



TERMS OF REFERENCE (TOR) FOR THE EVALUATION

Health Improvement for IDPs and Host Communities Project in Magwi County, Eastern Equatoria South Sudan

Introduction

The SSRC is seeking consultant(s) to conduct an Evaluation for the **Health Improvement for IDPs & Host Communities**

1. Organization Description

The SSRC was established by law on 9 March 2012 with the SSRC Society Act, 2012. SSRC was formally recognized by the International Committee of the Red Cross (ICRC) on 18 June 2013, making it the 189th National Red Cross or Red Crescent Society in the world. In November 2013 the SSRC was admitted into the International Federation of Red Cross and Red Cross Societies. SSRC's headquarters is based in Juba with a total of ten (10) branches and a growing network of sub branches. There are currently over 200 SSRC staff members across Headquarters and branches and approximately 8,000 volunteers across the country.

The society's work is guided by seven fundamental principles (humanity, impartiality, neutrality, independence, voluntary service, unity and universality) and by Strategy 2020 of the IFRC, which voices our collective vision and determination to move forward in tackling the major challenges that confront humanity in the present decade. All our staff MUST abide by and work in accordance with the Red Cross and Red Crescent principles

South Sudan Red Cross in partnership with Swiss Red Cross, National and State Ministry of Health, Republic of South Sudan is implementing two years Health Improvement project in Magwi County, Imatong State. The goal of the project is increased access to community health services, WASH, psychosocial and SGBV services.

2. Project description

The Health Improvement for IDPs & Host Communities project in Magwi County is designed to improve community health and reduce vulnerability to preventable communicable diseases in Magwi County through CBHFA, WASH and PSS

It employs house to house approach, as well as mobilize communities aiming to create change at both community and institutional levels.

3. Objectives of the project evaluation

The consultant will oversee and produce indicators as per the following objectives

- 1) To determine the percentage of children <5 sleeping under LLITN`
- 2) To determine the % of population that knows at least 5 methods on how to prevent diarrhoea`
- 3) To determine the % DPT3 vaccination coverage
- 4) To determine the % of households consuming vegetables/fruits from their kitchen gardens
- 5) To determine % of children < 6 months who received breastmilk only (EBF rate) the previous day
- 6) To determine % of target population has access to safe water
- 7) To determine % of target using and maintaining clean latrines
- 8) Determine the % of communities in project area have at least 1 first aid volunteer who knows and is equipped for First Aid and epidemic control
- 9) Determine the % of beneficiaries who are satisfied with emotional and social support.
- 10) Determine the % of trained beneficiaries can list at least three stress warning signs and symptoms
- 11) Determine the % of trained beneficiaries can list at least 2 actions to respond to sexual violence
- 12) Determine % of trained primary caretakers of children under 2 years of age that can correctly identify at least three danger signs of malnutrition that require referral to health facility.
- 13) Determine % of households with pregnant women that report they have slept under a mosquito net the previous night
- 14) Determine % heads of households that correctly identify 3 critical times to wash their hands
- 15) % of children from 0-59 months that appear for regular checkups and growth monitoring

4. Scope of work

The evaluation will be carried out in Eastern Equatoria, in Magwi County, particularly in the areas of is the Melijo camp in Mugali Payam and Nimule. Nimule is approximately 160 km away from Juba, connected through a tarmac road. Melijo camp in Mugali Payam is another 20km away from Nimule, connected through dirt road. It takes approximately 4 hours from Juba to Nimule and another one hour to Melijo camp during the dry season.

It will reference the project proposal, monitoring reports, the south Sudan National Health Sector Strategic Plan 2016-2021, The National Health Policy 2016-2025 and the baseline data for the project

5. Methodology

- The SSRC will ensure that the Consultant use a mobile technology initiative to collect data for the Evaluation
- In order to provide a comprehensive analysis of the project it is expected to use a balanced range of qualitative and quantitative methods, such as the review of key documents and secondary literature, structured and semi-structured interviews, focus groups, observations, branch-, community- and facility visits.
- The consultant should adhere to the standards and specific, applicable practices outlined in the IFRC Framework for evaluation, available at: www.ifrc.org/MandE
- Gender integration, conflict sensitive analysis and Do No Harm are integral elements in the design of the **Health Improvement for IDPs & Host Communities** project. The end line process is expected to reflect these elements.

- It is also expected that the evaluation will respect the seven Fundamental Principles of the Red Cross and Red Crescent movement: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) Voluntary service. 6 Unity, 7) Universality

6. Duration of the consultancy, start date and work plan

The endline survey is expected to last 21 days from the third week of 15 May 2017 per the timetable below. Please note that data analysis and report writing are expected to be ongoing activities. The SSRC is open to adjusting the duration of the consultancy subject to the consultant's financial proposal.

