



Terms of Reference
for
End line Evaluation for Christian Aid
South Sudan UK Aid Match Project

Inclusive and integrated nutrition-sensitive resilience approach to enhance nutritional outcomes for women and girls of childbearing age and under-fives in Aweil North and Jur River Countries of former Northern Bahr el Ghazal and Western Bahr el Ghazal states respectively of South Sudan

1. About Christian Aid South Sudan

Christian Aid has been working in Sudan and current South Sudan since the 1970s. In 2008, before the independence of South Sudan, a field office was opened in Juba to facilitate the organization's projects and activities in the Southern part of the country. Christian Aid works to bring lasting change to the lives of the poorest conflict-affected communities in hard-to-reach and the worst affected areas.

Christian Aid works globally for profound change that eradicates the causes of poverty, striving to achieve equality, dignity, and freedom for all, regardless of faith or nationality. We work with partners to implement an integrated and innovative programme to achieve our strategic vision through our 3Ps approach of addressing Poverty, speaking truth to Power including using our Prophetic voices. Christian Aid South Sudan (CASS) is working through local partners including ecumenical partners of the ACT (Access to COVID 19 Tools) Alliance and Caritas network to achieve transformation from violence to peace and saving lives of crisis-affected communities.

2. About the Project

Christian Aid received funding from UK Aid in 2018 to implement a nutrition-sensitive agriculture project in former Aweil North and Jur River counties of the defunct Northern and Western Bahr El Chazal state, respectively. The project is titled: **Inclusive and integrated nutrition-sensitive resilience approach to enhance nutritional outcomes for women and girls of childbearing age and under-fives in Aweil North and Jur River Countries of former Northern Bahr el Ghazal and Western Bahr el Ghazal states respectively of South Sudan.**

This project adopted an inclusive and integrated nutrition-sensitive approach to enhance nutritional outcomes for 28,174 women and girls of childbearing age and 24,733 children under five in Aweil North and Jur River Counties. The project aims to enhance household nutrition and care practices, access to diverse nutritious food, safe water, and better services, by addressing root causes of undernutrition, including harmful social norms, and strengthening the capacity of 2 county nutrition departments. To do this, Christian Aid has been implementing a holistic program that increases the resilience against the risk of undernutrition by using an inclusive and integrated nutrition-sensitive approach that promotes individual, household and community resilience to undernutrition and tackles gender-based discrimination. This is being achieved through multi-sectoral linkages, increased integration by implementing strategies that address underlying causes of undernutrition, empowering women, girls, men, and their households to improve their household nutrition and care practices, access to diverse nutritious food, safe water and sanitation, health services, and overcome gender and social norm barriers. Furthermore, this project is also strengthening the capacity of the nutrition departments in the two counties to improve the coordination and delivery of nutrition services.

3. About the Assignment

CASS is seeking the service of a Consultancy firm to conduct an end-line evaluation for the UKAM project. The end line evaluation is required to establish the higher-level outcomes and impact of the project on the baseline. Adopting a mixed-methods approach, the end line assessment will identify key results and uncover key learnings and make recommendations for future programming.

4. Broad Objective

The overall objective of the study is to evaluate the impact of the project implementation on the improvement of nutritional resilience of women and children because they participate in the project.

4.1. Specific Objectives of the Assignment

The following specific objectives will be sought:

1. Assess the overall achievements against targets for all the indicators in the Log frame.
2. Determine the qualitative changes in the communities the project was implemented in including social and behavioral change (knowledge, attitudes and practices adopted with a focus on shifts in power structures?)
3. Assess the overall (while focusing on interventions) performance of the project in terms of:
 - a. Relevance – the extent to which the project was doing the right things in the context.
 - b. Coherence and consistency– how well the project were a fit and to what extent it complemented in coordination with other interventions – cultivating or addressing synergies and interlinkages. Also, to what extent the project managed partnership dynamics and other complexities during implementation.
 - c. Effectiveness – to what extent the project achieved its intended objectives.
 - d. Efficiency and value for money– how well resources were used to deliver results promptly.
 - e. Impact – What changes did the project bring about? Were there any unplanned or unintended changes?
 - f. Sustainability –. How have the changes achieved been transformational for the different categories of women the project worked with in terms of shifts in social and gender norms, power structures? To what extent the changes have been meaningful at the individual or HH or community level?
4. Based on the findings, to provide key recommendations to Christian Aid that will inform the management and implementation of future projects.
5. Review functionality and performance of community structures.

