



**Bureau of Humanitarian Assistance (BHA)**  
United States Agency for International Development  
(USAID)



SCOPE OF WORK (SOW) FOR THE  
SUMMATIVE EVALUATION OF THE HUMANITARIAN INTEGRATED  
RESPONSE IN UPPER NILE (HIRUN) PROJECT  
BHA AWARD NO. 720BHA23GR00146  
(Final version)

January 2024

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## TABLE OF ACRONYMS

BHA	Bureau of Humanitarian Assistance
FGD	Focus Group Discussion
GVB	Gender Based Violence
HH	Household
IRNA	Internal Rapid Needs Assessment
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Program
FAO	Food and Agriculture Organization
BPRM	Bureau for Population, Refugees, and Migration
UNHCR	United Nations High Commission for Refugees
EVI	Extremely Vulnerable Individuals
IPTT	Indicator
ARC	American Refugee Council
FSL	Food Security and Livelihoods
IYCF	Infant Young Child Feeding
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability and Learning
NGO	Non-Governmental Organization
PHC	Primary Health Care
PHCC	Primary Health Care Center
PLW	Pregnant and Lactating Women
PM	Program Manager
USAID	United States Agency for International Development
RI	Relief International
SoW	Scope of Work
WASH	Water, Sanitation and Hygiene
MOH	Ministry of Health
NGO	Non-Governmental Organization
SSHF	South Sudan Humanitarian Fund
IDPs	Internally Displaced Persons
WFP	World Food program
DAC	Development Assistance Committee
OECD	Organization for Economic Co-operation and Development
SPLA-IO	Sudan People's Liberation Army-in-Opposition

## Project Summary

*Table 1: Shows the project evaluation overview*

Project Title	Humanitarian Integrated Response in Upper Nile (HIRUN)
Geographical Location	Maiwut, Nasir, Longechuk, Ulang, Upper Nile State, South Sudan
Sectors	Health, Nutrition, WASH, Protection, Shelter, and Settlements
Total number of targeted individuals	123,265 (Male - 55,469, Female - 67,796)
Implementing partners	Relief International and Alight
Donor	Bureau of Humanitarian Assistance (BHA)/USAID
Implementation period	May 2023- April 2024
Evaluation team	External Evaluation Consultant/Firm
Evaluation type	Summative Performance Evaluation
Purpose of the evaluation	To assess the effectiveness, relevance and impact of BHA project intervention, document lessons learned and propose future recommendations for similar projects.
Total budget of award under evaluation	\$6,597,720

### 1.1.1 Background and Introduction

South Sudan remains one of the world’s worst crises, with an estimated 9.4 million people in South Sudan in need of humanitarian assistance and protection assistance in 2023. This represents a staggering 76% of the country’s population and a 5% rise over the 2022 Humanitarian Response Plan (HRP) estimation. Conflict and insecurity, fueled by sub-national and intercommunal violence, crime, and wide-scale impunity continue to be among the drivers of humanitarian needs in South Sudan. With high levels of conflict-related sexual violence and gender-based violence, South Sudan remains one of the most severe protection crises in the world. Massive flooding in four consecutive years has also left many communities devastated, destroyed, and displaced, especially in Upper Nile and Jonglei states. As of December 2022, more than 1 million people had been affected by severe flooding in 39 counties, including counties along the Sobat River. South Sudan has some of the worst morbidity and mortality indicators in the world, with maternal mortality currently at 789 per 100,000 births and an U5 mortality rate of 98 per 1,000 live births. The health system is weak and over-burdened, and the Ministry of Health (MoH) does not have the capacity to provide adequate services. At present, there is estimated to be only one physician for every 65,574 people in the country. Gaps in available staff, health care expertise, medical supplies and equipment, and poor physical infrastructure compromise preventative and curative health care and limit the country’s ability to respond to disease outbreaks, including COVID-19, measles, and cholera. Increasingly unpredictable climate shifts, alongside localized conflict and regional tensions have contributed to food insecurity and poor nutrition outcomes. The four counties targeted by this project are currently classified in the Integrated Food Security Phase Classification 4 (emergency). There has been an increase in humanitarian needs within the Sobat Corridor due to an increase in conflict and flooding, which has resulted in population displacement. In July 2022, the area experienced an influx of approximately 2,098 households (HHs) of internally displaced persons (IDPs) in Udier and Mathiang areas of Longechuk County, who fled conflict between Sudan People’s Liberation Army-in-Opposition (SPLA-IO) and government forces in Maban.

### 1.1.2 About RI and Alight in South Sudan

RI started operations in South Sudan in 2006 and has been implementing humanitarian programs in UNS targeting Internally Displaced Persons (IDPs) and host communities (HCs). Now in its seventeenth year of programming, RI has developed a sound understanding of the local context and has established good relationships with both local authorities and communities. RI’s current projects include Health (including clinical response to GBV), Nutrition, Protection, WASH, and FSL interventions funded by USAID/BHA, UNICEF,

WFP, UNHCR, FAO, SSHF and USAID/BPRM. The project under this summative evaluation call is a consortium project implemented in partnership with Alight International.

