



TERMS OF REFERENCE

Final Independent External Evaluation of Action Against Hunger project For the BHA_SSB2Y - 720BHA22GR00353 Action Against Hunger South Sudan

‘Surveillance and Evaluation Team (SET) and Multi-Sectoral Emergency Team (MET & SURGE): An Integrated Emergency Response in South Sudan’

Project and Evaluation Summary Table

Project Name	Surveillance and Evaluation Team (SET) and Multi-Sectoral Emergency Team (MET & SURGE): An Integrated Emergency Response in South Sudan
Contract Number	720BHA22GR0035
Sector	Multi-Sector - Humanitarian Studies, Analysis and Applications (RELAPSE) Humanitarian Coordination and Information Management (SET) Health Nutrition Water, Sanitation & Hygiene Agriculture and Food Security Protection
Implementing Partners (if applicable)	Veterinaires sans frontieres (VSF - C) // Veterinarians Without Borders - Canada
Location (country/ies, region/s)	6 different Locations in Republic of South Sudan
Project Duration	27 months
Starting Date	October 1 st , 2022
Ending Date	December 31 st , 2024
Project Language	English
Donor & Contribution/s	OFDA: 14,905,255
Mission administering the Project	Action Against Hunger South Sudan
Responsible ACF HQ	Action Against Hunger USA
Evaluation Type	Independent Final Project Evaluation
Evaluation Dates	1/12/2024-31/12/2024

List of Acronyms

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
CNW	Community Nutrition Worker
CNV	Community Nutrition Volunteers
CMAM	Community Management of Acute Malnutrition
DAC	Development Assistance Committee
DTM	Displacement Tracking Matrix
ELA	Evaluation, Learning and Accountability (team)
GAM	Global Acute Malnutrition
FSL	Food Security and Livelihood
HEARO	Horn & Eastern Africa Regional
HF	Health Facilities
IDP	Internally Displaced Persons
IOM	International Organization for Migration
IPC	Integrated Phase Classification
IYCF	Infant and young child feeding
LLITN	Long Lasting Insecticide Treated Nets
MET	Multi-sectoral Emergency Team
MUAC	Mid-Upper Arm Circumference
NCE	No Cost Extension
NFI	Non Food Items
OTP	Outpatient Therapeutic Program
PDM	Post Distribution Monitoring
RRM	Rapid Response Mechanism
SAM	Severe Acute Malnutrition
SET	Surveillance and Evaluation Team
SMOH	State Ministry of Health
TOR	Terms of Reference
USAID	United State Agency for International Development
WASH	Water, Sanitation and Hygiene
WUC	Water User Committee

1. PROJECT BACKGROUND

1.1. Map of Project Area



1.2. Rationale for the Project

Problem Statement

South Sudan, the world’s newest country, is highly prone to shocks. Thirteen years after independence and six years after the signing of the revitalized peace agreement, people in South Sudan continue to face deteriorating humanitarian conditions. Their situation is worsened by endemic violence, conflict, access constraints and public health challenges such as measles and cholera outbreaks and climatic shocks resulting in extraordinary flooding and localized drought.

The cumulative effect of years of fighting, large-scale displacement over planting seasons, with regular flooding and dry spells, has resulted in large production deficits for more than 80% dependent on agriculture.¹ It has also led to the breakdown of social fabric and community cohesion, contributing to food and nutrition insecurity.

Between December 2022 and March 2023, an estimated 6.31 million people are expected to face crisis levels under the Integrated Food Security Phase Classification (IPC) Phase 3 and 33,000 people are estimated to face catastrophic levels under IPC Phase 5 of acute food insecurity. Global Acute Malnutrition (GAM) prevalence is projected to be above 15 per cent in 59 counties in 2023. While in 2024, 9 million of people are projected to be in need of humanitarian assistance.

According to 2021 South Sudan Humanitarian Response Plan, the country is facing the highest levels of food insecurity and malnutrition and remote areas have been cut off from humanitarian assistance due to floods. Other factors leading to high rates of malnutrition include protracted high food insecurity due to droughts, floods, conflict, price hikes and poor farming practices; sub-optimal infant and young child feeding (IYCF) practices; limited access to safe water and sanitation; poor hygiene practices leading to

¹ World Bank, 2019. Estimating Poverty in a Fragile Context: the High Frequency Survey in South Sudan. Policy Research Working Paper #8722.

