
***Term of Reference to conduct End of Project Evaluation
“Scaling-Up Family Planning in Tanzania”***

Table of Contents

Acronyms.....	2
A: Introduction.....	3
Project overview	3
Outreach model:	4
Embedded nurse model:	4
Other project components:.....	4
Objectives of the SUFP project.....	5
Budget of the project: GBP 19.8 million over seven years.....	6
B: Evaluation Objectives	6
Primary Objective:.....	6
Secondary Objectives:	6
Evaluation questions and sub questions:.....	7
Scope of Work, Target Population, and Geographic Scope	8
Deliverables:	10
Learnings and dissemination:.....	10
C: Evaluation management.....	11
Roles and Responsibilities.....	11
Risks and mitigation	11
Data Protection and Integrity	12
Safeguarding, Anti-Fraud and Bribery and Ethical Commitment	12
Use of Artificial Intelligence (AI).....	12
Evaluation Timeline and Point of contact:	13
Evaluation criteria.....	14
Budget:.....	Error! Bookmark not defined.
Submission of Proposals:	15



Acronyms

AGYW – Adolescent Girls and Young Women

cPAC – Comprehensive Post-Abortion Care

DHIS2 – District Health Information Software, version

EN – Embedded Nurse

FCDO – Foreign, Commonwealth and Development Office

FP – Family Planning

GBV – Gender-Based Violence

IRC – International Rescue Committee

MoH – Ministry of Health

OR – Outreach (teams)

PMO-RALG – Prime Minister’s Office – Regional Administration and Local Government

PSS – Public Sector Strengthening

RME-Research Monitoring and Evaluation

SRH – Sexual and Reproductive Health

SRHR – Sexual and Reproductive Health & Rights

SUFP – Scale Up Family Planning



A: Introduction

MSI Tanzania is one of the country's largest providers of Sexual and Reproductive Health & Rights (SRHR) services and information. Operating since 1989, it works in collaboration with the Ministry of Health (MoH) at multiple levels, the Prime Minister's Office - Regional Administration and Local Government (PMO-RALG) other Non-Governmental Organizations, networks, and civil society, as well as with communities, to improve access to and uptake of quality Sexual and Reproductive Health (SRH) and integrated health services across all parts of mainland Tanzania and Zanzibar. MSI Tanzania provides the full range of available modern contraception, post-abortion care services to those who have experienced unsafe or incomplete abortions and other SRH and general services. This is done through four (4) channels including outreach channel, PSS (Public Sector Strengthening) channel, social marketing products and MSI Tanzania owned health facilities. Being part of MSI's global partnership ensures MSI Tanzania has access to high quality clinical guidelines and standards.

Project overview

Tanzania continues to face challenges in expanding equitable access to FP services, with mCPR around 31%¹ and persistent unmet need among women of reproductive age. These trends reflect broader patterns in sub-Saharan Africa, where coverage remains below global averages. Key barriers include shortages of trained providers, limited method mix, and disparities in rural and underserved areas. While national policies prioritize reproductive health, evidence gaps remain on effective, scalable service delivery models and strategies to improve quality of care and uptake, particularly among adolescents and marginalized populations.

Through funding from Foreign, Commonwealth and Development Office (FCDO). MSI Tanzania in collaboration with the International Rescue Committee (IRC) as sub guarantee and MoH at multiple levels and (PMO-RALG) implemented the Scale Up Family Planning (SUFPP) programme across 14 out of 26 regions of mainland Tanzania - Mwanza, Tabora, Kagera, Mara, Simiyu, Kigoma, Shinyanga, Njombe, Mbeya, Ruvuma, Katavi, Rukwa, Lindi, and Mtwara. As guided by the donor, the MSI project did not cover Zanzibar. The project inception was in September 2019, and will complete service delivery in June 2026, with close out activities ending in September 2026. The project also operated in Nduta and Nyarugusu refugee camps, as well as in host communities, in the Kigoma Region. The project has been implemented in close collaboration with the MoH, Prime Minister-Regional Administration and Local Government (PM-RALG), and the Ministry of Community Development, Gender, Women, and Special, aligning with national priorities. The project complements other in-country FP and health programs with a focus on strengthening access to and uptake of SRH services particularly family planning (FP) and other integrated services including Gender based violence (GBV), Comprehensive Post Abortion Care (cPAC), and Voluntary HIV Counselling and Testing, in regions with high needs, particularly those experiencing high maternal mortality, high rates of teenage pregnancy, and low modern contraceptive prevalence rates (mCPR). The project targeted