Alight (formerly ARC) started programming in South Sudan then as part of South since 1994 providing life-saving services in Health & Nutrition, Protection, Water, sanitation & Hygiene, Livelihoods and Shelter and settlements. To date, Alight has implemented projects in Kajo Keji, Aweil West, Aweil Center, Ulang, Budi and Kapoeta-South. Alight is one of the leading humanitarian agencies and currently leads Ulang GBV sub cluster. For nearly 3 decades of co-creation with Communities across South Sudan, Alight has developed and continues to nurture a robust understanding of the socio-cultural and environmental dynamics within the communities. This has ensured acceptance and access to hard-to-reach vulnerable communities with humanitarian emergency response, recovery and resilience building programs. Alight’s technical expertise in South Sudan includes supporting local authorities in developing equitable post-conflict juvenile justice systems, shifting social paradigms (including that of women, men, and children) about gender and genders roles, and bridging the gap in implementation of gender-related laws through capacity strengthening of customary legal actors. In this consortium project, Alight brings onboard three decades experience of humanitarian programming in hard-to-reach locations of South Sudan especially in protection including community protection and shelter and settlement. In fact, Alight has fully participated in the UNHCR’s 2023 Shelter guideline.

### Introduction to BHA Integrated Humanitarian Response Project in Upper Nile

The Humanitarian Integrated Response in Upper Nile (HIRUN) aims to improve access of services by deploying integrated mobile units of health, nutrition, and protection (MMNPU) to the most hard-to-reach locations while ensuring community access to WASH services and adequate shelter. HIRUN will build on RI’s ongoing Mobile Medical and Nutrition Units in four counties by re-introducing protection mobile units while strengthening referral of complicated cases to health facilities. RI proposes to re-open Keichkuon PHCC in Nasir County while Alight – DBA (Doing Business as) American Refugee Committee – will establish six Women and Girls safe spaces (WGSS) across the four counties.

In line with the current BHA South Sudan strategy, the consortium project will expand its scope for increased community stewardship mechanisms through coordination, accountability, and assessment mechanisms that support an improved understanding of targeted communities' needs. Other community approaches such as Boma Health Initiative (BHI), community nutrition volunteers (CNVs), use of Home Hygiene Promoters (HHPs) and protection networks will continue to improve access to basic emergencies services.

RI prioritizes safe, meaningful, and dignified access of all beneficiaries to its health interventions. Global Protection Cluster’s Protection Mainstreaming resources, including sector-specific guidance for health programs, will be adopted by the project to train staff and engage with communities, measure, and evaluate implementation.

A further detailed description of the project narrative is contained in the project proposal. The consultant (s) will be provided with the project proposal, log frame, and other measurement protocols for reference.

### 1.1.3 Project Theory of Change, Goal, and Purpose

Table 2. Project Overview

<i>Project Title</i>	<i>Humanitarian Integrated Response in Upper Nile (HIRUN)</i>				
<i>Theory of Change</i>	<i>IF availability and accessibility of holistic, quality emergency health services are strengthened AND acute malnutrition treatment and maternal infant and young child nutrition practices are improved AND there is improved hygiene and sanitation practices AND protection and shelter services are made accessible to the vulnerable THEN lives will be saved, human suffering alleviated, while supporting individuals and communities’ self-reliance.</i>				
<i>Intended # of Beneficiaries</i>	<i>Sector</i>	<i>Total # of Beneficiaries Targeted by Sex</i>	<i>IDPs Targeted</i>	<i>Geographic Area</i>	<i>Key Words</i>
	<i>Health</i>	<i>123,265 (Male - 55,469 Female - 67,796)</i>	<i>13,559</i>	<i>Ulang, Maiwut, Nasir, Longechuk Counties</i>	<i>N/A</i>

