



TERMS OF REFERENCE

Healthier and Safer Communities and Schools in Rumbek, South Sudan (2018-2021)-Project End-line Evaluation 1st October– 30th November 2021

1.0 Summary - Summary of the key elements of the evaluation

- 1.1 Purpose:** The purpose is to assess the project's progress and achievements against its set goal and outcomes and to make an analysis of factors contributing to achievement/non achievement of results, and to provide lessons learnt lessons for longer term planning and organizational learning. The evaluation will assess the project's relevance, coherence, effectiveness, efficiency, impact, and sustainability.
- 1.2 Audience:** *users of the evaluation (SSRC, FRC, MFA, RCRC Movement, and other national and international stakeholders).*
- 1.3 Commissioner(s)¹:** This external evaluation is commissioned by the South Sudan Red Cross (SSRC) and the Finnish Red Cross (FRC) in compliance with SSRC's PMER Framework, FRC Monitoring, Evaluation and Learning Framework and the International Federation of Red Cross and Red Crescent (IFRC) Framework for Evaluation.
- 1.4 Consultant Reports to:** South Sudan Red Cross PMER Coordinator.
- 1.5 Duration of evaluation:** *The working time in days is a maximum of 60 days out of which the field trip part is 7-10 days.*
- 1.6 Time frame:** *Estimated timeframe the evaluation team/consultant will be engaged for is 60 days (Oct/Nov).*
- 1.7 Location:** Rumbek Centre County Lakes States, South Sudan.

¹ Commissioner organizes, finances, selects and contracts the evaluation team.



2.0 Background

2.1 Organizational Background

The South Sudan Red Cross (SSRC) is one of the 193 National Societies worldwide and was founded on the eve of South Sudan independence in 2011. The SSRC is a volunteer-based humanitarian society and works as auxiliary to the public authorities in the humanitarian field. Based on the Statutes of the International Red Cross and Red Crescent Movement, the SSRC was established through an Act of Parliament on 9th March 2012.

SSRC was formally recognized by the International Committee of the Red Cross (ICRC) on 18 June 2013 and in November 2013 the SSRC was admitted into the International Federation of Red Cross and Red Crescent Societies. SSRC's headquarters is based in Juba with a total of (21) branches and a growing network of units. There are currently over 230 SSRC staff members across the country and approximately 14,000 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 2030 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

2.2 The history of the co-operation between the partners

The Heathier and Safer Communities and Schools project (2018- 2021) is a continuation of FRC and SSRC several years of collaboration. FRC has supported SSRC since it came into existence as a national society in 2011. A community-based health project was implemented in Bor branch through IFRC, overseen by SSRC Health department between 2012 and 2016. A WASH-health development project was implemented between 2015 and 2018 in Aweil branch, in cooperation with the Austrian RC and overseen by the SSRC WASH Department. The SSRC, Austrian Red Cross, FRC and Norwegian Red Cross collaborated in a WASH/water purification project in Aweil and Wau branches between 2018-2019. From 2020 SSRC, FRC and the ICRC are collaborating in a project to implement Safer Access Framework (SAF) Plan of Action with a focus on Communication overseen by the SSRC Communications department.



2.3 Humanitarian Background

The nation of South Sudan has been in war for most part (since 2013) of its 10 years of existence. Two years after the signing of the revitalized peace agreement in 2018, its implementation has not reduced the humanitarian needs of the South Sudanese people. Lack of durable peace and limited investment in basic services are holding people back from stability and sustainable development. The multifaceted nature of the crisis continues to disrupt the local economy, and increases displacement, decreases crop production and livelihood opportunities, and reduces access to basic services such as health and education. The COVID-19 pandemic has aggravated people's existing vulnerabilities and weakened an already fragile health system's ability to treat people, and curtailed much humanitarian and preventative health programming. It has also led to a reduction of remittances, and interruption of economic activity and trade. In addition, confinement measures are exacerbating protection concerns. Many women and girls have adopted or are forced into "harmful coping mechanisms", such as forced early marriage, prostitution or dropping out of school. South Sudan remains one of the most severe protection crisis in the world with high levels of SGBV and significant gross human rights violations across the country

