



TERMS OF REFERENCE

Ikwoto Health Improvement Project End-line Evaluation Consultancy 18th November – 17th December 2019

Organizational Background:

The SSRC was established by law on 9 March 2012 with the SSRC Society Act, 2012. SSRC was formally recognized by the International Committee of the Red Cross (ICRC) on 18 June 2013, making it the 189th National Red Cross or Red Crescent Society in the world. In November 2013 the SSRC was admitted into the International Federation of Red Cross and Red Cross Societies. SSRC's headquarters is based in Juba with a total of Seventeen (17) branches and a growing network of sub branches. There are currently over 275 SSRC staff members across Headquarters and branches and approximately 12,000 volunteers across the country.

The society's work is guided by seven fundamental principles (humanity, impartiality, neutrality, independence, voluntary service, unity and universality) and by Strategy 2020 of the IFRC, which voices our collective vision and determination to move forward in tackling the major challenges that confront humanity in the present decade. All our staff MUST abide by and work in accordance with the Red Cross and Red Crescent principles

Background:

As part of the on-going efforts to complement the South Sudan government's interventions in the health sector following the 2013 crisis, the South Sudan Red Cross (SSRC) with funding from the Swiss Red Cross (SRC) has been implementing the Health Improvement Project in Ikwoto County since 2017, ending in December 2019 with the objective of improving the health status of 35,000 vulnerable people across 233 villages in the project areas: Ikwoto, Chorokol and Chahari Payams. This project was intended to address both, demand and supply sides of the health needs in Ikwoto through the following key interventions; behavior change communication (BCC) on general health such as prevention of common diseases, nutrition, promotion of good hygiene and sanitation practices, provision of WASH facilities (latrines and safe drinking water) and psychosocial/ SGBV support services. The demand/ software component of this project covering all BCC activities was delivered through a network of trained Red Cross volunteers. On the other hand, the project collaborated with the relevant government institutions such as CHD, SMOH and Ministry of Physical Infrastructure and private contractors to address the supply/ hardware needs. In order to attain the objective of improved health status in the target communities under this project, 3 outcomes and 9 outputs were to be achieved (see project log frame).





Study Area

The Evaluation will be conducted in Ikwotos, Torit South Sudan mainly in Ikwoto, Charakol, and Chahari

Purpose:

In line with the grant agreement and project proposal document, a final project evaluation will be conducted after the end of implementation in order to assess the completeness of the project deliverables, take stock of the positive and negative changes brought about as a result of this action and identify any evidence of potential continuation of some benefits after end of action. Basically, the outcome of this evaluation exercise will provide very useful pieces of learning to inform any future scale up efforts or design of a phase II of the project.

Objectives:

This final evaluation exercise will seek to achieve the following objectives:

1. To assess the level of completeness and timeliness of all project deliverables as per the approved work plan including the achievement of the project log frame indicators.
2. To assess the impact and the effectiveness of community level sensitization activities carried out by staff and volunteers on various themes including hygiene and sanitation promotion, nutrition, general health, protection etc. and show any evidence of link with uptake of WASH services and behavior change.
3. To assess the level of community engagement and accountability (CEA) across all the stages of the project cycle management.
4. To find out whether all hardware/ construction activities have been carried out according to specifications.
5. To find out whether there is any evidence of spillover effect of this action in the communities and other communities not covered by the project.
6. To ascertain level of beneficiary community capacity to sustain some of the benefits from the action.
7. To assess the level of SSRC collaboration and coordination with county, state and national stakeholders in the implementation of the project.
8. To identify key challenges during the implementation of the project and how the project team went about addressing them.

Scope of Work:

In order to realize the above objectives, the consultant should be guided by the following key indicators in conducting the evaluation exercise:

- **Relevance:**

- Was the project appropriate for addressing some of the needs as contained in the government of South Sudan health sector strategic plan, Torit SMOH plan and Ikwoto CHD plan?



- Were the projects activities appropriate for the realization of the project objectives and goal?
- Did the project strategies, methodologies and plans result in the achievement of the desired project outcomes?
- Did the project address the needs and priorities of the target communities for which it was designed?
- **Effectiveness and Efficiency:**
 - To what extent did the project outputs lead to the achievement of the expected outcomes?
 - To what extent did the project inputs and activities lead to the achievements of the expected outputs?
 - To what extent was CEA considered/ mainstreamed in all the various stages of the project cycle management?
 - What factors/ strategies were important to the achievement or otherwise of the project goal and objectives?
 - Is the relationship between input of resources and results achieved appropriate and justifiable?
 - To what extent have individual resources been used economically?
 - Are there any alternatives for achieving the same results with less inputs/ funds?
- **Impact:**
 - What has happened as a result of the project?
 - What real difference has the project made to the beneficiaries?
 - How many people have been reached under this project?
- **Sustainability:**
 - To what extent will activities, results and effects be expected to continue after donor intervention has ended?
 - To what extent does the intervention reflect on and take into account factors that, by experience, have a major influence on sustainability like e.g. economic, ecological, social and cultural aspects?
 - To what extent is SSRC (financially, personnel-wise and in terms of organization) capable and prepared to maintain the positive effects of the development interventions without support in the long term?

