



**Terms of Reference for End-Term Evaluation of project:
Increasing access to inclusive services at the community level
by promoting a Community-Based Inclusive Development
approach in Jordan**



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Terms of Reference for Evaluation

1. Evaluation Summary

Project ID and Program/Project Name	P10407 Increasing access to inclusive services at the community level by promoting a community-based inclusive development approach in Jordan
Name of Partner Organisation/s	Al-Hussein Society/ Jordan Center for Training and Inclusion (AHS)
Project start and end dates; phase of project if applicable	1.11.2022 – 31.01.2026
Evaluation Purpose	Assessment of overall results of project for accountability purpose, donor reporting, and organisational learning
Evaluation Type	Final Evaluation
Contracting organisation/contact person	CBM Christoffel Blinden Mission Christian Blind Mission e.V. (CBM) Eastern Mediterranean Program Amal Daar (Programme Officer)
Primary Methodology	Tbd, to be outlined in proposals of potential evaluation teams
Proposed Evaluation Start and End Dates	October.2025 – Novemeber.2025 (Up to 30 working days)
Anticipated Evaluation Report Release Date	20.11.2025
Recipient of Final Evaluation Report	CBM, AHS, donor



2. Project Background and Description

There are currently almost 10.4 million people living in Jordan, 11.2% of whom have a disability, according to the Jordanian Bureau of Statistics (2015). The majority of people with disabilities live in urban areas. However, access to health and rehabilitation services for persons with disabilities is particularly difficult in rural areas. The situation is even more difficult for girls and women with disabilities. They are exposed to double discrimination, on the one hand because of their gender and on the other hand because of their disability. They are also more exposed to gender- and disability-based violence. Nevertheless, this and other problems remain mostly invisible because the girls and women are isolated and do not know what rights they have and how to access the legal system. Persons with disabilities in Jordan are still disadvantaged and discriminated against. They do not know their rights or cannot enforce them because they act in isolation and are not organised. They often receive necessary rehabilitation services late, with negative consequences for their health. Access to education and other facilities is difficult or impossible due to long transport routes and lack of accessibility.

Despite the efforts of various state and civil society actors, legal guidelines and policies as well as international conventions are implemented only hesitantly in Jordan. People with disabilities therefore continue to live with many barriers that exclude them from equal participation in life and society. Access to education and social services is limited due to inadequate infrastructure (including a lack of barrier-free buildings) and stigmas against persons with disabilities among the population and on the part of service providers. Children with disabilities have often no access to general education in regular public schools. To improve the described situation of people with disabilities in Jordan, the project is based on the principles of Community Based Rehabilitation (CBR) and Community Based Inclusive Development (CBID) and aims to achieve the following:

Overall objective: The quality of life and social participation of people with disabilities in Jordan has improved.

Project outcome: People with disabilities benefit from improved provision and access to inclusive community-based education and rehabilitation services, particularly in the targeted areas of Ramtha, Salt and Karak. Please refer to annex 1 for the project logframe.

Output 1: *Awareness and knowledge of inclusive community development are strengthened among government officials and NGOs as well as public and private providers of education and rehabilitation services nationwide.*

Output 1 focuses on introducing the concepts of CBR and CBID to representatives from the directorates of the ministries in the 12 governorates of Jordan, NGOs, CSOs, OPDs and community-based service providers across Jordan and linking them together. CBR and CBID approaches should become the basis for service delivery to create an inclusive community. This will also increase the inclusion in strategic planning and budgeting.

- Activity 1.1 Training of 228 representatives from the directorates of 12 governorates, as well as NGOs, CSOS, OPDs and community-based service providers on the CBR guidelines and the CBID concept.
- Activity 1.2 Training of 228 representatives of the directorates of 12 governorates, NGOs, CSOS and community-based service providers on strategic planning for inclusive development
- Activity 1.3.1.3 train 228 representatives from the directorates of 12 governorates, as well as NGOs, CSOS and community-based service providers on the international and local legal framework for the rights of persons with disabilities.

Output 2: *An inclusive service platform of public and private community-based service providers is established and operational in three target areas.*



Output 2 involves the creation of a national online platform that will link service providers and persons with disabilities. The planned platform should lead to coordination, exchange, and faster and simplified referral to and between service providers. This should lead to early diagnosis of disabilities and reduce possible late effects through timely referrals and access to relevant services. Telemedicine services are also to be made possible in the medium term within the framework of the planned platform. Another aspect of the platform is the collection of data and information to complement official statistics and thus create a clearer picture of the situation and needs of people with disabilities in Jordan.

