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**TERMS OF REFERENCE (TOR) FOR END-LINE EVALUATION**

**PROJECT OF PARENTING, NUTRITION, AND HYGIENE EDUCATION FOR PARENTS IN TIMOR-LESTE**

1. **About Plan International**

We strive to advance children’s rights and equality for girls all over the world. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children’s rights from birth until they reach adulthood and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

1. **Project Background**

Malnutrition, particularly stunting, remains a critical public health issue in Timor-Leste. According to the 2020 Food and Nutrition Survey, 47.1% of children under five experience stunting—far exceeding the WHO’s “very high” threshold of ≥30%. Stunting is more prevalent among boys (52.0%) than girls (46.6%) and disproportionately affects rural areas (52.5% vs. 39.8% in urban areas). The highest rates are found in Ermera (63.4%), Ainaro (60.3%), Oe-Cusse (57.1%), and Aileu (53.9%).

These alarming figures reflect deep-rooted cultural norms, inadequate maternal education, gender disparities, poor dietary diversity, and limited access to essential health services. The first 1,000 days of life (from pregnancy to a child’s second birthday) are crucial for cognitive development, school performance, and lifelong productivity. Addressing stunting is vital not only for child well-being but also for Timor-Leste’s long-term economic growth

**Project Overview and Key Intervention**

To combat these challenges, Plan International Timor-Leste, with DFAT-ANCP funding, launched the Parenting and Nutrition Project. The project is implemented in Ainaro and Aileu, two districts with some of the highest stunting rates in the country.

Phase 1 (2019-2022) covered 9 villages in Aileu and 9 in Ainaro, reaching 550 parents (275 women, 275 men) through parenting education sessions.

Phase 2 (2022-2025) is expanding to 2 villages in Aileu and 6 in Ainaro, with 12 parenting groups (244 parents) and 5 father groups (81 fathers). The project promotes parenting education, gender awareness, nutrition, and advocacy at national and district levels.

**Evaluation Findings and Impact**

In June 2022, PITL conducted an evaluation comparing intervention and non-intervention villages, surveying 460 respondents. Key findings include:

* Higher Parenting & Nutrition Knowledge: 24.6% in intervention areas vs. 15.4% in non-intervention areas had high knowledge.
* Increased Child Stimulation Activities: 76.9% in intervention areas vs. 56.3% in non-intervention areas engaged in at least four learning activities.
* Better Child Nutrition Practices: 23.9% in intervention areas vs. 10.5% in non-intervention areas provided a minimum acceptable diet.
* Improved Handwashing Practices: 45% in intervention areas vs. 29.9% in non-intervention areas practiced correct handwashing.
* Greater Gender Equality in Parenting & Household Decision-Making: 28.4% in intervention areas vs. 18.6% in non-intervention areas.

Despite progress, disciplinary methods remain a challenge, with some parents still using violence to manage children’s behavior. Additionally, low protein consumption persists, influenced by economic constraints and cultural norms that limit meat consumption to special ceremonies.

**Strategic Partnerships and Curriculum Enhancement**

In collaboration with World Vision Timor-Leste, ChildFund Timor-Leste, the Ministry of Health (MoH), the Ministry of Education (MoE), and other stakeholders, Plan International Timor-Leste has revised and simplified the parenting education curriculum. The new flipbook format (14 sessions) replaces the previous 20-session model, making the content more accessible for community facilitators, including pre-school teachers, health workers, and mother support groups.

**Final Evaluation and Future Planning**

As the project nears completion in 2025, an endline evaluation will assess its impact, challenges, best practices, and lessons learned. These insights will guide future programming and advocacy efforts, ensuring sustainable improvements in parenting practices, child nutrition, and gender equality in Timor-Leste.