	<i>Nutrition</i>	<i>65,500 (Male – 44,390, Female – 21,110)</i>	<i>7,205</i>	<i>Ulang, Maiwut, Nasir, Longechuk Counties</i>	<i>N/A</i>
	<i>Protection</i>	<i>37,943 (Male -11,908, Female – 26,305)</i>	<i>20,868</i>	<i>Ulang, Nasir, Longechuk Counties</i>	<i>N/A</i>
	<i>WASH</i>	<i>80,000 (Male- 40,000, Female -40,000)</i>	<i>14,400</i>	<i>Ulang, Maiwut, Nasir, Longechuk Counties</i>	<i>N/A</i>
	<i>Shelter</i>	<i>5,250 (Male - 2343, Female – 2907)</i>	<i>2,500</i>	<i>Nasir, Longechuk Counties</i>	<i>Cash assistance</i>
<i>Project Goal</i>	<i>To reach the most vulnerable, hard-to-reach communities in Upper Nile through targeted interventions to improve health, nutrition, shelter, WASH, and protection outcomes to reduce morbidity and mortality while leading a safe and dignified life</i>				
<i>Project Purpose</i>	<i>Improved access to health, nutrition, protection, shelter, and WASH services through integrated programming to the vulnerable hard-to-reach communities of the Sobat corridor.</i>				
<i>Health Sub-Purpose</i>	<i>Improved accessibility of holistic, high-quality emergency health services for the vulnerable hard-to-reach communities.</i>				
<i>Nutrition Sub-Purpose</i>	<i>Improved acute malnutrition treatment and maternal infant and young child nutrition practices for vulnerable hard-to-reach communities.</i>				
<i>WASH Sub-Purpose</i>	<i>Improved access to emergency WASH services and improved hygiene and sanitation practices to and among the vulnerable hard-to-reach communities.</i>				
<i>Protection Sub-Purpose</i>	<i>Prevent, mitigate, and respond to GBV through enhanced community-based programming and resilience.</i>				
<i>Shelter Sub-Purpose</i>	<i>Ensure access to safe, habitable, and appropriate living spaces and settlements through shelter assistance to extremely vulnerable individuals (EVI), including GBV survivors and persons with special needs.</i>				

#### 1.1.4 Evaluation Purpose, Objectives and Scope

##### 1.1.4.1 Purpose

The summative evaluation aims at providing a systematic and objective assessment of the project outcomes in alignment with the Organization for Economic Cooperation and Development (OECD) evaluation, DAC criteria<sup>1</sup>. This summative evaluation focuses on three key components of; **relevance**, **effectiveness**, and **impact** of the project intervention to target project participants. The evaluation will document key outcomes and changes observed, take note of critical lessons learned and provide recommendations to RI for similar projects.

##### 1.1.4.2 Objectives

This evaluation aims to:

- To determine the extent to which the project achieved its objectives and contributed to the overarching goal.
- To establish the extent to which the project strategies were relevant and effective as suggested by the project's theory of change.
- Establish whether implemented project interventions contributed towards improving access to health, nutrition, protection, shelter, and WASH services to the vulnerable hard-to-reach communities of Sobat corridor.
- To offer recommendations regarding opportunities for replicating/scaling up successful interventions in the future.

<sup>1</sup>Ref report: OECD DAC Evaluation Criteria, Updated (OECD, December 2019)  
<https://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>

### 1.1.4.3 Scope of the Evaluation

The consultant will be expected to utilize OECD/DAC evaluation criteria<sup>2</sup>. The scope of the evaluation covers three OECD evaluation areas; **effectiveness** of the project’s performance; **relevance** of assistance to beneficiaries, and **impact** of project on households’ lives. The consultant is encouraged to use evaluation questions in **Annex 1** but free to add additional relevant questions to enrich the evaluation process. In each sub purpose, the consultant will undertake in-depth analysis of both primary and secondary data available to arrive at meaningful conclusions and recommendations. The evaluation and analysis should be robust enough to measure end line values of indicators below in Table 3, as well as evaluation questions listed in Annex 1.

Table 3: Indicators to be measured by Evaluation team.

<b>Sector</b>	<b>Indicator</b>	<b>Target</b>
Health	H15: Percent of community members who can recall target health education messages	85%
Nutrition	N08 Percent of infants 0–5 months of age who are fed exclusively with breast milk	70%
	N9: Percent of children 6–23 months of age who receive foods from 5 or more food groups	45%
Protection	C02: Percentage of beneficiaries accessing a psychosocial support service reporting an improved sense of self-worth, confidence, and resilience.	70%
	C03: Percentage of trained staff and community leaders practicing gender sensitive programming in their daily work	65%
WASH	W04: Percent of households targeted by the WASH promotion program that are properly disposing of solid waste	70%
	W10: Percent of Individuals targeted by hygiene promotion who know at least three (3) of the five (5) critical times to wash hands	70%
	W11: Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers	80%
	W26: Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e., kits) or vouchers	80%
	W28: Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e., kits), vouchers, or cash	80%

### 1.1.4.4 Sensitivity and Inclusivity Concerns

The consultant is encouraged to ensure that the methodology and approach suggested for data gathering is comprehensive enough and mainstreams conflict sensitivity, gender, and inclusivity.

### 1.1.5 Evaluation Methodology

RI and Alight strongly recommends the use of a mixed methods for the summative evaluation. The consultant is free to propose additional data collection approaches to guarantee evidence-based conclusions and recommendations. In accordance with the OECD Development Quality Standards for Development Evaluation (OECD, 2010)<sup>3</sup>, the consultant will be mindful of gender the dimensions including, ethnicity, ability, age, language, and protection mainstreaming issues (including power dynamics) when carrying out the assignment.

