**TERMS OF REFERENCE FOR ENDLINE EVALUATION OF EMERGENCY MOBILE HEALTH, NUTRITION & PROTECTION IN EASTERN EQUATORIA, SOUTH SUDAN**

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| **ORGANIZATION** | CARE |
| **PROJECT NAME** | Emergency Mobile Health, Nutrition & Protection Program in Eastern Equatoria. |
| **SECTOR** | Health, Nutrition and GBV/Protection |
| **ASSIGNMNET TASK** | Conduct an End line Evaluation |
| **ASSIGNMNENT LOCATION** | Torit, Ikotos & Lopa Lafon (Eastern Equatoria) |
| **REPORTING TO** | Health & Nutrition Coordinator, Project Manager & MEAL Manager |
| **DURATION** | 22 Days |
| **POSSIBLE START DATE** | August 1st 2019 |
| **POSSIBLE END DATE** | August 31st 2019 |

1. **Background**

CARE is a humanitarian nongovernmental organization committed to working with poor women, girls, men and boys, communities and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls. CARE’s operation in South Sudan dates back to the early 1980s, focusing on emergency relief to the conflict affected populations.

Currently, CARE South Sudan works in five States; Unity, Jonglei, Eastern Equatoria, Bahr el Ghazal and Upper Nile States, addressing both humanitarian and recovery/development needs. In development/recovery programming, CARE South Sudan focuses on four broad areas namely Health, Nutrition, FSL, Gender and Protection.

1. **Project overview.**

Launched in August 2018, CARE is implementing a mobile response funded by OFDA to cover areas not supported through static health, nutrition and GBV services providing life-saving emergency health, nutrition and protection response through a mobile framework that is capable of reaching remote communities in Torit, Ikotos and Lopa Lafon Counties. CARE established 6 mobile teams, equipped them with the necessary medical supplies and recruited qualified health personnel to manage mobile clinics to provide curative and preventive health services to the affected population. Mobile clinics also provided malnutrition treatment for children under the age of five and PLWs using South Sudan CMAM guidelines. Screening for malnutrition has being conducted by home health promoters (HHPs), who double-up as health volunteers, and these volunteers are equipped with skills to perform these roles. Mobile clinics run as Outpatient Therapeutic Programme (OTP) and refer severe acute malnutrition (SAM) cases with medical complications to the nearest static stabilization centers. Ready-to-use therapeutic foods (RUTF) supplies for OTP and TSFP supplies provided by UNICEF and WFP. The Project’s Protection component ensure that safe and timely access to quality and comprehensive case management and psychosocial services to GBV survivors is provided. CARE also provide sexual and reproductive health information through a network of trained home health promoters. The Project also build the capacity of frontline service providers and rehabilitate safe spaces for women and girls.

**Project Goal**

Provide timely lifesaving and integrated multisector assistance to reduce conflict-induced suffering among IDP and host community women, girls, children under five and other vulnerable categories and individuals in South Sudan.

**Sector Objectives:**

**Health***:* Increase access to quality primary health care and clinical support in Eastern Equatoria State

Expected results:

* Case fatality rates for communicable diseases ≤ 1%.
* 75% of pregnant women attended at least two comprehensive antenatal clinics
* 75% of newborns received postnatal care within three days of delivery
* 40% of births assisted by a skilled attendant at birth
* 50% of women in their third trimester received clean delivery kits
* 100% of community members were able to recall target health education messages
* Increased coverage, access and utilization of health services in remote hard to reach areas.

**Nutrition**: Increased access to lifesaving treatment for the management of acute malnutrition in children, pregnant and lactating women

Expected results:

* 50% of infants 0-5 months were exclusively breast fed.
* 5% of children 6 -23 months of age received foods from 4 or more food groups
* Nutrition surveillance strengthened in remote and hard to reach areas.
* Recovery Rate: ≤75%
* Defaulter rate: ≤10%
* Death Rate: ≤ 3%
* Relapse rate: ≤ 10%

**Protection**: Vulnerable IDP and host community women and girls have increased access to life-saving protection, health, case management, psychosocial support (PSS) services, and improved multi-sectoral and community-based protection.

Expected results:

* 100% of survivors of GBV were able to access support services
* 80% of people reported improvement in their feelings of wellbeing and ability to cope at the end of the program
* Decline in GBV related cases.
* Increase in reporting GBV cases.
* Increased access to CMR services.