Abnormally heavy and torrential rains and flooding has occurred since June 2020 and affected over one million people in eight of the ten states and caused large-scale displacement of people and cattle, damaged and destroyed crops and property, and led to food shortages, increase and spread of diseases. As the country continues to experience the cumulative effects of years of conflict, a surge in sub-national violence, unprecedented flooding and hyperinflation, further compounded by the COVID-19 pandemic, the humanitarian situation remains dire. More than two-thirds of the South Sudanese population and some 300,000 refugees and asylum seekers are in need of some form of humanitarian assistance and protection in 2021.

The country is now facing its highest levels of food insecurity and malnutrition since independence 10 years ago. The latest food security analysis estimates that the 2021 lean season, between April and July, will be the worst ever in terms of severity, with 108,000 people in catastrophe (IPC Phase 5). A total of 7.7 million people are expected to need food assistance, including 7.24 million acutely food insecure people in rural areas, 130,000 people in urban areas and 314,000 refugees in South Sudan. An estimated 1.4 million children and 480,000 pregnant or lactating women will be acutely malnourished and in need of treatment.



2.4 Location of the project

The project is implemented in Rumbek town/city and its surrounding communities, covering 9 villages (Abinajok, Akuach, Cum-chok, Madol-Akoch, Malual-Akan, Malual-Bab, Malual-Kodi, Matangai, Acholtheen, Nyangkot)). The target area covers 5 Payams: 2 within Rumbek town (Jiir and Matengai) and 3 within the neighboring communities (Malek, Mayom and Amongpin).

Rumbek was the headquarters for SPLA/SPLM and it was one of the strategic areas during the Khartoum war with the South. It still remains a busy hub and is the headquarter of the State Government in Lakes State. According to the latest available census data (2008) the population of Rumbek Center County where the project is based is 153,550. The exact population of the 9 villages targeted by the project is not available.

The communities living in Rumbek County are mostly farmers, pastoralists, and small-scale traders. The area has poor infrastructure including bad roads, poor drainage with most inter-county roads often closed due to flooding. Cattle raiding and revenge attacks have brought about loss of life, property, and displacements. Droughts are a common occurrence and communities are faced with hunger nearly through the year round. The common health problems affecting the communities include high preference of communicable diseases such as malaria, diarrhea, cholera, and typhoid fever. Insecurity and tensions are high due to the continuing war and road ambushes and killings are common.

2.5 Scope of the project

The Healthier and Safer Communities and Schools in Rumbek (2018-2021) project is geared towards healthier and safer schools and resilient communities in Rumbek County. It is designed to improve community health and reduce vulnerability to preventable communicable diseases through various program themes and components: CBHFA/BHI, WASH, SGBV/PSS, Disaster Risk Reduction, and branch development activities. The project employs a house-to-house approach, as well as mobilizing communities aiming to create change at household, community and institutional (school) levels. At school level Red Cross clubs have been set up as an entry point to health promotion, hygiene promotion and protection (SGBV/PSS) peer awareness activities. The project was planned to end in 2020 but a one-year project extension to 2021 was granted to improve the possibilities to achieve the project's objectives, improve the out-comes for women and girls and to implement the activities that were delayed due to 2020 COVID-19 restrictions. The beneficiaries of the project include men and women, particularly women of reproductive age, children especially those under 5 years, school going children especially adolescent girls,



community leaders, religious and cultural leaders, persons with disability and health workers volunteers who are the entry point for services provided to communities.