- Activity 2.1 Conduct a mapping of community-based services in the 3 governorates to develop a guide of available relevant services.
- Activity 2.2 Establishment of a barrier-free national platform that ensures the provision of services, a structured referral system, knowledge exchange and an accessible data base for persons with disabilities and communities.
- Activity 2.3 Development of an accessible mobile app to allow service providers and clients a direct access to provided services
- Activity 2.4 Pilot phase to raise awareness among the public and to train service providers to use the platform.

Output 3: *Accessible inclusive education and rehabilitation services for people with disabilities are developed at community level in the three target areas of Ramtha, Salt and Karak.*

Output 3 aims to create inclusive and accessible services and provide training for staff in rehabilitation centres and for teachers to design services and lessons that are accessible to people with disabilities. Three KAP-studies will identify the need for inclusive services and collect data for these regions. These are to be used both in the creation of a guideline planned under output 2 and as a baseline and basis for further measures (e.g. measures to increase accessibility in relevant buildings). Furthermore, awareness-raising campaigns are planned to bring the rights of people with disabilities closer to the community and to break down prejudices, especially regarding the issue of psychosocial problems.

- Activity 3.1 Implementation of 3 KAP studies in 3 representative target regions (Ramtha, Salt, Karak) to identify the needs of persons with disabilities for community-based inclusive services implemented by OPDs in cooperation with local communities.
- Activity 3.2 Assessment and identification of needs for accessibility (accessibility audit) of service providers in the 3 communities of Ramtha, Salt, Karak
- Activity 3.3 Improved accessibility of 9 buildings of service providers in Ramtha, Salt and Karak for persons with disabilities
- Activity 3.4 Training of 120 occupational and physiotherapists in home-based rehabilitation for parents and relatives in Ramtha, Salt, Karak
- Activity 3.5 Training of 120 pre-school teachers and assistants in early detection and inclusive education in Ramtha, Salt and Karak
- 3.6 Training of 120 regular teachers and teaching assistants who complement individual education plans to support inclusive education in Ramtha, Salt and Karak
- 3.7 Implementation of 2 awareness raising campaigns on the rights of persons with disabilities, on the importance of psychosocial support and on the establishment of a national platform: one in Ramtha, conducted by the project team and one in Karak, implemented by OPDs with guidance from the project team.



Feasibility Study:

In March 2022 a feasibility study was conducted to inform the final design of this project.

The main recommendations of this study included:

- Develop **realistic** and measurable indicators directly linked to project activities and their expected output/outcomes.
- Ensure clarity for all stakeholders on key concepts (i.e., CBID, CBR) and emphasize how they practically link to existing agendas, commitments and activities, rather than replacing them.
- Ensure a plan is in place to monitor the steering committee beyond the project life cycle.
- Map and identify relevant representatives/stakeholders from government ministries.
- Place a greater focus on the active participation of OPDs and their specific needs.
- Ensure outreach activities and the targeting of parents/caregivers for capacity building is cognisant of stigma.
- For the proposed service mapping application and portal to be effective and inclusive, it must be accessible to people with a diverse range of disabilities and impairments.

The study will be made available to the contracted consultant.

3. Evaluation Objective and Intended Use

The purpose of this End-term evaluation is to assess the overall performance of the project implemented from 1.11.2022 to 31.01.2026. Therefore, the End-term evaluation shall review and assess the project in terms of its achieved objectives and outcomes, and identify successes, as well as possible gaps and challenges. The lessons learned and recommendations will inform future programming and strategic planning by CBM and its partners. The evaluation will also support accountability to all stakeholders—including the donor (BMZ), service users, implementing partners, community members, and the government sector, including relevant ministries and governorates involved in national implementation and monitoring—by providing a transparent assessment of the outcomes achieved and the resources utilized. An Executive Summary and graphical depictions of findings, together with a limited number of useful recommendations, shall allow stakeholders to use it for adjustment and learning.

Finally, the evaluation will be a valuable resource for other stakeholders involved in the project, such as the Higher Council for the Rights of Persons with Disabilities and the project's Steering Committee. It will provide an overview of the project's various components and offer insights into potential areas for improvement moving forward.

