



TERMS OF REFERENCE (ToR) **Health Legacy Project End Evaluation**

1.0 About Christian Aid

Christian Aid is an international development organization working globally for profound change that eradicates the causes of poverty and 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 address Poverty, Power including using our Prophetic voices. In South Sudan, through our local partners including ecumenical partners of the ACT Alliance including Caritas network in South Sudan to achieve transformation from violence to peace and saving lives of crisis-affected communities and access to essential health services.

2.0 Purpose of the Consultancy

The Health Legacy project employed an adaptive and integrated programming approach in which communities were engaged through the use of PVCA (Participatory Vulnerability and Community Assessment) which was the basis for the selection of project activities and community as well as stakeholders' participation. The TOC (Theory of Change) was developed to capture key expected outcomes, Strategy testing to measure results, outcome harvesting, and community feedback and accountability mechanism were the key M&E components of the project. The project further adapted to address some of the emerging issues such as the VSLA (Village Savings and Loans Association) and COVID-19 pandemic. During the COVID-19 pandemic, as part of the project's response, Christian Aid and partners trained 20 community health volunteers who conducted door to door awareness campaign on hand hygiene, considerate coughing and the importance of physical distancing in preventing the risks associated with COVID-19. The project also installed hand washing stations with soap in public places and worked alongside the state Ministry of Health and conducted radio talk shows on a local radio station broadcasted in both English and the local languages to disseminate health messages on coronavirus.

The Health Legacy project has been implemented by two partners:

1. SPEDP in Ariath Payam, Aweil North with focus on integrated disease surveillance, WASH and HIV aimed to improve the quality of life of vulnerable communities. The planned targets were: (a) 5,000 HHS (2,000 Women HHS and 3,000 Men HHS) and (b) Indirect 30,000 individuals. To achieve this outcome, the project trained Community Health Educators/Workers and Community Key Informers' Volunteers who were tasked to raise the door to door awareness on good hygiene practices and mapped out common disease occurrences and educated beneficiaries on how to identify signs and symptoms of these diseases so that decision for early seeking of medical treatment could be made.
2. HARD in Barmayen Payam, Aweil Central with focus on GBV, HIV/AIDS and Community resilience to address GBV and HIV/AIDS threats in communities. The planned target to be reached: (a) Direct Beneficiaries 500 (300 males & 200 females) and (b) Indirect 2,500 (1500 females & 1000 males). To address this, the project trained Community Paralegals tasked with awareness-raising within the communities on the root causes and risks

mitigation of GBV. The project supported GBV Survivors to access formal and informal justice systems including the provision of psychosocial support for survivors of violence. The project also raised awareness on HIV/AIDs and how GBV as misuse of Power can correlate with HIV infections.

3.0 Purpose of the Consultancy

The end of project evaluation aims to document evidence-based outcomes and demonstrate the specific changes in the lives of the beneficiaries and the community, pull out lessons learned and the adaptive approach applied for future adoption. The evaluation should measure the practicability of the use of the PVCA, Strategy testing, outcome harvesting in contributing to the achievement of the outcomes (impact). It will further assess actual project achievements against the planned annual targets and changes to the lives of the beneficiaries and changes in the community at large about the outcomes harvested and the TOC while pulling out best practices and lessons learnt.

Key questions to help us in the learning:

- How significant are inequitable gender attitudes and social norms as a factor of influencing access to health services? What are the most effective ways to tackle these two issues?
- How beneficial is it to use integrated programming or is there a more effective way?
- If Integrated Programming is beneficial, what is the most effective way to achieve integrated services?
- How is adaptive programming beneficial in project implementation and what would be the added value?

What could be the key areas for possible research to provide more evidence of the project achievements?

1. Effectiveness of linkages between informal and formal community justice mechanisms in addressing GBV.
2. Effectiveness of Women and Girls Friendly Space in Providing Psychosocial Support and addressing GBV.

The specific objectives of this evaluation are to:

1. Assess the extent to which the project achieved its objectives with special emphasis on the outcomes and impact and/or most significant changes attributable to the project
2. Assess the relevance, effectiveness and efficiency of the project strategy with special emphasis on:
 - Prioritizing community needs at the time of project identification (PVCA).
 - Results as articulated in the project ToC
 - Cross-cutting issues of Gender, Inclusion, Accountability
 - Utilisation/impacts of the chief courts regarding seeking gender justice
 - Community knowledge of HIV/AIDS and COVID-19 mitigation and prevention.
 - The external environment (context) within which the project was operational and its influence on project successes and/or failures.
3. Assess the efficiency of processes of beneficiary engagement against best practices in the project
4. Assess project efficiency in utilisation of mobilised and committed resources during the implementation and procurement of project inputs.