**Overall, of the project:**

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| **Project Name** | Parenting, nutrition, Hygiene Education for Parents in Timor-Leste, Phase II |
| **Project overall objective & outcome** | Girls and boys aged 0-5 years old in all their diversity receive care, support, and services they need to survive, thrive and learn, free from discriminatory gender norms and expectations. Situated in municipalities effected by highest rates of malnutrition: Aileu and Ainaro municipalities and Oecusse.  **Outcome 1:** Mothers, fathers and other caregivers have improved knowledge, attitudes and practices, including adopting and implementing key family practices essential for survival, nutrition and holistic child development of girls and boys.  **Outcome 2:** Women and men have respectful and gender equal attitudes and practices around roles and responsibilities in childrearing, domestic work and household decision-making, include how to care for children with special needs.  **Outcome 3:** Community leaders, PWD, LGBTIQ+ community, volunteers and networks improve knowledge and attitude for GEDSI- ECD including first 1000 days of life.  **Outcome 4:** Government, policy makers and authorities include GEDSI in nutrition, ECD policy, program and budget. |
| **Project Output and Indicator** | **Output 1.1:** Parenting groups meet regularly, promote and practice gender-equal practices for nutrition, health, hygiene, and holistic ECD, including targeted support for teenage parents.  **Output 1.2:** Capacity building for 20 project co-facilitators, 8 Mother support groups (MSG of 200 mothers), 20 Health Workers, 8 Parent-Teacher Associations (PTAs with 40 members) and 91 Pre-school teachers including awareness raising to parents across three municipalities using positive parenting module and flipbook to ensure sustainability at municipal and community level.  **Output 1.3:** Facilitated viewing and discussion of TV Show at Village level reaching 5000 beneficiaries.  **Output 2.1:** 100 Women and 100 men are supported to discuss intra-household relationships (co-parenting, women’s autonomous decision-making and participation and equal distribution of household chores and childcare).  **Output 2.2:** Fathers/male caregivers receive positive parenting training and actively engage in discussions. 4 father groups (80 males), quarterly meetings engaging 100 men, 8 villages.  **Output 3.1:** Community leaders, PWD, LGBTIQ+ increase community awareness on GEDSI- ECD, including first 1000 days of life (4 key events: International Women’s Day, Family Days, International Children’s Day and International Day of Play). (1000 community members).  **Output 3.2:** Quarterly awareness raising with mothers and community leaders on the importance of prevention malnutrition through breastfeeding campaign (3 meetings in 8 villages) (200 females).  **Output 4.1:** Government and non-government actors increase action, coordination and collaboration to promote parenting nutrition and ECD at community, sub-district, district and national level.  **Output 4.2:** National distribution of TV series on TV, social media and community level.  **Output 4.3:** Ministry of Education and Ministry of Health adapt and use the PPN curriculum and IEC materials to ensure sustainability at national level. |
| **Location** | 8 villages of Aileu and Ainaro Municipalities, Bobonaro and RAEOA |
| **Project Period** | 1st of July 2022-30th June 2025 |
| **Targets Groups & Program Participants** | * Parents (women and men including young mother and father). * Girls and Boys (0-5 years old) * Community leaders, Faith leaders, community volunteers * People with Disabilities (PWD) * LGBTQI+ Community |
| **Key stakeholder groups** | * **Government & Policy Actors:** Presidential Staff, Ministry of Education (MoE), Ministry of Health (MoH), Municipal Secretariats * **Health & Education Professionals:** Preschool teachers, health workers, nutrition officers, National Health Promotion staff * **Community & Civil Society Organizations:** Mother Support Groups, Faith Leaders, Suco Leaders (Chefe Sucos), World Vision Timor-Leste, ChildFund Timor-Leste, Community volunteers * **Stunting Taskforce:** Unidade de Missão para Combate ao Stunting (UNMICS) |
| Implementing partner | - |

**3. Scope and objective of Endline Evaluation**

The Endline evaluation will assess the implementation and impact of the Parenting, Nutrition, and Hygiene Education for Parents in Timor-Leste (Phase II) over the past three years. The evaluation will analyze project activities, outputs, and outcomes as outlined in the log frame and Monitoring, Evaluation, Research, and Learning (MERL) indicators while referencing data from the baseline survey conducted at the project's inception.

