

Terms of Reference for Evaluations

Endline Evaluation for the project *Prevention and management of non-communicable diseases and COVID-19 for the elderly by improving local health services in Mozambique.*

1. Background and Rationale

Mozambique is rated as the third country of the most risk-prone in Africa¹, located in the southeastern part of the continent, covering an area of 801,590 square kilometers, and it shares borders with Tanzania, Zambia and Malawi to the North, Zimbabwe to the West, and Swaziland and South Africa to the South. Along the East, it is bound by the Indian ocean.

The country remains among the poorest countries in the world. In 2021, at the start of the project Mozambique ranked 185 out of 191 countries in the UN Human Development Index. The deplorable conditions in which the country is found were exacerbated a triple crisis, in the 3 previous years, including conflicts in the north, Cyclones and storms in both north and center, and public health risks including the COVID-19 pandemic. Conflict and climate change induced weather patterns of storms and drought have continued during the life of the project. The conditions have severely impacted the most vulnerable people; among them older people who make up 5% of the total population of over 34 million (2024 estimate). Chokwe District, located in Gaza Province, the site where VUKOKA in partnership with HelpAge International is implementing the project entitled ***Prevention and management of non-communicable diseases and COVID-19 for the elderly by improving local health services in Mozambique,*** suffers from extreme climatic conditions with regular and prolonged droughts, as well as floods that affect the safety, health and livelihoods of older people who rely mainly on subsistence farming for their income. The COVID-19 Rapid Needs Assessment for older people conducted in 2020 by HelpAge and the partner organizations in four provinces (Maputo, Sofala, Gaza and Tete) (RNA-OP), highlighted that among other needs, strengthening the formal and informal health system was a priority. Public services and infrastructure are overburdened and often inaccessible to older people. Chókwe is also home to many older people and adults who have returned from working in South Africa with illnesses such as HIV/AIDS and numerous NCDs.

¹ <https://www.usaid.gov/mozambique/fact-sheets/disaster-response>

About the project

Through the project entitled ***Prevention and management of non-communicable diseases and COVID-19 for the elderly by improving local health services in Mozambique***, HelpAge International and VUKOXA, aimed to support Government to address health gaps in Chókwè district through:

- (i) strengthening the capacity of community health actors in the provision of NCD support services and referral mechanisms,
- (ii) increasing community awareness of the intersecting impacts of COVID-19, NCDs and age discrimination,
- (iii) strengthening the capacity of provincial health authorities and incorporating project lessons learned into provincial health plans.

The project targeted older people and people with disabilities in the communities of Chokwe district, expecting the following outcomes:

- 1) Communities in Chókwè district, including older people and people with impairments, have effective access to quality primary health care services to address NCDs and the COVID-19 pandemic,
- 2) Health workers and community health workers have strengthened their capacity to support older people with NCDs and provide psychosocial support in an age-friendly approach as well as referral mechanisms for COVID-19 in the communities of Chókwè District.
- 3) Community members are aware and have improved knowledge of the intersecting impacts of COVID-19, NCDs and age and impairment discrimination,
- 4) The capacity of provincial health authorities on NCDs and COVID-19 prevention for older people is improved and evidence from project areas is published. And
- 5) The capacity of local organisations to support the needs of older Mozambicans at the local level is increased.

2. Purpose, Objectives and Use

VUKOXA will conduct an external Endline Evaluation at the end of the project to analyse the extent to which the project objectives have been achieved, to document the most important lessons of the project, and to analyse and identify which best practices could be relevant in Gaza Province or Mozambique as a whole. It will finally impact on the direction of future work in the area after the project ends. It will also analyse which measures will be included in the project's exit strategy towards its sustainability.

The following are the evaluation objectives:

- (i) To assess the degree to which the project's capacity-building training for health technicians and community health workers in Chokwe District has improved their skills and knowledge for preventing and managing COVID-19 and NCDs.
- (ii) To assess the current material conditions, including the availability and suitability of health technical equipment, for the screening, monitoring, and treatment or prevention of Non-Communicable Diseases (NCDs) and the COVID-19 pandemic within the targeted health units.