5. Assess synergy with other CA supported projects in the geographical area and make recommendation aimed at achieving synergy in future programme objectives.
6. Assess the project sustainability at various levels (beneficiary, community, IGAs/VSLAs and implementing partner).
7. Assess the effectiveness and efficiency of the project monitoring and evaluation system with special focus on CA and partner monitoring tools and how these could be strengthened in future projects.
8. Assess the coordination among project stakeholders within Aweil North and Aweil Centre in Northern Bahar-el-Ghazal.
9. Determine the effects of harmful socio-cultural practices and norms on the health outcomes of households especially women and the utilisation of the women-friendly space and its impact on social cohesion
10. Find out the use of the contribution of the water points and public latrines to the improvement of hygiene/sanitation in the community
11. Test for the scalability of project strategy, the sustainability of project gains and coping mechanisms after project closure
12. Document the actual changes in the lives of the beneficiaries and the community concerning health-seeking behaviour and reduction in other diseases (malaria, diarrhoea etc).
13. Assess the utilisation/impacts of the chief courts regarding seeking gender justice
14. Determine the strengths (including innovations) and weaknesses of project design, implementation and accountability and draw lessons that will be used to improve on future interventions.
15. Report on unintended outcomes that have been achieved as a result of the project and to make appropriate recommendations.

4.0 Target

The project was implemented in Aweil North and Centre Counties of Northern Bahar-el-Ghazal State. The project's target groups included 12 Community Paralegals, 20 Community Health Works (CHWS), 60 Community Key Informers (volunteers), 84 Water management committees, 14 HIV/AIDs champion groups, 150 Village Savings and Loan Associations (VSLA) groups, 63 Self Help Groups and Other stakeholders such as the County Health Department, community leaders/chiefs and health facility staff.

5.0 Specific tasks

The consultant is expected to cover the evaluation of the project in two locations: Barmayen (Aweil Centre) and Ariath (Aweil North) as field locations by meeting beneficiaries, field employees, volunteers, health staff, stakeholders and other NGOs operating in the area including the community.

6.0 Methodology

In principles, the consultant is expected to develop the evaluation methodology, but the expectation is that the incumbent will adopt an inclusive and participatory approach in which key project staffs and stakeholders have a chance to meaningfully participate in the evaluation process. Considering the foregoing, it is recommended that:

This evaluation will provide a full picture of the progress of the programme in line with quality criteria as outlined before. As referred to in the Evaluation Plan for the Health Legacy project, to respond to the project objectives and use the OECD DAC evaluation criteria (below)

Criteria	Objectives
Relevance <i>OECD DAC criteria</i>	Assess to what extent the project responds to the needs of the beneficiaries and was able to adapt to change in context or key learning from its implementation.
Effectiveness – including Value for Money and Efficiency <i>OECD DAC criteria</i>	Assess to what extent the project has achieved its objectives and planned outcomes and outputs <i>Value for money: assessing the Economy, Efficiency, Effectiveness and Equity of the project’s costs.</i>
Impact <i>OECD DAC criteria</i>	Assess whether any early evidence can inform on the expected impact of the project.
Sustainability <i>OECD DAC criteria</i>	Assess to what extent the outcomes of the project are sustainable. This includes assessing the contribution of Christian Aid and how Christian Aid’s model of implementation (through partners) in delivering sustainable change.
Accountability to primary stakeholders <i>Core Humanitarian Standards</i>	Assess to what extent to the project ensured accountability to primary stakeholders through information, participation in design, implementation and monitoring, feedback mechanisms.
Strategic fit and added value <i>Project’s Final Evaluation TOR</i>	Assess to what extent Christian Aid contributed to the achievement of the project’s objectives and to what extent the project is adding value to the humanitarian response at the country level.

It is proposed that ‘**Progress against planned results**’ mentioned in the Final Evaluation TOR is included in the criteria ‘Effectiveness’ as it is about meeting the project’s objectives and planned results; ‘**Quality of the response**’ is cross-cutting as it is about accountability to stakeholders but also relevance, effectiveness, efficiency, sustainability and impact.