4. Limitations

- Regional security conditions and political instability. Evaluation activities must remain flexible and adaptable, particularly in areas near borders or within refugee camps. Coordination with AHS is advisable.
- Coordination and bureaucracy of governmental entities, which could cause delay in response for meetings with officials. Coordination with AHS is advisable.
- Cultural and social sensitivity regarding gender and disability. Cultural norms may influence the willingness of participants to discuss gender-based issues or disability inclusion, particularly in more conservative or rural communities. It is advisable to apply culturally sensitive approach and ensure informed consent, privacy, and confidentiality.



5. Target Groups and learning

The main target group, including persons with disabilities, will have the opportunity to provide essential feedback and participatory input. This is vital to ensuring that future project implementation is more closely aligned with their needs, expectations, and priorities.

Direct target group:

- 120 occupational and physiotherapists (80 % female) from the 3 target areas Ramtha, Salt and Karak (Output 3)
- 120 pre-school teachers and assistant teachers (80% female) in Ramtha, Salt and Karak (Output 3)
- 120 teachers and assistant teachers (80 % female) in Ramtha, Salt and Karak (Output 3)

Institutional direct target group:

- **Directorates of the 12 governorates of the Ministry of Education** (2 persons per directorate, i.e. **24 in total**). (Output 1)
- **Directorates of the 12 governorates of the Ministry of Social Development** (2 persons per directorate, i.e. **24 in total**). (Output 1)
- **Directorates of the 12 governorates of the Ministry of Labour** (2 persons per directorate, i.e. **24 in total**). (Output 1)
- **Directorates of the 12 governorates of the Ministry of Health** (2 persons per directorate, i.e. **24 in total**). (Output 1)
- **32 public institutions** providing services to 830 people with intellectual disabilities (2 persons per institution, i.e. **64 in total**). (Output 1)
- **25 NGOs** providing services to 2126 persons with various disabilities (2 persons per facility, i.e. **50 in total**). (Output 1)
- **9 private organisations** providing services to approx. 2200 people with disabilities aged 3 to 34 (2 persons per facility, i.e. **18 in total**). (Output 1)

Indirect target group:

Overall service users of the project are about 10,000 people from the three target communities (Ramtha, Salt and Karak), including 5,000 people with disabilities benefiting from direct services through the platform, as well as 1,000 students receiving individual school support and 1,000 parents and family members receiving support in home-based rehabilitation of their children with disabilities, and about 3,000 people reached through awareness campaigns. In addition, a large proportion of people with disabilities (50,924) and their families in the three target areas are expected to benefit from the measures in the medium term.

6. Evaluation Questions

The guiding questions for the evaluation are based on [the OECD \(Organization for Economic Cooperation and Development\) DAC \(Development Assessment Criteria\)](#) evaluation criteria of **relevance, coherence, effectiveness, efficiency, impact, and sustainability**.

In line with [Disability Inclusive Development \(DID\) standards](#), the end-term evaluation will not only assess the **engagement of persons with disabilities** within different phases of the project cycle. It will also actively include persons with disabilities and OPDs in the evaluation process. Other areas the evaluation needs to consider are **Gender and Child Safeguarding** as mandatory areas of enquiry. The next table provides further details.

Suggested guiding questions
RELEVANCE: Assessing the relevance of a completed project involves evaluating how well its outcomes align with its initial objectives and the broader context it was intended for.
<ul style="list-style-type: none"> • Did the project address the significant needs of the stated target groups? Have different needs of persons with disabilities been addressed? • To what extent have the objectives of the project been valid considering the need and priorities of the participants/ target group, partner organisations and local/national conditions? • Are the objectives realistic and relevant given the available resources and conditions? • Are the results still relevant for similar stakeholder needs?
COHERENCE – This point measures how well does the project fit in the broader national and international context.
<ul style="list-style-type: none"> • To what extent are the project’s design, delivery and results coherent with international laws and commitments to disability rights, gender equality and rights, including the UNCRPD, CEDAW³, and the 2030 Agenda? • To what extent does the intervention support national legislation and initiatives that aim to improve equality and human rights?
EFFECTIVENESS: This measures to which extent the project is achieving what it set out to do, including but not limited to the quality of planning, indicators, implementation as well as target achievement and ownership by partner(s)
<ul style="list-style-type: none"> • To what extent have project activities improved supply and access to inclusive community-based education and rehabilitation services in Ramtha, Salt and Karak for persons with disabilities up to now? What are the challenges & achievements in this regard? • Have the target values been met according to plan? What has affected the achievement of those results? • What are the major factors influencing the achievement or non-achievement of the project’s outcome/outputs? • What monitoring systems have been used during implementation and how far have they captured different results for groups of persons (male/female, with and without disabilities)? Were data collected and disaggregated according to gender, age and disability? • To what extent are persons with disabilities able to advocate for their rights in strategic planning?
EFFICIENCY: This point measures the outputs (results) in relation to the inputs (expenditures, both financial, staffing, time) and whether funds are used in the most cost-effective way to achieve the desired results. This generally requires comparing alternative approaches to achieve the same outputs to conclude whether the most efficient process has been adopted.
<ul style="list-style-type: none"> • Is the project being implemented in the most efficient way compared to possible alternatives? Is duplication with other actors’ work in a similar field/the same geographical area avoided (or are synergies used)?