End-line Methodology:

To gather information and data for key outputs, participatory and mixed methodological approach to allow for the triangulation of both quantitative and qualitative data will be used which include a) community consultation through focused group discussion, b) household survey using questionnaire, c) key informant interview using checklists, and d) review of



secondary data in order to assess for completeness and timeliness of all project deliverables as per the approved work plan including the achievement of the project log frame indicators.

Sample Size

The consultant will determine the appropriate sample sizes considering the geographical areas, targeted groups, and the homogeneity and heterogeneity of the target population.

Key Deliverables:

- Development of an inception report highlighting details of the deliverables and methodologies, detailed tools, and instruments (first of all the inception report will be approved by SSRC before allowing any end-line survey activities. The agreement with the consulting company can be cancelled if the inception report is not approved). This would include all practical operational tools that would be deployed in the survey, the enumerators to be engaged in the survey and the work plan including survey and report deliveries.
- Enumerators training and survey questionnaire testing - the consultant(s) will be responsible to train the enumerators which is agreed as per inception report, and test the tools agreed. Refinement will be checked after field testing;
- Survey Execution - According to the agreed sample size and area, beneficiary /community and stakeholder coverage. If possible the data collection should be conducted with the support of GPS to map the respondents for future reference.
- First Draft Baseline Report - The outline for this delivery could be agreed in the inception report. But it should meet the survey objectives put in the TOR. The timing frame could also be included in this TOR, as well.

Final Report Requirements

The consultant is accountable to maintain the requirements for the content, format, or length of the final report, overall quality and approved timelines. They will produce a comprehensive report that define and validate pre-intervention exposure conditions for the set of indicators that will be used and also provide information base to assess achievement of the outcomes and impact expressed in the program's logical framework

Data Disclosure

- The consultant should deliver, at minimum, all files including: quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy to read format, and maintain naming conventions and labelling for the use of the project/program/initiative and key stakeholders
- Data must be disaggregated by gender, age and other relevant diversity, etc.
- Datasets must be anonymized with all identifying information removed. Each individual or household should be assigned a unique identifier. Datasets which have been anonymized will be accompanied by a password protected identifier key document to



ensure that we are able to return to households or individuals for follow up. Stakeholders with access to this document will be limited and defined in collaboration with SSRC during evaluation inception.

Administrative Arrangement

SSRC Responsibility

- Supervise the work of the consultant under the responsibility of the PMER Coordinator. All communications should be addressed to the SSRC PMER Coordinator.
- Ensure the ethics and transparency in up held during the Evaluation
- Responsible for organizing meetings with the different stakeholders during the survey
- Consult local authorities for acceptance of the consultant in the communities
- All necessary documents will be provided in soft copy by SSRC.

Consultant Responsibility

- Ensure the actual Evaluation is conducted as per the ToR
- Ensure that the time scheduled is adhered to
- Responsible for his or her stationaries and other items needed for the Evaluation
- International and national flights will be at the consultant's responsibility.
- Consultancy fee is expected to cover the consultant's transport, subsistence needs (food and accommodation and security)
- Accommodation and feeding expenses shall be covered by the consultant

Work Plan:

The entire duration for this evaluation will be **30 selected days** over the period **18th November 2019 to 17th December 2019**

No.	Deliverable	Who	Duration
1.	Inception report after first meeting with project staff/Juba team-PMER	Consultant	3 rd week of November 2019
2.	Prepare draft questionnaires for feedback	Consultant	3 rd week of November-4 th week of November 2019
3.	Prepare final questionnaires	Consultant	4 th week of November 2019
4.	Data collection exercise	Consultant	1 st week of December 2019
5.	Data analysis	Consultant	1 st week-2 nd week of December 2019
6.	Facilitate stakeholders validation workshop	Consultant	2 nd week of December 2019
7.	Prepare draft evaluation report	Consultant	2 nd Week of December 2019
8.	Finalize evaluation report	Consultant	3 rd week of December 2019



Budget:

N o.	Description	Unity Type	Quantity	Unit Cost \$	Frequency	Total Cost \$
1.	Consultant cost					
2.	Data collection					
3.	Stakeholder workshop					
4.	Contingency cost					
Total						

Qualification Requirements

Education:

- Relevant Masters' degree in one or more of following areas: Public Health (MSPH, MPH), Epidemiology, Demography or any other relevant related field or Bachelor's degree in the related field with significant experience in conducting similar studies.

Work Experience:

- Over 5 years proven experience in undertaking similar studies and familiar with South Sudan context, particularly in community health and health system strengthening;
- Have proven knowledge and practical experience in quantitative and qualitative research;
- Experience working in emergency context. Experience working in South Sudan context is a plus.

Technical Competencies:

- Excellent knowledge and skills in humanitarian programming and standards including Core Humanitarian Standards;
- Knowledge of health in emergency programming and community health;
- Comprehensive knowledge about participatory data collection methodology and digital data collection;
- Knowledge and understanding of community involvement in programming and planning;
- Excellent organizing, facilitating, presentation, communication and report writing skills.

Qualified candidates/consultancies are requested to submit:

- CV
- Brief proposal on how to accomplish the consultancy including budget in USD and availability.
- Provide sample of previous relevant works.



Submission Deadline

If you qualify, please send CV of the Lead Consultant and core project staff, and Technical proposal detailing survey methodology, work plan and budget. The Technical proposal with budget and CV should be sent to: vacancy@ssdredcross.org

Deadline for expression of interest is on **14 November 2019**