high rates of child morbidity and mortality; strong gender inequities and high level of gender based-violence hindering women and girls access to adequate nutrition and health services, stress and psychological distress affecting parents well-being and caregivers ability to care for their children, and population displacement due to inter-tribal conflicts. The current COVID-19 pandemic also poses a threat to the country and its already-fragile health system. Of the country's approximately 2,300 health facilities, more than 1,300 are nonfunctional, and even those that are functional are poorly equipped and staffed. In South Sudan, over 50% of women aged 15-24 have suffered some form of Gender Based Violence (GBV)². According to data collected by the Gender-based Violence – Information Management System (GBV-IMS) in South Sudan during 2016, 98% of reported GBV incidents affected women and girls. Recent studies highlighted the exacerbated risk of GBV during conflicts, revealing that a large number of particularly women and girls have experienced varying levels of GBV and other types of violations during and after internal wars and conflicts. Rape has been reported is a common feature in conflict scenarios which affects civilians both inside and outside of Protection of Civilians (PoC) sites. Gang rapes and abductions of women and girls by armed actors are reported regularly, often occurring when civilian's cross military checkpoints; flee in areas under military attack or when they leave PoC sites to collect firewood or food. Action Against Hunger Gender Analysis (2018) revealed the prevalence of both structural and physical forms of GBV in the country. The most recurrent forms of GBV were forced early marriage (25.2%), domestic violence/ intimate partner violence (21%) and rape and attempted rape. The most affected population by these forms of GBV are women who are mostly middle-aged women, followed by young and elderly women. This is similar to findings by (Ellsberg & Contreras, 2017) in a study conducted in Juba where they found that violence against women and girls (VAWG) is highly endemic with 65% of women and girls reporting having experienced physical and sexual abuse. Another study conducted in the states of Greater Upper Nile Region (Jonglei, Unity and Upper Nile states) found that 27% of respondents had experienced physical abuse with 7% having suffered forced sex (CARE International, 2014). Also notable was the fact that that these forms of GBV were mentioned by the women. Most of the male respondents did not seem to identify these activities as GBV-related. This was partly explained by discussions during FGDs where it emerged that in this culture Intimate partner violence (IPV) involving male partners as perpetrators is widely accepted. Traditional and religious perceptions about women and gender socialization perpetuate an imbalance of power and status, and low status is attached to women and girls. Emergency crisis and shocks are likely to increase the risk of GBV and power abuse, therefore, Action Against hunger will built on its experience of identifying and mitigating GBV risks in programming and implement preventive measures and mechanism to enable the affected communities to contribute and provide feedback during the project implementation. Action Against Hunger will directly implement and mainstream GBV and gender equality activities across all sectors to identify, prevent and mitigate GBV risks.

1. Needs Assessment Summary and Justification for Intervention

In 2020, two years after the signing of the revitalized peace agreement, its implementation has not reduced the humanitarian needs of the South Sudanese people. South Sudan remained a protection crisis since 2020. The lack of durable peace and limited investment in basic services are holding people back from stability and sustainable development. In 2020-2021, communities were hit hard by the triple shock of intensified conflict and sub-national violence, a third consecutive year of major flooding, and the impacts of COVID-19 pandemic.

According to the World Food Program's (WFP) 2020 research initiative titled "Climate Change and Food Security Analysis", in addition to conflict, climate variability and extremes is one of the main drivers of global hunger. South Sudan is prone to natural and manmade disasters, unprecedented droughts resulting in failure in crops, high level of deforestation, overstocking resulting in over grazing, high livestock mortality, and increasing numbers of seasonal floods resulting in soils erosions and heat waves. The most striking effects of climate change affect the poorest and the most vulnerable by threatening all pillars of nutrition security. Poor agricultural practices, pests and diseases and inadequate availability and access of quality seeds contribute to high caseloads of food insecurity. The 2021 South Sudan Humanitarian Needs Overview (HNO) identified 8.3 million people, including refugees, in need of humanitarian assistance across the country. This is an 800,000 person increase in absolute numbers from the 7.5 million people in need in 2020. According to the inter-sectoral severity of needs analysis, humanitarian needs are most concerning in Pibor County in Jonglei, which was classified as the only county in catastrophic need. A total of 72 counties face extreme needs while five are in severe need. Approximately 1.6 million people remained internally displaced and another 2.2 million live as refugees in the region.

² Action Against Hunger Gender Analysis Findings, September 2018 (Annex P.10)

In addition, during localized conflicts and flood crisis in South Sudan the population is vulnerable to protection issues including gender-based violence (GBV). GBV is one of the most critical threats to the protection and wellbeing of women and children in South Sudan. The risk of child marriage remains constant due to the current flooding that submerged and swept away assets and infrastructure. Inter-communal violence, the country's economic situation, and harmful social norms all perpetuate issues of GBV. Decades of conflict have created a highly militarized environment and a culture of violence. Action Against Hunger will continue to focus on protection and GBV risk mitigation and prevention efforts across its programs through training of staff on GBV basics, providing PFA (Psychological First Aid), linking survivors to relevant services through functional referral pathways, and distribution of hygiene and menstrual hygiene management (MHM) kits for survivors and at-risk women and girls.