5. Methodology

The Consultant will implement a scientifically acceptable mixed methods approach and determine the most appropriate technical methods and design in line with the Terms of Reference. Technical proposals should include a proposed evaluation methodology, which may then be refined in discussion with CASS once the Lead Evaluator has been selected. The Lead Evaluator will then develop an 'Inception Report', setting out the agreed evaluation methodology.

The Evaluation will involve remote and/or on-site consultations (depending on COVID restrictions).. A desk-based review of documents: proposal, reports and learning documents will be conducted by the Lead Evaluator as well as interviews with sector specialists, partner staff and project participants who have been involved in the project. Throughout the entire assignment and in the process of assessing all the indicators, the Consultant is expected to use appropriate disaggregation including sex, age, and disability.

6. Main Tasks of the Assignment

The consultant is expected to undertake the following tasks:

1. Carry out a desk review of relevant project documents to be provided by CASS which will include project proposals, Results framework, progress reports, learning studies and other relevant documents, a range of which will be agreed upon and made available during the inception period.
2. Develop an inception report within 4 days from the inception meeting detailing the end-line design, methodology (sampling design and data collection and management protocol), measurement of indicators, data collection instruments, work plan schedule and budget to carry out the assignment. This will be developed and finalized in consultation with CASS.
3. Conduct field data collection including key informant or in-depth interviews in the project locations, Focus Group Discussions (FGD's), beneficiary household surveys etc using digital data collection mechanisms unless it's impossible to do so. A server account adjoined with a CASS server will be used for all data collection and management.
4. Perform traceable data sanitization and analysis and all quantitative data analysis. A competent do-file if STATA (or syntax if other software) for data management and analysis processes, all raw and clean data including field notes and reports, audio recordings and transcripts for qualitative work, as well as other data will be required as part of the submission. A simple inventory of material handed over will be part of the record.
5. Develop and submit a concise but comprehensive draft and final project end-line evaluation report in electronic and printed format (final report)

- Present key findings as a part of the online learning review with relevant colleagues and teams across Christian Aid.

Proposals will be assessed based on the following

Parameter	Description	Score (%)
Completeness of application	The proposal is complete (includes a technical proposal, CVs of team members, financial proposal, 2 samples of previous work)	5%
Qualifications	Consultant/s meet the Minimum Qualifications as stipulated in the ToRs	15%
Methodology:	Strong research design, Sampling rigor, statistical rigor in analytical methods and Innovation in the research design.	40%
Experience	Examples of previous experience are relevant and demonstrate good quality of work on similar evaluations- experience working in South Sudan	30%
Financial proposal	The financial proposal is realistic and within budget.	10%

The entire assignment is expected to last 30 days including travel days. Household survey data collection must be done digitally by using Kobo Toolbox.

7. Deliverables

The main output of the assignment is the end line report that outlines values against all major indicators of the programme. Specifically, the following are the deliverables:

- Inception Report detailing the end line study design, methodology, data collection tools, detailed work plan and budget
- Data collection Tools (qualitative, quantitative instruments)
- Draft and final XLS forms programmed questionnaire
- Draft and final reports
- Copies of cleaned data sets including do-file if STATA (or syntax if other software), field notes, audio recorded material and transcribed material
- Seven (2) printed and two electronic copies of the final reports at the end of the assignment

Presentation and documentation of findings and recommendations

The evaluation team will debrief Christian Aid's UKAM Project team and partners in a consultation session/workshop and complete a draft report for comments. A final report should be produced (ideally within the following week), which is concise and in line with Christian Aid's notes for the Evaluator.

The following basic elements must be present in the evaluation report:

- Maximum 25 pages inclusive of recommendations and excluding annexes

- Executive summary
- Evaluation Objectives
- A detailed analysis of findings based on the TOR capturing each section and answering the key questions in each section and emerging issues
- Recommendations
- Annexes with a list of all people interviewed, areas visited and dates
- Annexes with findings from stakeholders, community meetings

7. TIME-FRAME

The assignment is expected to commence by October 18th, 2021 to 19th November and is expected to take a maximum of 30 days. The consultant will prepare the work plan that will operationalize and direct how the evaluation is to be carried out. The work plan will clearly describe the timing for:

- Literature review
- The development of tools
- Recruitment and Training of research assistants including pretesting
- Fieldwork (Data collection methodologies, data entry and Analysis)
- Report writing and dissemination of results.

