



## **TERMS OF REFERENCE (TOR)**

**Purpose: Lead Consultant to support JESI Project Endline Assessment and JESI+ Project Baseline Assessment.**

**Project Title:** Jonglei Essential Integrated Services for Internally displaced persons (IDPs), Returnees and Host Population (JESI) and Jonglei Essential Integrated Services for Internally displaced persons (IDPs), Returnees and Host Population Plus (JESI Plus).

### **Background:**

Since May 2023, IMA World Health has been implementing the JESI Project in four counties of Jonglei state. In the first year of JESI project implementation, IMA worked closely with the county health departments (CHDs), health and nutrition clusters, and other international partners operating in Jonglei to establish four mobile tented clinics capable of delivering integrated healthcare services, conducting outreach activities to bring integrated healthcare, WASH, and nutrition services to remote communities, establishing safe drinking water and handwashing stations, and screen children and pregnant women for malnutrition and refer them to appropriate care. After one year of successful implementation, reaching Out patient consultation - 39,203 patients with healthcare, WASH (31,103 individuals) and nutrition services (18,783 individuals), USAID/BHA renewed the project for another year, with critical expansions to the WASH and outreach activities. The follow-on year, named "JESI Plus" started May 1, 2024, and is projected to end April 30, 2025.

### **Theory of Change:**

*IF* IDP and host community members, particularly women and girls, have equal access to locally-informed and quality health services, nutrition services, water and sanitation hygiene facilities, and practical, context-specific information and technical resources; *AND*, community stakeholders including youth, faith leaders, women, and service providers are supported to sustain infrastructure and services *THEN* individual, household, and community health and resilience will increase, thereby improving health outcomes and reducing the risk of deteriorating health and nutrition statuses, negative coping mechanisms, and secondary crises.

### **Objective of the Assessments:**

IMA World Health is seeking an experienced consultant to oversee and coordinate assessment activities in Jonglei state. The baseline and endline assessments aim to evaluate the JESI and JESI Plus project's impact on health, WASH, and nutrition indicators. Specifically, the endline assessment for the JESI project will aim to capture project achievement and beneficiary perception of project interventions. The baseline assessment for the JESI+ project will include an updated Indicator Tracking Table and collect programmatic information used to orient project activities to better achieve project objectives.

The lead consultant will report to the JESI+ Project Manager and will coordinate closely with an international consultant engaged by IMA World Health to finalize assessment materials, ensure data managers are trained, clean data and develop assessment reports.

### **Baseline Assessment:**

The baseline assessment will establish initial conditions and needs of the targeted population regarding integrated intervention (WASH, Health, and Nutrition). Specifically, the baseline will:

- Identify key gaps and challenges in the current Health, Nutrition, and WASH JESI Plus project.
- Collect data on pre-intervention levels of relevant project indicators and to confirm/modify targets as necessary.
- The baseline will also provide programmatic information to inform project activities as applicable.

### **Endline Assessment:**

The endline assessment for the recently completed JESI project will assess the outcome and impact of JESI project intervention on Nutrition, WASH, and Health activities in JESI counties. Specifically, the endline assessment will:

- Measure progress against the indicators from the baseline data of the JESI project.
- Assess the effectiveness, relevance, and sustainability of the project interventions.

### **Scope of Work**



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The lead consultant will undertake the following tasks:

**1. Desk review:**

- Review project documents, including the project proposal, log frame, and previous assessments reports.
- Review secondary data sources such as government reports, cluster notes, and previous relevant studies conducted in JESI and JESI plus locations.

**2. Field data collection:**

- Coordinate and oversee field visits to the targeted Payams and bomas in Jonglei state.
- Use quantitative and qualitative methods to collect data, including surveys, focus group discussion (FGDs), and key informant interviews (KIIs).

**3. Data Analysis:**

- Analyze data using appropriate statistical and qualitative analysis tools.
- Compare baseline and endline data to measure changes in key indicators.

**4. Reporting:**

- Prepare a comprehensive baseline report and endline report, detailing findings, conclusions, and recommendations.
- Present findings to IMA World Health and relevant stakeholders.

**Geographic Areas Targeted:**

The assessment will cover Ayod county (Korwai, Mogok, Gul and Paguong Payams), Nyirol county (Nyambor, Thol and Pading Payams), Fangak county (Old Fangak, Toch and Pagwir Payams) and Pigi county (Khorfulus, Atar, and Canal Payams).

