

Final Evaluation of an action medeor e.V. and Christian Social Services Commission (CSSC) Project in Tanzania:

action medeor e.V. and CSSC seeks an EVALUATOR / TEAM OF EVALUATORS for a final evaluation of its **Multi Actors Partnership for Quality Pharmaceutical Services (MAP-QPS) project in Tanzania** to improve health care for the Tanzanian population through more qualified pharmaceutical assistants and technicians and better-qualified hospital pharmacists in Tanzania.

About action medeor

action medeor is a charitable, non-governmental organization that provides low-cost medical aid to healthcare facilities in 140 countries worldwide. We offer high-quality products at low prices by buying large quantities and work in collaboration with different church and secular organizations, religious communities, private initiatives, and healthcare centers abroad. In cases of emergency, action medeor delivers medical aid to the disaster area within the first 24 hours. action medeor also handles its healthcare projects in Asia, Latin America, and Africa, supporting the establishment of healthcare services and the education and training of local personnel. Our goal is to strengthen local medical structures in developing countries by running training courses for pharmaceutical personnel and supporting local development and production in collaboration with local manufacturers.

Further information on action medeor can be found on our website: <https://medeor.de/en/>

About CSSC

The Christian Social Services Commission (CSSC) is an ecumenical umbrella organization. After its foundation in 1992, the Christian Social Services Commission was officially registered as a non-profit, religious organization in 1993 (registration number at the Tanzanian Ministry of Home Affairs S07837).

CSSC's mission is to coordinate and strengthen social services in education and health provided by over 900 faith-based health and more than 1,200 educational institutions in Tanzania through capacity building and advocacy to improve access to health and education for all Tanzanians.

CSSC's core tasks include advocacy work, institutional development, capacity building, and the cultivation of partnerships and networks. CSSC works in all regions (zones) of Tanzania at different political levels. The offices are located in Dar es Salaam (Headquarters), Morogoro (Eastern Zone), Mbeya (Southern Zone), Arusha (Northern Zone), Mwanza (Lake Zone) and Tabora (Western Zone).

In the education sector, CSSC supports 404 pre-schools, 268 primary schools, 423 secondary schools, 96 training and education institutions, and 19 universities/colleges. In the health sector, CSSC represents over 900 faith-based facilities across Tanzania, including 103 hospitals, (two referral and specialized hospitals, 10 regional referral hospitals, 37 district hospitals, and 54 district hospitals) and 102 health centers. In addition, CSSC unites 696 pharmacies and drug dispensaries nationwide in its network. Within the framework of the dialogue structure established, CSSC cooperates with pharmaceutical faculties of all five universities in Tanzania in the area of improving academic pharmaceutical teaching.

Further information on CSSC can be found on our website: <https://cssc.or.tz/>

I. Overview

Project	Multi-stakeholder partnership for improved health care through more qualified pharmaceutical assistants and technicians and better-qualified hospital pharmacists in Tanzania.
Assessment type	Final Evaluation of the project and recommendations for an ongoing next project phase.
Evaluation purpose	The purpose of the evaluation is to assess the accomplishment of the transformative progress of the MAP against the target objectives and indicators and assess implementation strengths and weaknesses. Recommendations for a third project phase are also requested.
Project locations	All regions of Tanzania-Mentioning few is; Dar es Salaam (CSSC headquarters, MUHAS, MNH, Mloganzila, PST, TAPSA) Dodoma -Pharmacy Council, MOH) Arusha (CEDHA), Kilimanjaro (KSP, KCMC) Iringa (RUCU), Mbeya (MZRH), Mwanza (CUHAS & Bugando, Mwanza COHAS) etc
Beneficiaries	Key personnel of CSSC, NACTVET, PC, MoH, CEDHA, PST, TAPSA, and MUHAS, as well as tutors and students of PTIs and pharmacists of national, zonal, regional, and specialized hospitals.
Sectors	Pharmaceutical Services
Donor	German Ministry of Economic Cooperation and Development
Implementing partner	CSSC
Project duration	May 01, 2021 – July 30, 2024 (second funding phase)
Annexes upon request	Logical Framework of the targeted project (other relevant project documentation will be provided after contracting)

II. Purpose of the evaluation

This final evaluation of the second funding phase of this Multi-Actor Partnership serves as an important participatory learning process for all stakeholders involved in the project. The purpose of the final evaluation is to provide decision-makers at CSSC, action medeor e.V. partners of the Multi-Actor-Partnership Partners, and the German Ministry of Economic Cooperation and Development with sufficient information to make an informed decision about the performance of the second funding phase, document lessons learned and provide practical recommendations for follow-up actions, similar future projects, and the ongoing third funding phase.

