Terms of Reference for the Final Evaluation of Sida Core Support to Health Development Initiative

Sida contribution no. 15548 | Core support period: March 2023–March 2026

1. Purpose of this assignment

Health Development Initiative (HDI) seeks to commission an independent, utilisation-focused final evaluation of Sida core support to HDI. The evaluation will assess results achieved, lessons learned from the core funding modality, and overall organisational development. It will provide credible, balanced evidence for accountability to HDI, Sida and stakeholders and practical recommendations to inform HDI's institutional priorities, programming and future funding arrangements.

The evaluation will be guided by OECD/DAC evaluation criteria and the OECD/DAC Quality Standards for Development Evaluation.

2. Background and intervention context

HDI is a Rwandan non-governmental organisation founded in 2005 to advance health equity, sexual and reproductive health and rights (SRHR), and human rights, particularly for vulnerable and marginalised communities. Its Strategic Plan 2018–2024, which forms the foundation of this grant, has three objectives: (i) become a centre of excellence on health and rights; (ii) be an empowering voice of the community on health and rights; and (iii) pursue institutional growth and learning.

Sida awarded HDI core support of up to SEK 21,000,000 under contribution no. 15548. The support began in March 2023 and continued through March 2026 following a no-cost extension. The evaluation will cover the full implementation period.

Unlike narrowly earmarked project support, the core modality was intended to support delivery across HDI's strategic plan while strengthening organisational capacities and allowing adaptation. The evaluation should assess how the flexibility and predictability of Sida's core support contributed to HDI's results and organisational development, taking into account other funding sources and changes in the operating environment.

3. Description of the core support and intended results

3.1. Strategic Objectives

The Sida core support was aligned with the three objectives of HDI's 2018–2024 Strategic Plan, as outlined below:

Strategic Objective 1: Become a Centre of excellence on health and rights
The proposal prioritised inclusive, rights-based SRHR information and care: strengthening HDI's existing clinics and establishing a third clinic in Rubavu; developing its hotline and call-centre capacity; counselling, referral and legal aid related to safe abortion; support to health workers and the Ministry of Health; and non-discriminatory service delivery for adolescents, women and girls, people living with HIV, sex workers, LGBTIQ+ people, refugees, prisoners and people who use drugs. The evaluation shall assess both service results and how these activities generated evidence, strengthened referral systems and supported wider institutional practice.

Strategic Objective 2: Become an Empowering Voice for the Community
Priorities included comprehensive sexuality education and SHARE outreach, the Kumbe! radio programme, the Adolescent SRHR Conference, engagement with parents and duty bearers, evidence-based advocacy, strategic litigation, international human-rights mechanisms, coalition-building and institutional strengthening of civil-society partners, including through sub-grants. The evaluation shall examine changes in community influence, partnerships, institutional practice and plausible policy contribution.

Strategic Objective 3: Pursue Institutional growth and learning
The proposal emphasised an Organisational Development Plan (ODP); gender equality audit and gender-transformative programming; policies on sexual exploitation, abuse and harassment; disability inclusion; MEL, results framework and knowledge management; staff development and succession; internal communication; communications and gender-sensitive media engagement; environmental policy; and finance, HR, procurement, partner selection and sub-grant management systems. The evaluation will assess not merely whether policies or systems were produced, but their adoption, quality, actual use and contribution to institutional resilience.

3.2. Cross-cutting context

The evaluation must attend to the evolving funding environment, operational growth, gender inequality, sensitive SRHR policy space, shrinking or shifting civic space, and the risks experienced by marginalised groups. It should test assumptions in HDI's theory of change and identify unanticipated outcomes, trade-offs and adverse effects.

3.3. Results and institutional evidence available for assessment

The results framework covers HDI's wider strategic plan and is not limited to Sida-funded activities. The evaluator should assess organisational performance against the relevant indicators and examine Sida's contribution in the context of other support. The framework includes service

utilisation, hotline reach, quality of care, publications, advocacy, partnerships, governance, resource mobilisation, staff development, gender integration, MEL and sub-grant management.

HDI's Organisational Development Plan (ODP), revised in February 2026, tracks progress in governance, financial and risk management, MEL, HR, partner management, gender equality, safeguarding, communications, resource mobilisation and environmental policy. The evaluation should assess how far these measures are in use and have strengthened the organisation.