¹ Ministry of Health (MoH) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. 2022. *Tanzania Demographic and Health Survey and Malaria Indicator Survey 2022 Final Report*. Dodoma, Tanzania, and Rockville, Maryland, USA: MoH, NBS, OCGS, and ICF. <https://www.dhsprogram.com/publications/publication-FR382-DHS-Final-Reports.cfm>



diverse population groups, including people with disabilities, refugees and young people in both rural and urban areas. Service delivery has been implemented using Outreach teams (OR) and Embedded Nurses (trained providers allocated to public health facilities). Both outreach and embedded nurse models focus on reaching marginalized groups, as well as project awareness-raising and information-sharing components and actively advocate for male inclusion to ensure equitable access to sexual and reproductive health (SRH) services.

Outreach model:

The outreach model aims to support governments and health systems to meet demand for contraception among women and girls with high quality, person-centered care that expands contraceptive choice. Outreach teams in the project use a vehicle carrying MSI Tanzania staff and government staff, the team camp in a public health facility and provide services for a day or two and then move to other facilities. Local populations are made aware in advance of the outreach service provision, alongside sensitization and information-sharing interventions. Over time the outreach model evolved to a ‘split model’ whereby an outreach team that includes 2-3 providers and an assistant and/or driver is divided into sub-teams which integrate government or sessional providers. These sub-teams go to different sites, and therefore the same outreach team can serve two facilities on a single day – increasing service availability. The outreach model supported by the project covered 14 regions across Tanzania mainland.

Embedded nurse model:

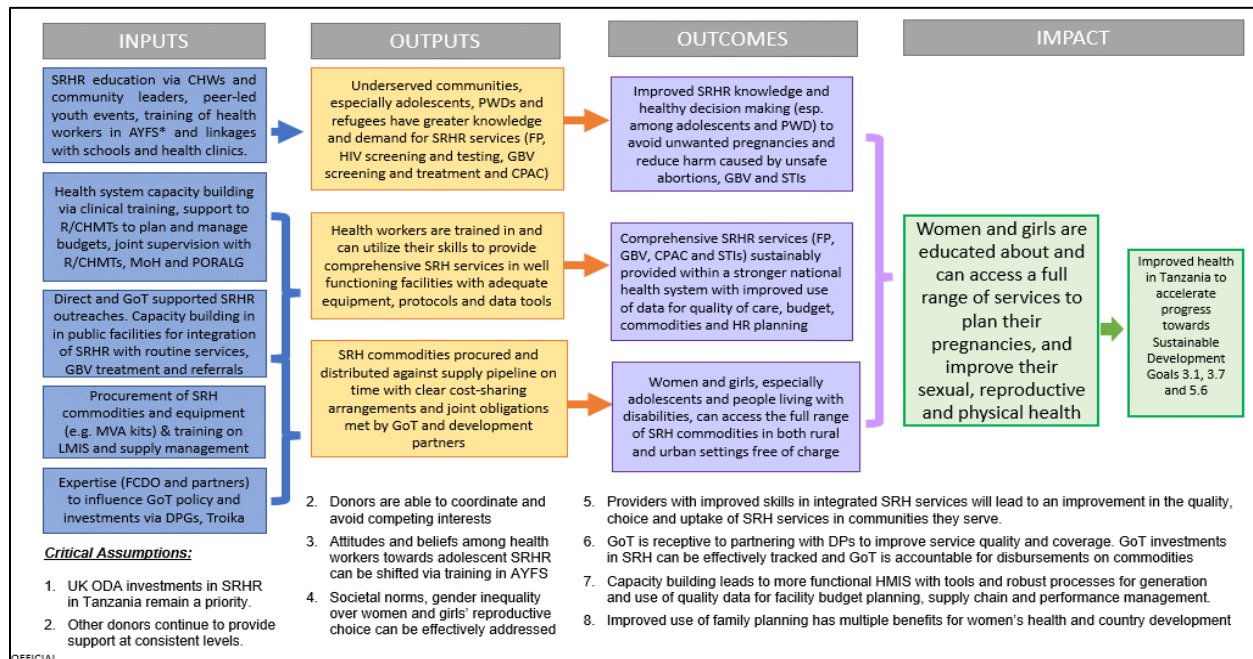
Embedded Nurses (EN) are trained specialist SRHR service providers who are stationed in public facilities to simultaneously provide services and build the capacity of government providers through on-the-job training. Other responsibilities of the ENs include data management, referral strengthening, commodity supplies management, GBV screening services. The EN is estimated to be at a site for one year focusing on facility level change, the Embedded Nurse Model act as a foundation-building precursor to MSI’s PSS. Most of the project ENs operated in the same regions that had outreach teams, with exception of Lindi, regions selected due to factors including levels of unmet need and low uptake of modern contraceptives. See regional mapping in Table 1. Some ENs were nested in refugee camps and host communities to support delivery of services to the refugees’ communities.