The evaluation process will collect both primary data (quantitative and qualitative) and conduct secondary desk review of existing reports. Both primary and secondary literature review will aim to answer questions

<sup>2</sup>Ref report: OECD DAC Evaluation Criteria, Updated (OECD, December 2019)

<https://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>

<sup>3</sup><https://www.oecd.org/development/evaluation/qualitystandards.pdf>



the evaluation criteria: (1) effectiveness of project intervention; (2) relevance of assistance to project participants; and (3) impact of project intervention.

Secondary data from current and previous BHA grants will be utilized to provide evidence on evaluation questions and detailed triangulation on results. At a minimum, the data collection methodology should include the under listed:

#### 1.1.6 Primary data

Household survey: RI recommends stratified sampling approach for household survey. Stratified sampling allows interrogation of data from different subgroups or strata and allows the evaluator to quickly obtain a sample population that best represents the entire population being studied. However, the consultant is free to use any sampling approach the is representative enough to obtain generalizable results.

Qualitative data: Key informant interviews (KIIs), and Focus Group Discussions (FGDs) will be conducted with targeted beneficiaries from caregivers/pregnant and lactating women (PLW), Primary Health Care (PHC) patients, and relevant project stakeholders (BHA donor staff, Primary Health Care Centers, and protection focal point staff, will be conducted to supplement data from the household survey

#### 1.1.7 Secondary Sources

A desk review of internal documents such as:

- Project proposal
- MEAL plan and indicator performance tracking tables (IPTT)
- Management field monitoring reports (RI and Alight)
- Baseline, PDM and KAP survey reports
- Partners’ documents
- Activity progress reports

The consultant will be expected to develop a full package of tools for primary data collection. The proposed modalities should be adaptable in cases of insecurity and unexpected restrictions. Within the proposed data collection approaches, innovative and flexible approaches/methodologies for remote data collection should be explored in the design. **Table 4** presents a tentative plan for the anticipated participants in the evaluation.

*Table 4: Potential Data Sources*

<b>Data Sources**</b>	<b>Comments</b>
Target household beneficiaries and health facilities	In consultation with RI & Alight, the consultant will be expected to propose a representative sample size for household quantitative surveys, and sampling approaches. The consultant will ensure that the sample is calculated based on 95% confidence level, 5% margin of error, and 30% assumed non-response rate. The final sample size should be calculated in close consultation with RI and Alight. For KIIs and FGDs, the consultant will be expected develop structured questionnaires in consideration of the evaluation questions listed in annex1. Actual number of KIIs and FGDs to be determined in close collaboration with RI and Alight. Throughout the evaluation process, the consultant is advised to consider provisions for ensuring the representation and inclusion of marginalized community members including women, people living with disabilities, elderly individuals, language, and ethnic minorities, among others.
State level government	Officials at State Ministry of Health
Communities	Beneficiaries and community committees Community Volunteers (health and nutrition) Community based protection networks.
Senior Management	Senior management staff from targeted locations and country office (medical, WASH, protection, and other support staff)

Staff of RI and Alight South Sudan	Project Managers, Technical Coordinators, Area Managers, MEAL staff, and Finance Manager, Project Officers, and RI staff in the field
Donor Representatives	Under BHA: one donor representative or focal point

\*\* the Consultant is encouraged to suggest an appropriate sample size for each group

### 1.1.8 Data Analysis

As part of the inception report, the consultant will be expected to present a detailed data analysis plan. The plans must include descriptive and/or inferential statistical tests using appropriate statistical software e.g., SPSS, R, or excel for quantitative data. For qualitative data, it should explain thematic/content analysis with proposed analysis tools (such as N-Vivo or any other software).

The consultant will be expected to generate an evaluation report highlighting the key findings, conclusions, learnings, and recommendations. All data analysis will require clear segregation of by sex, age, and disability status. The consultant shall adhere to BHA guidance on sex, age, disability, and other categorical disaggregation when describing quantitative evaluation results.

### 1.1.9 Composition of the Evaluation team

The evaluation team should at minimum be comprised of three (3) experienced evaluators. They will be supported by at least 10 data collection members. Details of team qualifications and roles are shown in Table 5. Evaluation team will include:

- One Lead Consultant- technical in one or more of sectors listed (health, Nutrition, WASH etc.);
- One Information Management Specialist to support in sampling, tool development and data collection and analysis;
- One Specialized Social Worker on qualitative evaluation approaches; and
- At least eight enumerators and two supervisors