<ul style="list-style-type: none"> • Have there been significant delays to implementation, and if so, what were these and why? Did the partner recruit project staff that meets the needs of the project? Was there any staff fluctuation, and what were the causes? How efficient was the entire process of planning and implementation? Were plans of activities delayed or adjusted to actual needs? How was the project managed? • Was the technical execution of the approach to CBID/CBR chosen by the project adequate and the most efficient intervention strategy? Were the financial resources and other inputs efficiently (most economically) used to achieve results? Have, in general, the project funds been used strategically and efficiently? Are there procedures employed by the partner organizations that ensure efficient use of the project funds, and have these procedures been fully understood and followed by the project staff in the implementation of the project? Are existing learning processes such as reflection and internal review used sufficiently to keep the project plan updated?
<p>Contribution to change (impact): This point assesses the positive and negative consequences of the project activities, direct and indirect, intended and unintended. Achievement of the overarching developmental goals as well as structural formations shall be measured as well.</p>
<ul style="list-style-type: none"> • What are the key changes – both positive and negative – that the programme brought into the lives of beneficiaries, their family members and the community? How is the project perceived by the community and Organizations of People with Disabilities (OPDs)? What positive/negative effect(s) were unintended or not expected? • How has the project contributed to building more inclusive communities, particularly for persons with different types of disabilities, refugees with disabilities, and those in rural areas? To what extent has awareness of the rights of persons with disabilities and issues related to psychosocial health increased among the target group? • Is the target group able to apply Community Based Inclusive Development (CBID) and Community Based Rehabilitation (CBR) in their daily work, or to what extent might they be able to do so by the end of the project? What challenges and successes have emerged? Has knowledge of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) improved, and how is this being applied in practice? have the interventions created a sense of ‘ownership’ of the project’s goals among key stakeholders?
<p>Sustainability: This point refers to the probability of an intervention to continue delivering benefits beyond the project period. The sustainability section assesses the degree and potential to which project interventions or impacts will continue once the project ends and what mechanisms are in place to ensure the sustainability.</p>
<ul style="list-style-type: none"> • In what way did the project involve local authorities, government or other stakeholders through any commitment or support towards achieving the project? What is the expected/planned degree of local/state support for continuation of the started interventions? • What measures or mechanisms have been implemented by the partner to ensure the sustainability of the project outcomes? • What is the likelihood that achievements in the various outputs/outcome are being sustained beyond the project period? • What more must be done to ensure / retain the changes and momentum generated will continue beyond the project period?
<p>Disability Inclusion and Gender Equality: The evaluation must consider gender and inclusion aspects of the project and report on this. Data collected must be disaggregated according to gender, age and disability status.</p>
<ul style="list-style-type: none"> • How have persons with disabilities and their organisations been involved in planning and implementing the project? What more could have been done to increase their involvement in implementation?



- How was the equal participation of girls and boys, women and men, persons with disabilities as well as marginalized communities ensured? What is the ratio of women and men in the project? What is the ratio of women and men with disabilities? Does this adequately reflect the ratio of males and females with disability in the target region? Is the focus on the caregivers appropriate? Does the project reinforce unequal duties such as for example taking care of children with disabilities?
- To what extent is the project inclusive of refugees? Were refugees considered in the project's design, implementation, and evaluation phases? If yes, how?
- Are project activities, services, and communications accessible and relevant to both host communities and refugees? What measures were taken to allow accessible communication with persons with disabilities during implementation?

Safeguarding of children and adults at risk

- What measures were already in place or put in place during implementation to ensure safeguarding of children and adults at risk?
- Have any trainings been conducted to increase awareness in communities, at administrations, schools and other engaged entities?
- Was an accessible feedback mechanism in place? Are people aware of its existence and use?