Other project components:

The project also trained government providers on comprehensive post abortion care (cPAC) and GBV screening across the regions, as well as awareness-raising interventions to support increased access to services which included youth, adolescent and human-centred design interventions, community-level engagement, and initiatives to strengthen SRHR access for people with disabilities.

The project additionally implemented Gender-Based Violence (GBV) and Family Planning interventions through IRC as consortium partner. However, these components will not be part of this evaluation due to the closure of IRC's program in Tanzania in 2025.

Figure 1: Project Theory of Change below - highlights expected outcomes from the project implementation.



This evaluation will be guided by OECD-DAC framework, focusing on relevance, coherence, effectiveness, efficiency, impact and sustainability. The selected criteria are appropriate for assessing improvements in FP service delivery and ensuring alignment with national and programmatic objectives. In relation to relevance, the evaluation will assess the extent to which the intervention addresses the identified service delivery gaps, and for effectiveness and efficiency, improvements in access, quality and appropriate resource mobilization will be assessed. Coherence will be assessed to examine how well intervention aligns and interacts with other policies, programs, and stakeholders within the broader health system and development landscape. Under impact and sustainability, the evaluation will explore changes in service access, uptake and likelihood of maintaining gains beyond the intervention period.

Objectives of the SUFF project

- To increase access to quality comprehensive family planning services in Tanzania especially adolescents and people with disability and those living below poverty line
- Provision of comprehensive and inclusive family planning services
- Provision of Comprehensive Post Abortion Care (cPAC) and Preventive and Responsive Gender Based Violence (GBV) Services



- Strengthening the health system for the provision of sustainable family planning, GBV and cPAC service

There was no baseline survey conducted for this project therefore routinely collected data from DHIS2 and CLIC+ obtained from public health facilities supported by the project and MSI owned systems, will be analyzed for selected years preceding the project's start to establish a baseline. Routine data refers to aggregated information disaggregated by age and type of services received. It is collected monthly, allowing for the tracking of monthly trends and enabling annual comparisons. The primary source of this data is the national DHIS2 system. In addition, further analysis can be conducted using MSI-collected data through CLIC+, which captures patient-level information and allows for more granular insights. CLIC+ data set can be extracted and shared with the consultant. The consultant should include the cost of the team extracting data from DHIS2 to a template that will answer evaluation needs.

Budget of the project: GBP 19.8 million over seven years.

B: Evaluation Objectives

The primary purpose of this consultancy is to conduct an end of project evaluation that will:

- Provide an independent assessment of the relevance, effectiveness, coherence, efficiency and sustainability of SUIP project
- Measure Change: Quantify and qualify the changes in key outcome indicators from the baseline to the project's conclusion.
- Evaluate Project Delivery: Gather feedback from beneficiaries and stakeholders on the relevance, quality, and perceived effectiveness of the project's interventions and strategies.
- Assess the contribution of the programme to strengthening government service delivery and facilitating sustained improvements in the level and quality of family planning services.
- Inform Future Programming: Generate evidence-based recommendations and learning on sustainability, scale-up, and the design of future interventions.
- Analyse strengths, weaknesses, opportunities of the project

Primary Objective:

To assess the overall impact of the project by evaluating the effectiveness of its interventions and service delivery strategies in the target areas.

