

**Terms of Reference (ToR) for
End of Project Evaluation for
“Improved Water and Hygiene in vulnerable communities in
Yambio and Nzara counties, Western Equatoria State”**

South Sudan.

Funded by: BMZ/ BENG0 Germany

Project location: Yambio and Nzara Counties, Western Equatoria State.

Project period: June 1, 2021 – August 31, 2022.



1. Project background

The South Sudan context remains characterised by sociopolitical tension and humanitarian crisis. In 2020, communities experienced tripple shock which included intensified conflict and sub-national violence, a second consecutive year of major flooding, and the impacts of COVID-19. According to the Humanitarian Needs Overview (HNO, 2021), 1.6 million people remained internally displaced and another 2.2 millions refugees in the region. This was attributed to the deteriorating security situation, limited access to basic services and overall worsening food security situation. Access to essential services, including health care, education, water and sanitation, as well as protection and legal services, which were already constrained, were either damaged, destroyed in 2020. By 2021, 8.3 million people in South Sudan were estimated to be in need of humanitarian assistance. These include 8 million South Sudanese women, men, girls and boys and 310,000 refugees and asylum seekers (HNO, 2021). A total of 72 counties faced extreme needs while five were in severe needs.

An assessment by REACH undertaken between January and March 2020 in the Western Equatoria State (WES) revealed that access to clean drinking water and the application of good hygiene practices in Yambio and Nzara were very low. More than half of the settlements (56%) indicated to be using unprotected water and reported high cases of water-borne diseases. In all the settlements, human being shared water points with livestock. 68 percent of the people in the settlements confirmed not to be washing their hands regularly and most only used water without any soap. WASH interventions in South Sudan, and especially in Western Equatoria State, have been inadequate. Most of the projects in past have failed to articulate the needs and wishes of the municipalities effectively, with women and girls being left out of decisions on the design and location of water points. Yambio and Nzara counties, like many other counties in South Sudan, are characterised by low government service coverage, and weak legal structures to protect children, especially the girls. Many cases of child abuse are considered normal due to ignorance and cultural norms, with perpetrators let scot-free.

IAS South Sudan working in collaboration with IAS German responded to this situation with funding from BMZ. The intervention was aimed at improving the quality of life of vulnerable and underserved target communities in the South Sudanese state of Western Equatoria through rehabilitation of 30 boreholes, training 30 water management committees and carrying out 30 child protection training. The project targeted 10,000 beneficiaries with particular emphasis on targeting children, the elderly, and people with disability. Through a consultative process that included the local administration, government's Rural Water department, and the community leaders, the following villages were targeted: Gangura, Gbangasu, Yambio Central, Rirangu, Nadigere, Nzara Central, Sangua, Basukangbi, Sankure, and Ringasi.

IAS has been working in South Sudan since 1989 when it was established to support conflict-affected populations in South Sudan. IAS South Sudan delivers humanitarian and development assistance in North Bahr Ghazal, Western Bahr Ghazal, Unity, Jonglei, Western Equatoria, and Central Equatoria states. IAS South Sudan is an actor in the following sectors: WASH, Protection (Child protection and GBV), and community development. IAS delivers its projects through a network of over 20 project staffs and over 100 community volunteers. IAS main office in South Sudan is in Juba.

2. Evaluation objectives and scope:

2.1. Objective of the evaluation

The objective of the 'End of project' evaluation is to assess the effectiveness, efficiency, relevance, impact, timeliness, connectedness, and sustainability of project outputs and outcomes in the long term. The study is expected to draw lessons that will inform future project design, monitoring, and evaluation.

2.2. Specific objectives of the evaluation

- 2.2.1. Assess the project's accomplishments/ or achievements against targets (overall impact, specific objectives, results, and activities) and changes observed against the baseline.
- 2.2.2. Assess the impact and sustainability of the project results/ outcomes that the project has achieved.
- 2.2.3. Assess changes in knowledge, attitude, and practices (KAP) due to the project interventions.
- 2.2.4. Identify strengths, gaps, weaknesses in the project approaches and process.
- 2.2.5. Identify best practices and challenges for organizational learning as well as to share with relevant stakeholders including water department, local administration, cluster, and donors.

