

**Urunana Development Communication**

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END TERM EVALUATION TO DETERMINE THE IMPACT AND SUSTAINABILITY OF SOCIAL BEHAVIOUR CHANGE INTERVENTIONS UNDER THE NUTRITION SENSITIVE DIRECT SUPPORT PROGRAMME**TERMS OF REFERENCE**

Tender Reference#	21/ETE/02/UDCPP/2026
Commissioning Organisation	Urunana Development Communication (Urunana DC)
Partner	Ministry of Local Government (MINALOC)/LODA
Programme	Nutrition Sensitive Direct Support (NSDS) Programme – <i>Social Behaviour Change Interventions</i>
Geographic Scope	Rutsiro, Nyaruguru, Gakenke, and Bugesera Districts
Evaluation Duration	8 Weeks (30 Working Days)
Application Deadline	Wednesday 15th of July 2026 at 5:00 PM Kigali Time
Submission to:	urunanadc2004@gmail.com and copy to: info@urunanadevcom.org

1. Background and Context of The End Term Evaluation

Rwanda has made significant strides in combating malnutrition, with stunting rates declining from 51.1% in 2005 to 33% in the 2019/2020 RDHS, and further to an estimated 30% by 2024 according to the most recent national data (WFP, 2025). The EICV7 (2023/24), conducted by the National Institute of Statistics of Rwanda, further corroborates this positive trajectory, reflecting continued improvements in household welfare and food security across the country. Despite this progress, malnutrition persists as a critical concern, particularly among the poorest and least educated households.

The Nutrition Sensitive Direct Support (NSDS) Programme, implemented by MINALOC through LODA under the Vision Umurenge Programme (VUP), provides income transfers to pregnant women, new mothers, and young children to improve dietary quality and incentivise uptake of key health and nutrition services.

Urunana Development Communication (Urunana DC), in partnership with MINALOC, has been implementing Social Behaviour Change (SBC) interventions to address gaps in knowledge, attitude, and practice related to nutrition under NSDS program. These interventions mainly used two strategic SBC tools to reach out to the target population with the desired key messages on nutrition, primarily targeting NSDS program beneficiaries.



- **The popular and audience driven Urunana Radio Soap Opera, a long running audio serial drama addressing social norms and behaviour change around nutrition, health-seeking, and gender dynamics within households.**
- **Community Outreach live theatre performances, a community-level mobilisation engaging beneficiaries and gatekeepers at the village and sector levels, where skits carry key messages on nutrition and particularly focusing on NSDS Program.**

A Baseline Assessment was conducted at programme inception to map knowledge, attitude, and practice gaps. The Mid-Term Review (MTR) subsequently assessed progress at the halfway point and showed significant progress in addressing identified gaps in knowledge, attitude, behaviour and nutrition practices among the target population, affirming the effectiveness of the SBC modalities deployed. This End Term Evaluation (ETE) now marks the close of the project cycle and is designed to rigorously assess the final impact of the SBC interventions, trace the pathways through which change occurred, identify who drove that change, and determine what structures and practices can be sustained beyond the project's lifecycle.

2. Evaluation Objectives

The End Term Evaluation has four interlinked objectives:

2.1 Assess Final Impact of SBC Interventions

- Measure the extent to which the Soap Opera and Outreach live theatre interventions have driven measurable, sustained changes in knowledge, attitudes, and practices (KAP) related to nutrition among NSDS beneficiaries, household members, and community leaders across the four target districts.
- This objective also encompasses an assessment of the major nutrition outcomes that have been impacted by the programme, including changes in dietary diversity, minimum acceptable diet, exclusive breastfeeding rates, complementary feeding practices, micronutrient supplementation uptake, antenatal care attendance, and child growth monitoring.
- The aim is to map the extent to which SBC interventions have contributed to measurable improvements at the outcome level.

2.2 Trace Impact Pathways

- Identify and document the primary causal pathways through which the SBC interventions produced observed changes.
- This shall include tracking exposure and reach mechanisms, message resonance, community norm shifts, and the role of interpersonal and social influence in behaviour adoption.