Action Against Hunger is an active member of the South Sudan humanitarian coordination architecture at the national, state, county, and local levels with productive relationships with government, local authorities, and other development partners in the country. We work with relevant line ministries, local organizations, and established structures to maximize the impact of programs. In 2021 Action Against Hunger continued to be among the key actors responding to both IPC locations and flood affected populations in eight out of the ten counties identified with populations in IPC-4/5, delivering Nutrition, Health, WASH, FSL, and Protection services to affected population including internally displaced populations (IDPs) and contributing to surveillance mechanisms by implementing quality SMART surveys. The proposed project addresses the 2021 Humanitarian Response Plan (HRP) strategic priorities/objectives for South Sudan through the provision of life saving basic assistance to host communities, IDPs, and returnees. In addition, under prolonged SURGE+ deployments for 12 months, Action Against Hunger continues to pilot the resilience model as a transition to self-reliance for targeted populations by reinforcing local capacity, building synergy with existing partners and identifying relevant stakeholders taking in account the criteria of complementarity in identifying and responding to needs/areas of gaps. Furthermore, Action Against Hunger will leverage its ongoing acute malnutrition services to examine the effectiveness and efficiency of CMAM treatment for severely acute malnourished children and accompanying post-discharge outcomes, specifically focusing on the incidence of relapse and associated factors. The study results will feed into future nutrition response design and implementation, allowing for more overall impactful care.

1.3. Project Objectives

Program Goal:

General:

- To reduce morbidity and mortality from acute malnutrition among vulnerable communities in South Sudan through evidence based multi-sectoral programming.
- To conduct high quality nutrition assessments in South Sudan as determined by the Nutrition Information Working Group (NIWG) and the Nutrition Cluster.

Specific:

1. To conduct high quality nutrition assessments in South Sudan, as determined by the NIWG and the Nutrition Cluster.
2. To reduce morbidity and mortality from acute malnutrition in IDPs, returnees and host populations in South Sudan through the provision of comprehensive community-based quality nutrition services through assessment, treatment, prevention, and capacity building.
3. Reduced morbidity and mortality among crisis affected communities through improving access to primary health care.
4. To provide safe and dignified access to life-saving protection assistance to people in need and to ensure prompt identification of protection needs and timely access to specialized protection services to the most vulnerable.
5. To improve safe access to adequate WASH services at nutrition/health facilities and catchment areas with aim of reducing the prevalence of diarrheal disease and addressing underlying causes of malnutrition as well as relapse.
6. To improve availability, access and utilization of diversified nutritious foods and ensure local communities re-establish their productive assets and resume their normal livelihoods.
7. To provide evidence that will facilitate a better understanding of relapse and other post-discharge outcomes following SAM recovery in CMAM programs.

1.4. Project Current Status

Under this phase, the programme included other components under Irrigation Sub-Sector where, through partnership with Kick start, provision of services to improve the rural population's resilience and livelihood and provide support to their collective rural organizations active in the agricultural sector. This was an exploratory component under Agriculture sector that seek to expand access to small scale farmers through the provision of Money Maker pumps to specific number of group and individual farmers to enable creation of new and successful irrigated farming enterprises to directly feed targeted families. The expected outputs for this pilot are to increase productivity and incomer for the smaller holder's farmers, increase accessibility to productivity irrigation solutions and increase resilience to climate change with climate smart inputs.

The project was implemented across Warrap, Northern Bahr El Gazal, Jonglei and Eastern Equatoria states targeting 9 counties. Surveillance activities were implemented in four counties while response services were implemented within the six counties (including the 4 counties for surveillance). During the reporting period, the Fangak County response was extended from 3 nutrition sites to 20 nutrition sites, which includes 2 stabilization centers. These sites were divided into 4 deployments, due to coverage area and long distances. During this period, Action Against Hunger reached a total of 158,239 individuals (41,992 male and 116,247 female) including 17,067 IDPs, representing 53% achievement against the target, while the cumulative number of programme participant is 410,131 individuals (117,131 male, 293,000 female) representing 64% while the project performance period has reached 67%. Through the response to the needs of IDPs, 63,623 IDPs were overly reached representing 197% of the total target set initially at proposal stage. Baseline Assessment for Food Consumption Score (FCS) and one Mid Term assessment were conducted in Toch within the reporting Period.