Secondary Objectives:

- a. To evaluate the perceived effectiveness, relevance, and satisfaction with the project's interventions (responsive gender-based violence, comprehensive and inclusive family planning services, demand generation, and community mobilization) from the perspective of beneficiaries and other key stakeholders.
- b. To identify remaining barriers and challenges to access and utilize family planning services.

- c. To assess the sustainability of project outcomes and provide recommendations for donors, government and implementing partners.
- d. To assess cost effectiveness of some of the interventions that were implemented, where possible

Draft evaluation questions and sub questions:

Relevance and Effectiveness:

- a. To what extent have planned and unexpected outcomes been achieved by the programme, covering both direct service delivery and broader system and capacity changes, and considering outcomes for marginalised groups such as geographically or financially marginalized, adolescents, refugees and women with disabilities?
- b. How effective, relevant, and satisfactory are the project's interventions from the perspective of beneficiaries and key stakeholders?
 - How do beneficiaries perceive the quality and inclusiveness of family planning, GBV, and cPAC services delivered under the project?
 - To what extent do stakeholders (government, providers, partners) consider the interventions relevant to national priorities and community needs?
- c. What barriers to access remain, and how effectively has the programme addressed them?
 - What social, cultural, or economic barriers continue to limit access to family planning services, particularly for adolescents, refugees, and people with disabilities?
 - How effectively have the project interventions reduced these barriers and improved service uptake?

Coherence and Sustainability:

- d. To what extent are the outcomes of the project sustainable within government systems and communities, and what recommendations can be made to donors, government, and implementing partners?
 - To what extent are interventions and outcomes likely to be sustained after the programme ends?
 - To what extent have project-supported interventions been integrated into government systems, policies, and health facilities?
 - What mechanisms (funding, supply chains, trained providers) are in place to ensure continuity of services after project closure?
- e. How well were the interventions integrated into government systems or aligned with other partner interventions?

Efficiency:

- f. How cost-effective and efficient were the project's key interventions?
 - Which interventions (e.g. outreach teams or embedded nurses) delivered the greatest impact relative to cost?
 - What lessons can be drawn to optimize resource allocation and improve efficiency in future programming?

Scope of Work, Target Population, and Geographic Scope

The ToR defines the scope of the endline evaluation along three key areas, namely geographic, thematic and temporal dimensions. These are individually defined as.

- **Geographical Scope:** The evaluation will cover fourteen (14) regions in the United Republic of Tanzania where the SUFP project was implemented as per table 1 below. It is imperative to note that SUFP support contributed to the national level operation and therefore the scope of the evaluation will be national for some areas that may need to interact with national level stakeholders.

Table 1: Geographic scope and implementation approach

Regions	Outreach (OR) teams	Embedded Nurses (EN)	CPAC (Public facilities)
Mwanza	Active OR	Mwanza EN1 & EN2	
Tabora	Active OR	Tabora EN1 & EN2	
Kagera	Closed OR	Kagera EN1 & EN2	
Mara	Active OR	Mara EN1 & EN2	
Simiyu	Active OR	Simiyu EN1 & EN2	
Kigoma	Active OR	Kigoma EN1 & EN2	
Shinyanga	Active OR	Shinyanga EN1 & EN2	30 facilities
Njombe	Active OR	Njombe EN1 & EN2	
Mbeya	Closed OR	Mbeya EN1 & EN2	
Ruvuma	Closed OR	Ruvuma EN1 & EN2	
Katavi	Active OR	Katavi EN1 & EN2	
Rukwa	Active OR	Rukwa EN1 & EN2	
Lindi	Closed OR	Lindi EN1 & EN2	42 facilities
Mtwara	Closed OR	Mtwara EN1 & EN2	53 facilities

- **Thematic areas:** The evaluation will cover the thematic areas of the SUFP project namely service delivery, cPAC services, capacity system strengthening, SGBVs and cross cutting approaches such as gender empowerment interventions and social interventions reaching People with disability and adolescents and youth.
- **Implementation timeline:** The evaluation will cover interventions implemented within the period of the current SUFP project 2019-2026.