- (iii) Assess the degree to which knowledge and practices related to the prevention and management of COVID-19 and NCDs among older people and Older People's Associations (OPAs) in Chokwe District have improved over the project period and evaluate the effectiveness and accessibility of communication mechanisms utilized for the dissemination of information on NCD (Non-Communicable Disease) prevention and COVID-19 preventive measures.
- (iv) Assess and analyse the effectiveness and accessibility of the referral pathways for older people within the healthcare system and between communities and Older People's Associations (OPAs) in Chokwe District, with a focus on identifying strengths, weaknesses, and opportunities for improvement.
- (v) To assess and verify the tangible increase in the capacity of local organization, VUKOXA to effectively address the unique needs and requirements of older people in Chokwe within their respective communities, thereby contributing to improved local-level support and services for the elderly population.

The results of this endline evaluation will generate evidence for future interventions by civil society actors in partnership with health service providers and communities to address the prevention and management of Non-Communicable Diseases in Mozambique and will contribute towards policy engagement with health authorities from community to central level.

3. Scope of Work

The endline evaluation, scheduled for February 3rd to March 21st 2025, will specifically cover Chokwe District, with a primary focus on the 20 communities surrounding 20 health centres where the project is being implemented. The objective is to measure the results of the project implementation in terms of technical skills and the availability of essential equipment for delivering NCDs and Covid-19 health services. The sites to be covered include, **1-Hospital Rural de Chókwè, 2- Centro de Saúde Urbano, 3- Centro de Saúde do 3º Bairro, 4- Posto de Saúde de Machua, 5- Centro de Saúde de 25 de Setembro, 6- Centro de Saúde de Manjangué, 7- Posto de saúde de Matuba, 8- Posto de Saúde de Cumba, 9- Posto de Saúde de Tlawene, 10- Posto de Saúde de N'waxikolwane, 11- Posto de Saúde de Lionde, 12- Posto de Saúde de Conhane, 13- Posto de Saúde de Chilebene, 14- Centro de Saúde de Macunene, 15- Posto de Saúde de Mahlazine, 16- Posto de Saúde de Hókwè, 17- Centro de Saúde de Zuza, 18- Posto de Saúde de Muianga, 19- Centro de Saúde de Chalocuane and 20- Posto de Saúde de Massavasse.**

The evaluation methodology will aim to assess progress on the following indicators by answering the respective questions for each indicator:

Output 1: Health workers and health community mobilisers have strengthened their capacity to support older people with NCDs and provide psychosocial support in an age-friendly approach as well as referral mechanisms for COVID-19 in the communities of Chókwè District.

1. What have the capacities of health staff and community health workers in Chokwe District been strengthened to support older people with NCDs and provide psychosocial support in an age-friendly approach?
2. What are the referral mechanisms for COVID-19 implemented in the targeted communities of Chokwe District, and how effective have they been in ensuring access to quality basic health care services for older people with NCDs?
3. What are the perceptions and experiences of community members, including older people and people with disabilities, regarding the accessibility and quality of basic health care services for NCDs and COVID-19 in Chokwe District?

Output 2: Community members are aware and have improved knowledge of the intersecting impacts of COVID-19, NCDs and age and impairment discrimination.

1. What are the measures implemented to ensure the protection of older people and health technicians against COVID-19 in the local health system of Chokwe District?
2. To what extent has the improved testing and screening capacity for NCDs and protection against COVID-19 positively impacted the health outcomes of older people in Chokwe District?
3. To what extent has the availability of information on prevention of COVID-19 and NCD's, and the availability of equipment for NCD's screening, contributed to the increase in demand for these services by older people?

Output 3: The capacity of provincial health authorities on NCDs and COVID-19 prevention for older people is improved, and learning from the project areas is adopted and incorporated into the provincial health plan.

1. In what ways has the capacity of district and provincial health authorities on NCDs and COVID-19 prevention for older people been improved?
2. To what extent have the learnings from the project areas been adopted and incorporated into the provincial health plan?
3. How has the improved capacity of district health authorities positively influenced the provision of health care services for older people with NCDs and protection against COVID-19 in the district? How could it be replicated at provincial level?

Output 4: Increased capacity of local organizations to support the needs of older Mozambicans at the local level.

1. How has the capacity of local organizations been increased to support the needs of older Mozambicans at the local level?
2. What are the specific initiatives and activities implemented by local organizations to address the needs of older people in Mozambique?

3. To what extent has the increased capacity of local organizations positively impacted the well-being and quality of life of older people in Chokwe District?

Table 1 Evaluation questions and project Indicators.