7.0 Desk Review

A thorough desk review will be conducted including the project’s documents:

- Project’s proposal,
- Baseline report,
- Monitoring reports (overall and per partner),
- Result framework (overall and per partner),
- Project’s financial report and budget,
- Any research or learning document produced during the project’s implementation.

7.1 Before Field Work:

- (i) Review of the log frame to assess its relevance for measuring project progress and propose modifications
- (ii) Review the TOC
 - a. Context analysis (including stakeholders analysis) – conducted through desk review and meeting discussions
 - b. Enabling factors needed for the project to succeed (internal to the project and external)
 - c. The link between the different outputs, outcomes leading to a better impact

Note that (a) and (b) should be done simultaneously as they will feed in each other.

- (iii) Organize and facilitate an inception workshop with CA and its consortium members and partner staff on the proposed end line project evaluation and data collection tools
- (iv) The evaluation should use both quantitative and qualitative methods. Sampling methodology: 95% confidence level and 5% margin of error.
- (v) The consultant should maintain the quality of the data, **all quantitative data will be collected using Digital Data Gathering Devices**. All data, both qualitative and quantitative **must also be disaggregated by location, age, sex, disability** etc. All raw data collected will be shared with Christian Aid.

8.0 Expected Outputs (Deliverables)

Based on the end project evaluation requirements and expected deliverables the consultant is required to:

- Organize and facilitate an inception workshop with CA and its consortium members and partner staff on the proposed end line project evaluation and data collection tools
- An inception report written in the English language submitted electronically. The report should include an interpretation of the tasks and clearly outline the approach (sampling framework, data collection strategy, an outline of the final report, ethical process, quality assurances process etc) and methodologies which will be used in the evaluation. Proposed methodologies should be inclusive and gender-sensitive.
- Develop and submit appropriate tools and instruments for gathering information. Questionnaires will be scripted onto a digital data collection platform, preferably Kobo Collect.
- Submit a soft copy of fully “cleaned” datasets of all collected data in two formats; Excel and SPSS or STATA format. This will include analysis and interpretation to CA head of the program and technical working groups committees for comments, review and validation before the final report
- Develop and share a presentation of a summary of key findings and recommendations.
- Develop and share a draft evaluation report for review by Christian Aid and partners.

Submit a final soft copy of the evaluation report that is clear, simple, concise and free of jargon. The final report should be no longer than 30 pages including a 2-3-page executive summary. Background information should only be included when it is directly relevant to the report’s analysis and conclusions. Technical details should be confined to appendices, which should also include a list of informants, number of FGD sessions, KII and the evaluation team’s work schedule.

10. Quality Assurance

The consultant is responsible to ensure data validity, consistency and accuracy and to submit reports written in good Standard English. If these standards are not met, the consultant will, at his/her own expense, make the necessary amendments to bring the reports to the required standards

11. Duration

The consultant is expected to carry out the exercise within a total of 15 working days with the exercise starting from 12th October 2020 and concluding no later than 30th October 2020. Below is the proposed itinerary during the evaluation:

Activity/ Milestone	Duration
Preparation	1 day
Travels	2 days
Meeting with the project management team in Juba – offices for administrative matters, reviews of background documents and development of tools	3 days
Fieldwork in Aweil Center and Aweil North counties. Drafting of the main findings/ conclusions	6 days
Debrief and sharing of findings	1 day
Preparation of draft report and distribution to CA and partners	2 days
Total days	15 days

12. Consultant Profile

The consultant (s)/consultancy firm must have the following qualifications and experience to be eligible for this assignment:

- The lead consultant must have a post-graduate degree in a related field (nutrition, development studies, public health, gender, monitoring and evaluation) with strong research, monitoring and evaluation background
- Practical, demonstrable any relevant experience in conducting similar evaluations with multidisciplinary indicators (related to HIV/AIDs, COVID-19, IGAs, nutrition, agriculture, and gender) and in delivering agreed outputs on time and within budget.
- Demonstrated experience and expertise in implementing rigorous research using Quantitative and Qualitative evaluation methodologies.
- Demonstration of good knowledge of the South Sudan context and preferably the specific counties for this project.

13. Lines of Communication

The Consultant(s) will have a working relationship with Programme Officer and technical support with the Head of Programme and the MEAL Officer.

