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Terms of reference

for a socio-anthropological context study in the province of Nampula in Mozambique:

Diagnosis of the determinants influencing prevention and care-seeking practices for children's and women's health, particularly in relation to gender dynamics

Within the framework of the programme financed by the AFD:

Sustainable improvement of young children's health in isolated rural areas, phase 2 - Madagascar, Malawi, Mozambique and Guinea

Agreement number CZZ3898 01 S

Completion period: 1st January 2024 - 31st December 2026

AFD
AGENCE FRANÇAISE DE DÉVELOPPEMENT

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A. INTRODUCTION

As part of the second phase of the **Sustainable improvement of young children's health in isolated rural areas** programme, Inter Aide is developing community health initiatives in four countries: Madagascar, Malawi, Mozambique and Guinea over the period January 2024 to December 2026.

This study concerns the action in Mozambique, which was initiated in 2017 and is currently being implemented in four rural health units in the districts of Monapo and Mogincual, in the province of Nampula (see map in Appendix 1). The intervention was initiated in these districts in 2023 following a geographical shift in the project, due to security tensions in the previous areas.

The strategy combines community-based activities with strong support of the local healthcare system, providing access to diagnosis, treatment and preventive services. The main health issues currently being tackled are communicable diseases in children (malaria and diarrhoea) and maternal health (pregnancy monitoring, assisted delivery, family planning).

In order to improve the impact of the action, Inter Aide would like to carry out a socio-anthropological study related to the health issues addressed, including a gender analysis. By gaining a better understanding of the local context, the aim is to identify any obstacles to the implementation of the health practices being promoted, and ultimately to increase the impact of the action. In addition, the study aims to support the integration of a gender approach within the project.

The final objective of this study will be to draw up concrete recommendations for improving the actions and methods implemented by the organisation. This work is scheduled for the second half of 2025.

B. PROGRAMME DESCRIPTION

1. Description of the action in the 4 intervention countries

The project document (AFD) is available upon request, as is the 2024 report.

NGO	**Inter Aide -** www.interaide.org
Title	Sustainable improvement of young children's health in isolated rural areas, phase 2
Locations	Madagascar - Malawi - Mozambique - Guinea
Type	Programme agreement (Agence Française de Développement)
Theme	Mother and child health, combating major endemic diseases, community health
Duration	3 years from January 2024 to December 2026
Main partners	Health authorities in the countries concerned (Ministry of Health, local services in the intervention zones), staff at the targeted health centres and posts, members of health committees and village volunteers, community health workers, traditional birth attendants, local administrative authorities, community leaders, etc. Local CSOs: AUDICO (Guinea) and CSC (Malawi)
Summary of the action	Created in 1980, Inter Aide (IA) is a humanitarian organisation specialising in development programmes, which aims to give the most disadvantaged people access to development. The programmes respond to specific vital needs. Through these actions, our objective is above all to strengthen the capacities of