8. MANAGEMENT OF THE ASSIGNMENT

8.1. Role of Christian Aid South Sudan

CASS will provide oversight management and coordination of the assignment.

8.2. Supervision and Management

The Consultant will report to the CASS Head of Programs/MEAL Advisor and MEAL Programme Officer. At the field level, partner project managers, M&E Officers and Project officers will provide day to day support, coordination, and mobilization.

9. EXPECTED PROFILE OF THE LEAD CONSULTANT

The lead consultant is expected to hold the following qualifications to be eligible for this position:

- A recognised advanced degree (for example MSc or PhD) in a relevant field in Agricultural and Applied Economics, Development Economics, Development Studies, Gender Studies? or related Social Science
- Sound knowledge of major development issues, especially nutrition, health, knowledge of the context in South Sudan and the impact areas.
- At least 5 years of consultancy experience in a related field with a vast understanding of South Sudan context and specific areas of project implementations
- Knowledge and ability to develop mobile data collection programs using KOBO, ONA, ODK, Survey CTO since data will be collected digitally
- A demonstrated a high level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.

10. APPLICATION FORMAT

The technical proposals should have at least the following sections.

- Cover Letter
- Interpretation of the Terms of Reference
- The methodological approach proposed for the evaluation, including a description of any tools or methodologies to be used, identification of data sources, quality control and analysis plans.
- Proposed work plan and roles and responsibilities of the core team
- Understanding responsible data management and how data will be protected in line with ethical and GDPR standards.
- Details of how the consultant(s) meet the above suitability requirements.
- Profile of the consultant(s)/firm (including a list of all related assignments with contacts of clients) and detailed CVs of the core team of consultant(s) that includes the qualification, most relevant experience, lists of traceable publications as an indicator of writing quality (if available) and references. Contacts of references for the **three most recent assignments undertaken by the consultant(s) tendering** will be required.
- Annexes of a copy of the two most recent online reports for a similar assignment as well as
- Registration certificates for the consultant/firm(s) if applicable.

The financial proposal should include

- Breakdown of operational cost (itemized) in South Sudanese Pound and British Pound-equivalent
- Breakdown of professional fee including rates per day in South Sudanese Pound and British Pound equivalent
- The total cost of the exercise in USD and British Pound equivalent

11. MODE OF APPLICATION

All eligible consultants interested to submit proposals should submit their applications with up-to-date CVs on or before the COB **Date** via email to the **E-mail address** JubaProcurement@christian-aid.org

Please mention – ‘South Sudan UKAM Project Edline Evaluation’ in the subject line

Please note:

- Only shortlisted submissions will be called for discussions/interviews.
- Cost-effectiveness and quality of proposal will be considered.
- Incomplete submissions will not be reviewed.
- Submissions from candidates not demonstrating the required skills and experience will not be considered.
- Interested individual consultants are encouraged to seek explanations or clarifications before submission.
- Christian Aid International has zero-tolerance for fraud, corruption, and bribery.

Confidentiality

All the outputs deliverables (e.g., reports, documents, information etc.) produced by this evaluation will be treated as CA’s intellectual property. No part of the outputs can be sold, used, or reproduced in any manner by the assigned organization/individual without prior permission from CA.

ANNEX 1: UKAM PROJECT INDICATORS

Impact: Reduced undernutrition for women and girls of childbearing age (12-49) and children under 5 years in former Aweil North and Jur River Counties

Impact and 1: Prevalence of stunting in children under 5 in target communities

Impact and 2: Prevalence of underweight in children under 2 in target communities

Impact and 3: Prevalence of low birthweight in target communities

Outcome: Improved diet and other practices conducive to nutrition for 28,178 women of childbearing age, adolescent girls and 24,733 children under 5 years, and improved nutrition governance in target communities of former Jur River and Aweil North counties

Outc 1 ind: Number and % of Target women of childbearing age (12-49) in target communities meeting an acceptable food consumption score