The consultant will be responsible for the following tasks:

- a) Review the project proposal, progress reports, methodology, data collection tools, and any monitoring data to ensure alignment and understanding of the overall project.



This will involve: Development of overall evaluation plan and highlighting if the evaluation will be assessing either attribution or contribution or both. Development and submission of a protocol for the evaluation, including for ethical committee review, and execution of evaluation process once necessary approvals are received this may include but not limited to.

- Develop modules to assess project exposure, knowledge, and perceived impact.
- Develop full protocol for ethical reviews
- Develop specific guides for qualitative interviews (In-depth Interviews (IDI), Key informant Interviews (KII) & Focus group discussion (FGD)) with project staff, health facility workers, community leaders, project champions, government officials, donors and other stakeholders to evaluate implementation, strategies and sustainability. These participants will be purposively selected.
- Establish a comprehensive assessment methodology, including a sampling strategy designed to facilitate a robust before-and-after analysis. The analysis and site selection should consider the timing of deployment of ENs and outreach teams and make use of the rotational nature of ENs to provide evidence of sustainability, such as by disaggregating data according to the time since EN deployment. The sample of facilities selected for facility level data collection should consider the size and type of facility, and time since EN deployment.
- Conduct rigorous quantitative using available data from HMIS and CLIC+ and qualitative analysis. The analysis must include a direct comparison of baseline and endline results to demonstrate change.
- Prepare a comprehensive End-of-Project Report.
- Present key findings to project stakeholders and partners.

The evaluation should employ a mixed-methods approach, combining quantitative and qualitative techniques to ensure a comprehensive and triangulated assessment of findings. This approach is justified by the need to capture both measurable outcomes and contextual insights related to service delivery improvements. In addition, the consultant should develop a detailed evaluation matrix that links each evaluation question to specific indicators, data sources, and data collection and analysis methods, thereby ensuring methodological rigor, transparency, and coherence in the evaluation design. Potential evaluation participants would be discussed and agreed during inception report.

Evaluation Questions outlined in this document are intended to provide clear overall direction for the assessment; however, they are not entirely fixed. Refinement and adaptation of these questions will be undertaken during the inception phase to ensure they are fully aligned with the evaluation objectives, context, and data availability.

MSI Tanzania will not provide logistical support to the consultant. The evaluation will be conducted independently by the consultant. However, MSI Tanzania may facilitate essential support where necessary, particularly in navigating local administrative or regulatory requirements, where such assistance does not compromise the independence or integrity of the evaluation.



Deliverables:

- Presentation of Inception Report and evaluation design (Including detailed methodology, revised/developed data collection tools, sampling frame included.
 - Evaluation work plan
 - Stakeholder mapping
- Development of full protocol and submission to relevant approvals including National Institute for Medical Research
- Finalized Data Collection Tools (CAPI/paper) and qualitative guides (FGD, KII/IDI) in English and Swahili)
- Clean Dataset (All collected quantitative data in an analyzable format (e.g., SPSS, Stata, CSV) and anonymized qualitative transcripts in English)
- Draft Endline Report (For review by MSI Tanzania RME and Project teams)
- Final Comprehensive End-of-Project Evaluation Report), structured to include Executive Summary, Introduction & Methodology, Comparative Analysis: Baseline vs. Endline Findings (Presented in tables and graphs showing change over time for key indicators), Evaluation of Project Implementation & Reach, Analysis of Project Outcomes & Impact, Sustainability Assessment & Remaining Challenges, and Conclusions, Key Lessons Learned, and Strategic Recommendations
- A PowerPoint Presentation summarizing the key findings, impact, and recommendations to be presented to MSI Tanzania management and other relevant stakeholders.
- A 2-page summary (evaluation digest) of the finalized evaluation report.
- Manuscript for publication

Learnings and dissemination:

This evaluation is intended to support both accountability and learnings. Findings from this evaluation will be shared with key stakeholders, including MoH, implementing partners and donors, through reports, dissemination and policy briefs. The intended audience will use these findings as evidence to inform future programme improvements, appropriate resource allocation and scale-up decisions. The evaluation is designed to generate timely, relevant insights that directly support ongoing planning, policy refinement, and decisions-making process with the health sector.