	the most disadvantaged populations to improve their living conditions by themselves. Inter Aide currently runs around fifty programmes in rural areas, in seven countries: Haiti, Ethiopia, Madagascar, Sierra Leone, Malawi, Mozambique and Guinea. The themes addressed are access to water, hygiene and sanitation, agriculture, community health and support for primary schools. Methods and practices are capitalised on and shared through the Pratiques network https://reseau-pratiques.org/. In the isolated rural areas where Inter Aide operates, a number of factors contribute to deplorable health indicators: a high risk of infection (particularly malaria), high levels of poverty among families who are unaware of the main childhood pathologies and the risks associated with maternal health, and a failing health system. Inter Aide is developing effective models of intervention that can be replicated on a large scale, based on the public health system and local players. The teams aim to improve family practices in terms of prevention and access to care, and support the local health services that are best placed to respond to the needs of the population. After more than 20 years of development and the gradual extension to 4 countries, the notion of sustainability is central to this programme and informs all the actions proposed, based on the experience acquired by Inter Aide. Capacity building and the increasing empowerment of local managers aim to enable the effective and sustainable management of a health care service that is used extensively by families. The overall aim is to **contribute to a sustainable improvement in the health situation of isolated rural populations**. The specific objectives and main results targeted are **:** **1. Continuing to develop models of action to sustainably increase access to quality basic healthcare, delivered by local providers, for children under the age of five and women** 1.1 Families adopt appropriate practices for preventing prevailing pathologies and seeking healthcare for the woman and child. 1.2 In each context, a specific intervention model has been established to sustainably strengthen early healthcare capacities, quantitatively and/or qualitatively. **2. Ensure the sustainability of mechanisms for involving communities and improving healthcare provision, in particular by institutionalising their operation** 2. The mobilisation of local stakeholders from outside the project (institutional and community) allows the mechanisms put in place to improve and increase local healthcare and raise awareness among the population to be maintained and reproduced.
Target groups	**Direct beneficiaries over three years:** 327,000 people take part in awareness-raising sessions. 269,000 children under the age of five have access to improved local healthcare. 2,362 healthcare staff are trained and supported. 1,718 health committee members or village volunteers are trained and supported.

	Indirect beneficiaries over three years : 285,000 families, i.e. 1,473,800 people, live in the areas where awareness-raising activities and improvements to healthcare provision are taking place.

2. Details of action in Mozambique

a. Names of local partners :

- Mozambican health authorities: Ministry of Health, district health services (SDSMAS)
- Staff from targeted health centres (HC or HU)
- Government health volunteers (APE) and traditional birth attendants (matrons or TBA)
- Members of village health committees (VHC)

b. Local context in which the project is being implemented

Considered the poorest country in the world at the end of the civil war 30 years ago, Mozambique today remains one of the least developed countries, ranking 185th out of 191 on the Human Development Index (UNDP 2022). Nationwide, more than 63% of the population survives on less than 1.8 euros a day (the international poverty line is USD 2.15). The level of poverty is even higher in rural areas, where 62% of families live. Dependent on a single rainy season, these families practice subsistence farming, which is often insufficient to cover all their food needs.

Life expectancy is now 60 years, and AIDS is the leading cause of death in the country. Among children, health indicators are improving but remain too low. Infant and child mortality fell from 237 to 60 deaths per 1,000 live births nationally between 1990 and 2022. However, children under five in rural areas are much more at risk, with mortality measured at between 100 and 140‰ according to surveys carried out by Inter Aide. The main causes are malaria (23%), diarrhoea (13%), acute respiratory infections or ARI (7%) and perinatal and neonatal causes (40%). Mozambique is the 4th country in the world to report the most cases of malaria and the 5th for deaths linked to this parasite (World Malaria Report 2023). Maternal mortality is estimated at 289 per 100,000 births nationally, and Inter Aide has identified a home delivery rate of around 55% in the project areas. Several factors explain this deplorable health situation: the high prevalence of infectious diseases (malaria, diarrhoea and respiratory infections), a very low level of education among the population, and limited use of health services. In addition, sanitation conditions are particularly poor in Mozambique, with an open defecation rate of around 40% prior to intervention.

Nampula, the country's most populous province with 6 million inhabitants, still has lower social indicators than the rest of the country, for historical and geographical reasons. The two districts targeted in phase 2 (Monapo and Mogincual) are populated by around 527,000 people of the Macua ethnic group (or Makua) and have a fairly high population density (around 82 inhabitants/km² compared with 30 at national level).

Within these districts, the project is spread over several health units. These are geographical zones corresponding to the coverage areas of the rural health centres (i.e. all the villages whose population is attached to this centre). This is not an official administrative division, but it is the operational and strategic unit for the health services. At the start of this phase, the project is being implemented in the health units of Meserepane and Metocheria in Monapo district, and Xa-Momade and Xa-Selemane in Mogincual, covering a total population of 72,000.

c. Identification of project beneficiaries in Mozambique

Indirect beneficiaries over three years:

- 15,300 families, i.e. 72,000 people, live in the areas where awareness-raising activities and improvements to healthcare provision are taking place.