Due to lack of veterinary drugs the livestock activities are lacking behind. Positive information, through approval from the donor, we have secured veterinary drugs from a regional supply VetAgro limited.

Table 1: Areas of intervention: 4 states & 15 counties reached (October 2022 – March. 2024):

4 States	15 Counties	Sector/Activities
Warrap	Twic/MET	Pre-Response Assessments (PRA)
	Twic/MET	Nutrition, Health, and WASH
	Tonj South/MET	Nutrition, Health, WASH, FSL & Protection
	Tonj East/MET	Nutrition, Health, WASH, FSL & Protection
	Gogrial West/SET	SMART Survey
	Twic/SET	SMART Survey
Jonglei	Fangak/MET	Pre-Response Assessments (PRA) – Nyadin, Toch & Pulita)
	Fangak/Toch/MET	Nutrition, Health, WASH, FSL (SURGE + Deployment)
	Fangak – Pulita/Keew	Nutrition, Health, WASH, FSL (MET Deployment)
	Fangak/SET	SMART Survey
	Fangak – Juibor/MET	Nutrition, Health, WASH, FSL (MET Deployment)
	Fangak – New Fangak/MET	Nutrition, Health, WASH, FSL (MET Deployment)
	Fangak – Manajang/MET	Nutrition, Health, WASH, FSL (MET Deployment)
	Duk - Koyom/ Moldova Islands/MET	Nutrition, Health, and WASH
Pibor – Boma, Kassingor	FSL seeds distribution for Jie community affected by the dry spell of last year 2022- 2023.	
Northern Bahr El Gazal	Aweil East/MET (IDPs Akoong)	Nutrition, Health, WASH & Protection

	Aweil East/MET (Returnees Mangal Amol)	Health, WASH & Protection
	Aweil East (Relaspe study)	Humanitarian Studies, Analysis and Applications
	Aweil South/ SET	SMART Survey
	Aweil East/ SET	SMART Survey
	Aweil Center/ SET	SMART Survey
	Aweil North/ SET	SMART Survey
East Equatoria	Kapoeta East/SET	SMART Survey
	Kapoeta North/SET	SMART Survey
	Kapoeta South/SET	SMART Survey
	Budi/SET	SMART Survey

A. Overall Performance

The multi-sectoral emergency response program includes two teams: one for response and the other for surveillance. The surveillance and evaluation team focuses on the implementation of SMART surveys in at-risk areas, which inform and contribute to the existing surveillance mechanism in South Sudan to support the monitoring of the nutrition situation and inform decision-making. However, the response team focuses on delivering Nutrition, WASH, Health, and FSL and protection services in responses areas as designated by the nutrition cluster through a rapid response coordination mechanism (RRCM). The Abyei crisis led to the loss of lives and mass population displacements resulting in an influx of population to Twic and Aweil East counties while Fangak County in Jonglei was hit by flood for the last 3 years starting 2020 and the hepatitis E outbreak in September 2023 resulting to the deterioration of the situation where the area fall under the IPC 4 classification. This humanitarian crisis exacerbated the already dire humanitarian situation in South Sudan, specifically, in the mentioned counties where the IDPs settled in designated camps, refugees and returnees as a result of neighboring Sudan conflict. In this unstable situation, around March 2024, in Twic –Warrap State, there has been an alert of hepatitis E cases and meningitis increasing the vulnerability of population living in those areas including the IDPs. Through the coordination mechanisms, Action Against Hunger responded to the immediate needs of the host population, IDPs, returnees by providing the needed lifesaving services. In general, the project indicators are on trucks, only the livestock activities component which has limited progress due to delays in identifying the supplier veterinary inputs. Also, during this reporting period, no much agricultural activities (28% of target reached) achieved because this is a dry season where few agricultural activities are limited to waterable vegetable farms and fishing. However, as the rainy season approach we hope to expand agriculture activities and reached more target in the next reporting period.

In general, during this period, Action Against Hunger reached a total of 158,239 individuals (41,992 male and 116,247 female) including 17,067 IDPs, representing 53% achievement against the target, while the cumulative number of programme participant is 410,131 individuals (117,131 male, 293,000 female) representing 64% while the project performance period has reached 67%. Through the response to the needs of IDPs, 63,623 IDPs were overly reached representing 197% of the total target set initially at proposal stage.