1. **Purpose and scope of the outcome evaluation**

The purpose of the evaluation is to gather information to clearly assess the contribution of the project. Assess the changes resulting from the project interventions by comparing the situation at baseline with the situation at the end of the project. Lessons learned in the course of the project will also be documented and shared including the best practices and key lessons in the technical aspect as well as the program management approach to facilitate continued learning and improvement of future project design and programmatic strategy. As the project ends in August 2019, CARE intends to undertake an end line evaluation which will assess the:

**Inclusiveness**, did the program adhere to diversity in all its implementation phases.

**Relevance**: Was the design of the modality and strategy used the most appropriate? Did this programme effectively reach the most vulnerable households in remote and hard to reach areas? Did the project address the highest priority needs of the affected population? Was the intervention most appropriate and its implementation relevant to the operational context.

**Efficiency**: Was the modality and strategy used cost-effective? Was adequate human, financial and logistical resources applied to delivering project outcomes? Were outputs delivered in a timely fashion?

**Effectiveness**: Was the programme sufficiently adaptable to a fluid and insecure context to deliver outputs in a timely fashion and sufficiently achieve targets? Were the monitoring mechanisms effective in providing timely data to inform programming decisions? To what extent did the project meet its targets and deliver outputs?

**Accountability**: Did the adoption of CARE accountability system increase community participation and decision making during the project implementation?

**Impact**: what is the project impact to the household and community at large?

**Sustainability**: Is there evidence of continued connectivity between the project and local capacity, development plans and systems and with external partners? Will there be a long-term impact from the programme? Is it positive of negative?

**Geographic Locations**

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| --- | --- | --- | --- | --- | --- |
| **County** | **Payam** | **Boma** | **Villages covered** | **Mobile site Location** | **Mobile Team** |
| Lopa Lafon | Harilo | Lofirang | Lohuro, Bari Lopit, Lofida, Lohidomuk, Itojo | Lofirang | 1 |
| Bule | Lohomiling | Lohomiling, Lodo | Lohomiling |
| Habite | Lohobohobo | Lohobohobo | Lohobohobo |
| Iboni | Ibahure | Ibahure | Ibahure | 2 |
| Imuluka | Hatolok | Imuluka | Imuluka |
| Brugilo | Taar | Nyadida, Ukwere, Wipiboi | Brugilo |
| Marguna | Ameru | Wipibuli, Ukwonya, Bwodo | Maguna | 3 |
|  | Adeba | Ugwil, | Ugwil |
|  | Adeba | Ungabe | Adeba |
| Ikotos | Ikwotos | Losiet | Lokoro, | Lokoro | 4 |
| Tseretenya | Lotuhuyaha | Lotuhuyaha | Lotuhuyaha |
| Ikwotos | Iteuso | Nyatbe, Ateda, Lonum | Iteuso |
| Chahari | Lobok | Burung, Lohotor, Loyoro, Rumula. | Rumula | 5 |
| Chorokol | Loyoro | Madwany, | Madwany |
| Chorokol | Mohina | Awai, Mohina | Mohina |
| Torit | Imatari | Hiyala | Olianga | Olianga | 6 |
| Ofii | Ofii |
| Hidonge Imalangit | Hidonge Malangit |

1. **Methodology**

The evaluation will use participatory and mixed methodological approach to allow for the triangulation of both quantitative and qualitative data. These include the quantitative primary and secondary data along with FGDs, KIIs, observation and desk review of internal and external documents. Data from all the methods will be triangulated and analyzed to draw conclusions and recommendations. Only a sample of the beneficiaries and key informants will participate in the evaluation for cost efficiency.

The consultant will make extensive use of the available monitoring data collected by the project staff. These will include baseline report, monthly reports, quarterly reports, and findings from beneficiary feedback and complaint mechanism. The consultant is expected to review the above background documentation as part of the desk review phase of the study. A strong part of the information will come from the field data collection.

Aligning with the content of the scope of work shared for this study, the consultant will develop the methodology, the data collection tools and propose the team set up for data collection, to be validated by the Health and Nutrition Coordinator, Project Manager and MEAL Manager. The consultant and his/her team will collect primary data. CARE South Sudan will support in the selection and recruitment of enumerators.

**Sample Size**

The consultant will determine the appropriate sample sizes considering the geographical areas, targeted groups, and the homogeneity and heterogeneity of the target population.

**Roles & Responsibilities**

The consultant/s will be responsible for:

* Drafting inception report
* Leading the Desk Review
* Methodology and tools development/ finalization
* Field evaluation process
* Writing and validation of the report.
* The Project Manager will help him/her to identify the relevant actors for interviews and field visits and will provide the consultant with available documentation.