Direct beneficiaries over three years:

- 31,600 people take part in awareness-raising sessions.
- 11,800 children under the age of five have access to improved local healthcare.
- 89 government health workers and traditional matrons were accompanied.
- 24 health centre staff are supported.
- 240 village health committee members are trained and supported

d. Summary description of the main results/activities/indicators of the project in Mozambique

The programme aims to **contribute to a sustainable improvement in the health situation of isolated rural populations** in the target areas. The programme's strategy is to invest in the main health problems and in the people most at risk, in order to achieve a clear improvement that is noticeable throughout the population. Sustainability is at the heart of the programme's activities.

Specific objective 1: Continuing to develop models of action to sustainably increase access to quality basic healthcare, delivered by local providers, for children under the age of five and women

This first specific objective is divided into two parts, which can be summarised as work on **the demand for care** and work on **the supply of care**. The first part concerns all the activities and mechanisms put in place to improve family behaviour with regard to children's health, and in particular the use of appropriate and rapid care in the event of illness. The work on the supply of care consists of relevant support for the care system at the level closest to families.

Since 2018, in Mozambique, the project has included the issue of maternal health, given the scale of the needs in the intervention areas. It is therefore addressed both in the work with families and as part of the support for health services.

- **Expected Outcome 1.1:** Families adopt appropriate practices for preventing prevailing pathologies and seeking healthcare for the woman and child.

The themes targeted and the precise messages delivered vary according to the context and the analysis of the pragmatic capacities of the families. In Mozambique, the project has integrated three main topics to improve behaviour in families: malaria prevention (sleeping under a mosquito net), prevention and treatment of diarrhoea (use of latrines, hand washing, making home-made ORS, water treatment), and pregnancy and newborn care (including contraception).

Main activities planned:

Activity 1.1.A: Raise awareness and train communities, promote the main prevention means and good care-seeking practices

In Mozambique, awareness-raising among families evolved in phase 1. It is now carried out by local stakeholders such as APEs, TBAs and village health committees. These community members are trained and supported to carry out awareness-raising activities (mass sessions and home visits) independently, by Inter Aide facilitators who live in the health units for 2 to 3 years.

Activity 1.1.B: Carrying out surveys before, during and after the intervention

Two levels of surveys have been set up in Mozambique. Mortality surveys are carried out exhaustively in the health units to establish infant and child mortality and obtain an accurate census of the area, then repeated after 2 to 3 years to measure the impact of the project. In addition, practice surveys are carried out every 12 months to measure the adoption of recommended behaviours by families.

Key results indicators:

- *In each area covered by a health centre or health post after 3 years of intervention: the proportion of children under 5 sleeping under a mosquito net has increased to 80%; the proportion of households equipped with a functional latrine has increased to 75%; the proportion of households practising hand washing has increased to 40%; the proportion of sick children taken for consultations has increased to 80%; the proportion of women using contraception has risen to 30% (long-term methods) and 50% (any method); the proportion of women who have had 4 prenatal consultations has risen to 60%, and the proportion of women who have given birth at the HC has risen to 70%.*

➢ **Expected Outcome 1.2**: In each context, a specific intervention model has been established to sustainably strengthen early healthcare capacities, quantitatively and/or qualitatively.

The aim of the action on healthcare provision is to create or consolidate the most appropriate local services depending on the context (existing or theoretical healthcare system and the main health problems leading to child mortality). The central idea is to bring supply and demand closer together, and thus to enable latent demand to be expressed, demand that does not initially come to the attention of health facilities, particularly for consultations of sick children. The programme therefore focuses on community health volunteers, known in Mozambique as APEs (for *Agentes Polivalentes Elementares*). In addition, the project also targets increasing and improving the care provided in health centres, which remain a major vector of healthcare provision in Mozambique (due to the organisation of the system and the type of services targeted, which include maternal and reproductive health), particularly as the number of APEs is insufficient.