Stakeholders for dissemination

Direct stakeholders	Indirect /secondary stakeholders
Foreign, Commonwealth and Development Office (FCDO)	Other bilateral and multilateral donors supporting SRHR and health system strengthening
MSI Tanzania and MSI Global	Other partners Implementing SRHR interventions in Tanzania and globally
International Rescue Committee (IRC) (for historical collaboration)	Local leaders and community champions
Ministry of Health	

Prime Minister's Office – Regional Administration and Local Government (PMO-RALG) Ministry of Community Development, Gender, Women, and Special Groups	
Regional and District Health Management Teams	

C: Evaluation management

Roles and Responsibilities

- **FCDO (Donor)**
 - Provides overall strategic oversight of the evaluation
 - Ensures alignment of the evaluation with policy and programme objectives
 - Ensure compliance with the evaluation with ethical standard
 - Reviews and approves key deliverables (e.g., inception report, draft and final reports)
- **Evaluation Team (Consultant)**
 - Designs and implements the evaluation in line with the ToR and agreed methodology
 - Ensures ethical standards, independence, and data quality throughout the process
 - Conducts data collection, analysis, and interpretation of findings
 - Produces and presents evaluation reports and actionable recommendations
- **MSI Tanzania**
 - Provide access to programme information, records, and operational data
 - Support logistical issues related to stakeholder engagement
 - Ensure compliance with the evaluation with ethical standard
 - Reviews and approvals of key deliverables (e.g., inception report, draft and final reports)
 - Participate in validation of findings and clarification of programme context
 - Do not influence analysis or conclusions to preserve evaluation independence
- **Government Authorities**
 - Facilitate access to local sites, communities, and administrative data
 - Support coordination of field activities at regional/district levels
 - Participate in consultations and validation workshops where appropriate
 - Provide contextual insights into the implementation environment

Risks and mitigation

The evaluation may face a range of contextual and methodological risks that could affect the quality and timeliness of findings. Key risks include limited access to certain facilities or respondents, and



stakeholder engagement which may influence the completeness and reliability of responses. In addition, challenges related to data quality such as incomplete or inconsistent routine data may arise. From a methodological perspective, risks include sampling constraints, non-response bias, and difficulties in attributing observed changes to the intervention within a complex system. The evaluation should incorporate proactive mitigation measures, including strong stakeholder engagement, rigorous data quality assurance and validation processes, careful sampling design, and systematic triangulation to enhance the robustness and credibility of findings.

Data Protection and Integrity

The evaluation upholds strict standards of data privacy and integrity throughout all stages of implementation. All data collected must be handled in accordance with data protection principles, ensuring confidentiality, secure storage, and restricted access to authorized personnel only. Personally identifiable information should be de-identified prior to analysis and reporting to minimize risks to participants. In addition, robust data management procedures including data verification, validation checks, and secure backup systems should be applied to ensure accuracy, consistency, and reliability of findings. Additionally, the donor and MSI will have unlimited access to reports, dataset and other materials provided by the consultant.

The evaluation team is expected to operate independently from the programme implementing team, local government authorities, and the donor community, with appropriate safeguards in place to prevent conflicts of interest. This independence is critical to maintaining the credibility, impartiality, and integrity of the evaluation process, ensuring that findings, conclusions, and recommendations are based solely on robust evidence and professional insights.

Safeguarding, Anti-Fraud and Bribery and Ethical Commitment

MSI Tanzania is committed to the highest standards of integrity, fairness, and accountability in all its engagement this is done by upholding a zero-tolerance policy towards corruption, exploitation, abuse, and discrimination of any kind. All consultancy processes will be conducted transparently and equitably, ensuring respect for the rights, dignity, and inclusion of adolescents, youths and vulnerable groups. The evaluation will be guided by the ethical principle of “do no harm,” requiring the consultant to proactively identify, minimize, and manage any potential risks to participants, communities, and stakeholders throughout all stages of the evaluation. This includes ensuring that data collection, engagement processes, and dissemination of findings do not cause physical, psychological, social harm, and that appropriate safeguards are consistently applied. Before embarking on interviews with beneficiaries, it is essential to obtain ethical approval from the National Ethical Review Board. This approval safeguards participants’ rights, ensures adherence to the principle of “do no harm,” and validates that all data collection processes meet national and international ethical standards.