Evaluation objectives	Research Question	Project Indicators
(i) Assessing the outputs of the project's capacity-building training on health technicians and community health workers in Chokwe District in terms of their skills and knowledge for preventing and managing COVID-19 and NCDs.	What technical skills are currently available on use of age-appropriate services to address NCDs and the COVID-19 pandemic, in Chókwè district?	<p>Indicator 1.1: 75% of the 100 health workers from Chókwè district report that they are well trained and equipped to provide quality care to older people through home visits. (measured by a post-training survey).</p> <p>Indicator 3.1 Three best practices from the project implementation areas have been published by the end of the project and shared with the government and health networks at national level.</p> <p>Indicator 3.2: At the end of the project, a total of two exchange visits took place with stakeholders from the provincial and district health sector and members of the local NGO forum, where knowledge was systematically processed and ex-changed.</p> <p>Indicator 3b: 80% of a sample of 100 older people diagnosed with a non-communicable disease report that they received adequate health care in the last two quarters of 2024.</p> <p>Indicator 4: 80% of the health actors who participated in the exchange visit report implementing the newly</p>

		acquired knowledge and lessons learned in their daily work to treat and prevent NCDs.
(ii) To Assess the current material conditions, including the availability and suitability of health technical equipment, for the screening, monitoring, and treatment or prevention of Non-Communicable Diseases (NCDs) and the COVID-19 pandemic within the health units.	Are the currently existing conditions, in terms of equipment, appropriate for NCDs screening, and encouraging to older people to adhere to NCDs screening on yearly basis, in Chókwè district?	<p>Indicator 1: 75% of the 100 health workers from Chókwè district report taking a holistic approach to identifying and treating geriatric, chronic diseases and NCDs.</p> <p>Indicator 1.4: At least 80% of a sample of 100 older people report adequate access to age-appropriate prevention, diagnosis, treatment, management and follow-up services for geriatric conditions, non-communicable diseases and COVID-19</p> <p>Indicator 3a: At least 80% of the sample of 100 older people report at the end of the project that they have participated in a health check in the last year, including screening for non-communicable diseases.</p> <p>Indicator 3c: At the end of the project, 60% of older people diagnosed with an NCD report an improvement in their symptoms due to better care in the selected health facilities.</p> <p>Indicator 3d: At the end of the project, the full vaccination rate in the target population has increased by 10%, at least 70% are fully vaccinated.</p>

<p>(iii) Assess and analyse the effectiveness and accessibility of communication mechanisms utilized for the dissemination of information on NCDs and COVID-19 preventive measures, as well as the referral pathways within the healthcare system and between communities and Older People's Associations (OPAs) in Chokwe District, with a focus on identifying strengths, weaknesses, and opportunities for improvement</p>	<p>Considering the efforts of the community and health authorities to share information through social communication means, what knowledge does the community hold in terms of COVID-19 prevention and mitigation, and NCDs and their symptoms?</p>	<p>Indicator 2.1: 90% of 5,000 community members (70% of whom are older people, as measured by a sample) can name correct information on COVID-19 prevention and mitigation.</p> <p>Indicator 2.2: 90% of the 5,000 community members (70% of whom are elderly, measured by a sample) can name the main NCDs and their symptoms.</p>
<p>(vi) Assess the effectiveness of the project's awareness campaigns, including door-to-door visits and radio broadcasts, in enhancing knowledge and awareness among a sample of Chokwe residents about COVID-19 and NCD prevention and management</p>	<p>What community structures are currently in place to strengthen and support older people with NCDs tracking and provide psychosocial support in an age-friendly approach as well as referral mechanisms for COVID-19 in the communities of Chókwe District.</p>	<p>Indicator 1.2: 75% of the trained 60 CHWs can specifically name five symptoms that require referral to a health facility.</p> <p>Indicator 1.3: At the end of the project, the allowances are already covered proportionally by the health authorities and there is a plan for degressive cost coverage.</p> <p>Indicator 1.1: 75% of the 100 health workers from Chókwe district report that they are well trained and equipped to provide quality care to older people through home visits. (measured by a post-training survey).</p> <p>Indicator 2: From the first year of the project, 100 older people grouped in 5 OPAs carry out monthly <i>healthy ageing activities</i> (e.g. sport) to prevent and control NCDs.</p>