7. Methodology

The detailed methodology shall be developed by the evaluation team in close consultation with the project partners and CBM. A first outline of the proposed methodology shall be provided in the Expression of Interest /Consultancy Offer. The evaluation shall be results based (outcome and impact) rather than activities based. It shall be a participatory and inclusive process conducted by involving the implementing partner, stakeholders, and representatives from the target group. Particular attention shall be given to people with disabilities and/or their families in terms of their involvement in the evaluation and accessibility of its results. Therefore, sampling should deliberately include persons with disabilities and/or their families from the target group. The evaluation shall involve female and male adults and children with disabilities and their families, including refugees, that are affected by the project. Necessary accommodations in the methodology (sign language, accessible venues, additional time) must be made to ensure inclusion. The following mechanisms must be adhered to during the entire process:

- Participatory and inclusive
- Safeguarding of children and adults at risk
- Data Disaggregation (gender/age/disability)
- Data Security and privacy (data storage and informed consent)

It is suggested to use mixed methods incl. qualitative and quantitative methods. This will likely include, at a minimum:

- **Document and systems review:** Review of existing documentation, including; project plan and reports, project log frame, and monitoring and evaluation data.
- **Surveys:** Application of structured survey questionnaires with a representative, random sample of the target population to quantitatively assess outcomes. This will be greater in scope, breadth, and depth compared to standard routine project monitoring.
- **Focus Group Discussions** with target groups and other stakeholders to assess implementation experiences and effectiveness, document successes, challenges and lessons learned and develop recommendations for improvement.
- **Key Informant Interviews:** Consultations with key project stakeholders, including field staff and partners.
- **Collection of personal stories** that allow to illustrate the changes in the life of some individuals as a result of the interventions.



The evaluation shall be conducted using rights-based principles, i.e. be participatory, inclusive and following a do-no-harm approach. Data security and privacy issues must be adhered to during data collection, management as well as reporting. The project team will share a matrix of key partners and stakeholder with the evaluator so that s/he is aware on who to include in the sampling.

8. Management Responsibilities and Evaluation Team

Commissioning responsibility

The evaluation will be under the responsibility of the CBM Eastern Mediterranean Programme. The local implementing partner AHS will be involved in drafting the Terms of Reference, reviewing and providing input to the final report.

Responsibility of CBM Eastern Mediterranean Programme includes:

- Tendering of Evaluation Team/ Consultancy Company
- Facilitate the initial evaluation briefing and the post –review session
- Communicate with the consultant/evaluation team leader on any significant issues arising before and during the evaluation.
- Review and approval of detailed methodology and work plan
- Review and approval of final evaluation report and recommendations according to the reporting template provided by CBM.
- Conclusion of Contract with Evaluation Team
- Arrangement of Payments to Evaluation Team
- Complete process and report finalisation.

AHS has the responsibility to make sure that relevant stakeholders are aligned and available for discussions as well as provide their feedback to the draft evaluation report. Furthermore, the evaluation will be kicked off with a briefing of the partner organisations CBM and AHS and the Evaluation Team. A final wrap-up meeting/workshop shall be conducted by the same parties, with the format and location to be determined at a later stage.

The Evaluation Team plays a central role in generating evidence-based insights that promote reflection, learning, and improvement. Their responsibilities include:

- Reviewing and analysing the overall project implementation against planned objectives, activities, and indicators.
- Identifying lessons learned and providing practical, actionable recommendations for future programming.
- Ensuring accessibility of findings through a clear and user-friendly final report that can serve as a reference for all stakeholders.
- Facilitating feedback collection, particularly from persons with disabilities, to ensure participatory input that informs future project design and delivery.
- Highlighting what worked well and what needs improvements in the future projects supporting informed decision-making.

In terms of logistics, the evaluation team is responsible for:



- Arranging (international) travel details and making sure to have a relevant visa if required. CBM and AHS can support in obtaining invitation letters.
- Arranging accommodation, having relevant insurances and monitor the safety and security situation for any travel.
- Ensuring appropriate translation or interpretation is covered as needed, including potential provision of sign language interpretation.

AHS shall recommend accommodation options and will arrange meetings and local logistics in close alignment with the Evaluation Team. AHS shall make sure that venues are accessible for persons with disabilities.

CBM and AHS can support logistical arrangements as needed.

The recommendations of the evaluation shall be used to draft a Management Response (template to be provided through CBM for further action).