Project Goal: Towards healthier and safer schools and resilient communities in Rumbek

This goal will be realized through the following outcomes, indicators, and outputs:

Outcomes	Indicators	Outputs
Improved access to and increased usage of preventive health and PSS services in schools and communities in Rumbek County	<p>% women with children under 2 years of age that can correctly identify at least 3 danger signs for which a pregnant woman should be taken to a health facility.</p> <p>% of pregnant mothers accessing ANC and safe delivery services at health facility</p> <p>% of mothers/caretakers with under 5s referred for immunization</p> <p>% of people who can correctly identify three signs of malaria and its prevention</p> <p>% Mothers/caretakers with children under 5s that can correctly identify at least 3 danger signs of malnutrition that require referral to a health facility.</p> <p>% of people who can identify at least three forms of SGBV/psychological issues and how to prevent them</p>	<p>-Communities are sensitized and educated on key health issues including common diseases and nutrition</p> <p>-Schools are sensitized on health promotion and diseases prevention</p> <p>-SSRC staff and volunteer capacity is strengthened to deliver better quality health services to the communities</p> <p>-SSRC staff and volunteer capacity in addressing PSS/SGBV issues in the community is strengthened.</p> <p>-Communities are sensitized on PSS and SGBV</p>
Improved access to safe water, sanitation facilities and hygienic	<p>% of HH using improved drinking water source</p> <p>% HH using and maintaining clean latrines,</p>	<p>-Awareness on hygienic practices (Personal, water, food, excreta disposal and environmental hygiene) promoted</p> <p>-Menstrual hygiene promoted</p>



practices in schools and communities	% of people who can correctly identify at least three critical times to wash their hands	<ul style="list-style-type: none"> -Accessible household and school latrines constructed -New water sources established in schools -Community Water sources repaired/rehabilitated
Strengthened community capacities in disaster risk reduction to mitigate and prepare for disasters	<ul style="list-style-type: none"> % of communities reporting that they are prepared against disasters % of disasters whose negative impact on Rumbek communities is minimized % of community members knowledgeable about potential hazards and climate change related risks in their communities 	<ul style="list-style-type: none"> -Rumbek communities have operational DRR committees to mobilise and support communities to mitigate and prepare for disasters -DRR committees imparted with organisational knowledge and skills in DR -Community knowledge and awareness of hazards and disaster preparedness practices is increased - DRR committees take an active role in micro-mitigation and climate change initiatives implementation at community level
Strengthened National Society capacity to deliver services to schools and communities in Rumbek	<ul style="list-style-type: none"> % increase in branch membership % No of volunteers recruited and included in the database % of volunteers and staff who report increased knowledge of above 50% 	<ul style="list-style-type: none"> -Strengthened inclusive and gender-balanced recruitment, retention and engagement of volunteers -Improved capacity of branch and HQ staff, volunteers and board members. -Support for branch resource mobilisation -Support for effective operational capacity of the branch especially based on BOCA assessment



		-Establishment and implementation of effective and efficient M&E system
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Summary of Baseline Results and Targets:

Project Outcomes	Indicators	Baseline Results (%)	Set Targets (%)
Outcome 1 Improved access to preventive health and PSS services in the target communities	% women with children under 2 years of age that can correctly identify at least 3 danger signs for which a pregnant woman should be taken to a health facility.	51	70
	% of pregnant mothers accessing ANC and safe delivery services at health facility	82	90
	% of mothers/caretakers with under 5s referred for immunization	46	70
	% of people who can correctly identify three signs of malaria and its prevention	55	90
	% of mothers/caretakers with children under 5s that can correctly identify at least 3 danger signs of malnutrition that require referral to a health facility	Not available	50
	% of people who can identify at least three forms SGBV/psychological issues and how to prevent them	Not available	50
Outcome 2 Improved access to safe water, sanitation facilities and hygienic practices in schools and communities	% of HH using improved drinking water source	41	75
	% HH using and maintaining clean latrines	49	60
	% of people who can correctly identify at least three critical times to wash their hands	57	70



Outcome 3 Strengthened community capacities in disaster risk reduction to mitigate and prepare for disasters	% of communities reporting that they are prepared against disasters	30%	50
	% of disasters whose negative impact on Rumbek communities is minimized	45	60
	% of community members knowledgeable about potential hazards and climate change related risks in their communities	45	60
Outcome 4 Strengthened National Society capacity to deliver services to schools and communities in Rumbek	% Increase in branch membership	0	?
	% No of volunteers recruited and included in the database	0	?
	% of volunteers and staff who report increased knowledge of above 50%	0	?