Table 5: Qualification and responsibilities

Description	Qualifications requirements	Roles and responsibilities
Lead Consultant	<ul style="list-style-type: none"> <li>• Master’s degree in a field of relevance for the evaluation (i.e. Social Sciences, Health, Evaluation, Nutrition, WASH etc.) - PhD preferred.</li> <li>• A first-level university degree in combination with two additional years relevant qualifying experience may be accepted in lieu of the advanced university degree.</li> <li>• Experience in evaluations field, and in particular with USAID or BHA grants.</li> <li>• Proven knowledge and experience in applying participatory research methods and tools;</li> <li>• Familiarity with civil society and Non-Governmental Organization (NGO) engagement</li> <li>• Familiarly with programming in fragile environments or states.</li> <li>• Previous consultancy experience in South Sudan or related fragile states (added advantage)</li> <li>• Good communication and report writing skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewing all relevant documents (i.e. project documents, donor and/or other monitoring reports, evaluation and audit reports, etc.) to identify efforts relevant to summative evaluation.</li> <li>• Contribute to the development of an inclusive evaluation methodology which is tailored to relevant inquiry in the thematic areas of the project.</li> <li>• Support interviews and consultations by taking detailed notes and ensuring adherence to ethical guidelines.</li> <li>• Contribute to evaluation analysis by capturing results, challenges, gaps and learning pertinent to the evaluation.</li> <li>• Provide substantive inputs to draft and the final evaluation report.</li> <li>• Leads the summative evaluation process.</li> <li>• Submit final evaluation report to RI as per the terms of the ToR and contract.</li> <li>• Facilitate report validation workshop with RI and partners.</li> <li>• Prepare and submit a summary factsheet of findings and recommendations.</li> </ul>

Information Management Specialist	<ul style="list-style-type: none"> <li>• Bachelor’s degree in information management, Computer Science, Data Science, or a related field.</li> <li>• Knowledge of data management and database systems.</li> <li>• Familiarity with data analysis tools and reporting software (including online data gathering platforms).</li> <li>• Strong attention to detail and analytical skills.</li> <li>• Experience USAID/BHA grants</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee the collection process, ensuring data accuracy and completeness.</li> <li>• Extract and analyse data to provide evaluation insights and findings.</li> <li>• Provide training and support to data collectors in data entry, data management tools, and data security.</li> <li>• Conduct data cleaning and analysis</li> <li>• Review, validate and verify findings based in data collected</li> </ul>
Social worker	<ul style="list-style-type: none"> <li>• Master’s degree in social sciences or other relevant field is required.</li> <li>• Minimum 5 years of experience evaluating humanitarian programs required, preferably in fragile states.</li> <li>• Knowledge of USAID evaluation requirements</li> <li>• Strong communication, writing skills, analytical skills, interpersonal skills, team management and leadership skills.</li> <li>• Previous evaluation experience in South Sudan is preferred.</li> <li>• Familiarity with Safeguarding Principles (PSEA, safeguarding, and child protection policy)</li> </ul>	<ul style="list-style-type: none"> <li>• Perform document review including but not limited to key project documents.</li> <li>• Support field data collection in respective evaluation locations.</li> <li>• Conduct trainings in qualitative research approaches to the teams.</li> <li>• Conduct KIIs and FGDs across different locations</li> <li>• Support triangulation of qualitative and quantitative information in report.</li> <li>• Perform other duties as assigned by the lead consultant.</li> </ul>
Field Supervisors	<ul style="list-style-type: none"> <li>• Diploma in social science, Data Science or related field</li> <li>• Ability to manage a team of field data collectors to ensure quality and integrity of data collected.</li> <li>• Technical experience in research work or data collection methods</li> <li>• Familiarity with Safeguarding Principles (PSEA, safeguarding, and child protection policy)</li> <li>• Leadership and organisational skills</li> <li>• Good understanding of local language</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision of data collection process at field level.</li> <li>• Lead field teams and conduct KIIs and FGDs</li> <li>• Undertake data entry, and conduct KIIs and FGDs</li> <li>• Hold discussions with field teams and address any challenges</li> <li>• Keep the team lead updated on the progress of data collection</li> </ul>
Data collectors	<ul style="list-style-type: none"> <li>• At least completion of secondary school education</li> <li>• Ability to read and interpret information</li> <li>• Excellent communication and teamwork skills</li> <li>• Ability to understanding of local languages</li> <li>• Ability to conduct KIIs and HH interviews.</li> </ul>	<ul style="list-style-type: none"> <li>• Administer questionnaires and perform field data collection.</li> <li>• Ensure accuracy and consistency of data collected.</li> <li>• Undertake consultations with community leaders.</li> <li>• Arrange for community engagement meetings where required</li> <li>• Update supervisors on progress of data collection</li> <li>• Report any observations during data collection.</li> </ul>

**\*\*Note:** The consultant must ensure that the evaluation incorporates and integrates participatory and gender inclusive approaches – including participatory approaches for data collection, localisation of the research process - i.e., data is collected and analysed through local enumerators in the project areas.