The evaluation will apply established evaluation criteria (effectiveness, efficiency, sustainability, relevance, child rights, gender, and inclusion) and address key questions outlined in Section 5. Data collection will be conducted in Aileu and Ainaro municipalities, ensuring an appropriate sampling method suited to the project context.

A consultant will be responsible for: Preparing the inception report and developing data collection tools, Collecting and analyzing data, Writing the evaluation report and revising it based on the feedback, setting annual and cumulative targets for project indicators based on baseline data and the project plan and summarizing key findings for stakeholder dissemination at national and local levels

**3.1. Objective of End-Line Evaluation**

The specific objectives of the evaluation are to:

1. Assess the outcomes of the project, focusing on the knowledge, attitudes, and practices (KAP) of mothers, fathers, and other caregivers in improving key family practices essential for the survival, nutrition, hygiene, and early childhood development (ECD), and gender equal caregiving of young girls and boys in Aileu and Ainaro municipalities in Timor-Leste.
2. Assess how well the project delivered expected outcomes, ensuring alignment with principles of child rights, gender equality, and inclusion.
3. Identify successful strategies, challenges, constraints, and opportunities for future program improvements.
4. Offer recommendations for scaling up and enhancing future project phases.

**3.2. Purpose of the Endline Evaluation**

The evaluation will generate evidence-based insights on the effectiveness, efficiency, sustainability, and relevance of the project. It will serve multiple purposes:

* Accountability: Ensuring transparency and reporting to Australian NGO Cooperation Program (ANCP) as the donor and project beneficiaries.
* Learning & Adaptation: Providing key lessons for stakeholders to enhance program flexibility, responsiveness, and sustainability in Aileu and Ainaro municipalities.
* Program Sustainability: Assessing whether the project’s interventions, partnerships, and community engagement strategies will have a lasting impact beyond the project lifecycle.

**3.3. Evaluation Criteria**

The end line Evaluation should address the following questions from Plan’s global Evaluation Policy:

* How consistent is the Project with key aspects of Plan’s Learn, Lead, Decide and Thrive (LLDT) approach?
* How consistent is the Project with the local Plan strategy (CS/regional strategy)
* How well has the internal monitoring system contributed to the evaluation and to ongoing Project implementation?
* How appropriate was the original project/Project design for achieving the results that were originally expected?
* Approximately how many people has the project/Project reached?

 Set the scope of the evaluation by outlining the key criteria to be assessed it include assessments of:

1. Effectiveness and Efficiency
2. Relevance
3. Impact
4. Sustainability
5. Equality and Non-Discrimination
6. Child rights, gender and inclusion
   1. **Evaluation Questions**

In addition, the evaluation should focus on the following aspects:

**Efficiency:**

1. How efficiently has the Program been implemented and managed?

**Effectiveness:**

1. How effectiveness has the project been implemented and managed?
2. How effective was the project in achieving its intended objective and impact?
3. How effective was the project benefit diverse target group, including youth, women, and people with disabilities?
4. How effective were the monitoring and evaluation (M&E) systems in tracking progress and supporting project adjustments?

**Relevance:**

1. To what extent were the planned program results relevant to the local context and needs?
2. To what extent did the project effectively address local needs and priorities?
3. Did the project successfully promote gender-equal caregiving, household decision-making, and co-parenting?
4. How engaged were community leaders, faith-based groups, and traditional leaders in promoting gender-sensitive ECD and child development interventions?
5. Did government policymakers adopt gender-sensitive parenting and nutrition policies as a result of the project’s advocacy efforts?

**Impact:**

1. How effective has the program been in achieving its intended results?
2. What progress has been made towards achievement intended project outcomes?
3. Have any unanticipated outcomes, either positive or negative emerged from the project?
4. What real, measurable changes have been observed among participating families and communities?
5. Are mechanism and M&E tools in place to track the project’s achievements in both the short and long term, ensuring that expected outcomes and impact can be measured by the project’s end?