Main activities planned:

Activity 1.2.A: Support the establishment, training, organisation and supervision of essential care staff while promoting local healthcare

The staff supported include community workers (APEs and recognised traditional matrons), as well as key members of the health centre (*técnico de medicina* in charge of consultations, nurse midwife for maternal health), including the people in charge of mobile clinics (*brigadas móveis* in Portuguese). The training offered is linked to the clinical care of children and is set up in conjunction with the SDSMAS. On-site support is conducted to improve the practices of service providers. A monthly meeting is organised for each health unit, attended by health staff and community representatives (co-management committee).

Activity 1.2.B: Provide material, logistical and organisational support to targeted healthcare providers in order to increase and improve healthcare provision

The equipment needed to ensure the smooth running of the centres and mobile clinics (fuel, furniture, medical equipment), as well as the small equipment needed by the APEs and TBAs (bicycle, backpacks, torches, etc.) is provided by Inter Aide following a needs assessment. Infrastructure construction or rehabilitation is proposed (preventive medicine building, outpatient department building, maternity waiting home, incinerator, etc.) according to needs and SDSMAS plans.

Key results indicators *:*

- *The number of consultations carried out by all APEs is increasing, reaching 40% of total consultations for children under 5 (HC and APE combined), while the number of consultations at health centres is not decreasing.*
- *An initial intervention model for strengthening health centres and community care (APE and mobile clinics) is proposed.*

Specific objective 2: Ensure the sustainability of mechanisms for involving communities and improving healthcare provision, in particular by institutionalising their operation

This second specific objective is intrinsically linked to the first, as it aims to ensure the sustainability of the measures and results achieved under the first objective, both by institutionalising them and by structurally strengthening the civil society stakeholders involved in disseminating preventive messages, providing basic healthcare and dispensing essential medicines. The expected change is thus an appropriation of the actions of the first objective, with the aim of having a reproducible and sustainable model adapted to each intervention context.

The teams therefore endeavour to propose actions that correspond to the responsibilities of the local players (both community and health system) and to implement all activities jointly. As the project in Mozambique is more recent, the issue of transferring project management is still under construction.

- **Expected result 2:** The mobilisation of local stakeholders from outside the project (institutional and community) allows the mechanisms put in place to improve and increase local healthcare and raise awareness among the population to be maintained and reproduced.

Main activities planned:

Activity 2.A: Work with and involve the health authorities

The relationship with the SDSMAS (district health service in Mozambique) is essential. By being fully involved in the local development plans of this technical service, the project is able to secure the support of this key partner and develop activities in a coherent way, while ensuring the potential sustainability of the actions. Monthly coordination meetings are proposed and the teams seek to sign annual collaboration agreements.

Activity 2.B: Build the capacity of stakeholders to oversee the activities launched and their supervision during and after the disengagement of project teams

Training and skills transfer are at the heart of all the actions proposed: at the level of families, community leaders, TBAs and APEs for the community part, and at the level of health system players (APEs and matrons again, health centre staff and SDSMAS managers). The proposed reinforcement targets technical skills as well as organisational and management capacity. The project therefore supports the monthly co-management meeting in all the health units, as well as the general co-ordination meeting at district level attended by representatives of all the health units.

Activity 2.C: Continuous advocacy at various levels

In Mozambique, the extreme centralisation of the health system leaves little room for manoeuvre to the SDSMAS or to the higher level, the Provincial Health Department. It is at these two levels that Inter Aide promotes the involvement of health managers in the management of the system and certain key priority activities such as the work of the APEs and the mobile clinics. As the project is relatively recent, especially in the new district of Mogincual, this advocacy work is still new and evolves with the building of the relationship with these actors.