No.	County	HRP Population (HRP 2024)	RRC Population (3 Payams)
1	Ayod (Korwai, Mogok, and Pajiek Payams)	60,241	30,785
2	Nyirol (Nyambor, Thol and Pading Payams)	51,319	28,046
3	Fangak (Old Fangak, Pagwir, and Toch Payams)	74,525	40,482
4	Pigi (Khor fulus, Atar and Canal Payams)	107,596	23,170

## **Indicators to be Assessed.**

### Health Indicators

- Percent of the target population with access to basic health care services.
- Percentage of patients reporting satisfaction with healthcare services received.
- Number of households that have ever received health education sessions.
- Percentage of pregnant mothers receiving at least four ANC visits.
- Percentage of births attended by skilled trained health care providers.
- Determinants for accessing skilled attendance for deliveries.
- Community perceptions for causes of death for children under 5.
- Percentage of children fully immunized by year one.

### Nutrition Indicators:

- Children referred to case management partners receiving appropriate nutritional care and supplies.
- Pregnant women referred to case management partners receiving appropriate nutritional care and supplies.
- Percentage of individuals receiving behavior change interventions to improve infant and young child feeding practices (MIYCN).
- Percent of infants 0-5 months of age who are fed exclusively breastfed.
- Percent of children 6–23 months of age receive foods from 5 or more food groups.

### WASH Indicators:

- The percentage of individuals directly utilizing improved water services.
- Percentage of individuals gaining access to basic drinking water services.
- Percentage of water points developed, repaired, or rehabilitated with zero fecal coliforms per 100 mL samples.
- Percent of water user committees active at least three months after training.
- Percentage of individuals receiving direct hygiene promotion messages.
- Percentage of basic sanitation facilities provided in institutional settings.
- Percentage of functional hand washing stations in health facilities.

### **Methodology:**

1. Sampling: Use cross-sectional study to ensure representation of IDPs, returnees, and host populations.
2. Data collection tools: Develop structured questionnaires for the assessment, guides for FGDs, and KIIs.
3. Data Management: Ensure data quality through regular checks, data cleaning, and validation process.
4. Deliverables:
  - Inception report detailing the methodology, work plan, and data collection tools.
  - Draft and final baseline assessment report.
  - Draft and final endline assessment report.
  - Presentation of findings to IMA World Health and stakeholders.
5. Timeline:

The lead consultant is expected to complete the baseline assessment within 1.5 months from the start date and the endline assessment within one month after the project ends.

IMA will provide lead data managers in all the counties, identify data enumerators, and provide logistic support for all field teams.

### **Qualification and experience**

The lead consultant will be responsible for (1) providing team leadership for the the assessment; (2) managing the team's activities, (3) ensuring that all deliverables are met in a timely manner, (4) serving as a liaison between IMA HQ and the assessment/analytic team, and (5) leading briefings and presentations on the findings. Required qualifications are as follows:

- Masters degree in Public Health, Nutrition, WASH, or related discipline
- Demonstrated experience in undertaking evaluations and/or assessment studies similar to this assignment
- Experience in South Sudan, including a deep understanding of the health system
- Knowledge of the context of Ayod, Pigi, Nyirol and Fangak counties of Jonglei State
- Have experience with designing evaluation studies of USAID/BHA funded activities/projects
- Experience and/or knowledge of USAID/BHA programming will be a plus



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- Proven expertise with mixed method (quantitative and qualitative) evaluations and studies (data collection and analytical skills)
- Proven experience in conducting baseline and endline assessment for humanitarian projects.
- Strong analytical and report writing skills.

**Budget**

The lead consultant should provide a detailed budget breakdown including professional fees. IMA will cover travel costs, accommodation, and subsistence allowance.

**Submission of application:** interested applicants should submit a proposal including the following

- Technical proposal outlining the approach, methodology, and workplan.
  - Financial proposal with detailed budget.
  - CV.
  - Samples of previous similar work.
- ✚ Please submit CV and cover letter to [southsudanprocurement@imaworldhealth.org](mailto:southsudanprocurement@imaworldhealth.org) by **Tuesday June 21<sup>st</sup>, 2024**.
- ✚ Or hand deliver to IMA WORLD HEALTH office at Heran Office building complex Eco Bnak Building Opposite Juba Stadium