2. PURPOSE AND OBJECTIVES OF THE EVALUATION

2.1. Rationale for the Evaluation

The aim of the final evaluation is to gauge the overall results and performance of the MET/SET program against the OECD DAC criteria of relevance, coverage, coherence, effectiveness, efficiency, and potential

for impact.³ The recommendations arising from the evaluation will provide lessons learned to adapt future surveillance and rapid response programs on behalf of BHA and other partners.

2.2. Objectives of the Evaluation

The overarching purpose of the evaluation is to assess the overall performance of the project and to determine if it has achieved its intended outputs and outcomes in the different sectors clearly explaining why or why not through an integrated analysis of the entire result chain (inputs, activities, outputs outcomes and Likelihood of Impact) and contextual factors. The evaluation will use a multi sector approach to determine the efficacy of project based on the DAC criteria (effectiveness, efficiency, relevance, sustainability and impact).

2.3. Users of the Evaluation

Direct users: Action Against Hunger field teams, Technical and Senior Management Teams, Action Against Hunger Technical Advisors/ Director in the HQ (NY), Ministry of Agriculture, CHD/MOH SSD,RRM team, sector clusters in Juba (Nutrition, WASH and FSL clusters)

Indirect users: Action Against Hunger International Network, BHA and other donors, federal, regional and local governments, ministries, UN agencies and Global Clusters, NGOs and NGO Consortiums as well as humanitarian learning platforms (such as ALNAP).

2.4. Use of the Evaluation

The evaluation will be used for Learning, improvement and accountability. Lessons learnt (from all sectors of the project), identified good practices and recommendations are expected to be taken on board in designing any other intervention. The evaluation findings and results will inform knowledge management base of Action Against Hunger and will ensure best practices are adopted and applied within all the sectors. Feedback from the evaluation will be used to improve quality of our programs, modification and revision of design based on the lessons learnt. These gains will be utilized across AAH International network.

3. EVALUATION SCOPE

3.1. Elements covered by the evaluation

The evaluation will focus on the entire project funded by BHA, including all its technical areas. Nevertheless, as some of the project's objectives are less often implemented within Action Against Hunger (e.g. disease awareness linked to WASH, relapse study, etc.), it could be worth looking at these more in depth as well as the processes used in the infant and young child feeding (IYCF) and WASH behaviour change activities and improvement of practices. The evaluation will also take an in-depth look into the integration of Action Against Hunger activities in all supported sectors (Nutrition/Health./WASH/FSL/PROTECTION) in the geographical location where the project has been implemented.

The geographical scope of the evaluation will cover the project sites in different states of south Sudan. However, simple random sampling of some MET deployment areas and communities will be done in to maximize on the time allocated for the evaluation.

3.2. Cross-cutting issues

Throughout the evaluation process, gender concerns should be addressed in line with the Action Against Hunger Gender Policy. All data should be disaggregated by sex and age and different needs of women, men, boys and girls should be considered throughout the evaluation process.

4. EVALUATION CRITERIA AND QUESTIONS

As per Action Against Hunger Evaluation Policy and Guidelines Action Against Hunger **adheres to the Organisation for Economic Co- operation and Development (OECD) Development Assistance Committee (DAC) criteria evaluation approach** for evaluating its projects.

³ In emergency contexts with weak institutional capacity in areas of operation, Action Against Hunger considers "potential for impact" to be more relevant than actual impact. This also reflects a definition of impact centered on the potential for long term results and sustainability, rather than causal impact and attribution as usually applied in formal research studies.

In particular, Action Against Hunger uses the following adapted criteria: Design, Relevance/Appropriateness, Coherence, Coverage, Efficiency, Effectiveness, Sustainability and Likelihood of Impact⁴. Action Against Hunger also promotes a systematic analysis of the monitoring system in place within the aforementioned criteria.

Evaluation questions have been developed to help the evaluator assess the project against these criteria (refer to Annex III). The evaluator may adapt the evaluation criteria and questions, but any fundamental changes should be agreed between the evaluation manager and the evaluator and reflected in the inception report.

All independent evaluations carried out in Action Against Hunger are expected to use DAC criteria in data analysis and reporting. In particular, the evaluator must complete the DAC criteria rating table (refer to Annex IV) and include it as part of the final evaluation report.

5. EVALUATION DESIGN AND METHODOLOGY

Based on Action Against Hunger's Evaluation Policy and Guidelines, the evaluator will be requested to assess the MET/SET against the OECD DAC criteria using a mixed methods approach.