Key results indicators *:*

- *In the health units supported, the number of active APEs and traditional matrons has increased by 25%.*
- *At least 80% of the APEs and TBAs conducts quality sensitization activities after training. The percentage of active VHC members after the animators leave remains above 50%.*

Main impact indicators for the programme in Mozambique*:*

- *The consultation index for children under 5 (combined HC and APE) increased by 25% in each health unit after 3 years of intervention, and exceeded 1 in all the health units covered.*
- *Prenatal consultations and deliveries at the health centre are increasing by at least 25%.*
- *The regular evaluation of the HCs has shown an improvement in the quality of services (OPD and maternity in particular).*
- *The infant and child mortality rate is reduced by at least 25% in each health unit (within 3 years of the start of the intervention in the health area) and is maintained.*

C. STUDY OF THE SOCIO-ANTHROPOLOGICAL CONTEXT

1. Background and justification for the study

Inter Aide has been working in the province of Nampula since 2004, and has been implementing this mother and child health project since 2017. The local technical teams, made up of around fifteen people per district (Monapo and Mogincual), already have a significant knowledge of the context. However, a number of points now justify the need for a context study, which will build on and enhance the expertise of the teams.

Firstly, there is a limit to the extent to which certain expected results can be achieved, particularly with regard to changes in family health practices. Preventive behaviour and the use of healthcare services, as assessed by family surveys a few years into the project, are not evolving in line with expectations, particularly in relation to family planning and maternal health. It is therefore likely that there are bottlenecks that have not been properly identified or incorporated into the project's strategy. New insights are therefore being sought to remove or overcome these obstacles.

In addition, the actions were moved to new areas at the beginning of 2023 following serious security incidents in the former intervention areas. The 4 health units currently targeted are therefore relatively recent, and although they are located close to the old areas, there may be differences in context, particularly in the Mogincual district where Inter Aide had not previously carried out any activities (see map in appendix 1).

In addition, certain themes have not been sufficiently explored to date, but appear to be important issues in the health of children and women. They merit a particular focus in the context of a study. Firstly, traditional medicine is identified as the first line of treatment for a number of diseases. The inclusion of traditional healers in the project's strategy is therefore being considered, but the lack of understanding of this issue has for the time being put the brakes on this development. Similarly, HIV/AIDS is a major health problem in the country, with average prevalence estimated at between 10 and 15% of adults. However, as the project primarily targets children and as other organisations are working on HIV/AIDS, the decision was made not to invest heavily and specifically on this topic. Today, the extension of the action to reproductive health, and the change in the landscape of development actors working on HIV/AIDS in the context of USAID's closure, are leading us to take a closer look at this issue.

More generally, it was noted that it would be useful to rethink our analysis of the context from a gender perspective, which has been insufficiently explored, in order to identify additional levers for action to improve the project's impact. The gender issue is intrinsically linked to the programme's objectives and activities. First, prevention practices and the use of health services differ markedly between women and men, in all the contexts in which the project operates. Health risks are partly linked to biological factors that are distinct for each sex. In addition, the division of responsibility for childcare, or for decision-making about women's health, depends on gendered social norms that determine the distribution of tasks, decision-making power and access to resources. Finally, the implementation of activities must take account of gender specificities (for example, awareness-raising sessions will target one gender rather than the other, or actions will consider specific constraints for one gender). The importance of this theme in the project is therefore clear.

A socio-anthropological context study, with a strong focus on social gender norms, and specifically adapted to the challenges of the project in Mozambique, is therefore necessary. In the absence of the skills required to carry out this study, it is essential to call on the services of a specialist external team. At the same time, we hope to benefit from the strengthening of in-house skills in these areas.

This study is in line with the activities set out in the programme agreement, as it relates to the following result:

- **Capitalisation result:** Inter Aide's expertise in the field of health is strengthened and the development of intervention models is enriched by cross-cutting learning and exchanges.