As a general standard, this final project evaluation shall include an assessment of the project's impact, effectiveness, relevance, efficiency, coherence, and sustainability. The progress and success of the project shall be assessed regarding its stated objectives. The final evaluation should generate practical hands-on recommendations that can be implemented by the project actors within their sphere of control as follow-up actions for this project, the ongoing third funding phase, and beyond. The evaluation will be used to gain more knowledge on the effects and impacts to inform future management, the Multi-Actor Partners, and the German Ministry of Economic Cooperation and Development (BMZ).

III. Background and Rationale

In 2017, a Multi-Actor Partnership was established between CSSC, action medeor, and other partners to improve pharmaceutical services for better health care for the Tanzanian public. The partnership was initiated with the structural approach of Multi-Actor Partnerships. The Multi-Actor approach involves bringing together different actors or stakeholders to address a specific issue that no one partner can solve alone. The partnership is known as MAP for Quality Pharmaceutical Services (MAP QPS) since 2022 and is financed by the German government (BMZ).

Further information on the Multi-Actor-Partnership approach can be found here: <https://partnerschaften2030.de/en/>

Pharmaceutical professionals are an important prerequisite for comprehensive and good health care. However, both the quantity and the quality of training at the pharmaceutical colleges are not sufficient. There is a great need for the expansion and harmonization of quality standards in pharmaceutical training. Pharmacists are reduced to administrative tasks in hospital pharmacies and cannot contribute their expertise for better treatment/dispensing of medicines to patients. For this important function in hospitals, pharmacy students need to be trained and multidisciplinary teams need to be established in hospitals. For this, the coordination of all relevant actors (including professional schools, the Ministry of Health, regulatory authorities, etc.) is crucial.

The established Multi-Actor Partnership for Quality Pharmaceutical Services (MAP-QPS) has contributed to improving pharmaceutical services in Tanzania since 2017. Multi Actors and project beneficiaries from pharmacy training, health services, and international organizations were identified for this purpose and made even more aware of their participation, to embed the goals for improving pharmacy services. In 2022, stakeholders declared their commitment to the MAP-QPS dialogue on achieving the vision of quality pharmaceutical services to all. A strategy for the MAP-QPS **2022-2026** outlines the strategies and common measures, which contribute to the achievement of the goal.

Since the second funding phase inception in 2021, the MAP-QPS dialogue has achieved to engage more than 120 stakeholders in a Round Table, facilitated the review of the national pharmacy training curriculum for NTA Level 4-6, trained more than 200 tutors on teaching methodology and student assessment, built a 102-capacity classroom, renovated laboratory and provided equipment at Mpanda College of Health and Allied Sciences, trained 104 in services pharmacists and 20 master trainers on Clinical Pharmacy Services which contributed greatly to the sustainable development of pharmaceutical sector in the country.

IV. Scope of Work

The implementation of the project's goals / sub-goals shall be analyzed and assessed. Lessons learned from the project implementation shall be derived to inform and improve the development of future programming, management, and partnership structure and strategy. Regarding any major issues and problems affecting the progress of the partnership, recommendations shall be made and action points identified. Necessary feasible recommendations shall be provided and addressed to different recipients.

1. Assessment – DeGEval Standards and OECD/DAC evaluation criteria

The evaluation shall be conducted in line with the DeGEval Evaluation Standards: Utility, Feasibility, Propriety, and Accuracy. The evaluation shall include a performance assessment based on the latest OECD/DAC criteria and provide feasible lessons learned for future programming.