HDI's annual narrative reports and supporting records document programme delivery and organisational changes, including the Rubavu clinic, digital SRHR channels, rights-based healthcare training, research, advocacy, partner support, gender assessments and sustainability planning. The evaluator will verify reported results using available data and stakeholder perspectives.

4. Evaluation purpose, users and intended uses

Intended user	Primary intended use
HDI Board and executive leadership	Strategic decisions on institutional sustainability, risk, future funding models and organisational priorities.
HDI programme, MEL, finance, HR and partnership teams	Adapt service delivery, advocacy, monitoring, systems and sub-granting; prioritise feasible improvements.
Sida / Embassy of Sweden	Accountability for core support; understanding of modality-level contribution, value and lessons for future partnership decisions.
Implementing partners and community representatives	Accessible learning on inclusion, partnership quality and approaches that are useful to them.

The evaluator will consult intended users during inception to refine evaluation priorities while maintaining independence.

5. Objectives and scope

- Determine progress against the approved strategic objectives, result indicators and ODP commitments, documenting outputs, outcomes and plausible contributions to wider change.
- Assess the effectiveness and added value of the core funding modality, including flexibility, predictability, adaptive management and institutional strengthening compared with more restricted support.
- Assess institutional development and the functionality, ownership and sustainability of HDI's systems, staffing capacity, governance, safeguards and partner-management arrangements.
- Examine relevance, coherence, effectiveness, efficiency, sustainability and, where evidence supports it, contribution to longer-term impact; assess gender equality, rights, inclusion and environmental dimensions throughout.
- Identify lessons learned, unintended results and practical, prioritised recommendations to inform HDI's future programming and organisational development.

The evaluation covers March 2023–March 2026, with earlier evidence used as necessary to establish baselines. It includes HDI's national and field operations, clinics, digital services, advocacy and relevant civil-society partnerships.

6. Evaluation questions

Theme	Priority questions
Relevance and coherence	To what extent did HDI's priorities respond to the needs of its target populations and changes in the operating environment? How well did Sida's support complement HDI's strategic objectives, other funding sources, national priorities and relevant partnerships?
Results and effectiveness	To what extent did HDI achieve its three strategic objectives and expected results? What factors contributed to achievements or shortcomings? Were results different across population groups?
Core modality contribution	How did flexible institutional funding influence planning, staffing, continuity, resilience, responsiveness and risk-taking? What additionality did it offer, and what limitations or dependencies did it introduce?
Institutional development	To what extent did HDI implement its Organisational Development Plan? What improvements were achieved in governance, management systems, staff capacity and organisational performance? What challenges remain?
Efficiency and adaptation	How efficiently were financial, human and other resources used to achieve results? Were activities implemented in a timely manner? How did HDI respond to implementation challenges and changing circumstances?
Equity, gender and rights	To what extent did HDI's interventions promote gender equality, human rights and inclusion? Were services and programmes accessible, appropriate and safe for intended beneficiaries, particularly marginalised populations? What barriers remained?
Impact and sustainability	What significant positive or negative, intended or unintended, changes did HDI contribute to in health services, community empowerment,

	advocacy and policy? To what extent are the achieved results and institutional improvements likely to continue beyond Sida support? Which essential services and institutional functions are most vulnerable to reduced or discontinued core funding, and what measures should HDI prioritise to sustain them?
Learning and future action	What were the main lessons learned from the implementation of Sida core support? Which successful approaches could be replicated or scaled up, and what should HDI maintain, improve or change to strengthen future programmes and organisational sustainability?

The evaluator may refine the questions during inception in consultation with HDI and Sida. The final report should address the agreed questions.

6.1. Priority evidence tests and illustrative indicators

Evaluation strand	Evidence to compare and test
Service access, quality and inclusion	Assess progress against service delivery targets, including service utilisation, geographic reach, quality of care, client satisfaction and referral outcomes. Examine accessibility and differences in results across population groups.
Advocacy and community influence	Examine changes in policies, practices and community participation, including HDI's contribution through advocacy, research, strategic litigation, partnerships and engagement with decision-makers.
Organisational systems and governance	Assess implementation of the Organisational Development Plan (ODP), including improvements in governance, financial management, internal controls, human resources, risk management and organisational capacity.