A 3-year continuous evaluation process has been integrated into the activities as part of this result. An external consultant is helping the teams to identify the key evaluation questions and put in place action plans to answer them (while carrying out a traditional external evaluation of the programme according to OECD criteria). One of the issues that has emerged from the various countries where we have been involved is the following: **What societal and gender-related contextual factors influence access to healthcare (consultation for sick children, pregnancy and childbirth monitoring, family planning)?**

In Mozambique specifically, the following evaluation question was formulated: **Question 2: How can we overcome the obstacles to improving reproductive health behaviour (family planning, maternal and child health) that are linked to men? How can we overcome the obstacles to improving demand for family planning?** The action plan drawn up by the team includes this context study. In addition, other selected questions deal with traditional medicine and HIV, hence their inclusion in these terms of reference: **Question 1: Should the project work with traditional practitioners or healers, and how? Question 3: Should the project work on HIV, and how?**

Detailed documents on the continuous evaluation process are available on request.

Finally, the health programme is implemented in two districts, which are also part of the intervention area of Inter Aide's other programmes on access to water, hygiene and sanitation (WASH), as well as the maintenance of water points (see map in annex 2). It is expected that when the study is framed (scoping meeting), consideration will be given to how to incorporate some of the issues raised by these projects into the study. In fact, several subjects are common (particularly in the prevention of diarrhoea or the organisation's working practices) and the results of the study could also be beneficial for the two WASH-maintenance projects, financed by the AFD as part of another grant.

2. Objectives of the socio-anthropological study

The objectives of the study are:

1- To carry out a precise socio-anthropological diagnosis of Inter Aide's intervention context in Mozambique, including the analysis of social gender norms

- Characterise the process fro seeking care (therapeutic itinerary, decision factors, perception of the healthcare system, barriers, etc.) for sick children and pregnant women;
- Understanding family perceptions of the main childhood illnesses, maternal health and HIV/AIDS;
- Find out what is preventing families from changing their behaviour regarding the practices promoted by Inter Aide (malaria prevention, diarrhoea prevention, care for sick children, pregnant women and newborn, family planning, vaccination);
- Understand how traditional medicine works and its potential contribution to the project's objectives;
- Describe community organisation in disease prevention and management in the community; identify the different stakeholders and their impact on healthcare behaviour (APES, matrons, leaders, healers, village health committees, etc.).

2- To evaluate Inter Aide's current project using a two-pronged approach: social and gender (diagnosis of Inter Aide's strategies and practices)

- Evaluate the strategy deployed in the light of the lessons learned from objective 1 (methods used, issues addressed, players involved, health services supported, etc.);
- Take stock of the relevance and reality of practices in terms of gender inclusion in the project's activities and the organisation's practices.

3- To draw up methodological recommendations for improving the impact of the project and taking better account of gender dynamics in the project

- Suggest ways of improving the healthcare themes promoted, the key messages delivered, the methods used to raise awareness and the care services supported;
- Propose methods for removing, mitigating or circumventing the bottlenecks identified;
- Present solutions for a more active role and participation of local stakeholders (including the community) to ensure sustainability;
- Propose a revised list of key indicators for the action, taking gender into account and enabling better monitoring and evaluation of the project.

4- To strengthen the skills of the Inter Aide team (in the field and at head office) in terms of taking account of the socio-anthropological context and gender mainstreaming

3. Process and deliverables

The study is envisaged in the following form:

- **Learning phase (documentary study and interviews)**: literature review on the themes addressed and the Macua ethnic group, as well as discovery of Inter Aide's practices on the basis of project documents (proposal, reports, tools, etc.) and remote interviews with the Inter Aide team (head office staff and programme managers in the field).
- **A scoping meeting** to validate the findings at this stage and the methods envisaged for conducting the study in the field.

- **Field mission** to Mozambique in the two districts of intervention, with a debriefing meeting and discussions at the end of the mission.
- **Submission of the preliminary report**, then feedback with the head office and field teams (at the Versailles office and/or online).
- **Finalising the report**

The deliverables expected as part of this evaluation will be written in French, English or Portuguese and are as follows:

- A **scoping note**, presented before the fieldwork begins, will describe the initial investigations carried out by the team on the basis of documentary research and interviews conducted in France or remotely. It will present the questions and hypotheses underpinning the fieldwork, as well as the methodology proposed for the subsequent phases of the study.
- The **materials used** for the fieldwork (tools, interview forms, etc.) and for the final field feedback meeting (slide show, if any) containing the initial analysis.
- An **interim report**, submitted to Inter Aide and discussed with the Inter Aide team.
- A **final report** based on Inter Aide's feedback.
- A **summary (maximum 10 pages) of the final report**.