14. Protection of beneficiaries and other programme participants

Christian Aid has a Safeguarding Framework that includes Staff Code of Conduct and a Child Protection Policy which have been developed to ensure the maximum protection of programme participants and to clarify the responsibilities of CA staff, consultants, visitors to the programme and partner organization, and the standards of behaviour expected of them.

In this regard, it is the responsibility of the consultant to demonstrate a commitment to strictly adhere to Christian Aid's Code of Conduct and Child Protection Policy. The consultant has the responsibility to ensure that any persons hired, used or consulted during the process are made familiar with the policies and commit to abide by them during the execution of this work. Any candidate offered a contract with Christian Aid will be expected to sign a Code of Conduct and Child Protection Policy as an appendix to their contract. By doing so, candidates acknowledge that they have understood the contents of policies and agree to conduct themselves by the provisions of these two documents

15. Research Ethics

Christian Aid recognises that any systematic collection of information to gain a better understanding of something is research and therefore, as part of our values and ways of working, we are required to conduct research that will: no harm; is honest, fair, correct, professional, legal; respects people's dignity, diversity and rights; is gender-sensitive and shows due care for the well-being of others and does not expose them to unnecessary risks. Although research contexts differ eight essential principles that should be upheld for it to be ethical and conflict-sensitive:

1. We will respect the anonymity and confidentiality of the information we have access to.
2. We will respect the rights and wellbeing of all individuals.
3. We will take care that our research causes no harm to those who take part and that it is truly necessary to advance our understanding.
4. We will ensure that only those people who give voluntary informed consent take part in our research (i.e. they agree to do so willingly, with a full understanding of what they are agreeing to); we will never put pressure on people to take part.
5. We will balance the needs of individuals, colleagues, and professional standards. We will only invite people to take part in research for which there is a genuine business need.
6. We will make independent professional judgements when designing, conducting and reporting research.
7. We will ensure that research is conducted by people with appropriate training, qualifications and experience.
8. We will, always and without exception, work within legal, ethical and moral boundaries.

In addition to these principles, it is important to consider the added difficulties when interviewing people experiencing an ongoing crisis such as hunger, cold, sickness, stress etc.

Ethics and safeguarding:

Protection of Partner staff, beneficiaries, local leaders and different stakeholders

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has the responsibility to ensure that any persons hired, used or consulted during the process are made familiar with the policies and commit to abide by them during the execution of this work. Any candidate offered a contract with Christian Aid will be expected to sign a Code of Conduct and Child Protection Policy as an appendix to their contract. By doing so, the consultant acknowledges that they have understood the contents of policies and agree to conduct themselves by the provisions of these two documents.

Before fieldwork, these two important documents will be provided by Christian Aid to the consultant for easy dissemination to all individuals who will participate in this Capacity Assessment. For focus group discussions, researcher(s) will obtain consent from the participants before taking pictures during the sessions. For each FGD, one consent form with names of all participants will be signed to show consent for taking pictures and video recordings where applicable.

Neutrality

- Consultants must accept all answers as legitimate and must never show any preferences for a certain answer;
- Consultants must focus on getting the thoughts and opinions of the research participants, and never express their thoughts or opinions on a subject;
- Consultants must not show any kind of favouritism towards any participant or answer.

Participation

- Voluntary participation – Consultants must not push research participants for answers and must accept when a participant refuses to answer a question;
- Informed consent – All participants must be fully informed about all procedures associated with the research and before proceeding, they must agree to participate;
- Risk of harm – Consultants must be respectful and must not put research participants in any harmful situations, either physical or psychological.

Privacy

- Consultants must always seek to ensure the general privacy of the participants;
- All information collected will be made available only to a selected circle directly involved in the research.

Gender Considerations Consultant regards gender as a key component of assessments, not only as an opportunity to elicit positive change in programming, but also to contribute to the broader base of gender equity and equal opportunity for women and men in development. The research process must be participatory and safe, lending a voice to project staff and stakeholders equally and all collected data will be sex-disaggregated by age, gender and disability, and analysed using gender-sensitive techniques.

Analysis and Report writing

The End of Project Evaluation report and validation presentations will be informed by all data collected, along with the results of the desk review. The analysis will focus on identifying trends and significant findings as they relate to the research objectives and assessment questions. All text and physical analysis should be backed up with evidence-based sources, not a mere assumption.