3. Assessment methodology

3.1. The assessment design:

The external consultant with extensive experience in evaluating projects with strong WASH experience and background will be required and deployed for this exercise. The evaluation is expected to be cross-sectional survey using both quantitative and qualitative methodologies. Structured questionnaires (for household interviews), semi-structured interview guides, focus group discussions, key informant interviews, and discussions with local authorities, local partners, and observations (at community and water points). The consultant is expected to complement the primary data with a review of secondary data. Additionally, the consultant is expected to collect at least five case studies to demonstrate impact of the project.

3.2. Study area, population, and sampling:

The study population will be households in the target villages in Yambio and Nzara counties of Western Equatoria state. The sampling should be representative of the target population and should also be taken proportionate to size of the population/ households in each sampled villages. The households identified for sampling should be as randomized as possible.

3.3. Data collection and analysis:

Participatory evaluation approaches is envisaged in this assignment. The project staff and relevant stakeholders (Government, local NGOs, and CBOs) should be involved. The process also includes orientation of the respondents and the evaluation team on the purpose and benefits of the evaluation in order to ensure maximum transparency and ownership of the output, and outcomes of the study. The evaluation will use both qualitative and quantitative cross-sectional survey methodologies in the study area. Once the evaluation tools are developed and agreed upon, the evaluation team and stakeholder have to be trained and equipped with smartphones for the exercise. A test of the tools will be conducted and posted on KOBO platform.

3.4. Participation of stakeholders:

Participation of the stakeholders in ensuring our interventions are relevant and maximize on the accountability to the affected population. The consultant will be required to develop a mechanism that ensures participation of stakeholders including other agencies (NGOs, CBOs, and government administration and line ministries). This will be achieved through consultation meetings, interviews and commenting on the findings, and recommendations.

4. Major tasks by the consultant

4.1. Once selected, the consultant will develop an appropriate checklist/questionnaire that enables information to be gathered from various respondents as per the objective of this evaluation. The tools are expected to be shared with IAS for amendments and approval before implementing the data collection processes.

4.2. Collect data through agreed approach and as per the tools indicated in the evaluation methodology (the data collection shall take place in the agreed sampled sites within Yambio and Nzara counties. However, the representative sample size will be decided in consultation with the IAS team

4.3. Analyze data using agreed approach

4.4. Management/leadership role for the Evaluation Team

The lead consultant /evaluation team leader will be responsible for the overall management of the final evaluation. The team leader shall be responsible in developing tools, setting up methodologies, recruiting enumerators /supervisors, organized training for enumerators, pilot questionnaires test, data collection and quality control, data entry, data cleaning, data analysis and preparation of final evaluation reports.

4.5. Reporting requirements: - Produce a comprehensive document that addresses all the assessment objectives using standard strategic document writing format. The report is expected to include:

- i. Cover Page
- ii. Acknowledgement
- iii. List of Tables and Figures (as appropriate)
- iv. Acronyms
- v. Executive Summary
- vi. Introduction: (1) Background and (2) Summary of program/project objectives and objectives of the evaluation
- vii. Evaluation Methodology
- viii. Evaluation Results: - Detail analysis of findings against each objective: brief description, and achieved results/outcomes/impacts, in depth discussion of general and specific sector assessment questions. Findings along with key evaluation criteria.
- ix. Lessons Learned
- x. Conclusions and Recommendations
- xi. References
- xii. Annexes (Evaluation instruments, other checklists, and supportive docs)

The main text of the evaluation report should not exceed 30 pages plus an executive summary of no more than 3 pages with fully cross-referenced findings and recommendations. The report shall be clear and

concise, limiting itself to essential points. The language of the report must be English. A Power Point presentation should be prepared for 1-2 hours debriefing presentation. A hard copy and electronic copy must be submitted to IAS South Sudan by the date specified in the agreement.

5. Obligations of IAS South Sudan

- 5.1. Provide all the necessary and relevant project documents i.e., project proposals, detail Implementation Plan (DIP), survey report, and financial reports.
- 5.2. Effect payment of consultancy fee as per the payment schedule and contract agreement
- 5.3. Coordinate meetings for data collection process at the evaluation site.
- 5.4. Organize meeting with stakeholders and relevant staff for result-sharing.
- 5.5. Provide transportation for the consultant and evaluation team members during the data collection process
- 5.6. IAS Project staff will facilitate and provide the necessary logistical arrangement for successful completion of the evaluation. More specifically:
 - Programme Assistant will provide technical assistance and coordination throughout the evaluation process.
 - The field team will coordinate and facilitate the final evaluation process and serve as key contacts (the team is a primary source of information regarding the project).
 - The Programme Manager in the Head Office will also oversee the evaluation process.