Deliverables will be submitted in electronic format. Inter Aide will own the moral and proprietary rights to the consultants' productions.

D. HUMAN AND FINANCIAL RESOURCES

1. Profile(s) required

The support will be provided by one consultant, or possibly by a team of consultants, but particular attention will be paid to the coherence/complementarity/articulation of the team over the duration of the support. In the case of a team of consultants, one of them will have to be appointed head of mission. The involvement or advice of local experts (sociologists, anthropologists, etc.) is highly recommended (Mozambican and ideally Macua).

Profiles sought:

- Skills in the socio-anthropology of development and/or health
- Experience in context diagnostics and gender analysis at organisational, programme and community levels (particular focus on gender in health programmes highly desirable)
- Experience in the design, management, monitoring and evaluation of development programmes (approaches, methods, tools): health issues, social engineering and community mobilisation appreciated
- Experience in capacity-building and partnerships with institutions appreciated (ability to provide support, teaching skills and ability to propose solutions tailored to local skills and the potential of a wide range of players)
- Good knowledge of the intervention contexts (country, province and/or districts)

The choice will be made on the basis of an international invitation to tender. Proposals from consultants interested in this evaluation should include:

- A technical proposal presenting an understanding of the terms of reference, the challenges of the study as a whole and the proposed method (max 10 pages);

- A financial proposal, detailing for each phase the number of person/day of work envisaged in France (if relevant) and in the field;
- The CV of the consultant(s), demonstrating training, experience and expertise in the areas required for the service;
- References.

The criteria for analysing and evaluating the tenders will be as follows:

- Consultants' experience, knowledge of contexts, sectoral expertise in the required themes (35%);
- Understanding of the terms of reference and the challenges of the order (30%);
- Quality and relevance of the proposed study method (15%);
- Support and study time and services (fee/day) proposed in relation to the budget (20%).

2. Evaluation budget

The maximum budget for the evaluation process is set at **a total maximum of €15,000 including tax**.

VAT is payable in the country in which the service provider is established; if the service provider is subject to VAT, it must invoice Inter Aide with VAT, showing the amount excluding VAT and the amount including VAT.

The budget will include fees, per diems (for accommodation and food), travel (international and within France), miscellaneous expenses (interpreter, restitution, reproduction, local transport, visas) and the costs of associated local or international experts, if necessary.

The service provider's quotation will therefore comprise two parts:
- **Fees**, including VAT where applicable;
- **A claim for reimbursement** of expenses, on presentation of supporting documents.

Inter Aide's teams in Mozambique will, as far as possible, ensure the local logistical organisation related to the smooth running of the evaluation (making appointments, booking accommodation, facilitating and booking local transport if necessary, etc.).

3. Provisional timetable

The indicative and provisional timetable for the study is as follows:

26 May 2025	Publication of the terms of reference
29 June 2025	Deadline for receipt of tenders
7 July 2025	Analysis of tenders and selection of consultants
July-August 2025	Learning phase (documentary study and interviews)
Early September 2025	Scoping and planning meeting
September-October 2025	Field missions in Mozambique
November 2025	Submission of preliminary report & feedback
December 2025	Submission of the final report