Additionally, the evaluation results according to every OECD/DAC Criterion should be assessed and rated in a comprehensible and traceable manner according to a provided rating scale (OECD/DAC rating scale). Evaluation questions will be developed to assess the following OECD/DAC criteria/areas (note: this list shall be finalized/prioritized after awarding the contract with CSSC and action medeor).

1. Relevance:

- Do we follow the right approach/are we doing the right things?
- To what extent does the Multi-Actor approach with its objectives and design respond to the beneficiaries', and partner/institution's needs, policies, and priorities?
- To what extent will the approach remain relevant (or has remained relevant), if circumstances change (have changed)?
- What can be or has been adapted for the approach to remain relevant, if the context changes/ when the context changes?
- What can be stated about the design of the Partnership? To what extent is the Partnership designed in a sufficiently precise, plausible & realistic way?

2. Coherence:

- To what extent is the Partnership compatible with other projects/programs in the country, sector, or institution(s) to make the Partnership sustainable?
- To what extent do other projects and/or policies from the involved partners (especially the Round Table members) support or undermine the approach, and vice versa?
- What can be stated about the internal coherence (synergies/links with other projects by action medeor and CSSC) and consistency with norms/standards followed by the same actors?
- To what extent does the linkage with the current action medeor and CSSC strategy support or undermine the partnership?

3. Effectiveness:

- Do we implement the approach effectively?
- To what extent has the partnership generated positive changes / what are the key changes experienced so far?
- To what extent have the project log frame goals/targets been achieved (indicator assessment)?
- Are there any differences between the target groups affected by or related to certain objectives?
- To what extent have the activities been achieved? What kind of deviations do we have according to the project application?
- What are the major factors influencing the achievement or non-achievement of the activities?
- What can be stated about the partnership cooperation between action medeor e.V. and CSSC in terms of the effectiveness of the collaboration?
- How effective is the management structure of action medeor and CSSC to support this Multi-Actor Partnership?
- How effective have the Multi-Actor Partnership management, monitoring, and learning systems been? How have they helped or hindered the delivery of lasting change?
- What can be stated about the monitoring system for the project by action medeor e.V. and CSSC about achieving project goals and outcomes according to the application?
- In this regard:
 - What can be stated about the quality of the identified indicators in the log frame underlying the project?
 - Have the indicators been suitable to assess the effectiveness of the project to follow and assess the course of the project? How well did they work for project monitoring?
 - Which changes on the policy level can be identified through the advocacy activities?
 - How did the project contribute to networking amongst all the Multi-Actor partners and with other external partners?
- To what extent has the high-level management of the involved Round Table Members an understanding of the partnership approach? How can the third funding phase extend that knowledge for more contributions to make the Partnership sustainable?

4. Efficiency:

- Were inputs and activities used and realized cost-effectively?
- Have objectives been achieved in an economic and timely way/ time? In this regard: What is the ratio between the (monetary) input for advocacy activities and the final output/outcome?
- Has the project been implemented most efficiently compared to possible alternatives?
- What can be stated about the efficient use of resources (comparison: resources – results) What can be stated about the partnership cooperation between action medeor and CSSC in terms of the efficiency of the collaboration?

- How efficient is the management structure of action medeor e.V. and CSSC for this Multi-Actor Partnership?
- What may be stated about the monitoring system (including identified indicators) of action medeor and CSSC in terms of supporting efficiency?

5. Impact:

- What is the impact of the Multi-Actor Partnership?
- To what extent has Multi-Actor Partnership generated significant positive or negative, intended or unintended, higher-level effects?
- What can be stated about the impact on the overall situation of beneficiaries?
- What real difference has the project made to the beneficiaries and how many people have been reached overall (directly and indirectly)?
- What can be stated about the effects/impacts on the involved partners/institutions (especially the Round Table Members)

6. Sustainability:

- What can be stated about the sustainability of the Multi-Actor Partnership's positive impact after donor funding ceases?
- To what extent are the benefits of the Multi-Actor Partnership likely to continue?
- What are the major factors influencing the achievement or non-achievement of sustainability (micro-, meso- and macro level)?
- What needs to be changed in the third funding phase to ensure sustainability?
- What financial, economic, social, environmental, and institutional capacities are needed to sustain the benefits?
- What elements of the Multi-Actor Partnership (in order of prioritization) should be continued if additional funding becomes available?
- To what extent do the involved Partners (especially the Round Table Members) cash/ or in kind to achieve the project log frame goals?
- What can be stated about the value for money of the Multi-Actor Partnership, especially on the advocacy / Public Relations activities? Please assess value for money in terms of economy, efficiency, effectiveness, and equity.