All Evaluation team members must:

- have contextual knowledge and/or experience with South Sudanese culture, language and limited facilities and amenities within the context;
- be willing to travel within South Sudan if residing out of South Sudan and be able to work in insecure regions for the duration of the study;
- have ability to work on tight schedules with minimal supervision;
- have good analytical and critical thinking;

#### 1.1.10 RI's Responsibilities

- RI will support the consultant with entry invitation letter; however, the consultant shall be expected to meet associated visa costs to South Sudan.
- Provide input to the inception report and data collection tools;
- Review all quantitative and qualitative data collection tools drafted by the consultant;
- Provide relevant documentation, including but not limited BHA project logical framework and MEAL plan, IPTT etc.
- At field level, RI will be responsible for logistical arrangements. This entails recruitment of enumerators, supervisors, and mobilizing the target groups for interviews;
- Whereas RI undertakes responsibility of facilitating travel and organizing meetings for the consultant to and from the field during data collection, it is the consultant's responsibility to follow and ensure that all relevant parties are interviewed and relevant project sites visited;
- Travel to project locations involves some risk. Other than providing standard security arrangements and information, RI takes no responsibility for the safety of the consultant and / or his property during this evaluation process.
- The consultant is expected to abide by RI security protocols while in country undertaking assignment.

#### 1.1.11 Logistics

RI South Sudan will oversee logistics related to the evaluation, including transportation to the different areas where data collection will be completed, phone calls and internet, accommodation if needed, and venues' rental for conducting the different meetings (KIIs, FGDs, surveying, etc.). The location of the venues will be agreed upon based on the location of beneficiaries and partners. RI can support in coordination of meetings with program staff and beneficiaries (where required); however, the consultant is expected to be independent.

### Evaluation Deliverables

#### 1.1.12 Inception Report

The inception report should be submitted with the evaluation design and approach, evaluation questions and tools for undertaking the assignment. The report should not exceed 15 pages in length (excluding annexes) and will comprise a detailed methodology, data collection tools, indicative survey questions, and interview protocol. Initial findings based on a desk study (document/literature review), a work plan and comprehensive list of stakeholders and key informants (KIs); list of relevant documents and references; and other external works of importance.

#### 1.1.13 Evaluation Report

RI and Alight will request the evaluation team to submit a **draft report** 14 days after the fieldwork ends for review and feedback by the RI and Alight teams and arrange a meeting to discuss the draft report. After incorporating feedback, the evaluation team will submit a **final report** incorporating comments from RI and Alight. The evaluation report should highlight key findings, areas of improvement, and recommendations. The draft versions of the report will be submitted to RI for review before final versions are submitted with the following sections (illustrative, not exhaustive) to be included in the report:

- Cover page
- Table of Contents
- List of Acronyms
- List of Figures
- List of Tables

- Executive Summary - The executive summary (two pages max) presenting the main methodology, findings, conclusions, and recommendations. It should be a clear and concise stand-alone document that gives readers the essential contents of the evaluation report.
- Introduction and background overview - including an overview of the project's logical framework and key information about the project context and its implementation status.
- Evaluation Purpose and Questions
- Description of methodology - including data collection techniques; an explanation for how chosen methodology is designed to answer the evaluation questions; sampling methods; analysis plan, and evaluation limitations.
- Evaluation Results and Findings – backed by empirical data analysis and triangulation of findings.
- Conclusions – should present reasonable evaluative judgments/conclusions logically connected to the presented findings and evidence.
- Lessons learned and recommendations - should be as realistic, operational, and pragmatic as possible. They should consider of the prevailing context in program locations. This section to be well written and finalized after conducting the interpretation workshop.
- Annexes – including data collection tools, evaluation work plan/timetable and other documents as necessary.

#### 1.1.14 Databases

Copies of raw data from KIIs, surveys, or FGDs are required to be submitted to RI and Alight upon completion of the evaluation encrypted with a password. This should include all data collected and compiled in Excel worksheets, Word documents, PowerPoint slides or any relevant formats. All qualitative data must be transcribed as agreed upon with RI and Alight. This includes: (1) full notes and transcripts from qualitative data collection activities (KIIs, observations or FGDs); and (2) Data sets (software outputs) and tabulation of results, including descriptive analysis and associations.

All collected data is legally owned by RI and Alight, and the consultant is expected to handover all datasets and notes of interviews, with due consideration for participant anonymity and confidentiality. The consultant will be required to sign all necessary forms related to data protection and privacy that RI and Alight require of all vendors and shall maintain in confidence and protect all information provided to him/her by both partners, their employees, and beneficiaries. The consultant may only disclose information to external stakeholders necessary to perform the tasks. The evaluation team must comply with global, RI and Alight Data protection policies. Lists of key informants/interviewees/survey respondents shall only include personal identifiers if deemed relevant (i.e., when it is contributing to the credibility of the evaluation) based on a case-based assessment by the evaluator. The inclusion of personal data in the report MUST be based on written consent.