7. Indicative suggested time table for baseline survey

Activities	Suggested time frame
Inception meeting with SSRC Health PMER team, branch project persons and Swiss RC Country representative and a review of key background documents and existing data collection tools	1 Day
Detailed inception report including detailed work plan, detailed draft methodology and sampling approach for quantitative data collection, quantitative and qualitative tools finalized in agreement with the SSRC Health, and PMER teams and Swiss RC Country representative	1 day
Recruitment and training of additional data collectors/enumerators	1 day
Data collection and data entry	8 days
Data analysis and draft baseline study report submitted for comments	8 days
Project staff comment on first draft	2 days
Final baseline study, responding to comments above	2 days
Oral presentation/meeting and de-brief with project staff	1 day
Suggested total days	24 days

8. Modalities of survey administration

SSRC Responsibility

- Supervise the work of the consultant under the responsibility of the PMER Coordinator. All communications should be addressed to the SSRC PMER Coordinator.
- Ensure the ethics and transparency in up held during the Evaluation
- Responsible for organizing meetings with the different stakeholders during the survey
- Consult local authorities for acceptance of the consultant in the communities
- All necessary documents will be provided in soft copy by SSRC.

Consultant Responsibility

- Ensure the actual Evaluation is conducted as per the ToR
- Ensure that the time scheduled is adhered to
- Responsible for his or her stationaries and other items needed for the Evaluation
- International and national flights will be at the consultant's responsibility.
- Consultancy fee is expected to cover the consultant's transport, subsistence needs (food and accommodation and security)
- Accommodation and feeding expenses shall be covered by the consultant

9. Deliverables

Selected consultant(s) will be expected to submit to the SSRC the following deliverables after data collection:

Data sets

The final end line reports shall provide project partners and key stakeholders with:

- Inception report (due date: 26/04/2017)
- Evaluation draft report (due date: 10/05/2017)
- Presentation of preliminary findings to SSRC
- Evaluation report (due date: 17/5/2017)

The reports should comply with IFRC end line Guidelines, shall not exceed 40 pages (excluding Annexes) and shall include the following information:

- Project reference, agreement subject matter, date of completion.
- Name and address of the Consultant.
- Index, list of abbreviations, map (where relevant).
- Executive summary.
- Introduction – a brief description of background, purpose, objectives and scope of the end line; specific requirements and/or restrictions encountered during evaluation.
- Methodology – explanation of methods and techniques used; assumptions, limitations, concerns and constraints encountered, including possible impact on validity, reliability and independence of the end line.
- End line findings – evidence based and according to end line criteria.
- Conclusions and lessons learned.
- Recommendations.
- Annexes – list of documents, list of interviewees, questionnaire etc.

NB: The Time Schedule is attached to this ToR and will be confirmed at the kick-off meeting. South Sudan Red Cross has sole ownership of all final data and any findings shall only be shared or reproduced with the permission SSRC.

10. Qualifications and experience required

Consultant(s) for the Integrated Health Improvement project baseline survey will need to meet the requirements below:

1. MA, MSc. in Health Information Management System, Health services Management, Public Health, Social Sciences, Development Studies, and Development Evaluation, Statistics or any related field.
2. Extensive experience in project monitoring and evaluation. Specific experience in managing and coordinating evaluation/research exercises, delivering agreed outputs on time and on budget
3. Prior experience working in conflict and post conflict settings and an in-depth understanding of the context of such settings on monitoring and evaluation
4. Knowledge and experience working in South Sudan and ability to speak the local language will be an added benefit.
5. Track record in developing and conducting various types of evaluations including qualitative and quantitative data collection
6. Experience in data collection and analysis using participatory methodologies
7. Strong quantitative data entry and analysis skills and previous experience using statistical analysis software
8. Ability to respond to comments and questions in a timely, appropriate manner
9. Ability to write high quality, clear, concise reports in English
10. Familiarity with Red Cross and Red Crescent movement fundamental principles and community base health approach relevant to south Sudan context is added advantage.

11. Payment modalities

The Consultant will have to provide the following documents before payment if effected and it should be noted that the payment will be 100% at the completion of the work and only by cheque

- o Final Report for the Evaluation
- o The Contents of the report will be analyzed and final payment will only be made upon agreement on the final Evaluation
- o Report from South Sudan Red Cross and Swiss Red Cross.

12. How to apply

Interested applicants are expected to submit their detailed CVs showing previous similar experiences and a detailed technical narrative and financial proposal of not more than 10 pages (excluding annexes and past performance references), illustrating their competencies and clearly articulating the strategies they would use. Proposals should also demonstrate a clear link between these strategies and quality project delivery. *Including bio data of the core team members and evidence of similar work undertaken recently. Submit via email to vacancy@southsudanredcross.org. Please include the name and telephone number of the contact person for the Application.*

Applications will be reviewed on a rolling basis.

Application Deadline: 25 April 2017 at exactly 5:00pm