		<p>Indicator 3b: 80% of a sample of 100 older people diagnosed with a non-communicable disease report that they received adequate health care in the last two quarters of 2024.</p> <p>Indicator 2.4: 5 more OPAs were established and legally registered during the project period.</p> <p>Indicator 2.3: At the end of the project, 27 radio discussions and radio spots were broadcast on community radio stations with specific information on COVID-19.</p>
<p>(v) To assess and verify the tangible increase in the capacity of local organization, VUKOXA to effectively address the unique needs and requirements of older people in Chokwe within their respective communities, thereby contributing to improved local-level support and services for the elderly population.</p>	<p>What institutional capacities were added throughout the project cycle that strengthened VUKOXA's ability to support the delivery of improved health services to older people in Chokwe district?</p>	<p>Indicator 4.1: 50% of VUKOXA trained staff report having good skills in financial management, governance, procurement policy and safeguarding.</p> <p>Indicator 4.2: The project will update the financial management strategy and develop its own procurement strategy by the end of the second quarter of 2023.</p> <p>Indicator 4.3: By the end of the second quarter of 2023, VUKOXA has developed its own Safeguarding Policy.</p> <p>Indicator 5: From the end of the second year of the project, VOKUXA uses its own financial software and manages the project through it.</p>

This assignment will focus on two models for data analysis:

Qualitative data model – through this model the assessment team will review the literature on the NCDs thematic in order to strengthen the comprehension of quantitative data, and findings from the beneficiaries and health technicians. The qualitative model will help to review and adjust the tools suggested for this assessment with focus to NCDs thematic. Therefore, the qualitative model will help to analyse the level of knowledge, Attitude and Practice of health technicians and community members regarding the support they provide to older people to access health services especially, the NCDs and Covid-19. A comparison between the final evaluation and the previous one, namely baseline survey and midline evaluation is recommended to evaluate if learnings have been included during the implementation.

Quantitative data model –Through the quantitative model the assessment team will review and do analysis to feed numeric and percentual outputs and outcomes indicators of the project. Finally, it will help to understand in terms of percentage the level of gaps on NCDs thematic in Chokwe district.

4. Process

For the materialization of this evaluation, three main phases shall be gone through, namely,

4.1. **Preparation phase**, which will include framing the terms of reference, containing the evaluation methodologies, design the tools, preparation of digital platforms for data collection, communication to the project stakeholders, selecting and training the enumerators. This phase will last almost 2 weeks, from 4 to 14th February 2025.

4.2. **Data collection phase**- In this phase enumerators will target 100 older people to conduct the beneficiaries survey on door-to-door basis. The data collection will also target 100 members from the OPA, 30 health community members, sample of 100 health technicians, sample of 20 Health units selected for this project. This will be conducted from 17 to 28th February 2025.

4.3. Finally, the last phase will be **data cleaning, analysis and reporting**, which will consist on analysing the data drafting the evaluation report based on the findings from the data. This will be the last phase of the evaluation. This will be conducted from 3 to 21st March 2025, including a submission of draft report on March 14th and the Final Evaluation Report on March 21st.

4.2.1 Methodology and techniques.

The evaluation will use the quantitative and qualitative techniques for data collection, whereby, the quantitative will be used to collect the numbers of health technicians, community health workers OPAs and older people who are aware of health Age-friendly approach to screen, treat and mitigate NCDs and Covid-19, through surveys, On the other hand qualitative method will be held to collect data on the quality of health services provided to older people concerning, the screening, treatment and mitigations of NCDs.

4.2.2. Sampling

The sample for this evaluation has been determined along the project conception, which is a random stratified sample, with focus to older people, health technicians, community health workers, OPA members, and health authorities. The bellow table discriminate the target people for this evaluation.