Outc 2 ind:

% of children in target communities consuming adequate diet for their age (0-6 is exclusive breastfeeding)

% of children in target communities consuming adequate diet for their age (6-23 MDD score based on WHO guidance)

Outc 3 ind: % of women in target communities demonstrating increased access to and control of over resources

Outc 4: Evidence of strengthened county nutrition coordination capacity for multi-sectoral nutrition action and advocacy

Output 1: 28,174 women of childbearing age, 60 teachers & 600 school going children reached with nutrition and health messaging to improve knowledge and attitudes on nutrition (diet and health, services available)

Output indicator 1.1: Number of women of childbearing age (12 - 49 years) who can demonstrate the necessary level of knowledge of key nutrition factors (diet and health) required for the healthy nutrition of themselves and their own and their children under 5

Output indicator 1.2: Number of men who can demonstrate the necessary level of knowledge of key nutrition factors (diet and health behaviours) required for the healthy nutrition of women of childbearing age and children under 5

Output indicator 1.3: Number of target community members reached with age-appropriate nutrition education disaggregated by sex and category; 60 teachers, 1200 school going children

Output 2: Improved capacity of 6,650 (Farmers 3,000; Traders 200; Fisher folks 1,200, VSLA 2,250) households to sustainably access nutritious food and 16,000 people clean drinking water.

Output indicator 2.1: Number of farmers who can effectively produce nutrient-dense foods

Output indicator 2.2: Number of farmers practising appropriate preservation and storage of seeds (3,000 farmers targeted)

Output indicator 2.3: Number of farmers reporting increased seeds put aside for the next planting season

Output Indicator 2.4: Number of fisherfolk trained on effectively catching, preserving, and marketing fish

Output Indicator 2.5: Number of target women and men that are active members of village savings and loans associations (VSLAs)

Output Indicator 2.6: Number of households with access to clean water because of rehabilitated water points

Output indicator 2.7 Number of market traders trained on hygienic storage/ handling of food and of nutrition diversity required for Women of Childbearing age and children under 5

Output 3: Increased understanding among 1,700 community change agents (200 religious' leaders, 200 traditional and administrative leaders, 300 traditional birth attendants, 1000 men) of key nutrition factors (diet and health) and the influence of harmful gender and social norms and strategies to overcome these about nutrition outcomes for women of childbearing age and U5 children

Output Ind 3.1: Number of administrative and traditional leaders trained on key nutrition factors and ending harmful gender and social norms that are barriers to healthy nutrition for women of childbearing age and children under 5

Output Ind 3.2: Number of religious leaders trained (as above)

Output Ind 3.3: Number of male nutrition champions trained

Output Ind 3.4: Number of traditional birth attendants trained (as above)

Output 4: Increased capacity of 2 county nutrition departments and 2 CSOs to spearhead sector-wide planning, coordination, and supervision of nutrition-related activities

Output Ind 4.1: Number and type of multisectoral planning and coordination actions held at the county level

Output Ind 4.2: Capacity of county nutrition officers to provide sector-wide coordination using the SUN framework

Output Ind 4.3: Organisational capacity of HARD and SPEDP strengthened

Annexe 1: Gender and Inclusion Analysis

This end line evaluation will be conducted using power, gender and inclusion lenses and ensure that effective analysis of related dynamics is reflected all through the process, report, and recommendations.

- We must start including sex desegregated data. Sex Desegregated Data must be provided for all respondents, including farmers, fish workers and children.*
- We must also include sex desegregated data for children as well so that we can understand our impact on the gender differentials in nutrition i.e., whether boys and girls were equally impacted and whether mothers improved feeding practices for boys and girls equally? Was there any son preference? Did we observe any attitudinal changes towards son preference in nutrition?*
- To understand power shifts especially around decision-making in nutrition, we should try to include tools/exercises to understand power shifts.*
- What root causes related to nutritional deficiencies that we were able to address and what proved beyond our project focus and capacity? What are our lessons learnt?*
- What strategies worked in challenging food taboos and myths for pregnant and lactating women?*
- We should explore specific vulnerabilities of adolescent mothers, returnees and IDPs, widows and WHHs and how these are addressed through our interventions.*

-

The END.