3. Purpose, Scope and Objectives of the Evaluation

3.1 Evaluation Purpose

The purpose is to assess the project's progress and achievements against its set goal and outcomes and to make an analysis of factors contributing to achievement/non achievement of its results and to provide lessons learnt for longer term planning and organizational learning. The evaluation will assess the project's relevance, coherence, effectiveness, efficiency, impact and sustainability.

3.2 Evaluation Scope

- The evaluation covers the whole time span of the project which is 2018 – 2021.
- Geographical coverage – the evaluation will take place at SSRC HQ and Rumbek branch and at field level in the villages covered by the project.
- Target groups include staff, volunteers, households members, community groups (mothers to mothers groups, water management committees, DRR committees) community leaders, school red cross clubs and stakeholders at the national, state and country levels.



3.3 Evaluation Objectives

This end line evaluation exercise will seek to achieve the following objectives:

- To assess the relevance, coherence, effectiveness, efficiency, potential impact of interventions as well as, the sustainability of the results.
- Establish end line statistics of the project log frame indicators compared to the benchmark statistics at baseline to assess the level of achievement/non achievement of the project.
- To assess the level of completeness and timeliness of all project deliverables as per the approved work plan and to assess the level of contribution of the outputs towards the achievement of the project goal, objectives, outcome and, impact.
- To highlight lessons learned from the project and make practical recommendations for improvement of future strategies and projects.
- To assess the level of SSRC collaboration and coordination with county, state and national stakeholders in the planning and implementation of the project.
- To determine the extent to which the project addressed the crossing cutting issues of community engagement and accountability (CEA), gender equality, disability inclusion and climate change related outcomes during project implementation and to provide recommendations on how to improve these issues in the future.
- To assess if the recommendations of the Mid Term Review (MTR) of the project have been implemented.

3.4. Evaluation Criteria and Key Questions

The basic evaluation criteria of the OECD/DAC will be used in the final evaluation: (1) Relevance, 2) Coherence, (3) Effectiveness, (4) Efficiency, (5) Impact, (6) Sustainability. Additional evaluation criteria from the IFRC Evaluation Framework can be used as appropriate: Adherence to Fundamental Principles and Code of Conduct, Coverage, Connectedness.

1. Relevance: Is the intervention doing the right things?

- Is the project consistent with the needs and priorities of the target communities and the overall sectoral framework in the country?



- Is the project design and its objectives sensitive to the economic, environmental, equity, social, political economy, and capacity conditions in which it takes place
- Is the project strategy still relevant in the given context?
- What is the project's relevance against SRC policies and strategies and MoH policies and guidelines.

2. **Coherence:** How well does the intervention fit?

- What are the synergies and interlinkages between the project and other projects carried out by the NS?
- What is the consistency of the project with the relevant IFRC norms and standards?
- What is the consistency of the project with other actors' interventions in the same context (incl. complementarity, harmonisation and co-ordination with others)?
- How does the project's support fit with support provided by other partners and internal NS (national level programmes)?
- What is the value added of the Finnish RC support among other partners providing support to the National Society?
- What is the degree of openness and mutual support between the actors?

3. **Effectiveness:** Is the intervention achieving its objectives? (The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. Quality issues)

- To what extent have the project objectives been attained?
- Evaluate how the overall project plan and its subsequent annual plans were implemented. What worked, what did not work?
- Have the capacity building efforts contributed to the effectiveness of the project activities?
- Do the developed systems fulfil the quality criteria set in the national standards?