Target member	Quantity	Type of tool
Older people/ community members	100	Survey
Community health workers	30	Survey
Health technicians	100	survey
OPA members	100	survey

4.2.2.1. Sample distribution per community.

Communities /Health Units	Target								Total
	Older people		CHW		OPA		Health Workers		
	Fem ale	Mal e	Fem ale	Mal e	Fem ale	Mal e	Femal e	Mal e	
1-Hospital Rural de Chókwè,	2	3	0	2	3	2	2	3	17
2- Centro de Saúde Urbano,	3	2	2	1	2	3	3	2	18
3- Centro de Saúde do 3º Bairro,	2	3	2	0	3	2	2	3	17
4- Posto de Saúde de Machua,	3	2	1	0	2	3	3	2	16
Centro de Saúde de 25 de Setembro,	2	3	1	0	3	2	2	3	16
6- Centro de Saúde de Manjangué,	3	2	2	0	2	3	3	2	17
7- Posto de saúde de Chihaquelane,	2	3	2	0	3	2	2	3	17
8- Posto de Saúde de Cumba,	3	2	1	0	2	3	3	2	16
9- Posto de Saúde de Tlawene,	2	3	1	0	3	2	2	3	16
10- Posto de Saúde de N'waxikolwane,	3	2	0	1	2	3	3	2	16
11- Posto de Saúde de Lionde,	2	3	2	0	3	2	2	3	17
12- Posto de Saúde de Conhane,	3	2	1	0	2	3	3	2	16
13- Posto de Saúde de Chilembene,	2	3	2	0	3	2	2	3	17
14- Centro de Saúde de Macunene,	3	2	1	0	2	3	3	2	16
15- Posto de Saúde de Mahlazine,	2	3	1	0	3	2	2	3	16
16- Posto de Saúde de Hókwè,	3	2	2	0	2	3	3	2	17
17- Centro de Saúde de Zuza,	2	3	1	0	3	2	2	3	16
18- Posto de Saúde de Muianga,	3	2	0	1	2	3	3	2	16
19- Centro de Saúde de Chalocuane and	2	3	2	0	3	2	2	3	17

20- Posto de Saúde de Massavasse.	3	2	1	0	2	3	3	2	16
Total	50	50	25	5	50	50	50	50	330

5. Outputs and Deliverables

The evaluation will be conducted by an external Consultant with support from HelpAge International, VUKOXA, and HelpAge Deutschland. Along this process, the leading team will be responsible for the following deliverables:

1. Review the relevant literature including project baseline and mid-term evaluation reports, interim reports and impact matrix for better understating of the current stage of the project.
2. Submit inception report which outlines the methodology, tools, and sampling procedure to HelpAge Mozambique, to be shared with HelpAge Germany (HAD).
3. Design the project endline evaluation tools and develop comprehensive tools for the data collection and appropriate sampling procedure including digital data collection using tablets.
4. Conduct a training session on data collection tools with the VUKOXA CHW's (enumerators) that will collect data in Chokwé to ensure that standardized comprehension and application among the data collection enumerators.
5. Analyse and synthesize data, prepare a data sheet with location, sex age disability desegregated data (SADDD), address, and responded information from the field survey.
6. Prepare a comprehensive report of max. 30 pages, written in English outlining the main findings of the evaluation, with an executive summary of no more than 5 pages; and revise it according to the feedback of all three organisations. The report should contain clear recommendations for future NCD's interventions in the health sector. A power point presentation should be included for sharing purpose with key stakeholders in health sector.
7. Prepare a data validation/ dissemination meeting with HelpAge International, VUKOXA and HelpAge Deutschland or interested parts to ensure the findings legitimacy.

6. Expert Profile of the Evaluation Team

This Endline Evaluation will be conducted by an External Evaluator, in coordination with the three main stakeholders' organizations, HelpAge International, VUKOXA, and HelpAge Deutschland in all evaluation phases.

- ✓ Qualifications and Expertise: The consultant should possess a background in health, social sciences, or other relevant background and a track record in program evaluation, particularly in Mozambique. All interested consultants/firms are requested to write an expression of interest by describing their competence in management and a proposal to show how they will deliver on the identified tasks:
 - ✓ 1. Interpreting the TOR
 - ✓ 2. Explaining in detail the methodology to be used in carrying out the assignment

- ✓ 3. Providing a detailed professional budget in MZN converted into EUR (indicating daily professional rates)
- ✓ 4. Explaining their competences to meet the requirements of the assignment
- ✓ 5. Attaching brief technical biographical data of the core team-members
- ✓ 6. Providing evidence of similar work undertaken in the recent past (not more than 3 years)
- ✓ Language Proficiency: The consultant should be proficient in Portuguese and English, and Xi-Changane will be an advantage.