Methods of inquiry shall include the following:

- Quantitative:
 - Household sample surveys in select MET communities
 - Semi-structured key informant interviews with project stakeholders, including BHA, Action Against Hunger staff, the Nutrition cluster and relevant sub-working groups, community leaders, and local implementers
- Qualitative:
 - Focus group discussions, separated by sex and age group, in select MET communities
 - Direct observation of a selection of project sites and activities
 - Key informant interviews
- Secondary data review of routine monitoring data, surveillance reports, and other project records

The final scope of the evaluation and detailed questions will be developed during the course of implementation. See Annex III for illustrative questions:⁵

5.1. Evaluation

Briefing

Prior to the evaluation taking place, the evaluator is expected to participate an evaluation technical briefing the M&E focal person for the South Sudan Mission and M&E Advisor in HEARO. Briefings by telephone must be agreed in advance.

5.2. Desk review

The evaluator will undertake a desk review of project materials, including the project documents and proposals, progress reports, logframe, Monitoring and evaluation plan, among other public outputs of the project (such as publications, communication materials, videos, recording etc.), results of any internal planning process and relevant materials from secondary sources (Annex V).

5.3. Data Collection process

The evaluation will make use of primary data collected by the evaluator as well as project data collected through routine health and nutrition monitoring systems, surveillance/SMART data, and other project documentation. Primary data will be collected by the evaluator in line with the methodology outlined in

⁴ The criterion has been rephrased to "Likelihood of Impact" as a thorough impact assessment is linked to the estimation of attribution, which can only be measured through experimental or quasi experimental evaluation designs. The evaluation design for carrying out a performance evaluation would not be suitable to determine the effects attributed to the project.

⁵ Based on a previous evaluation of a DFID-funded surveillance/rapid response program implemented by Action Against Hunger in DRC, which led to valuable lessons learned for Action Against Hunger and the donor.

the previous section. Quantitative data will be collected using mobile data methods, while qualitative data will be transcribed on paper and all information translated into English. Please reference the project proposal for more information on routine data to be collected throughout the project.

In all data collection exercises, questionnaires will include informed consent clauses. Enumerators and all staff handling and managing data for the evaluation will be briefed on ethical data collection and management procedures in line with the Federal Policy for Protection of Human Subjects.

The sampling strategy for household interviews will be finalized during the inception stage based on experience during implementation. It must take into account the need for representativeness as well as the need to balance logistical costs and time constraints in this context. Purposive sampling will be conducted for focus group discussions and stakeholder interviews, with a view toward obtaining a range of opinions, ensuring equal inclusion of women and men, and obtaining feedback from vulnerable group members. An observation checklist will be developed and used at nutrition site/ household level.

5.4 Data Analysis Plans

The data analysis plan will be completed in tandem with the final scope of work and Terms of Reference for the evaluator. Data analysis will be guided by the context-specific questions developed for the evaluation based on the OECD DAC framework.

Qualitative data obtained through focus group discussion and direct observation will be analyzed through appropriate methods of coding and content analysis. Quantitative data will be automatically transferred to Excel from the Open Data Kit mobile data platform. Basic demographic data, descriptive statistics, and cross-tabulations of key variables will be produced using Excel or Stata. Based on the final evaluation questions, measures of effect and regression analysis may be requested using Stata or similar software.

Triangulation of quantitative and qualitative data will form a key part of the data analysis and articulation of results. Special consideration will be taken for diversity of opinions, perceptions, and experiences of vulnerable group members.

5.5. Inception Report

At the end of the desk review period and before the field mission, the evaluator will prepare a brief inception report based on the format provided. The report will be written in English and will include the following sections:

- Key elements of the Terms of Reference (TORs) to demonstrate that the evaluator will adhere to the TORs;
- The methodological approach to the evaluation include an evaluation matrix in annex to specify how the evaluator will collect data to answer the evaluation questions, pointing out the limitations to the methodology if any and the choice of sites per field visit;
- The data collection tools; A detailed evaluation work plan; and
- Statement of adherence to Action Against Hunger Evaluation Policy and outline the evaluation report format.

The inception report will be discussed and a and the South Sudan Mission M&E unit and shared with other relevant stakeholders.

5.6 Field Mission

Primary data collection techniques

As part of the evaluation, the evaluator will **interview key project stakeholders** (expatriate/national project staff, local/national representatives, local authorities, humanitarian agencies, or donor representatives) as per the list in Annex VI. The evaluator will use the most suitable format for these interviews as detailed in the inception report. The evaluator is also **expected to collect information directly from beneficiaries**. Towards enriching triangulation, the evaluator will also conduct **Focus Group Discussions** with relevant stakeholder (such as beneficiaries, non-beneficiaries, Health facility staff, Community volunteers, and PLW among other groups who will be identified during planning stage), **key informants interviews** (traditional leaders and community volunteers, etc.) and **household surveys**.