Requirements of the Evaluation Team

The consultant/evaluation team applying for this evaluation shall have the following qualifications:

- Master's degree or higher academic degree related to community based inclusive development/community-based rehabilitation/rights of persons with disabilities, or similar
- Technical expertise in CBID and/or CBR, disability and inclusion
- Proven working experience with NGOs and INGO and the government sector in the field of community based inclusive development/rights promotion
- Proven consultancy experience of at least 5 years with a record of providing high quality, expert advice
- Proven experience in the evaluation of projects/programmes by BMZ or similar institutional, DFAD, DFID.
- Experience in evaluation of similar programmes and sound knowledge of (inclusive) Project Cycle Management (iPCM)
- Experience in participatory approach is a must as well as facilitation skills
- Excellent analytical skills
- Proven working experience in the field of inclusion, disability and gender mainstreaming
- Knowledge about local culture, policies and laws to understand the reality for persons with disabilities in the country
- Excellent English report writing skills, ability to write in a structured and concise manner
- Proactivity and persistence will be required
- Proficiency in written and spoken Arabic and English is a must
- Ideally, the evaluation team shall include a mixed gender team and be inclusive of a person with disability.

The evaluation team is expected to be medically insured during the time of service under this consultancy. The contracting agency will not take responsibility for any damage, injury, or loss in the framework of this evaluation. Verification of these qualifications will be based on the provided curriculum vitae. Moreover, references, web links or electronic copies of two or three examples of recently completed evaluation reports shall be provided together with the technical proposal.

Candidates are also encouraged to submit other references such as research papers or articles that demonstrate their familiarity with the subject under review.



CBM Children and Adults at Risk Safeguarding Policy: As a condition of entering into a consultancy agreement the evaluators must sign the CBM Code of Conduct and the Safeguarding Policy and abide by the terms and conditions thereof.

9. Deliverables

The End-Term evaluation is expected to start in October 2025 with an inception phase followed by data collection (desk review, interviews, and surveys), analysis, and report writing. A workshop for presentation and discussion of preliminary findings, and the final revised evaluation report should be delivered no later than end of November 2025 (exact dates will be agreed on later).

- The Consultant will provide an evaluation plan with a detailed methodology to the CBM.
- The Consultant will take part in a briefing on the basis of the evaluation plan and detailed methodology with AHS and CBM.
- There will be a feedback session with the main team/staff from the implementing partner on the main findings and recommendations.
- The Consultant will prepare a Comprehensive Evaluation Report for submission to CBM by end of November 2025 taking into consideration inputs from all key stakeholders in the prescribed format/template detailed as requested and provided by CBM (inclusive of an executive summary). The final report shall include lessons learned and recommendations to the project team, CBM and the donor.
- All background material shall be delivered, incl. (anonymised) questionnaires, (anonymised) surveys, consent forms, etc. in the form of an Annex.

Evaluation Plan and detailed methodology due by: Two weeks after start of assignment

Draft Report due by: Two weeks after the visit to project sites

Finalised Report due by: Four weeks after submission of draft evaluation report

10. Evaluation Schedule

The consultant will provide the following deliverables to the CBM and AHS team within the timeframe stated:

Inception Report: within 6 working days of evaluation launch, a detailed report on the evaluator's proposed approach to the evaluation will be submitted for approval. This will provide a detailed description of the methodology and tools, research questions, analytical methods, and detailed work plan, incl team member responsibilities for the entire exercise. Draft questionnaires and interview forms will also be submitted for review at this stage.

Data collection: testing questionnaires, refining data collection tools, and administering data collection within 20 working days of the evaluation launch.

Data analysis and reporting: The consultant will present the preliminary findings for discussion with AHS and CBM. This should include a draft set of findings and analysis.

Final Report: should be no longer than 30 pages – excluding the executive summary and annexes, to the point, and written in plain English. The report must explain the purpose of the evaluation, exactly what was evaluated, and the methods used (with their limitations). The report will present evidence-based and

balanced findings, consequent conclusions, lessons, and recommendations, which will be cross-referenced to each other. The report should be presented in a way that makes the information accessible and comprehensible. Any dissident views in response to evaluation findings will be appended in a footnote or annex as appropriate. To avoid repetitions in the report, the authors will use numbered paragraphs and make cross-references where possible.