The findings and recommendations according to OECD/DAC criteria should each be answered in separate chapters in the evaluation report.

2. Technical assessment

General objective: the final evaluation shall assess whether the MAP-QPS has resulted in the sustainable strengthening of health care through better and more trained pharmaceutical assistants, technicians, and better-qualified hospital pharmacists in Tanzania.

Specific objectives: The evaluation shall assess if the MAP-QPS has achieved its expected goals of:

- (i) 40 registered pharmaceutical colleges, 4 universities (Department of Pharmacy) as well as two licensing authorities and the Ministry of Health use the established dialogue structures and cooperation systems within the framework of MAP for a quality-oriented and comprehensive training offer.
- (ii) the established dialogue structures and cooperation systems have been expanded and recognized as an important organizational form for improved pharmaceutical education in Tanzania by technical colleges, licensing authorities, and the Ministry of Health.
- (iii) regulatory authorities and the Ministry of Health have built capacity to improve pharmaceutical training quality and control, as well as digital access to an e-platform.
- (iv) 160 academic and administrative managers and 150 teaching staff at 40 registered pharmaceutical colleges are qualified to implement targeted measures to achieve and maintain quality standards, taking into account advancing digitalization.
- (v) 20 master trainers in clinical pharmacy from three faculties of pharmacy and one school of pharmacy are qualified to train teachers in clinical pharmacy and multidisciplinary health teams and 150 pharmacists from participating hospitals are qualified to work in multidisciplinary health teams.
- (vi) the project partner CSSC has strengthened its capacities and competencies for the transition and monitoring of the MAP in phase 3 & phase 4 (institutionalization and expansion of the MAP) of the DCM & developed supporting tools.

V. Intended Proceeding & Methodology

1. Methodology:

The evaluation is to be designed and conducted as a country-specific desk study in combination with interviews, baselines, and field visits to all groups of partners/stakeholders and beneficiaries at CSSC zones as mentioned above in the overview. The evaluation team should use a mixed-method design, using quantitative and qualitative data. The design should be based on a participatory approach and center learning in all phases of the evaluation process, e.g. by designing data collection instruments in a way that data collection by itself allows for learning experiences on the part of partners/stakeholders involved. CSSC and action medeor shall have access to all collected raw data (questionnaires, interviews, etc.).

Foreseen evaluation phases

1. Inception Phase:

A planning meeting shall take place in Tanzania with online action medeor participation (kick-off meeting). Initial desk review and analysis of documentation shall present the opportunity to get acquainted with the scope of evaluation: available reports and other documents from action medeor, CSSC, and other partners shall be analyzed and the methodology further refined in an inception report. For preparation purposes, initial online interviews with relevant stakeholders might take place before the field phase. The project staff (MAP Secretary and action medeor project manager) shall already be involved during the preparation. This phase shall be closing with the Inception Report.

2. Data Collection/Field Phase:

Data collection shall take place with direct beneficiaries of the Multi-Actor Partnership target groups, including all partners e.g. the Round Table Members as well as with other relevant key actors (authorities, institutions, etc.). This field/data collection phase shall conclude with workshops on (a) field level before accomplishing the field trip as well as (b) on CSSC HQ level. Workshops shall be conducted with all relevant stakeholders to present and discuss the preliminary evaluation results and to present the initial conclusions and recommendations.

3. Synthesis Phase:

Data triangulation and analysis shall be conducted to interpret findings, transfer them into evaluation results according to OECD/DAC criteria, and apply a rating scale provided by action medeor and CSSC while drafting the report. This phase shall see the Draft Report and its Final Evaluation Report as its results.