4. **Efficiency:** How well are resources being used? (The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. "Economic" is the conversion of inputs (funds, expertise, natural resources, time etc.) into outputs, outcomes and impacts, in the most cost-effective way possible, as compared to feasible alternatives in the same context.)

- How well have the resources been used to produce achievements and results?
- Were activities cost-efficient?
- Was the project implemented in the most efficient way compared to alternatives?

5. **Impact:** What difference does the intervention make? (The extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or



unintended, higher-level effects. Impact addresses the ultimate significance and potentially transformative effects of the intervention. It seeks to identify social, environmental, and economic effects of the intervention that are longer-term or broader in scope than those already captured under the effectiveness criterion). What has happened/changed because of the project? In addition to community impact, the project intervention should ideally have impact on organisational strengthening of the partner.

- Did the project lead to improving the services delivered and access to the vulnerable, accountability and ownership?
- What were the factors that enabled or hindered the wanted impact?
 - Were there any unexpected impacts or results?
- Define how the project contributed to community development beyond the Red Cross activities and empowerment of communities.

6. **Sustainability**: Will the benefits of the project last? (The extent to which the net benefits of the intervention continue or are likely to continue. Includes an examination of the financial, economic, social, environmental, and institutional capacities of the systems needed to sustain net benefits over time. Involves analyses of resilience, risks and potential trade-offs.)

- How sustainable are the project outcomes? In particular, to what extent are the [project outcomes/results] functioning thanks to the project?
- Determine whether the intervention demonstrates financial, institutional and social sustainability particularly in terms of ongoing costs and any required capacity.
- Identify the factors that may influence sustainability in the short, medium and long-term.
- Determine the appropriateness of an exit strategy, reorientation or planning for future interventions.

7. **Inclusion** of the cross-cutting objectives in the entire project cycle (protection, gender and inclusion (PGI), climate sustainability, and community engagement and accountability (CEA)) in the project implementation.)

- Is the project addressing the different needs of the beneficiaries/communities in a consistent manner? I.e.
- Is the project considering the different needs of women, men, girls and boys, different social and ethnic groups as well as disability issues?
- How have the participation and engagement of the different groups been ensured during the project cycle?
- What measures is the project taking to contribute towards reduction of inequalities?
- Are there any ways to improve reduction of inequality and gender mainstreaming in the next project cycle?
- How is the project addressing climate sustainability?



8. Partnership and capacity building (the FRC partnership approach aims at strengthening the partner's capacity to implement quality and effective programmes and services for the vulnerable people. Partnerships will increase mutual support, mutual capacity building and learning between the partners. National Society Development support is an integral part of the FRC partnership approach for achieving sustainable results).

- How has the project contributed to the partnership between the two partners?
- What is the impact and implications of the project cooperation on the relationships of the two National Societies-FRC & SSRC?
- Has the project level cooperation led to broader partnerships beyond project cooperation?
- How did the project/programme impact to the long-term organisational health of the partner?
- How did the project contribute to the long-term organisational goals of the partner?
- Has the project cooperation enabled broader partnership in terms of National Society development and change processes?
- Have the improvements in organisational functions contributed to the implementation of the project?
- Have the capacity building efforts within the project strengthened the National Society?
- Has the project cooperation contributed to development of local partnerships and improvement of networking with other local actors and thus contributed to sustainability of activities?
- Has the cooperation contributed to the mutual learning?

4.0 Evaluation Methodology

The evaluation will employ both quantitative (mostly to assess impact) and qualitative methods (to speak to the evaluation criteria). It will be conducted by an external consultant who will be expected to come up with a detailed methodology, taking into consideration the local context. The consultant will develop appropriate tools and suggest an appropriate sampling methodology and sample size. Data collection methods will include a desk review (relevant context, project, and partnership documents) and primary data collection through household questionnaires, observations, focus group discussions and key informant interviews. Ideally there would be a household survey for which the sampling methodology etc is used and questions are drawn from the indicators as quantitative data. For key information interviews, key stakeholders (village chiefs, County CMO, chairwomen of mother's groups, school headmasters) will be identified. It is recommended that a survey to understand effectiveness and impact of the work done by the volunteers – testing their knowledge first before the evaluation starts, is conducted. The



consultant will elaborate their understanding of the terms of reference, proposed methodology, sample size and proposed tools in an inception report which will be discussed and approved by the SSRC PMER Unit and technical project team before the start of the survey. The evaluation will use the following literature for reference and to inform the evaluation process further:

- Project documents- proposal, log frame, M&E plan, risk management plan, sustainability plan
- Existing project reports, monitoring reports
- Midterm review report and its recommendations
- Recommendations for end term evaluation process from recent mission report by Regional Health Advisor
- Related NS documents such as strategic plan, thematic policies and strategies
- Related partners, county and national government documents

5.0 Evaluation Quality & Ethical Standards

The consultant shall take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of the people and communities involved and to ensure that the evaluation is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team shall be required to adhere to the evaluation standards and applicable practices as recommended by International Federation of Red Cross and Red Crescent Societies which include:

- Utility: Evaluation must be useful and used.
- Feasibility: Evaluation must be realistic, diplomatic, and managed in a sensible, cost effective manner.
- Ethics & Legality: Evaluation must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
- Impartiality & Independence: Evaluation should be impartial, providing a comprehensive and unbiased assessment that considers the views of all stakeholders.
- Transparency: Evaluation activities should reflect an attitude of openness and transparency.



- Accuracy: Evaluation should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- Participation: Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
- Collaboration: Collaboration between key operating partners in the survey process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the seven Fundamental Principles of the Red Cross and Red Crescent: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these principles at: www.ifrc.org/what/values/principles/index.asp

6.0 Key Deliverables

The consultant will be responsible for the following deliverables:

- Inception report - demonstrating understanding of the TOR, detailing the end term evaluation design, sampling methodology & sample frame, evaluation tools, budget and work plan and the evaluation team and their relevant qualifications. The inception report will be reviewed and approved by SSRC before allowing any evaluation activities. The consultant may be called upon to make a presentation of their inception report.
- Enumerator's training and tools testing - the Consultant will be responsible to train the enumerators which is agreed as per inception report, and test the tools agreed. Refinement will be checked after field testing.
- Evaluation execution - according to the agreed sample size and area, beneficiary/ community, and stakeholder coverage. The data collection should be conducted with the support of Mobile Data Collection (Kobo collect) and GPS to map the respondents for future reference.
- Copies of original and cleaned data sets with codebook- The raw data, the database which has been cleaned (both qualitative and quantitative, including original field notes for in-depth interviews and focus group discussions, as well as recorded audio material), should be submitted together with the report. A simple inventory of material handed over will be part of the record. SSRC will have sole ownership of all final data and any findings shall only be shared or reproduced with the permission of SSRC.
- First draft evaluation report - the report should meet the survey objectives put in this TOR following the outline below:



- Table of contents
- Clear executive summary with among others major findings of the evaluation and summary of conclusions and recommendations, dashboard of findings including summary of end-line indicators values.
- The objectives of the evaluation, methodology and any challenges encountered in the field.
- A presentation of the findings and the analysis
- Conclusions
- Recommendations with clear guidelines of how they can be implemented.
- Report annexes
- Produce final report based on comments provided by SSRC and FRC on the draft report
- Produce a summary of the findings in a power point presentation format

6.1 Data Disclosure

- The Consultant should deliver, at minimum, all files including: quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy to read format, and maintain naming conventions and labelling for the use of the project/ program/ initiative and key stakeholders.
- Data must be disaggregated by gender, age and disability (using Washington Group of questions) and other relevant diversity and vulnerabilities (e.g. displacements), etc.
- Datasets must be anonymized with all identifying information removed. Each individual or household should be assigned a unique identifier. Datasets which have been anonymized will be accompanied by a password protected identifier key document to ensure that we are able to return to households or individuals for follow up.
- The Consultant is not allowed to share data, findings, reports etc of this survey, except with the written approval of SSRC. However as the evaluation is done with FRC/MFA funds it should be a public document after being finalized.