**Sustainability:**

1. How sustainable and enduring are the outcomes of the program likely to be?
2. If there have been changes in practice among young women, young men, young people, women and men and people with disability, how sustainable are they likely to be?
3. To what extent are the behavioral changes adopted by parents, caregivers, and community members sustainable over time?
4. Has there been measurable skills growth or capacity-building among key groups (e.g. young people, women, men, and people with disabilities?
5. What key factors have influenced sustainability, and what challenges have posed risk to it?
6. Would these change have occurred without the project? Were there other contributing factors (e.g., government program, other NGDOs)?
7. What key lesson have been learned, and what recommendations can improve the sustainability of similar projects in the future?

**Equality and Non-Discrimination:**

1. How has the program promoted equality and non-discrimination?
2. Who benefited most from the project? Were any groups left out?
3. How did the project ensure the inclusion of marginalized groups, particularly young parents, PWD, LGBTQIA+ individuals, and vulnerable women?
4. What barriers to inclusion were identified, and how can they be addressed?
5. How has the project supported the empowerment of women and girls, particularly in accessing resources and decision-making spaces?
6. What key lesson and recommendations can enhance the inclusiveness of future projects?

**Child rights, gender and inclusion**

Plan International prioritizes child rights, gender equality, and inclusion across all its programs and evaluations. This evaluation will specifically assess how the Parenting, Nutrition, and Hygiene Education for Parents in Timor-Leste (Phase II) project applied gender-sensitive and inclusive approaches while striving to improve the rights of children and young people.

The evaluation will explore the extent to which the project:

* Integrated child rights and gender-sensitive principles in its design and implementation.
* Addressed the unique needs of marginalized groups, including women, youth, people with disabilities (PWD), and excluded communities.
* Promoted equal caregiving responsibilities among mothers, fathers, and caregivers.
* Ensured non-discriminatory participation and benefits for all stakeholders.

In alignment with Plan International’s Global Evaluation Policy, child rights, gender, and inclusion considerations will be mainstreamed into all evaluation questions (see Section 3.4). This will allow for a holistic assessment of how effectively the project contributed to equitable outcomes for all beneficiaries.

1. **Users of the Endline Evaluation**

The findings from this evaluation will serve multiple stakeholders, ensuring accountability, learning, and informed decision-making. The primary users include:

* Plan International Staff and Offices: To guide future programming, policy advocacy, and resource allocation.
* Project Beneficiaries: To understand the impact of interventions and contribute to recommendations for improvement.
* Donors (Australian NGO Cooperation Program - ANCP): To assess project effectiveness, efficiency, and impact in achieving intended objectives.
* Government and Policy Makers: To integrate evidence-based insights into relevant policies and national strategies.
* Civil Society Organizations (CSOs) and Community-Based Organizations (CBOs): To enhance collaborative efforts in nutrition, hygiene, and early childhood development.
* Wider Audiences and Researchers: To contribute to the broader knowledge base on gender-sensitive parenting, nutrition, and child development initiatives.

1. **Methods for Data Collection and Analysis**

This end-line Evaluation will apply a combined qualitative and quantitative approach through secondary and primary data collection. The methodology will be developed by the consultant, in consultation with the Plan project team, based on the objectives and questions that have been suggested and align with the project proposal (consider the situation analysis, impact, outcomes, and output) and log-frame.

It is expected that the consultant will develop a detailed methodology for data collection, data management, and analysis in their proposal. This methodology should be in direct response to the Evaluation questions.

The consultant is expected to draft and present the methodologies and appropriate tools for the intended evaluation and consider the following guidance notes:

* Defines the data collection approach, tools, and analysis techniques.
* Provides clear guidelines for data collection processes.
* Ensures both qualitative and quantitative data are captured and appropriately analyzed including relevant case study.
* Uses the Washington Group Questions to assess disability inclusion.
* Details sampling techniques and statistical analysis tools.
* Maintains gender balance and considers marginalized groups in participant selection.
* When deciding on the composition of participants, special attention will be paid to the principles of inclusion and non-discrimination. Gender balance and the involvement of excluded and marginalized groups from communities in which the plan works must be ensured where possible.

The methodology should ensure that all evaluation questions integrate **child rights, gender, and inclusion perspectives** (as outlined in Section 3.4.6).