#### 1.1.15 PowerPoint presentation

The consultant is expected to present and co-facilitate a stakeholder interpretation workshop which will join the RI and Alight teams to present the main findings, reflect on the lessons learned and recommendations and develop key action points for consideration during project implementation. The final evaluation report will be shared with BHA.

#### 1.1.16 Factsheet

This factsheet summary would be no more than two pages for stakeholders who do not have time to read the whole report. It should include executive summary, major findings, conclusions, learnings, and recommendations. It should stand-alone document showcasing major results and highlight from the summative evaluation report.

#### 1.1.17 Report dissemination plans

RI and Alight will undertake the following approaches in disseminating the report findings:

- Print and disseminate summary report factsheet to government offices.
- Conduct summary debriefing meetings with (8-12) community leaders in the counties of Nasir, Maiwut, Ulang and Longechuk.

- Translation of summary factsheets into local languages and production/distribution of copies to community leaders.
- Engage in 2 community meetings per location in counties of Nasir, Maiwut, Ulang and Longechuk.

### Application procedures

The Consultants and/or research firms with reputable experience and capacity are invited to submit expressions of interest (Eoi), profiles of consultancy experience, CVs of key personnel detailing similar and assignments. The Eoi technical proposals should include the proposed evaluation methodology, including a sampling plan, detailed workplan and budget/financial proposal. Eoi bids should include a detailed proposed work schedule with specific tasks and incorporate a budget with relevant costs associated with this evaluation. Consultants are expected to state/detail time allocation for each task. The selected consultant should abide by the deadlines and specified conditions within the contract/agreement.

### How to submit expression of interest (Eoi)?

Interested consultants should send in Eoi applications no later than **January 31 ,2024**, to [tender.southsudan@ri.org](mailto:tender.southsudan@ri.org) , and if the consultant /firm are located in South Sudan, please submit your full proposal to the address :

RI South Sudan office – Juba

Tong Ping, Plot 104 , block 4

The Eois and the detailed Administrative, Technical and Financial Bids with the following documents:

- Names and Curriculum vitae and/or resume of key personnel proposed for the implementation of the consultancy.
- The names and addresses (including telephone and e-mail) of three non-related referees,
- The technical offer should include:
  - o Detailed workplan, including delivery date of each deliverable
  - o Proposed Inception Report (including timeline and budget breakdown)
  - o The latest sample of previous summative evaluation report conducted with other organizations
  - o Other information considered useful

### Financial proposal

A financial proposal should detail budget breakdown should be submitted by consultant (s). The professional fees should include transportation and accommodation, as well as recruitment of data collectors'/data entry clerks and data collection, data entry and translation (where required).

### Content of Financial Offer

- The financial bids shall be for the works specified in the SoW and shall be broken down in details.
- The currency (US Dollars); VAT (if applicable) should be mentioned in USD with its conversion value in SSP (where applicable) because VAT will be paid in SSP (for a national consultant).
- Items against which no rate or price is entered by bidders will not be paid for if executed.
- All duties, taxes, and other levies payable by Bidder under the Contract, or for any other cause, as of the date of the deadline for submission of bids, shall be included in the rates and prices.
- Any expense such as insurance, transportation, phone bills, accommodation, or venue rental should also be included in above rates and prices. No additional expenses will be covered.

All Technical and Financial Proposals should be in English, submitted as separate documents (administrative and technical proposal in one envelope and financial proposal in the second envelope. Reference/Subject line: Administrative and Technical/Financial Proposal.

### Payment Schedule

1. First Installment upon submission of **Inception Report**: 30% of total amount will be paid upon reviewing the developed tools and the inception report that the consultant will present to RI and Alight team.
2. Second Installment on submission of **First Draft Evaluation Report**; 30% upon sharing the first draft of the final evaluation report that will be reviewed by RI and Alight for review and comments.

3. Last in Installment on submission of **Final Report**; 40% upon delivery of the final report, PowerPoint presentation, two-pager fact sheet and stakeholder interpretation workshop along with all databases of collected data.