7.0 Administrative Arrangements

SSRC Responsibility:

- Supervise the work of the Consultant under the responsibility of the SSRC PMER Coordinator and project team. All communications should be addressed to the SSRC PMER Coordinator.
- Ensure the ethics and transparency are upheld during the evaluation, especially the seven fundamental principles.



- Responsible for organizing meetings with the different stakeholders and communities 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 on time
- Responsibility for some providing comments on draft documents on time.
- Support the field level logistics data collection
- Fund the evaluation

Consultant Responsibility:

- Ensure the actual evaluation is conducted as per the TOR.
- Ensure that the agreed time schedule of the evaluation is adhered to.
- Design a methodology for the collection of quantitative and qualitative data for the evaluation.
- Plan and coordinate the necessary logistics to collect the data in accordance with the selected methodology.
- Organize and facilitate training workshop for data collectors (the consultant will hire the data collectors-usually competent SSRC volunteers are used) and other evaluation team members on evaluation implementation, including the evaluation protocol and tools to be used and pilot testing of the tools.
- Gender balance of data collectors has to be ensured by the consultant.
- Ensure the evaluation is conducted in a gender and disability sensitive way, ensuring that all voices, including those of the most vulnerable are heard and captured in an equal way.
- Develop the data entry template and ensures data entry clerks are trained adequately to assure data quality.
- Collect and analyse available secondary data to augment the evaluation findings.
- Based upon a reading of the programme documents, propose any additional topics or issues for analysis in the evaluation.
- Conduct comparative analysis of the evaluation data with the midterm and baseline findings.
- Share key findings and insights from the evaluation with relevant staff through consultations.
- Responsible for his or her stationaries and other items needed for the evaluation



- International and national flights/travel will be at the Consultant's responsibility.
- Consultancy fee is expected to cover the Consultant's transport, subsistence needs (food, accommodation, and security) while in the project location SSRC will provide transport without costing local transport in their budget.

Tentative Work Plan:

The entire duration for this evaluation will be 2 months spread over the period **1st October-30th November 2021**. Within this timeframe the consultant will take **30 days** as outlined below. The consultant will develop a detailed workplan (Gantt chart) detailing each phase of the evaluation, specific activities for each phase and the time/dates allocated for each activity.

No.	Deliverable	Who	Duration (timeframe)	No of Consultancy days
1.	Preparation of inception report after first meeting with project staff/ SSRC PMER Unit (Coordinator and team)	Consultant	Week 1 (4 th - 8 th) October	2 days
2.	Submission and review/revision of inception report	Consultant	Week 1 (4 th -8 th) October	3 days
3.	Preparation of draft data collection tools/questionnaires for feedback	Consultant	Week 2 (11 th -15 th) October	2 days
4.	Preparation of final data collection tools/questionnaires	Consultant	Week 2 (11 th - 15 th) October	1 day
5.	Training of data collectors and pre-testing of tools	Consultant	Week 3 (18 th - 22 nd) October	2 days
4.	Data collection exercise	Consultant	Week 3 and week 4 October (18 th - 29 th)	10 days
5.	Data analysis	Consultant	Week 1 (1 st -5 th) November	5 days
6.	Facilitate stakeholder's validation workshop	Consultant	Week 2 (8 th - 12 th) November	1 day
7.	Prepare draft evaluation report- includes: -Compilation of draft report -Submission of draft report -Presentation of findings to the client	Consultant	Week 2 (8 th - 12 th) November	4 days
8	Clients review and comments on draft report	SSRC & FRC	Week 3 (15-19 th) November	0 days



9.	Preparation of final report – includes: -Collation of stakeholder comments -Submission of full final report Finalize evaluation report	Consultant	Week 4 (22 nd – 26 th November)	5 days
	Total Consultancy Days			30 days