Field visits

The evaluator will visit the project sites in South Sudan and Nutrition sites supported by the project and communities where Community volunteers, care takers of children U5 and PLW identified for interviews are located.

Secondary data collection techniques: Desk review

The evaluator will further review complementary documents and collect project monitoring data or of any other relevant statistical data available. Data from Pre-response assessments, PDMs and surveillances will be analyzed.

Debriefing and stakeholders workshop

The evaluator shall facilitate a learning workshop both in the field and in the national office to present preliminary findings of the evaluation to the project and key stakeholders (including Local, National actors and implementing partners); to gather feedback on the findings and build consensus on recommendations; to develop action-oriented workshop statements on lessons learned and proposed improvements for the future.

5.7 Evaluation Report

The evaluation report shall follow the following format and be written in English:

- ❖ **Cover Page;**
- ❖ **Summary Table** to follow template provided
- ❖ **Table of Contents**
- ❖ **List of acronyms**
- ❖ **Executive Summary** must be a standalone summary, describing the intervention, main findings of the evaluation, and conclusions and recommendations. This will be no more than 2 pages in length
- ❖ **Background Information**
- ❖ **Methodology** describe the methodology used, provide evidence of triangulation of data and presents limitations to the methodology
- ❖ **Findings** includes overall assessment of the project against the evaluation criteria, responds to the evaluation questions, all findings are backed up by evidence, cross-cutting issues are mainstreamed and; unintended and unexpected outcomes are also discussed
- ❖ **Conclusions** are formulated by synthesizing the main findings into statements of merit and worth, judgments are fair, impartial, and consistent with the findings
- ❖ **Lessons Learnt and Good Practices** present lessons that can be applied elsewhere to improve project performance, outcome, or impact and; identify good practices: successful practices from those lessons which are worthy of replication; further develop on one specific good practice to be showcased in the template provided in Annex VII
- ❖ **Recommendations** should be as realistic, operational and pragmatic as possible; that is, they should take careful account of the circumstances currently prevailing in the context of the action, and of the resources available to implement it locally. They should follow logically from conclusions, lessons learned, Monitoring and accountability framework and good practices. The report must specify who needs to take what action and when. Recommendations need to be presented by order of priority
- ❖ **Annexes** should be listed and numbered and must include the following: Good practice template (annex VII), Evaluation Criteria Rating Table (annex IV), list of documents for the desk review (annex V), list of persons interviewed (annex VI), data collection instrument, evaluation TORs

The whole report shall not be longer than 30 pages, 50 pages including annexes. The draft report should be submitted no later than 10 calendar days after departure from the field. The final report will be submitted no later than the end date of the consultancy contract. The reports and annexes will be accepted in the English Language only.

5.8 Debriefing with Action Against Hunger South Sudan Mission and HEARO The evaluator should provide a debriefing with the relevant Action Against Hunger HQ on her/his draft evaluation report, and on the main findings, conclusions and recommendations of the evaluation. Relevant comments should be incorporated in the final report.

6. KEY DELIVERABLES

The following are the evaluation outputs the evaluator will deliver to Action Against Hunger:

Outputs	Deadlines (according to tentative work plan)
Inception Report	21 th November 2024
Stakeholders workshop	8 th December 2024
Presentation of preliminary findings	13 th December 2024
Draft Evaluation Report	19 th September 2024
Final Evaluation Report	31 December 2024

All outputs must be submitted in English and in Word Document format.

The quality of the inception report and the evaluation report will be co-assessed by the Evaluation Manager and Action Against Hunger –UK. The evaluator is expected to follow the format, structure and length as defined under section 5.4 and 5.6 above.

7. MANAGEMENT ARRANGEMENTS AND WORKPLAN

These evaluation TORs have been developed in a participatory manner, based on inputs from relevant stakeholders in Action Against Hunger.

The evaluator will directly report to the Evaluation Manager. The evaluator will submit all the evaluation outputs directly and only to them. The Evaluation Manager will do a quality check (ensure required elements are there) and decide whether the report is ready for sharing. The Evaluation Manager will forward a copy to key stakeholders for comments on factual issues and for clarifications. The Evaluation Manager will consolidate the comments and send these to the evaluator by the date agreed between the Evaluation Manager and the evaluator or as soon as the comments are received from stakeholders. The evaluator will consider all comments to finalize report and will submit it to the Evaluation Manager who will then officially forward to relevant stakeholders.