The final report structure will be decided upon in collaboration with Christian Aid, and it will include an executive summary, introduction, an analysis of reviewed documents, an explanation of the methodology employed, as well as conclusions. The report will further define realistic, achievable and action-oriented recommendations for project implementation. All deliverables will be first submitted for review and comments before producing final documents. After submitting the first draft, Consultant will present the main findings, recommendations and tools for the MEL department in a presentation, hosted in Juba at Christian Aid's office. The finalized deliverables will incorporate the feedback given during the presentation. Lastly, the Consultant will also submit all research tools and cleaned data sets. And any electronic pictures were taken, and video recorded during the fieldwork

Christian Aid, Notes for the evaluator

Christian Aid is committed to learning from its experience and to the systematic analysis and assessment of its programmes to improve its performance. Evaluation and review is one key component of our broader approach to considering the impact of our interventions and should consider and inform the design and delivery of our programmes, and the articulation of our internal policies and management processes.

The notes below are provided for your guidance as you plan for and undertake an assessment on behalf of Christian Aid. Please ensure that they are addressed in your final report.

Overall style:

1. The overall style of the report should be short and concise, but clear with all contents (i.e. use bullet points and less discussion).
2. Recommendations should be action points. They should be clear, specific and readily understandable (not vague).
3. Conclusions should be well evidenced and ideally supported by more than one source – informed opinion is of limited use unless it is well substantiated.
4. Adopt an approach that is constructively critical, that recognizes individual efforts in programmes, but which always assumes that ‘things can always be done better’.
5. A page length of 20-25 pages is recommended for assessments (not including executive summary and annexes).

Structure of the report:

1. Title page – identifying author, date, appeal/programme name, evaluation title (i.e. End of project evaluation.), the names and positions of the evaluation team members, and which version of the report it is (i.e. draft or final).
2. Contents page - use the TOR as chapter headings.
3. All recommendations should be set out on one page at the front of the report in a quickly understandable (preferably numbered) format, with page numbers identifying where the point arises from/ is discussed. This can form part of the executive summary if you choose to do one.

4. Identify the methodology used. Give a thorough write up of it – it must be presented and explained. Identify how it addresses the Quality of Evidence criteria used
5. The main body of the report – discussion and analysis.
6. Conclusions and recommendations.
7. Annexes:
 - a. List of acronyms
 - b. The TOR
 - c. List of interviews including who they spoke to (numbers, age, gender, disability (necessary to observe and take note of), function within the project etc)
 - d. Documents received/reviewed
 - e. Timetable for field visits (villages, partners, projects etc)
 - f. Outline the background of partners (size, capacity, mandate)

Quality of evidence:

Christian Aid is committed to demonstrating and improving the quality of evidence underpinning its assessment and evaluation processes. As such all consultants are requested to ensure their reports addresses the quality of evidence criteria outlined below. A thorough write up of the methodology they used will be important in evidencing this.

(i) Appropriateness

- That data collection methods are relevant to the purpose of the enquiry and that they generate reliable data
- That the size and composition of the sample in proportion to the conclusions sought by the enquiry
- That the team have the skills and characteristics to deliver high-quality data collection and analysis
- That the data is analysed in a systematic way that leads to convincing conclusions

(ii) Triangulation

- That different data collection methodologies were used, and different types of data collected
- That the perspectives of different stakeholders were compared and analysed to establish if and how the change had occurred
- Those conflicting findings and divergent perspectives are presented and explained in the analysis and conclusions
- That the findings and conclusions were shared with and validated by a range of key stakeholders (, partners, and other stakeholders)

(iii) Transparency

- That the size and composition of the group from which data is being collected is explained and justified

- That the methods used to collect and analyse data, and any limitations of the quality of the data and collection methodology are explained and justified
- That it is clear who has collected and analysed the data, and that any potential bias they may have has been explained and justified
- That there is a clear and logical link between the conclusions and the data collected

Submission of the proposal:

The proposals for this assignment will include two submissions; as

electronic files submitted to JubaProcurement@christian-aid.org (in Pdf format) with a heading 'Capacity Assessment' as follows:

1. A technical proposal, containing;

The understanding of the ToR, the main goals and tasks of this assignment and of, the proposed methodology, team, detailed timetable, and steps to be undertaken.

The CV of the proposed consultants (education background, expertise and experience in relation with the scope of the assessment and the geographical location); with a description of why experience is relevant to the task and **using a matrix** indicate how the proposed team complements each other as well as how they correspond to the profile.

Sign supplier code of conduct

Deadline is 16th October 2020