Consultants who will compile, consolidate, and participate in the evaluation are expected to use a good mix of the following methods:

1. Analysis of narrative reports and protocols of Round Table meetings
2. Desk review of the current project concept, narrative reports, and impact matrix
3. Desk review of laws and legislations, health strategies on non-academic and academic pharmaceutical education and pharmaceutical services, Pharmacy Act
4. Desk review of the theory of stakeholder dialogues and Multi-Stakeholder/Actors Partnerships (Key Concepts and Competencies for achieving common goals e.g. by collective Leadership Institute or MSP Guide by Herman Brouwer and Jim Woodhill)
5. Interviews with (in Tanzania) relevant stakeholders of the Round Table (recent and new ones) including 2 directorates of the MOH & PC, 1 regulatory authority, 2 Universities.
6. Field visits to 2 private-, 2 faith-based, and 2 public PTIs, 1 national hospital, 1 specialized, and 1 zonal hospital (in Tanzania), in the proposed regions.

Further documents for the evaluation shall be considered:

1. Relevant documents from the BMZ (funding agreement and guidelines)
2. Relevant documents from action medeor and MAP Secretariat such as project reports, protocols of Round Tables, baseline of students, evaluation of relevant previous project

The final methodology will be defined by the evaluation team and agreed upon in close cooperation with action medeor, CSSC, and other Multi-Actor Partnership Partners (Round Table Members) during the preparation (inception phase) and before the data collection phase of the evaluation. This ensures transparency. An Evaluation Data Questionnaire including specific questions developed by CSSC and action medeor shall be considered and questions addressed during the evaluation.

Furthermore, the dialogue is important to achieve “ownership” of the evaluation by action medeor, CSSC, and the Multi-Actor Partnership Partners and with this the acceptance and use of the evaluation results. All data collection conducted for action medeor and CSSC should follow the WHO (World Health Organisation) guidelines for ethical data collection: https://www.who.int/docs/default-source/ethics/web-cioms-ethicalguidelines.pdf?sfvrsn=f62ee074_0

VI. Outputs and Deliverables

1. Inception report (max. 5 pages for each study): The evaluation team/evaluator is expected to compile an Inception Report with the final specified methodology, evaluation matrix, analysis methods, data collection instruments (incl. questionnaires for different stakeholders), and work plan for both overall evaluation and field/data collection phase.
2. A data collection phase in the country is expected as described in the overview. A photo documentation (mainly to be included in the annex of the evaluation report) would be expected to enrich the further documentation and presentation of evaluation results.
3. The evaluation team is expected to give presentations (ppt) of preliminary findings and recommendations to (a) action medeor and CSSC and (b) the Multi-Actor Partnership Partners in the presence of action medeor online participation. These workshops signify essential components in the evaluation process. Possible follow-up steps and actions can be discussed, and a learning process takes place that is moderated by the evaluation team/evaluator. The discussions and results of these “preliminary findings sharing workshops” with action medeor, CSSC, and the other Multi-Actor Partnership Partners have to be included in the further evaluation process and its reporting.
4. The evaluation team is expected to compile a Draft Report in English after completion of the data collection phase, which has to be shared first with action medeor and CSSC. The Draft Report shall be considered a full-fledged report and shall be provided in the best possible quality and presented concisely. It will be commented on by action medeor and CSSC. Comments shall be incorporated during the revision process, which may take as many rounds as necessary to ensure quality. The action medeor and CSSC Quality Criteria Grid for Evaluation Reports and the OECD DAC rating scales shall be provided priorly.
5. **Comprehensive evaluation report**, see more under [Evaluation report requirements](#).
6. **Once the Evaluation Report is approved, a final presentation** (ppt) of evaluation results and recommendations shall be held with a wider (strategic) circle of action medeor e.V., CSSC and Partners including management staff (in Tanzania with action medeor online participation).
7. The working and reporting language is English.