**Key Deliverables**

* Inception report.
* Methodology used to conduct the evaluation.
* Data collection tools including FGD & KII guide.
* Data analysis and presentation of preliminary findings.
* Data sets & photos.
* Final Report (minimum of 15 pages and a maximum 30 pages, excluding executive summary table of contents and annexes

**Final Report Requirements**

The external evaluator is accountable to maintain the requirements for the content, format, or length of the final report, overall quality and approved timelines. They will produce a comprehensive report that assesses the achievements, relevance, coverage, effectiveness, efficiency, outputs and early outcomes of the intervention and key lesion learned and recommendations.

**Evaluation Report Template**

 The report must include:

* Title: A title that conveys the name of the project, location, implementation period.
* An executive summary that focused both on process as well as impact that is not more than 2 pages in length.
* A display of impact early in the report, including 2-5 impact findings pages: what changed because of the intervention supported by a solid evidence.
* Key findings.
* Key lessons learned: these should be short, actionable and relevant.
* key recommendations for what the project/program/initiative should be based on your findings.
* Sources of all evidence must be identified and conclusions must be based only on evidence presented in the report and recommendations must directly correspond to the conclusions.

**Data Disclosure**

* The external evaluator should deliver, at minimum, all files including: quantitative datasets (raw and refined products), transcripts of qualitative data and others in an easy to read format, and maintain naming conventions
* All the data generated from this survey and its associated materials shall remain the propery of CARE South Sudan Country Office and shall be archived in accordance to its policies.
* The external evaluator will be responsible for obtaining all necessary permissions and consent to interview beneficiaries.

**Timeline**

This consultancy is expected to start on 1st August 2019 with approximately (22) days of consultancy. Consultant is requested to remain available for reviews and improvements until the piece of work is validated by CARE Team. A detailed work plan will be developed with the consultant

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| **S#** | **Tasks** | **Week 1** | **Week 2** | **Week 3** | **Week 4** |
| 01 | Desk review |  |  |  |  |
| 02 | Inception report |  |  |  |  |
| 03 | Travel to the field |  |  |  |  |
| 04 | Training of enumerators |  |  |  |  |
| 05 | Field data collection |  |  |  |  |
| 06 | Data analysis |  |  |  |  |
| 07 | Report writing |  |  |  |  |
| 08 | Draft Report |  |  |  |  |
| 09 | Final Report submission |  |  |  |  |

**General conditions of the consultancy.**

* CARE will provide accommodation for the consultant in the field.
* Logistical support (access to official facilities including internet, documentation, printing, photocopying of tools, mobile phones for data collection etc. shall be covered by CARE. Any cost needs to have prior approval from CARE.
* Meals and other incidentals will be responsibility of the consultant
* The consultant will conduct his/her work using his/her own computer.
* The movement of the consultant and team to and from the field will be facilitated by CARE.
* The cost related to travel from/ to field of the survey teams will be covered by CARE.

**Required External Response to Terms of Reference**

A technical and cost proposal based on this Terms of Reference (ToR) is requested from the consultant  
or consulting firm. The proposal should contain:

1. Detailed plan of action for field work indicating staff‐days required.
2. Detailed survey methodology.
3. Specific roles and responsibilities of the team leader, supervisory chain and other core members of the evaluation team.
4. Schedule of key activities preferably in a format such as a Gantt chart.
5. Detailed budget with justification. The external evaluation proposal should include a reasonable detailed budget to cover all costs associated with the evaluation.
6. 5.Updated CV of Team Leader and other core members of the Evaluation Team.
7. A profile of the consulting firm (including a sample report if possible)

**Minimum Qualifications**

At the minimum, the consultant/s must possess the following:

* Relevant Master’s degree in Public Health, Epidemiology or Any other relevant related field or Bachelor’s degree in the related field with significant experience in conducting similar studies.
* Over 5 years’ proven experience in undertaking similar studies and familiar with South Sudan context.
* Have proven knowledge and practical experience in quantitative and qualitative research
* Excellent organizing, facilitating, presentation, communication and report writing skills.
* Experience working in emergency context. Experience working in South Sudan context is a plus.

**Submission.**

If you meet the required technical qualification and similar experience, send your CV, Technical Proposal detailing Survey Methodology, Work plan and budget to [Betty.Gune@care.org](mailto:Betty.Gune@care.org) and CC [Patrick.andama@care.org](mailto:Patrick.andama@care.org) and [Demelash.Habtie@care.org](mailto:Demelash.Habtie@care.org).

**Deadline for expression of interest is on 30th June 2018 before 5PM.**