2.3 Identify Key Change Agents

- Determine who the critical actors were in driving impact including community health workers, local leaders, soap opera characters, street theatre performers, opinion shapers, and programme frontline staff.
- The aim is to analyse the nature of their influence on beneficiary behaviour and service uptake leading directly to nutrition and behaviour impacts.



2.4 Assess Sustainability and Transition

- Evaluate the degree to which observed behaviour changes, community capacities, and system strengthening gains are likely to persist after project closure.
- Identify concrete entry points and recommendations for sustaining these beyond the project lifecycle.

3. Scope of Work

The primary focus of this End Term Evaluation shall be on measuring impact-level indicators, and going beyond output and outcome tracking to assess whether the programme has contributed to meaningful and sustained improvements in nutrition-related behaviours and practices at the household and community level. In addition, the evaluation shall document the exit strategy for the programme, capturing the mechanisms, partnerships, and community structures that have been put in place to sustain gains beyond the project lifecycle, and identifying any critical gaps or risks that may undermine sustainability. The Consultant will undertake the following activities:

- Desk review of baseline, MTR findings, programme documents, SBC content materials (scripts, episode guides, street theatre scripts), and monitoring data.
- Comparative KAP assessment using the same four districts and comparable sampling as the baseline and MTR, to allow trend analysis across the full programme cycle.
- In-depth qualitative inquiry through strategically designed KIIs and FGDs (see Section 5) to surface impact pathways, change agents, and sustainability factors at community, health system, and district levels.
- Analysis of Soap Opera and outreach live theatre reach, exposure, and recall among target audiences, and correlation with reported behaviour change.
- Stakeholder validation of findings through a debrief session with Urunana DC, MINALOC, LODA, and key programme partners.

4. Geographic Coverage and Time Frame

The evaluation will cover the same four programme districts as the baseline and MTR namely Rutsiro, Nyaruguru, Gakenke, and Bugesera. Data collection will target comparable sectors and villages to enable longitudinal trend analysis, with the Consultant justifying any adjustments in the inception report. Where feasible, the same respondents who participated in the baseline and MTR shall be targeted to enable direct individual-level comparison and strengthen the validity of trend analysis. Any deviations from this approach shall be clearly documented and justified in the inception report.

The total evaluation duration is 8 weeks spread over 30 working days and structured as follows:

Activity	Responsibility	Timeline
Inception: <i>desk review, tool development, team briefing</i>	Consultant and Urunana DC	Week 1
Field data collection: <i>surveys, KIIs, FGDs across 4 districts</i>	Consultant	Weeks 2–3
Data analysis: <i>quantitative (SPSS) and qualitative (thematic extractions and case reports)</i>	Consultant	Weeks 4–5
Draft report preparation and submission	Consultant	Weeks 6
Stakeholder validation, feedback integration, and final submission	Consultant and Urunana DC	Weeks 7–8

5. Methodology and Approach

Overall, the evaluation will employ a mixed-methods design, with qualitative inquiry as the primary lens for understanding impact pathways and sustainability. Quantitative data will support magnitude and reach assessment.

Generic or templated methodological descriptions will not be accepted. The Consultant shall provide a clear and explicit justification for every method proposed under this evaluation. This justification must be presented in the Inception Report and must demonstrate both the statistical rigour of the proposed approach including sampling design, instrument validity, and analytical methods and its practical feasibility within the constraints of the four target districts, the 30-working-day schedule, and the communities being studied. Where a method departs from those used at baseline or MTR, the Consultant must explain how comparability will be maintained or, where it cannot be maintained, how the resulting analytical limitations will be transparently reported.

5.1 Quantitative Component: Beneficiary Survey

- Structured beneficiary surveys using a KAP instrument fully aligned with the baseline and MTR tools to ensure comparability and trend analysis across the programme cycle. The instrument shall be adapted to additionally capture impact-level measurements not included in earlier rounds, including nutrition outcome indicators, dietary behaviour changes, and service utilisation data at the household level.
- Measurement of behaviour change indicators across core nutrition, health-seeking, and NSDS compliance domains, with specific attention to impact-level indicators including child stunting and wasting prevalence (where feasible through secondary data triangulation), dietary diversity scores, and WASH-related practices directly linked to programme objectives.
- Soap Opera and outreach live theatre exposure and recall metrics disaggregated by gender, age, and location.