The following table provides a roughly expected time frame:

Task	Location	Number of Days	Expected Dates
Briefing	Online	1 day	tbd
Desk Study	Consultants' desk	6 days	
Field Phase, Project Visit or remote data collection phase	... Karak, Salt, Ramtha. Additionally, other governorates from south, north and middle regions	10 - 12 days	
De-briefing with initial findings	Online	1 day	
Analysis and draft report	Consultants' desk	6 days	
Finalising report	Consultants' desk	3	
(Option of wrap-up workshop with stakeholders)	Online/partner or CBM office	1	
TOTAL		28- 30 working days	

11. Payment Mode

Once the consultancy/evaluation contract is signed, the payment will be arranged in three instalments. The first instalment of 25% will be made upon signing the contract. A second instalment of 25% will be paid after submission of the draft report. The remaining balance will be paid to the evaluator upon clearance of the final report by CBM. All payments can only be processed based on an invoice, including an overview of payments and supported by receipts of all expenditures and time sheets.

12. Applications

Expressions of Interest shall be submitted by **(August 4, 2025)** to **(info.em@cbm.org)** and shall include:

- Brief description of consultancy firm/consultant/team
- Detailed CVs of the team lead and/or each of the suggested team member
- Technical proposal and suggested methodology
- Availability of team and suggested schedule
- Financial proposal
- A reference list of three previous customers

The financial proposal of consultant costs should include the following:

- Fees, incl. taxes
- Accommodation, transport, meals, (will be reimbursed against original receipt)



- Costs during evaluation, such as refreshment during interviews and rental of venues (will be reimbursed against original receipt)

Only complete applications will be considered. The contractor may ask for references and/or examples of previous work and reports during the recruitment process. The contractor reserves the right to terminate the contract in case the suggested and agreed upon team members are unavailable at the start of the evaluation and no adequate replacement can be provided.

13. Documents

List documents that will be provided to the evaluation team such as project description, logical framework or theory of change documents, most recent reports, recent financial report, any previous assessment, review, evaluation report (as applicable).

Note that those documents will be made available to the consultant after signature of contract.



14. Annex 1: Project Logframe

General objective	Indicators OPTIONAL	
	Original value (quantitative and qualitative)	Target value (target) (quantitative and qualitative)
The quality of life and social participation of people with disabilities in Jordan has improved.		
Aim of the project	Indicators	
	Initial value (quantitative and qualitative)	Target value (quantitative and qualitative)
People with disabilities benefit from improved provision and access to inclusive community-based education and rehabilitation services, particularly in the targeted areas of Ramtha, Salt and Karak	<p>Currently, the needs of persons with disabilities in Jordan are given little or no consideration in strategic plans.</p> <p>-----</p> <p>According to the National Strategy for Rehabilitation 2020-2024, the need for rehabilitation in Jordan is largely unmet. There are few opportunities for people with disabilities to receive targeted information on relevant issues as well as to exchange information. There is no structured referral system and there is a lack of access to many services that enable people with disabilities to lead more self-determined lives.</p> <p>-----</p>	<p>By the end of 2023, a multi-year strategic plan for inclusive community development has been prepared for each of the 3 target areas Ramtha/ Salt/ Karak¹, which will be endorsed by the Steering Committee and adopted in its implementation by the end of 2025.</p> <p>-----</p> <ul style="list-style-type: none"> • Until the end of 2024 - find 1,000 transfers • Until the end of 2025 - find 2,500 referrals - takes place via the platform.



	<p>There are hardly any inclusive services in Jordan. There is no networking between providers, so people with disabilities often do not receive necessary services or receive them too late.</p> <p>Information on relevant topics cannot be found in a bundle, e.g. there is no info on adapted schools that take into account the needs of children with disabilities.</p> <p>-----</p> <p>In the pre-school sector, especially in rural areas, there is a lack of trained teachers in early identification and inclusive education.</p>	<p>-----</p> <ul style="list-style-type: none"> • By the end of 2025, 30% of the users registered on the platform (people with disabilities or parents of children with disabilities) will receive inclusive services. <p>-----</p> <ul style="list-style-type: none"> • By the end of 2024, 120 pre-school teachers and assistants will have been trained in early identification and inclusive education and will be able to support children according to their individual abilities.²
<p>Sub-targets</p>	<p>Indicators</p>	