* 1. **Sample**

The sample size of the endline study will be determined through discussions between Plan International and the consultant, with sampling methodologies that ensure the inclusivity and representativeness of all target groups including youth, women, people with disabilities, community radios, relevant CSOs, government and political parties. The consultant will consider using a random sample based on sample size from baseline study in selecting specific municipalities. Plan International will conduct thorough discussions with the consultant to finalize the sample size and the municipalities to be included.

**Additional considerations:**

It will include gender-disaggregated data (respondents will self-identify), which will be further disaggregated by project-relevant intersecting identity factors such as gender identity, age group, socioeconomic status, disability status, sexual orientation, religion, ethnicity, or other relevant social categories. To ensure anonymity and confidentiality, all personal data will be de-identified and securely stored, with strict adherence to data protection protocols. This approach guarantees that participants’ privacy is maintained, while still allowing for a nuanced understanding of how different identities intersect to influence the experiences and outcomes within the project.

1. **Ethics and Child Protection**

Plan International is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected by the Ethical Monitoring, Evaluation, Research, and Learning Framework and our Child and Youth Safeguarding Policy. All applicants should include details in their proposal on how they will ensure ethics and child protection in the data collection process and “do not harm”. Specifically, the consultant(s) shall explain how appropriate, safe, and non-discriminatory participation of all stakeholders will be ensured and how special attention will be paid to the needs of children and other vulnerable groups. The consultant(s) shall also explain how the confidentiality and anonymity of participants will be guaranteed during the process.

*Plan International is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with Ethical MERL Framework and our Child and Youth Safeguarding Policy. All applicants should include details in their proposal on how they will ensure ethics and child protection in the data collection process. Specifically, the consultant(s) shall explain how appropriate, safe, non-discriminatory participation of all stakeholders will be ensured and how special attention will be paid to the needs of children and other vulnerable groups. The consultant(s) shall also explain how confidentiality and anonymity of participants will be guaranteed.*

1. **Key Deliverables**

The expected deliverables/output that needs to be considered by the consultancy are as below:

* An inception report with detailed study methodology, sampling methodology, and target respondents, including an outline of tools and processes to be used for conducting the endline evaluation and a feasible work plan.
* Data collection and analysis.
* Submission of clean datasets for both qualitative and quantitative data from interviews.
* Draft endline report to be submitted to Plan International (no more than 40 pages), including an executive summary not exceeding 2 pages.
* A validation workshop focused on the final draft report.
* A final report (max 40 pages), including a cover sheet, executive summary, description of objective, methods, and limitations, a summary of data, findings, and conclusion plus appendices that include the TOR, data collection tools, results framework indicators with endline data and the proposed annual and cumulative target and direct and indirect beneficiary numbers.
* All materials produced by the study, including Excel datasets, hard and soft copies of the report, and other related materials in the soft form will be submitted to Plan International in line with the Data Privacy policy.
* Conduct a Dissemination of findings workshop during Project completion to the stakeholders.

1. **Timeline**

This research will carry out over 22 days starting from 28 April – 27 May 2025. Approximately around 2 months for the survey, and HR process around 3 weeks.

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| **Task** | **Days of work** | **Responsible** | **Individuals Involved** |
| Tendering / Interview Candidate | 2 | Plan | HR, Project team |
| Background Checks and Contracting;  Endline evaluation Consultant | 1 | Plan | HR & Security Focal point |
| Initial meeting:  Update from Project team and Desk review: review relevant project documents, project proposal, & relevant documents | 1 | Plan | MERL Team, Project Team |
| Preparations for Data Collection / Orientation (Develop tools And Enumerator Training) | 2 | Consultant | MERL Team, Project Team |
| Data collection in the field | 7 | Consultant | MERL Team, Project Team |
| Compile & analyses the data both in quantitative & qualitative | 5 | Consultant | MERL Team, Project Team |
| Draft evaluation report for comments and inputs | 2 | Consultant | MERL Team, Project Team |
| Final Report | 1 | Consultant | MERL Team, Project Team |
| Workshop presentation End-line evaluation report | 1 | Consultant | MERL Team, Project Team |
| Total days | **22 days (not included HR process** |  |  |