5.2 Qualitative Component: KIIs and FGDs (Enhanced Depth)

The qualitative design is the primary differentiator of this End Term Evaluation from the MTR. KIIs and FGDs are to be strategically structured around thematic areas rather than generic stakeholder categories. Each engagement must generate insight on at least one of the four objectives above.

Key Informant Interviews (KIIs)'s strategic thematic focus areas:

- Impact Pathway KIIs: Programme designers and Soap Opera scriptwriters to map intended versus actual behaviour change mechanisms.
- Change Agent KIIs: Community Health Workers (CHWs), cell/sector leaders, and Street Theatre coordinators to assess their role in amplifying and sustaining SBC messages.
- System-Level KIIs: MINALOC, LODA, and health centre in-charges to assess institutional and policy-level conditions that enabled or constrained impact and sustainability.
- Beneficiary Voice KIIs (purposive): Select NSDS beneficiaries with high or notable behaviour change, to trace individual change pathways.

Focus Group Discussions (FGDs)'s strategic thematic focus areas:

- Soap Opera Impact FGDs: Beneficiary groups segmented by exposure level (regular viewers vs. irregular) to assess content resonance, message recall, and behaviour uptake differentials.
- Street Theatre FGDs: Community members and non-beneficiaries to assess reach beyond the programme, norm shifts, and community mobilisation effects.
- Household Dynamics FGDs: Mixed male and female groups to examine gendered behaviour change and changes in household decision-making around nutrition and health services.
- Sustainability FGDs: Community leaders and CHWs to identify locally owned practices, resources, and motivation to sustain behaviour change post-project.

The Consultant must provide a clear KII and FGD guide per thematic area in the inception report, ensuring each guide contains probing questions that go beyond recall to surface causality, agency, and future trajectory.

5.3 Integration of Quantitative and Qualitative Strands

The quantitative and qualitative components of this evaluation are not independent workstreams, but rather, they should be designed to be mutually reinforcing, and their integration is central to the analytical rigour required at this evaluation's end-of-programme stage. The Consultant is expected to design the integration deliberately. Any significant divergence such as for example, where reported behaviour change in survey data is not corroborated by qualitative accounts must be explicitly acknowledged and analysed rather than smoothed over.

The final report must present an integrated narrative for each evaluation objective, drawing on both strands in a manner that adds analytical value beyond what either strand could produce independently. Presenting quantitative findings and qualitative findings in entirely separate chapters without synthesis will not meet the reporting standard for this evaluation.

5.4 Ethical Standards

The proposal shall incorporate standard ethical requirements. Informed consent will be obtained from all participants. Data will be anonymised, stored securely, and handled in line with applicable ethical guidelines. Participation will be entirely voluntary.

6. Deliverables and Reporting Structure

6.1. Summary of Deliverables

Deliverable	Description	Timeline
Inception Report	Methodology, thematic KII/FGD guides, sampling frame, and workplan reviewed and approved by Urunana DC.	Day 5
Draft End Term Evaluation Report	Full draft including KAP findings, impact pathway analysis, change agent mapping, and sustainability assessment. Shared with Urunana DC and MINALOC for review.	Day 22
Validation Presentation	PowerPoint and facilitated debrief session with key stakeholders to validate findings and refine recommendations.	Day 26
Final End Term Evaluation Report	Revised final report (max. 40 pages excl. annexes) incorporating stakeholder feedback. Submitted in PDF and editable formats. The final validated report must be submitted no later than 31 August 2026.	Day 30

The final report must include: *Executive Summary (maximum 2 pages), Context, Methodology, Findings organised by objective, Impact Pathway diagram, Change Agent mapping table, Sustainability assessment with actionable recommendations, Conclusions, and Annexes (tools, participant list, data tables).*

6.2. Reporting Obligations and Timeline Adherence

The Consultant bears full responsibility for the timely delivery of all outputs listed in the table above. Each deliverable carries a fixed deadline tied to the overall 30-working-day schedule, and adherence to these timelines is a contractual obligation, not a best-effort expectation. Delays in any deliverable have a compounding effect on the evaluation cycle, including stakeholder validation sessions, MINALOC review windows, and the programme's final reporting commitments. The Consultant is

therefore expected to plan internal milestones, manage their team workload, and anticipate data collection contingencies well in advance of each submission date.