**PROVISIONAL TIMETABLE:**

<u>Activity</u>	<u>Date</u>
Posting of bid announcement	<b>2 January, 2024, At 12:PM</b>
Return of bid (Closing Date) Via email : <a href="mailto:tender.southsudan@ri.org">tender.southsudan@ri.org</a> or sealed envelop for those inside South Sudan	<b>31 January, 2024, At 3 PM</b>
Public tender opening	<b>05- 09 February 2024, At 11 AM</b>
Tender Review Committee	<b>12 - 16 February 2024</b>
Award Contract and "Go-Live" with Supplier	<b>1 March 2024</b>

**SELECTION CRITERIA**

No	Evaluation Criteria Name	Mark Allocation per Evaluation Criterion	Total Marks
1	Prices demonstrate an economically advantageous position for Relief International	1 <sup>st</sup> Lowest Price quotation Submitted	40
		2 <sup>nd</sup> Lowest Price quotation Submitted	30
		3 <sup>rd</sup> Lowest Price quotation Submitted	20
		4 <sup>th</sup> Lowest Price quotation Submitted	10
		5 <sup>th</sup> Lowest Price quotation Submitted	5
		6 <sup>th</sup> Lowest Price quotation Submitted	1
2	BID QUALITY	Explanation of study design and methodology (max 4)	11
		Demonstrated understanding of SoW- i.e. not generic - beyond methodology and clear justifications for each approach adapted/suggested (max 2)	5
		Feasibility of achieving results within stated timeframe (max 1)	3
		Presentation/writing skills shown in bid (max 1)	3
3	CAPACITY	Extent of evaluation experience - i.e. number of consultancies, years of experience with similar assignments etc. (max 2)	8
		Variety of evaluation experience - i.e. reputable INGOs & particularly BHA/USAID donors (max 2)	5.5
		Quality of previous evaluation reports (max 2)	5.5
		Presence/access for data collection in the field (max 1)	3
4	RELEVANCE	Experience in mixed methods of data collection (max 3)	8
		Experience in conducting similar exercise in health and nutrition, WASH, protection, Livelihoods, shelter and	8

		infrastructure themes from CVs (max 3 points)		
Total Marks				100





Table 4 depicts the timeline of evaluation detailing its work plan. It is important to note that South Sudan official working days’ range from Monday to Friday. RI and Alight will inform the consultant of any public holidays that could come during the evaluation period to help the evaluation team plan accordingly.

Table 6 Evaluation Timetable

Deliverables/ Components	March 2024		April 2024				May 2024				June 2024			
	Wk1-2	Wk3-4	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4
Sourcing of external consultant(s) and contracting process (advertisement, interviewing, and selection)	█	█												
Preliminary activities – obtaining clearances, enrollment of enumerators, mobilization of stakeholders etc.			█											
Conduct Desk reviews			█	█										
Submit Inception Report with data collection tools					█	█								
Data Collection: KIIs/FGDs with stakeholders					█	█	█	█						
Data Collection: Quantitative Surveys					█	█	█	█						
Quantitative and qualitative data analysis and triangulation							█	█	█					
Submit 1 <sup>st</sup> draft of evaluation report to RI South Sudan. The first draft may exclude recommendation section.									█	█				
Submit Power point presentation & fact sheet										█				
Conduct/facilitate a validation/interpretation workshop with RI and Alight											█			
Submit final evaluation report after addressing the feedback from RI and Alight												█		



Annexes

Annex 1: Evaluation Areas

Below is a list of suggested evaluation questions. However, the consultant is encouraged to add/or edit as appropriate. Leading evaluation questions will be agreed upon with both RI and Alight.

<b>Components</b>	<b>Main evaluation questions</b>	<b>Sub-evaluation questions</b>
<b>Effectiveness</b>	<b>1. To what extent were the objectives and intended outcomes of the project achieved?</b>	<ul style="list-style-type: none"> <li>• What were the major factors influencing the achievement and/or non-achievement of objectives?</li> <li>• To what extent has the project helped to improve the accessibility of holistic, high-quality emergency services for vulnerable hard-to-reach communities across sectors?</li> <li>• Were there unintended (positive or negative) outcomes of assistance for participants and non-participants?</li> </ul>
<b>Relevance</b>	<b>2. Was the intervention in line with the needs and priorities of the most vulnerable groups (men and women, boys, and girls) across sectors?</b>	<ul style="list-style-type: none"> <li>• Was the project design and objectives aligned with government priorities and plans?</li> <li>• Did the design and implementation of the intervention consider the available capacities?</li> </ul>
<b>Impact</b>	<b>3. To what extent did the project bring about positive or negative changes, especially in the lives of target beneficiary women, girls, men, and boys across sectors?</b>	<ul style="list-style-type: none"> <li>• What real difference has the project intervention made to project participants?</li> <li>• What were the effects of the intervention to targeted participants (intended and unintended)?</li> <li>• Did the intervention contribute to long-term intended results?</li> </ul>
<b>Accountability to affected population (AAP)</b>	<b>4. Were targeted participants participating effectively in decisions making of projects' activities [design, implementation, and monitoring]?</b>	<ul style="list-style-type: none"> <li>• Were projects' participants' aware of information shared about RI services under BHA project?</li> <li>• Were implemented accountability channels by BHA project accessible and usable by all project groups (including women and people with disabilities)?</li> <li>• Were the different targeted project participants and relevant stakeholders satisfied with provided services?</li> </ul>