Consultant's Budget:

N o.	Description	Unity Type	Quantity	Unit Cost US\$	Frequency	Total Cost US\$
1.	Consultancy cost ²					
2.	Travel					
3.	Subsistence(food and accommodation)					
4.	Stationery					
5	Contingency cost					
Total						

8.0 Qualification Requirements

Education:

- The lead consultant must have at a minimum, Masters' degree in one or more of following areas: Public Health (MSPH, MPH), Epidemiology, Demography, social development/ social sciences or any other relevant related field. He or she must have significant experience in conducting similar studies.
- The lead consultant must put together a multi-skilled team to cover the thematic scope of the project. The team members must have at a minimum a bachelor's degree in the above stated areas. The team must have a statistician able to analyze quantitative and qualitative data.

Team members with knowledge of Dinka are critical to the success of this evaluation – most activities and people to be interviewed in communities speak and understand Dinka, translations are not reliable

² Clearly itemized consultancy cost showing the level of effort in days for each member of the consultancy team



Work Experience:

- Over 5 years proven/demonstrable experience in undertaking similar assignments and familiar with South Sudan context, particularly in community health and health system strengthening, and community resilience building..
- Proven knowledge and practical experience in quantitative and qualitative research.

Technical Competencies:

- Excellent knowledge and skills in humanitarian programming and standards including core humanitarian standards;
- Knowledge of health in emergency programming and community health;
- Comprehensive knowledge about participatory data collection methodology and digital/mobile phone data collection methods;
- Knowledge and understanding of community involvement in programming and planning;
- Knowledge and understanding of gender equality and disability inclusion issues
- Excellent organizing, facilitating, presentation, interpersonal communication and report writing skills.
- The lead consultant must have strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations and to prepare well-written reports
- High level of professionalism and an ability to work independently under tight deadlines.
- Availability for the entire period of the assignment.

Payment Modalities:

The Consultant will have to provide the following documents before payment is effected, and it should be noted that the down payment will be 30% after submission and approval of inception report and 70% after completion of the work and submission and approval of final report.

- Inception report -30%
- Final report for the evaluation/ survey-70%

NB: The contents of the report will be analyzed, and final payment will only be made upon agreement of the final report by South Sudan Red Cross (SSRC) and Finish Red Cross (FRC).



SUBMISSION DEADLINE:

Interested applicants/ firms are expected to submit **hard copies (hand delivered)** of their detailed CVs showing previous similar experiences and references and a detailed technical narrative and financial proposal of not more than 15 pages (excluding annexes) illustrating their competencies and clearly articulating the strategies they would use, to **the SSRC offices, Tongpiny Area, Ministries Block, Juba, South Sudan..** Soft copies of application are acceptable and should be sent to vacancy@ssdredcross.org or tender@ssdredcross.org. Please include the name and telephone number of the contact person for the application

Suggested Application Format

- 1) **Introduction:** description of the firm, the firm's qualifications, and statutory compliance (max 1 page)
- 2) **Background:** Understanding of the project, context, and requirements for services (max 2 pages)
- 3) **Proposed methodology** - Indicate methods to be used for each indicator and highlight any areas where indicators may need adjustment. The targeted respondents should be indicated for each indicator. Proposed detailed questions should be indicated. Detailed sampling procedure needs to be indicated. (Max 8 pages)
- 4) **Firms experience** in undertaking assignments of similar from similar context and for specified clients (include a table with: Name of organization, name of assignment, duration of assignment (Dates), reference person contacts (Max 1 pages). Provide as an attachment a report of a previous similar evaluation.
- 5) **Proposed team** composition and their experience profile and the assigned roles in the evaluation (max 1 page)
- 6) **Work plan** (Gantt chart of activity and week of implementation)-1 page
- 7) **Budget** – itemized detailed budget for the assignment (max 1 page)

Deadline for expression of interest is on **21st September 2021**