Gender and safeguarding	Assess how gender equality, inclusion and safeguarding commitments have been integrated into HDI's policies, operations and programmes, including evidence of their practical application.
MEL and organisational learning	Assess the quality and use of monitoring and evaluation systems, including indicator tracking, data quality, reporting and the use of evidence to inform organisational decisions.
Partner and sub-grant management	Assess the effectiveness of partner selection, capacity strengthening, sub-grant management and oversight, including partners' experiences and results.
Financial and organisational sustainability	Examine funding diversification, financial resilience, resource mobilisation and income-generation strategies, including HDI's ability to sustain essential functions and results beyond Sida support.

7. Criteria and methodological approach

The evaluation should apply the OECD/DAC criteria of relevance, coherence, effectiveness, efficiency, impact and sustainability as appropriate to the assignment. It should also assess gender equality, rights and inclusion throughout.

The preferred design is a theory-based, mixed-methods, contribution-oriented evaluation using an evaluability assessment at inception. It is not expected to prove attribution of complex advocacy outcomes to one funder. The design should reconstruct the intervention logic, compare planned and observed pathways of change, test alternative explanations and triangulate different evidence types.

7.1. Methodological requirements

The evaluation should employ a mixed-methods approach, combining qualitative and quantitative evidence. The methodology should include:

Document review: Review of relevant programme, financial and organisational documents, including the Sida agreement, proposal, results framework, Organisational Development Plan, annual reports, monitoring data and previous assessments.

Quantitative analysis: Assessment of progress against targets and indicators, trends in programme performance and resource utilisation, with disaggregation by relevant population groups where data are available.
Key informant interviews: Consultations with relevant HDI staff and leadership, Sida representatives, government stakeholders, implementing partners and other relevant actors.
Case studies: Examination of selected programme interventions and organisational development initiatives to assess results, implementation challenges and factors contributing to change.
Beneficiary consultations: Engagement with relevant community representatives and service users to assess their experiences, perceived benefits and barriers to accessing services, with appropriate ethical safeguards.
Validation and learning: Presentation and discussion of preliminary findings and recommendations with HDI and relevant stakeholders.

The evaluator may propose additional or alternative methods where justified by the evaluation objectives and available evidence.

7.2. Sampling, data quality and analysis

The inception report should describe the proposed sampling approach, data sources, analysis methods and anticipated limitations. The sampling strategy should justify the sample size and selection criteria and cover relevant locations, programme areas, partners and population groups. It should capture varied experiences, including less satisfied service users and, where safe and feasible, people facing access barriers. Participant recruitment should minimise selection bias and enable voluntary, confidential feedback without affecting access to services or assistance. Confidential interviews with service users and community representatives should take place without HDI staff present.

The evaluator should assess the reliability of available data, triangulate findings across multiple sources and acknowledge any evidence gaps.

The analysis should consider the contribution of Sida's core support to observed results, taking into account other funding sources, organisational factors and changes in the external environment. Conclusions and recommendations should be supported by credible evidence.

8. Ethics, safeguarding and independence

The assignment will be undertaken by an independent external evaluator or team. Applicants must disclose any actual or perceived conflicts of interest. HDI will facilitate access to relevant information and stakeholders without influencing findings or conclusions.

- Use informed, voluntary consent in understandable language, with freedom to decline or withdraw without affecting services or assistance.
- Apply a do-no-harm, rights-based approach and safe recruitment, especially for minors, GBV survivors, people seeking abortion care, sex workers, LGBTIQ+ people and other persons facing stigma or legal/political risk; obtain any applicable ethical review or permissions before data collection.

- Avoid recording identifiable sensitive SRHR or legal-service data unless strictly necessary; use secure transfer, restricted storage, anonymisation, a deletion schedule and a documented incident protocol.
- Do not promise complete anonymity for small samples; suppress details that risk deductive identification. Offer private interview arrangements and carefully select interpreters.
- Establish safe referral pathways for distress or safeguarding disclosures; evaluators shall follow relevant law and HDI safeguarding requirements without exposing participants to retaliation.
- Invite stakeholder comments on a factual draft, retain independent conclusions and transparently document substantive disagreement in the final report.