6. Timelines

Tasks	Days	Dates
Discussion with the project management team at Juba and finalize the overall process of the evaluation	2	
Preparation: Review of relevant documents (project proposal, DIP, Survey report, other secondary data, etc.). Develop field data collection tools and procedures: Questionnaires and translation (as appropriate) and Sampling – design criteria, sampling frame	3	
Field work: Orientation for Enumerators/Evaluation team on the tools Pre-test (if appropriate) survey tools Conduct field data collection (from the community, CBOs/NGOs and government offices, schools, and health facilities), Data entry, cleaning, analysis, and consolidation Hold de-briefing session with IAS and other actors on the main findings	5	
Preliminary report (Draft report to reach IAS Juba team)	2	
Prepare and hold debriefing workshop for IAS Juba staff in Juba	2	
IAS to send feedback on the draft report to the consultant	2	
Revise, polish, and finalize the draft evaluation report based on feedback from all stakeholders (final report to be submitted to IAS).	3	

7. Requirements and the application process

7.1. Requirements:

- At least the lead consultants should have MSc Degree in public health or other related field
- Extensive experience in project appraisal, impact assessment and participatory project evaluation.
- Competency in designing quantitative and qualitative evaluation studies.
- Background in WASH and/or related fields or previous experience in WASH evaluations.
- Ability to work with diverse cultural teams and locations
- Good interpersonal communication and training skills
- Good analytical skills
- Excellent writing and presentation skills
- 5 to 10 years consultancy service in program/ project monitoring and evaluation

7.2. Application:

Develop a proposal (both technical and financial) that encompasses details of the evaluation, sampling methodology, work plan and timelines, consultancy fee (professional fee), enumerator cost and other costs including cost for printing questionnaires. IAS will arrange vehicle for field level assessments. The consultant should mention all the required cost for this study.

The consultant should submit the technical and financial proposals in one document. Consultant's profile and/or up-to-date curriculum vitae along with technical proposal should be included.

The application should be send in soft copies to: HR (christineanyek@gmail.com) copying PM (francis.emoru@lminternational.org) and PA (Likambo.william@ias-intl.org) by Tuesday 6th September, 2022.

8. Annexes: Project Log frame

Oberziel (Impact): Improving the quality of life of vulnerable and underserved target communities in the South Sudanese state of Western Equatoria		
Project objective (Outcome)	Indicators (plus quantity scaffolding)	
	basic data (quantitative & qualitative)	Target value (should) (quantitative & qualitative)
The target group has adequate access to clean drinking water and practices basic hygiene. There is a greater awareness of the rights of children, especially girls.	Prevalence of WASH-related diseases: 80%	Prevalence of water-related diseases: 40% (data of health centers)
	20% of people can demonstrate basic hygiene practices	50% of the target population can demonstrate basic hygiene practices

	There is little awareness of children's rights.	40% of adults have more knowledge and changed attitudes towards child labour and child marriage (pre- and post-project survey).
Sub-objectives (Output)	Indicators (plus quantity scaffolding)	
	basic data (quantitative & qualitative)	Target value (should) (quantitative & qualitative)
Access to clean drinking water in target communities has been improved	20% of the target population or about 2,000 people have access to a protected water source	80-100% of the target population or 8,000-10,000 people have access to a protected water source ¹
Water committees ensure the smooth operation of the water points and pass on their hygiene knowledge.	8 functioning water committees are available in the target communities	In 80% of the target communities with rehabilitated wells, fee systems have been introduced and usage regulations exist (proof by photo and / or survey) In 80% of the target communities, WASH managers regularly pass on their knowledge to other villagers (survey)
Children's chutz are established as an important topic in the communities	There are no regulations on child protection in the municipalities	In 80% of trained municipalities there are ordinances on child protection (proof by photo and / or survey)

¹ 8,000 is a conservative assumption, sometimes not all households use only after the completion of a well this although it is intended for more people.