	Initial value (quantitative and qualitative)	Target value (target) (quantitative and qualitative)
<p>UZ1:</p> <p>Awareness and knowledge of inclusive community development are strengthened among government officials and NGOs as well as public and private providers of education and rehabilitation services nationwide.</p>	<p>There is little awareness among representatives of public institutions, private organisations and NGOs of the CBID approach and its application and positive impact in promoting more inclusive communities.</p> <hr/> <p>The representatives of public institutions, private organisations and NGOs have so far hardly any awareness of the issue of inclusion, so that this aspect is missing in their decisions and the preparation of strategic plans.</p> <hr/> <p>Currently, existing rehabilitation services provided by NGOs, civil society organisations and rehabilitation institutions operate on an individual basis and without coordination with other service providers. There are no joint strategic plans.</p>	<ul style="list-style-type: none"> • By the end of 2024, 228 representatives from the directorates of the 12 governorates, public and private institutions and NGOs providing rehabilitation and inclusive education services for people with disabilities will have been trained on CBID. <hr/> <ul style="list-style-type: none"> • 80% of the trained professionals apply the acquired skills and knowledge in their daily work and take them into account in strategic planning and decision-making. <p><i>(Questionnaire regarding the application of the acquired knowledge 6 and 18 months after the training)</i></p> <hr/> <ul style="list-style-type: none"> • At the end of the training, representatives of government agencies, public institutions as well as private organisations, NGOs, and self-advocacy organisations of the 3 target regions Ramtha, Salt and Karak each drafted a strategic plan taking into account CBID criteria.



<p>IP2:</p> <p>An inclusive service platform of public and private community-based service providers is established and operational in three target areas.</p>	<p>Currently, only partial information is available, but there is no comprehensive compilation of available relevant services for people with disabilities, neither in paper form nor online.</p> <p>-----</p> <p>There are only a very limited number of local organisations that offer online services, e.g. for making appointments.</p> <p>-----</p> <p>So far, service providers work in isolation and are not networked. There is no systematic referral system.</p> <p>-----</p> <p>People with disabilities do not have a forum that they use as a specific source of information or exchange.</p>	<ul style="list-style-type: none"> • At the beginning of the second year (2023), a guide with the available relevant services for people with disabilities is prepared for each of the 3 governorates. • At the end of the second year (2023), the platform for the 3 target areas will be established, functional (online) and tested (pilot phase). • By the middle of the third year (2024), at least 50% of the 66 or so service providers who have been trained in the use of the platform are registered there and use a structured referral system. • By the end of 2025, 5000 people with disabilities from the 3 target areas are registered on the online platform.
<p>UZ3:</p> <p>Accessible inclusive education and rehabilitation services for people with disabilities are developed at community level in</p>	<p>There are estimates and assumptions about the needs of persons with disabilities, especially in rehabilitation, in the three target</p>	<ul style="list-style-type: none"> • By the beginning of 2023, the actual need for rehabilitation and other relevant services for persons with disabilities in the 3



<p>the three target areas of Ramtha, Salt and Karak.</p>	<p>areas. However, the actual need is not known.</p> <hr/> <p>Municipal facilities that offer services for people with disabilities are often not barrier-free themselves, so that wheelchair users, for example, have no access.</p> <hr/> <p>Parents and other family caregivers have little knowledge about how to support their children with disabilities in the home environment.</p> <hr/> <p>Teachers and teaching assistants often have only basic knowledge of creating Individual Education Plans (IEPs) and adapting curricula for pupils with special needs or disabilities.</p> <hr/> <p>There is little basic knowledge about the rights of persons with disabilities and about psychosocial health.</p>	<p>target areas has been identified through KAP studies with the active participation of OPDs.</p> <hr/> <ul style="list-style-type: none"> By the end of 2025, 9 municipal service providers (2 in each of the 3 municipalities) have become more accessible and thus more accessible to people with disabilities. <hr/> <ul style="list-style-type: none"> By the end of 2025, about 1000 parents/ relatives have been trained and accompanied in the home rehabilitation of their disabled children by 120 trained occupational and physical therapists. <hr/> <ul style="list-style-type: none"> By the end of 2025, approximately 1,000 pupils with disabilities will have received Individual Education Plans (IEPs) from 120 trained teachers and teaching assistants to support them in their individual schooling. <hr/> <ul style="list-style-type: none"> 2 Awareness-raising campaigns on human rights-based approach/mental health/use of national platform have been conducted: <u>First campaign in Ramtha</u> - it will be carried out by the project team in the second year (2023) <u>second campaign in Karak</u> - it will be implemented by OPDs under the
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	<p>However, mental health problems in particular are often accompanied by stigmatisation. Moreover, they have increased sharply during the COVID pandemic.</p>	<p>supervision of the project team until the end of the third year (2024).</p>
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