7.1 Tentative Work plan

The evaluation will be carried out in the last two months of the project (November and December 2024). The tentative duration for the evaluation will be 5 weeks (1 week preparation and desk study, 3 weeks field and 1 week report writing). The Terms of Reference and final Evaluation Scope of Work will be developed approximately two to three months before the end of the project

NOTE: Consultants are expected to work 5 days a week (either Sundays/Fridays or whatever day the field office has off will not be paid) during their consultancy contract.

Activities	Evaluator Working Days	Dates
Last date for ToR Validation		28 th November 2023
Recruitment Launched (Publication)		28 th September 2024
Selection/Reference request		20 th November 2024
Contractual Arrangements		25 th November 2024
Briefings with AAH (SSD and HEARO teams)		26 th November 2024
Desk review, preparation of field work and prepare <u>Inception Report</u>		26 th November 2024
Inception Report Validation		27 th November 2024
Travel to the field	1	28 th November 2024
In country interviews with project staff	1	29 th November 2024
In country interviews with other stakeholders (BHA, Cluster/Ministries, other IP, etc.)	1	30 th November 2024
Field work, collection and analysis of secondary data & meeting with stakeholders.	12	1 st – 12 th December 2024
Stakeholders Workshop in country – field level	1	8 th December 2024
Travel back from the field	1	9 th December 2024#
Presentation of preliminary findings – Juba level	0.5	13 December 2024
Evaluation debriefing with HEARO	0.25	14 December 2024
De-briefing with BHA (if available)	0.5	14 December 2024
Evaluation debriefing with HEARO	0.25	14 December 2024

<u>Draft Report</u>	5	19 December 2024
Quality check and initial review by Evaluation Manager, circulate draft report to key stakeholders, consolidate comments of stakeholders and send to evaluator	7	24 December 2024
<u>Final report</u> on the basis of stakeholders, Mission, HQ, and AAH-UK comments	3	31 December 2024
Total:	33.5	

7.2 Profile of the evaluator

The evaluation will be carried out by an international evaluation consultant with the following profile:

Essential

- ❖ Should be a holder of Master's degree in Health, Nutrition, Public health or equivalent qualification.
- ❖ Over 5 years of field experience in evaluation of humanitarian / development projects in conflict and post conflict environment.
- ❖ Experience in conducting Health program reviews
- ❖ Significant experience in coordination, design, implementation, monitoring and evaluation of programs;
- ❖ Experience in workshop facilitation and presentations.
- ❖ Ability to write clear and useful reports (may be required to produce examples of previous work);
- ❖ Fluent in English;

Desirable

- ❖ Previous experience in conducting (USAID/BHA) evaluations
- ❖ Ability to manage and perform with limited time and resources and meet tight deadlines
- ❖ Prior experience in South Sudan or knowledge of the South Sudan context preferred
- ❖ Knowledge of OECD Development Assistance Committee (DAC) criteria for evaluating its projects
- ❖ Experience in working in emergency set ups with minimal resources.

8 LEGAL AND ETHICAL MATTERS

The ownership of the draft and final documentation belongs to the agency and the funding donor exclusively. The document, or publication related to it, will not be shared with anybody except AAH before the delivery by AAH of the final document to the donor.

AAH is to be the main addressee of the evaluation and its results might impact on both operational and technical strategies. This being said, Action Against Hunger is likely to share the results of the evaluation with the following groups:

- Donor(s)
- Governmental partners
- Various co-ordination bodies

For independent evaluations, it is important that the consultant does not have any links to project management, or any other conflict of interest that would interfere with the independence of the evaluation.

8.1 Intellectual Property Rights

All documentation related to the Assignment (whether or not in the course of duties) shall remain the sole and exclusive property of Action Against Hunger.

9 ANNEXES TO THE TORs (To be provided upon request by the consultant and during onboarding)

- I. **Annex I: Geographical coverage and number of targeted people per sector**
- II. Project Logical framework
- III. Evaluation Criteria and Detailed Evaluation Questions
- IV. Evaluation Criteria Table
- V. List of Project documents for the desk review

VI. List of people to be interviewed

How to Apply:

The consultant/s should submit:

- CVs/experience of the team member(s) who will be part of the work, including why they are well suited to deliver the consultancy objectives. If the proposal is from a team, the proposal must indicate the roles of each member and who is the expected contract holder.
- Budget for the project. This must be expressed at a daily rate plus required expenses **in USD only**. **All costs must be quoted as a final sum (i.e., do not quote as rate + VAT).**

Candidates must apply by themselves, not through any recruiter or agency.

IMPORTANT: Please send the application to hearotenders@actionagainsthunger.org by 25th October 2024 ,5:00pm (Nairobi GMT+3).

If you have questions about this TOR, please them send in writing to hearotenders@actionagainsthunger.org