Where unforeseen circumstances may affect a deadline, the Consultant must notify Urunana DC in writing no fewer than five working days before the due date, setting out the cause of the anticipated delay and a revised delivery plan for approval. Urunana DC will not accept retrospective requests for extensions. Repeated or unexplained delays may be treated as a material breach of contract and may result in withholding of the corresponding payment instalment until the deliverable is received and approved to the required standard.

All reports must be submitted in both PDF and fully editable formats unless otherwise specified. Urunana DC will provide consolidated written feedback within five working days of receiving each draft, and the Consultant is expected to integrate feedback and resubmit within three working days unless a different turnaround is agreed in writing.

7. Required Qualifications and Technical Requirements

- Master's degree or higher in Public Health, Nutrition, Communication for Development, Social Sciences, or a related field.
- Minimum 5 years of experience in programme evaluation, with demonstrated expertise in SBC, behaviour change communication, or community health interventions.
- Proven experience with KII and FGD facilitation and thematic analysis particularly in surfacing causal pathways and not merely descriptive findings.
- Strong proficiency in mixed-methods research: SPSS or equivalent for quantitative analysis; Atlas.ti, NVivo, or equivalent for qualitative analysis.
- Knowledge of Rwanda's health system, nutrition, and agriculture landscape, including NSDS, VUP, and community health system structures, is a strong advantage.
- Previous experience evaluating media-based SBC programmes (soap operas, community theatre, and radio) will be considered a significant advantage.
- Fluency in English and Kinyarwanda proficiency required; French an added advantage.

8. Evaluation Criteria

Proposals submitted in response to these Terms of Reference will be assessed by Urunana DC against the following criteria. Only technically responsive proposals that meet the minimum threshold will proceed to financial evaluation.

Criterion	Weight
Relevance and clarity of the proposed methodology, including the mixed-methods design and thematic KII/FGD approach	25%
Demonstrated experience in SBC programme evaluation, with specific reference to media-based interventions (soap opera, community theatre, radio)	20%
Understanding of the evaluation scope, objectives, and Rwanda's health and nutrition context	15%
Academic qualifications and depth of relevant technical expertise	15%
Quality and relevance of samples from at least two comparable evaluations	10%
Proposed workplan: feasibility, internal coherence, and adherence to the 12-week timeline	10%
Value for money of the financial proposal relative to the technical offer	5%



Proposals scoring below 70% on the combined technical assessment will not be considered for award, regardless of financial competitiveness. Urunana DC reserves the right to negotiate with the highest-ranked consultant prior to contract award, and to cancel the procurement process at any stage without incurring liability.

9. Payment Modality

Payment will be made in three instalments:

- 40% upon approval of the Inception Report by Urunana DC and MINALOC.
- 30% upon submission and approval of the Draft End Term Evaluation Report.
- 30% upon submission and approval of the Final End Term Evaluation Report.

10. Submission Requirements

Interested consultants should submit a single ZIP folder containing:

- Letter of Interest (maximum 1 page) stating suitability and understanding of the evaluation scope.
- Curriculum Vitae (maximum 4 pages) highlighting relevant SBC evaluation experience.
- Technical Proposal (maximum 7 pages) covering methodology, proposed thematic KII/FGD approach, and workplan.
- Financial Proposal with a detailed cost breakdown.
- Samples or references from at least two similar completed evaluations.
- Copy of national ID or passport.
- Copy of the criminal record certificate issued through Irembo portal

Submit to Urunana DC Management: urunanadc2004@gmail.com; copy to: info@urunanadevcom.org

Subject line: "End Term Evaluation - Impact and Sustainability of SBC Interventions under NSDS Programme"

The deadline for the submission of proposals is Friday 15th of July 2026 at 5:00 PM Kigali Time.

- *Proposals received after the specified deadline will NOT be considered.*
- *Only soft copy submissions will be accepted.*
- *Only shortlisted candidates will be contacted.*

Done at Kigali on 30th June 2026

Management
Urunana Development Communication Management