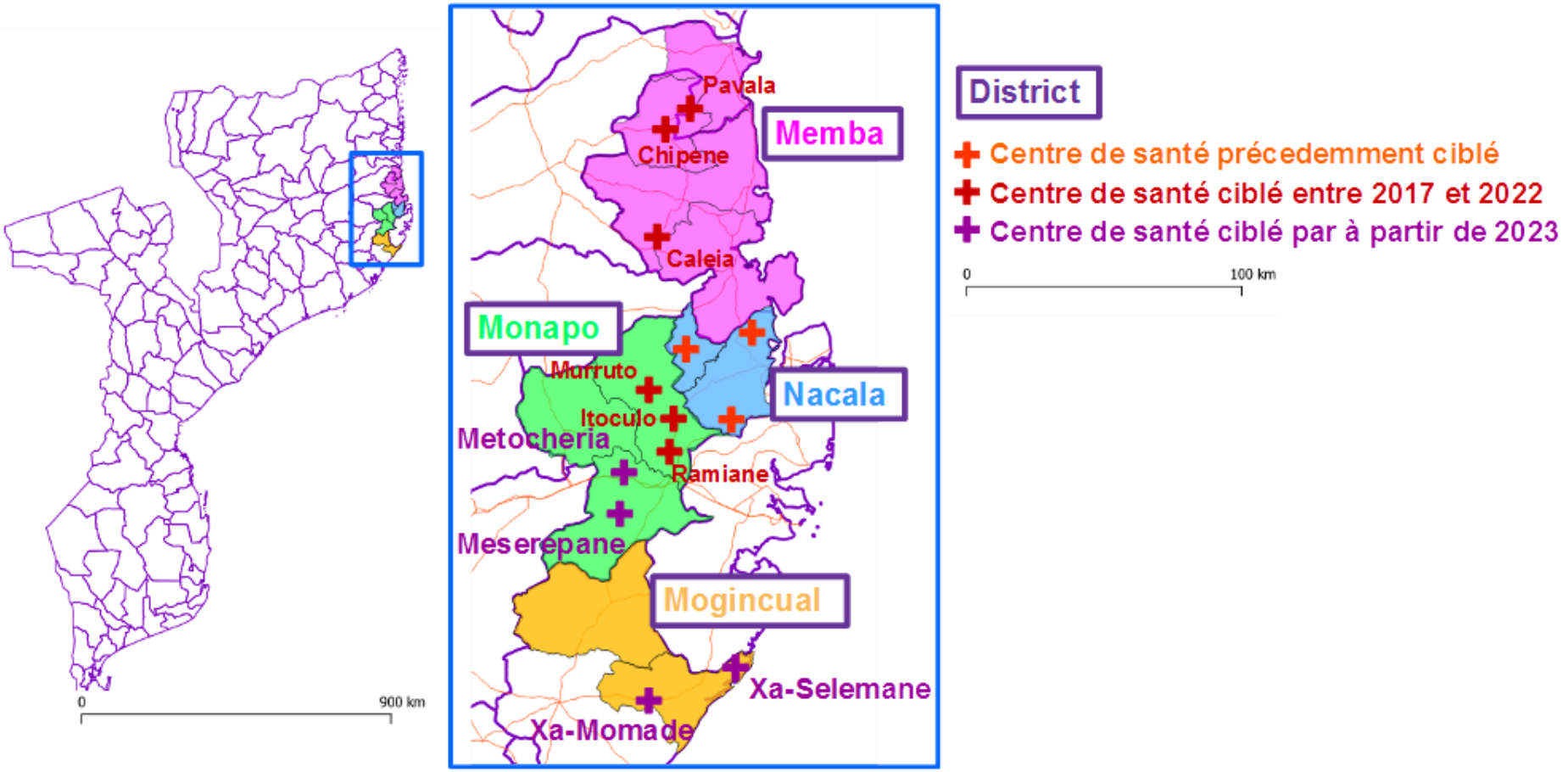
E. HOW TO APPLY

Please send your expression of interest as soon as possible, and your complete offer **by 29 June 2025 at the latest**, to julie.pontarollo@interaide.org, specifying "ETUDE MOZ" as the subject.

The project proposal submitted to the AFD is available on request, as are the 2024 report and documents relating to the ongoing evaluation process.

F. APPENDICES

1. **Map of the health intervention zone in Mozambique (and history)**



2. **Map of Inter Aide's projects in Mozambique in early 2025**