Use of Artificial Intelligence (AI)

Vendors may use Artificial Intelligence (AI) tools to support the preparation of proposals and deliverables. However, all output generated by AI must be reviewed, validated, and approved by the vendor before submission. The vendor remains fully responsible for the accuracy, quality,



compliance, and originality of all content provided. The use of AI does not exempt suppliers from meeting contractual, ethical, and regulatory requirements, nor does it transfer liability to the contracting organization.

Evaluation Timeline and Point of contact:

The consultancy is expected to be completed within 4 months of the date of contract signing. The proposed timeline encompasses the protocol development, ethical approval, data collection and analysis, report writing and dissemination. From MSI Tanzania, Head of Research, Monitoring and Evaluation will be point of contact for a day-to-day communication and the consultation should provide update for each step made during the evaluation process.

Table 2: Evaluation timeline Dates may change depending on start date

Activity	Timeline year 2026					
	May	June	July	August	September	Deliverables
Engaging consultant						Technica and financial proposals
Inception meeting and evaluation design						Evaluation design document with work plan
Protocol development and ethical clearance						Ethical clearance
Interviewer and Facilitator training for qualitative data collection						Clean transcriptions
Data management, analysis and report writing						Draft report and final report
Dissemination of findings						Presentation of the evaluation and 2 pager summaries
Manuscript publication						Manuscript



Evaluation criteria

The proposal for evaluation must meet below minimum criteria:

Technical proposal

The technical proposal must demonstrate:

- Understanding of Scope and Objectives
 - Statement of understanding the terms of reference (TORs).
 - Clarity and Comprehension
 - Clear understanding of the project scope, objectives, and expected outcomes.
 - Clarity and completeness of the project plan:
 - The technical proposal detailing how this assignment will be delivered; clearly indicating the approach and methodology including the timeline.
- Records on experience in similar projects/assignments and concrete outputs produced (Evidence of previous experience of similar work and outputs with references). Provide at least 3 reputable organizations with similar services. Include contact details (phone number and email for reference).
- Technical Expertise and Experience
- Qualifications and experience of the proposed team members

The consultant/team must demonstrate:

- a) Possess at least 8 years of proven experience in designing and conducting health related endline/evaluation surveys, with a strong focus on end of project evaluation.
- b) Have at least master's degree in public health, Demography or other related discipline
- c) Technical expertise in public health, Sexual and Reproductive health, and Gender -based Violence programming.
- d) Strong proficiency in both quantitative and qualitative research methods and data analysis.
- e) Experience working with vulnerable populations, especially adolescent girls and young women (AGYW), refugees and a deep understanding of ethical considerations and safeguarding in such research.
- f) Excellent analytical, report-writing, communication and presentation skills.
- g) Has no prior or current affiliation with MSI Tanzania

Financial Proposal:

- Demonstrated financial stability, including the capacity to pre-finance activities where necessary prior to reimbursement (supported by audited financial statements for the past two years).
- Clear, comprehensive, and realistic financial proposal that shows:
 - Detailed budget breakdown, including professional fees, fieldwork costs, logistics, and other relevant expenses.
 - Demonstrated alignment of proposed costs with deliverables to ensure effectiveness and value for money.
- Demonstrated compliance with Tanzanian tax regulations including:



- Copy of TIN certificate
- VAT registration, where applicable.
- Evidence of the ability to issue valid Electronic Fiscal Device (EFD) receipts for all invoiced payments, demonstrated through submission of a sample previously issued EFD receipt (with the recipient's TIN redacted where appropriate).

Submission of Proposals:

All proposals must be submitted as per the details below.

Deadline for Submission:

Submission Email: tenders@mst.or.tz

Email Subject Line: "**Consultancy: SUFP End-of-Project Evaluation**"