**Note:**

1. The consultant will be based in Dili and can travel to Municipality
2. Travel will be mostly by a vehicle which will be arranged by Plan TL
3. **Budget**

* **Tranche 1: 40% of the Consultant’s fee on Plan approval of Inception Report** (Methodology, desk review, drafts of questionnaires, FGD, interview formats)
* **Tranche 2: 30% of the Consultant’s fee on delivery of draft report. The draft report should reflect preliminary finding, analysis of both quantitative and qualitative data, and any identified gaps for further investigation.**
* **Tranche 3: 30% of the Consultant’s fee upon the Plan’s approval of the Final Report, including the incorporate of feedback, finalize analysis, and recommendations. All supporting documents such as raw data, tools, and other relevant materials should also be submitted along with the final report.**

1. **Expected Qualifications**

**Formal qualifications (required):**

Masters level degree (or undergraduate level coupled with appropriate practical experience) in a relevant field, such as Social and culture, Health, Nutrition, Parenting, Education, Anthropology, Sociology, ideally with an additional qualification in M&E.

**Technical competencies and experience requirements:**

* Substantial experience in evaluation using both participatory and qualitative approaches and quantitative methods
* She/he should have a minimum of 5 years’ experience working in the development context.
* At least 3 years’ experience in gender-sensitive programming
* Proven experience in the participatory monitoring and evaluation of development programs and projects, ideally also with international NGOs.
* Ability & commitment to meet deadlines and respond to requests and feedback appropriately and promptly
* Experiences in qualitative and quantitative participatory M&E methods
* Experience with participatory data analysis and data presentation
* Good understanding of gender knowledge, child protection, education, health, nutrition, parenting and community related issues in Timor-Leste. All these competencies and experiences should be reflected in consultant or consultant team's CV(s).
* Ability to write high-quality, clear, concise reports in English
* Understanding of country-level policies and context, framework, and strategy on child development.
* Flexible and able to adapt to a multicultural environment and complex situations, with demonstrable high-level interpersonal and cross-cultural skills, such as building collaborative relationships internally and externally.
* Self-driven, strong organizational and planning skills, with the ability to work independently or in a group, as well as under pressure
* Knowledge of Bahasa Indonesia or Tetum is an added advantage
* The working language is English and Tetum

1. **Management & Reporting**

The Consultant will report to the Plan International. Additionally, the MERL Manager will be involved in supporting the reviewing of evaluation tools and reports. All reports must be written in English & Tetum and provided in an electronic format (Microsoft Word for draft, PDF for final).

All tools created and data collected for this project are expected to be provided in an electronic format that allows future editing, as both the midline and endline evaluations will utilize the same tools developed during the baseline.

* Submission of an invoice for services based on timesheet. Or otherwise, would be negotiated before the contract signing.
* The payment will include 10% tax

1. **Submission of Proposals**

Interested applicants should provide a proposal covering the following aspects:

* Detailed response to the TOR
* Proposed methodology
* Proposed timelines
* CVs
* Example of previous work (baseline, mid-term review, or endline evaluation report)
* Detailed budget, including daily fee rates, expenses, etc.
* Police Certificates of Good Conduct – especially where there is primary data collection

Note: The financial proposal should specify a total lump sum and a breakdown of daily professional fees communication costs etc. Applications without a financial proposal will be regarded as incomplete.

Please send queries and applications to Plan International through email to:

* [PlanTL.Jobs@plan-international.org](mailto:PlanTL.Jobs@plan-international.org)
* [Aurelia.Soares@plan-international.org](mailto:Aurelia.Soares@plan-international.org)

 CC:

* [Lucia.Camoes@plan-international.org](mailto:Lucia.Camoes@plan-international.org)
* [Etha.Mota@plan-international.org](mailto:Etha.Mota@plan-international.org)

Interested applicants should submit their applications no later than **April 23, 2025**.