VII. Consultant responsibilities before and during the evaluation

- Submit a concept for the assessments
- Work closely with MAP Secretariat and action medeor manager during the planning, and design of the methodology; agree on the tools that will be used for M&E.
- Present the methodologies and tools for M&E to Map Secretariat and action medeor for revisions and comments.
- Incorporate feedback into tools and reports submitted to MAP Secretariat and action medeor.
- Design data entry and analysis spreadsheets.
- Carry out field visits and data collection, data entry, and analysis ensuring consistency and accuracy together with MAP Secretariat and action medeor.
- Presentation of results to MAP Secretariat and action medeor
- Submit all the raw data collected to MAP Secretariat & action medeor in soft copies
- Submit signed soft copies of the reports to MAP Secretariat action medeor
- Results are expected to be published and the consultant needs to give due attention to the quality of the report.

VIII. Evaluation report requirements

Evaluation report content requirements according to the ToR questions:

- (1) Situational Analysis

- (2) Partnership/Stakeholder Analysis
- (3) Technical Achievements Analysis

Further evaluation report requirements

- (1) An executive summary, not exceeding 5 pages (only in the Final Evaluation Report, once draft reporting contents are approved):
 - a. A short, tightly-drafted, to-the-point, and free-standing Executive Summary.
 - b. It should focus on the key purpose or issues of the evaluation, outline the main analytical points, and indicate the main conclusions, lessons to be learned, and specific recommendations.
- (2) The evaluation report should be based on the feedback on the Draft Report
- (3) It shall be written in a concise manner of a length of max. 30 pages and in a readable understandable language reflecting professional language proficiency. The presentation must be properly spaced and the use of clear graphs, tables, and short paragraphs is strongly recommended.
- (4) A transparent line of arguments shall be kept throughout analysis, assessment, and recommendations so that every recommendation can be comprehensibly attributed to the results that are evidence-based on collected, analyzed, and triangulated data.
- (5) As per the principle of usefulness, the recommendations shall be guided by the ToR as well as the information needs and shall be directed at recipients.
- (6) The report shall clearly describe the background and goal of the project as well as the evaluation methodology, process, and results to offer comprehensive and understandable content.
- (7) Monitoring findings should be presented as analyzed facts, evidence, and data.
- (8) Findings should be specific, concise, and supported by strong quantitative or qualitative evidence.
- (9) Visualization of the Evaluation Report is highly appreciated.
- (10) The main sections of the evaluation report shall be roughly as follows:
 - a. Introduction including context analysis, program/project presentation, objective and purpose of evaluation
 - b. Methodology including limits and challenges of evaluation with intended/undertaken mitigation measures
 - c. Overall Assessment/Findings structured per OECD/DAC criteria and cross-cutting issues presenting the answers to the Evaluation Questions, supported by evidence and reasoning.
 - d. A rating plus reasoning shall be included per OECD DAC criteria
 - e. Conclusions and Recommendations in 2 different sub-chapters.
 - f. Conclusions may be structured according to OECD/DAC criteria or any other suitable differentiation.
 - g. Among derived conclusions from obtained evaluation results, there shall be among others concluding remarks on (a) the overall achieved response to improved pharmaceutical care for the Tanzanian population and (b) the overall achieved goal of a sustainable Multi-Actor Partnership.
 - h. Also, a conclusion on the value for money aspect shall be made.
 - i. The Recommendation for the third ongoing funding phase must be clustered and prioritized, and carefully targeted to the appropriate audiences at all levels.
- (11) Including photos and quotes from key stakeholders
- (12) The report shall be submitted as a Word and PDF document.
- (13) Annexes with the following information:
 - a. The Terms of Reference for the evaluation
 - b. Short Bio per Evaluation Expert, max. 1 page for entire Evaluation Team
 - c. Evaluation Matrix
 - d. Intervention logic / Logical Framework matrices (planned/real and improved/updated)
 - e. Evaluation Plan incl. Field Mission/Data Collection Schedule
 - f. List of contacts (persons/organizations consulted, with contact details)
 - g. Bibliography presenting literature and documentation consulted
 - h. All data collection tools and analysis methodologies (sample size, questionnaires, etc.)
 - i. Raw Data

VIV. Qualification & Application Procedure

1. Profile of Consultant/company:

- Lead consultant should have a university degree in social sciences, Public Health, or equivalent
- Lead consultant should have a minimum of 5 years experience in evaluation/feasibility studies and research projects for INGOs (References of INGOs)
- Technical knowledge in Monitoring and Evaluation
- Experience with the national health sector in general and pharmaceutical sector in particular (Tanzania)
- Working experience with NGOs and international donor organizations is an advantage
- Fluent in English and Swahili in writing and reporting
- Declaration of independence of the evaluators. No working or familiar relationship with one of the key stakeholders and/or CSSC and action medeor
- Strong experience with and knowledge of participatory qualitative and quantitative research methods and sampling strategies.
- Statistical analysis skills and strong proficiency with data analysis packages.