7. Tentative Timetable

Phase/Activity	Milestones	February 2025				March 2025			
		Wk 1	Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4
Preparation Phase									
Design the ToR and endline evaluation tools, including collection of additional inputs from HAD, HAI and VUKOXA.	Approval of the TOR and data collection tools by 04.02.2025								
Recruit and Train enumerators. This will be led by VUKOXA.									
Data collection and Analysis Phase									
Field data collection, older people survey.	Completion of the data collection process in Chokwe district for both older people survey and kii.								
Reporting Phase									
Data extraction, analysis and cleaning and transcription of kii data.	Analyzed data presented								
Draft report sharing with HelpAge, VUKOXA and HAD									

Incorporation of comments on draft report (s)	in appropriate format Draft report Final report								
Final report submission									

Budget

The budget should cover 30 working days maximum. The consultant is expected to submit a detailed budget in Meticais converted to Euros including tax. To be paid in the following models.

- Twenty per cent (20%) at the signature of the contract. Forty per cent (40%) after the submission of the inception report
- And Forty per cent (40%) after the submission and the acceptance of the final report.

8. Management of the Evaluation

Evaluation members	Position	Description
Ferdinando Almeida	Program Coordinator (HelpAge CO)	Oversee all the evaluation related tasks, including coordination with HelpAge Deutschland, and implementing partner VUKOXA.
Michaque Ubisse	VUKOXA's Executive Coordinator	Responsible for District stakeholders engagement, overall endline evaluation support.
Edivania Novele Osvaldo Chambal	VUKOXA's MEAL Officer & Project Officer respectively	Supervise the data collection process on daily basis in the field, including providing direct support to 6 enumerators.

Logistics for the consultancy

VUKOXA and HelpAge International will provide field transportation during the data collection phase in Chokwe district, support the engagement with stakeholders at district and provincial level if necessary.

Ethics and vulnerable group protection

The consultant is obliged to respect the following ethical and beneficiary's protection requirements:

Fair and inclusive: Special efforts should be made to make the research process older people centred and sensitive to protection, age, gender, and inclusion mainstreaming.

Conflict of interest: The consultant must demonstrate the necessary independence and declare any conflict of interest and potential biases, including bias towards any of the stakeholders, target groups, types of research methodologies or approach, social, political, or religious prejudice.

Based on rights and ethics: The consultant must respect the rights and dignity of participants as well as comply with relevant ethical standards and HAD and HAC Policies and Code of conduct. The research must ensure appropriate, safe, non-discriminatory participation, a process of free and un-coerced consent and withdrawal and confidentiality and anonymity of participants. The informed consent of each person (including persons with disabilities) participating in data collection should be documented.

9. Quantity Structure

Annexes

- Introductory documents and literature references
- Structure of the evaluation report (cf. bengo guidance on report structure)
- If applicable, important documents from preparatory phases
- If applicable, ToR for the overall project in which the evaluation is embedded
- If applicable, methodological guidelines
- If applicable, separate ToR for the individual members of the evaluation team
- If applicable, evaluation grid for the selection of the company/organisation or institute
- Optional: Evaluation matrix

Safeguarding

HelpAge International is committed to safeguarding the communities with which we work, our partners, staff and any others who we come into contact with. Therefore you will also be responsible for:

- Preventing harm and abuse from our people, operations and programmes, to anyone that encounters our work;
- Reporting all safeguarding incidents you see, hear, hear about or suspect, using our internal reporting mechanism;
- Complying with all safeguarding framework policies and practices
- Completing mandatory training courses relating to our safeguarding policy framework and complying with HR vetting procedures.

Diversity & Inclusion

HelpAge International is dedicated to creating a diverse and inclusive environment for all its employees/consultants while extending the culture of inclusion into our work.

We believe that our workforce should reflect the wide diversity of the communities we serve, and that diverse voices should be elevated and intentionally integrated into our work. We embrace difference and diversity of identity, experience, and thought, and actively strive for inclusive behaviors across our work regardless of gender, race, disability, age, nationality, ethnic/national origin, sexual orientation, religious beliefs, marital status, pregnancy, social status, and political beliefs.

Application Process

Interested consultants are invited to submit an Expression of Interest (EOI) for delivery of the assignment and 1-2 references, testimonials, or examples of previous work to HelpAge HR helpagemoz@helpage.org with the email subject: Consultancy: **Endline Evaluation in Mozambique.**

Applications should be submitted by **Saturday, 8 February 2025**. Only shortlisted candidates will be contacted.