduate qualifications.</li> </ul>
3	Technical skills	<ul style="list-style-type: none"> <li>▪ Research, survey (e.g. PRA/PLA), stakeholder interviews (ranging from field level to national level stakeholders), report writing, presentation.</li> <li>▪ Ability to work autonomously and demonstrate skills in leading final evaluation projects.</li> </ul>
4	Language	<ul style="list-style-type: none"> <li>▪ Excellent command of English (writing and speaking).</li> </ul>

5      References	<ul style="list-style-type: none"> <li>▪      Experience in Lao PDR and having Lao team members are desirable.</li> <li>▪      A minimum of two referee contacts who have managed the proposed consultant previously.</li> </ul>
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As a matter of course, all consultants are subject to the following policies:

- CARE Lao Child Protection Policy.
- Terrorist Check Safety and Security Management Plan.
- CARE Code of Conduct.

## How to apply

If you are interested in this role, please submit your (1) CV, (2) cover letter, (3) two references, (4) proposed mid-term evaluation study plan, and (5) cost quotation (daily rate) to: [Lao.contracts@care.org](mailto:Lao.contracts@care.org) by **25<sup>th</sup> January 2026**, please include the text: **“Application for 1000 days Mid Term Review”** in the subject of your email.

Note that the cost quotation should include the consultant's daily rate as well as any materials and travel costs required for the consultant to complete the evaluation outlined above.

For specific technical and more information, please contact [Nouandam.kommana@care.org](mailto:Nouandam.kommana@care.org)