9. Governance and quality assurance

HDI will designate a focal point to coordinate access to documents, stakeholders and logistics. HDI and Sida will review the inception report and provide factual comments on the draft evaluation report. The evaluator remains responsible for independent findings and conclusions.

10. Deliverables and reporting requirements

Deliverable	Minimum content / acceptance standard
1. Inception report and presentation	Evaluation approach, questions, methods, sampling, ethics, work plan and evaluation matrix.
2. Emerging-findings briefing	Briefing on preliminary findings, emerging conclusions and evidence gaps.
3. Draft evaluation report	Findings and analysis addressing the agreed evaluation questions, with conclusions and recommendations.
4. Final evaluation report	Final report incorporating factual corrections and clearly presenting the evidence, conclusions and recommendations.
5. Learning workshop and evaluation summary	Presentation and discussion of key findings and recommendations, and a concise summary suitable for wider dissemination.

Recommendations should be clear, practical, prioritised and supported by findings. They should identify the responsible decision-maker and distinguish immediate operational improvements from longer-term institutional and strategic priorities.

11. Indicative work plan and effort

Stage	Indicative duration	Outputs

Inception	Weeks 1–2	Inception report, evaluation matrix, methods, sampling and fieldwork plan.
Data collection	Weeks 2–5	Document review, interviews, site visits and case studies.
Analysis and initial findings	Week 6	Analysis, triangulation and emerging-findings briefing.
Draft report and feedback	Week 7	Draft evaluation report and consolidated factual comments.
Finalisation and learning	Week 8	Final report, recommendations and learning workshop.

The assignment will be completed within eight weeks of commencement. Applicants should propose an appropriate team, work plan, level of effort and fixed-price budget, allowing time for HDI and Sida to review the draft report.

12. Evaluator qualifications and selection

- Demonstrated experience conducting external evaluations of institutional or core funding, organisational development, health programmes, human rights or civil society initiatives.
- Strong knowledge of OECD/DAC evaluation criteria and experience applying qualitative and quantitative evaluation methods, including contribution analysis.
- Relevant experience in sexual and reproductive health and rights (SRHR), gender equality, human rights, health systems or civil society strengthening.
- Experience conducting evaluations in Rwanda or the East African region, with an understanding of the local institutional and policy context.
- Demonstrated ability to conduct ethical and inclusive evaluations, including working with vulnerable and marginalised populations and protecting confidential information.
- Strong analytical, communication and report-writing skills in English, with access to Kinyarwanda-speaking expertise for field consultations.
- Independence from the activities being evaluated and absence of conflicts of interest.

13. Responsibilities, budget and contracting

HDI will provide available documents, relevant data and logistical support. The evaluator will be responsible for the methodology, fieldwork, participant protection, analysis, reporting and independent conclusions.

The consultancy agreement will set out the fee, payment schedule, expenses, confidentiality and data-management requirements, and other contractual terms.

14. Use, dissemination and management response

The evaluation findings will inform HDI's strategic planning, organisational development, programme improvement and future resource mobilisation efforts. They will also provide Sida with evidence of results achieved, lessons learned and the contribution of core support to HDI's institutional development.

The final evaluation report will be shared with HDI's Board, management, Sida and relevant stakeholders. A summary of the key findings, conclusions and recommendations will be prepared for wider dissemination, with due consideration for confidentiality and the protection of sensitive information.

Following completion of the evaluation, HDI will develop a management response outlining the actions it intends to take in response to the recommendations, including responsibilities and timelines for implementation.

15. Application and Submission Requirements

Interested consultants or evaluation firms are invited to submit an application containing the following:

Technical proposal: Demonstrating an understanding of the assignment, proposed methodology, evaluation approach and work plan.
Financial proposal: An itemised budget covering consultancy fees, travel, accommodation, data collection and any other anticipated expenses.
Curriculum vitae: CVs of the proposed evaluator(s), highlighting relevant qualifications and experience.
Evidence of previous assignments: Examples of similar evaluations conducted within the last five years, including relevant evaluation reports or summaries of completed assignments.
Professional references: Contact details of at least two references from organisations for which similar assignments have been completed.

Applications should be submitted by email to **info@hdirwanda.org** with the subject line **"Application – Sida Core Support Final Evaluation"**

Application deadline: 16 November 2026.