Desirable:

- Pharmaceutical, Vocational Training background
- Experience in evaluation and/or management of Multi-Stakeholder Partnerships
- Practical experience of working for and/or evaluating BMZ-funded projects

2. Key selection criteria:

Key selection criteria are the methodological evaluation expertise and experience in qualitative and quantitative methods, professional expertise and experience, especially in the Tanzanian pharmaceutical/health care sector including policy knowledge and how to approach political stakeholders, experience/knowledge in the Multi-Actor Partnership approach, regional competency/experience, including language proficiency; analytical, verbal and written communication skills.

We expect an extensive comprehension of the OECD-DAC criteria with a safe application expertise.

During the rating process of offers the essential qualifications and experience will constitute the minimum standards, the technical offer will be rated 60% and the price offer 40%.

Female candidates are strongly encouraged to apply.

VV. Management of the Evaluation

The selected Consultant/company will work as a freelancer under the overall guidance of the Project Manager at Action medeor e.V. and with the MAP Secretariat at CSSC.

The interviews with stakeholders will be organized by the MAP Secretariat in correspondence with the consultants will provide a desk for desk analysis if necessary.

Abbreviations

Centre for Educational Development in Health Arusha	CEDHA
Christian Social Service Commission	CSSC
Dialog Change Model	DCM
Dialog Change Process	DCP
Ministry of Health, Community Development, Gender, Elders, and Children	MoHCDGEC
Multi Actors Partnership	MAP
Non-academic pharmaceutical staff	NAPS
National Council of Technical Education	NACTE
Pharmacy Council	PC
Pharmaceutical Technical Institutes	PTIs

The New Deadline for offer submission	28th June 2024
Tender opening, evaluation, award negotiations, contract preparation, and contract signing	01/07/2024 – 12/07/2024
Addition information: Proposed time frame for Evaluation	15/07/2024 – 15/08/2024
Addition information: Anticipated date of draft report submission	23/08/2024- submission of the draft report
Addition information: Anticipated date of final approved report	30/08/2024- submission of final report

3. Application process,

Applications for the consultancy must include the below components.

- i. Cover letter
- ii. Detailed **technical proposal** demonstrating a thorough understanding of this ToR and including the following:
 - Demonstrated previous experience in coordinating similar work.
 - A proposed timeframe detailing activity and a schedule/work plan
 - Consultant/Company’s profile (experience in the sector, experience in M&E, financial liability)
 - Curriculum Vitae(s) of all proposed staff outlining relevant experience.
 - Copy of relevant academic degrees and certificates
 - Declaration of independence of the evaluator (evaluation team)
 - Declaration of honors duly completed and signed
 - Fraud and anti-corruption guidelines
 - Code of conduct completed and signed
 - Technical proposal with suggested methodology and tools
- iii. **A financial proposal** with a detailed breakdown of costs for the assignment, (fees, taxes, travel costs)
- iv. Names and contact information of three professional references who can be contacted regarding relevant experience.
- v. A soft copy of previous reports of a similar nature.
- vi. Completed applications should be submitted electronically to: Christian Social Services Commission using the email addresses: procurement@cssc.or.tz and director@cssc.or.tz With the subject line: **“Evaluation MAP-QPS” 7000158**

Executive Director
Christian Social Services Commission
4 Ali Hassan Mwinyi Road
P.O Box 9433 Dar es Salaam, Tanzania

The deadline for the submission is 1600hrs East Africa Time on 28th June 2024.
 All proposals should be electronically submitted to procurement@cssc.or.tz copying director@cssc.or.tz