# **Terms of Reference for Conducting End of Project Evaluation for increased access to Life-Saving Sexual Reproductive Health and Protection for Displaced Population and Host Community in DRC, South South and Uganda.**

1. **Context**

democratic Republic of Congo (DRC), South Sudan and Uganda continue to host displacement-affected populations such as refugees, returnees and internally displaced persons (IDPs) in Africa. Insecurity, inter-ethnic violence, Hunger, food insecurity and widespread human rights violations have led to these displacements. The humanitarian crisis has constrained the existing services which calls for gap filling through humanitarian response interventions. Several humanitarian agencies have experienced funding reductions in the last year, despite the continual increase of refugees, returnees and IDPs in these countries. The government of DRC, South Sudan and Uganda are struggling to fund social services, health services, protection, and livelihood interventions due to existing extreme poverty indices. The displaced population remains vulnerable with limited capacities and opportunities to cope with the socio-economic impacts of the crisis with urgent need of humanitarian support like protection, health, livelihood, shelter and education services.

1. **Background**

CARE International is a humanitarian non-governmental organization committed to work with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to Economic and Social Transformation, unleashing the power of the most vulnerable women and girls. CARE International in DRC, South Sudan and Uganda secured a two-year funding from the Germany Federal Foreign Office to improve access to life-saving Sexual and Reproductive Health (SRH) services, prevent and provide support services to Gender-Based Violence (GBV) survivors in DRC (Mahagi Health Zone, Mahagi Territory, Ituri Province), South Sudan Pariang County, Unity State and Uganda (Rhino and Imvepi settlements, West Nile region). The project started on 1st September 2022 and ending 30th August 2024. The project outcome is ***increased and equitable use of SRHR and gender-responsive assistance by individuals most affected by forced displacement, especially women and girls to realize their sexual and reproductive health rights and are free from gender-based violence***. The project has two results areas.

* **Health**: Improved access to life-saving and medical services to meet their needs related to sexual and reproductive health
* **Protection**: Increased prevention of as well as access to response services for survivors of Gender Based Violence (GBV) for highly vulnerable populations affected by population movements running through South Sudan, Uganda, and Eastern DRC.

The project targeted 187,249 DRC (40,000), South Sudan (61,358) Uganda (85,891) beneficiaries consisting of refugees and their host communities. GFFO Project delivered Sexual and reproductive health and protection services to refugees from South Sudan, other refugee nationalities as well as host communities neighboring DRC (Mahagi Health Zone, Mahagi Territory, Ituri Province), South Sudan Pariang County, Unity State. Uganda (Imvepi and Rhino camp refugee settlements). The GFFO project improved access to life-saving sexual and reproductive health (SRH) services, provided critical support for survivors of gender-based violence (GBV), effectively prevented GBV and responded to incidents by offering timely protection-specific services, supported and delivered the Minimum Initial Service Package (MISP) for SRHR services whilst adhering to IAWG guidelines. At the institutional level, the initiative strengthened health and protection systems to ensure the provision of comprehensive and quality lifesaving SRH and protection

services. This was realized through extensive capacity building, the deployment of critical human resources, the establishment of ambulance services, the supply of essential commodities, the enhancement of governance structures, technical support and supervision, and heightened awareness among both refugees and the surrounding host communities.

Despite this observed achievement, CARE seeks to conduct an End-of-project Evaluation in the three countries to critically assess the project's effectiveness, efficiency, and impact on the targeted populations, provide critical insights into the successes and challenges faced during implementation and ensure accountability to stakeholders and donors. This evaluation shall identify best practices, impact and lessons learned as well as guide future program design and gender transformative policymaking. It is against this background that CARE is seeking to hire a consultant to carry out the endline evaluation.

1. **Purpose /Overall Objective**

The overall objective is to analyze outcomes against the DAC criteria -relevance, coherence, effectiveness, efficiency, Impact, and sustainability. This objective will be pursued against the project main objective which states “**Increased and equitable use of SRHR and gender-responsive assistance by individuals most affected by forced displacement, especially women and girls, in the Uganda to realize their sexual and reproductive health rights and are free from gender-based violence through GFFO project**”. The evaluation will assess the impact of GFFO project interventions by comparing the baseline and endline conditions of beneficiaries in the project locations. The study will evaluate the relevance and sustainability of project outcomes, approaches, models, and strategies. It will also gather end-of-project data against all indicators in the final approved log frame to determine the extent to which planned targets at both outcome and output levels have been met. This is crucial as it provides a comprehensive review of the project’s design, implementation modalities, and achieved targets, accounting for any uncompleted activities and deliverables. The evaluation will also document best practices, lessons learned, and challenges encountered during implementation.

1. **Objectives of the Evaluation**
2. To assess the extent to which GFFO project has contributed towards increased and equitable use of SRHR and gender-responsive assistance by individuals most affected by forced displacement, especially women and girls, in Uganda to realize their sexual and reproductive health rights and are free from gender-based violence.
3. To identify and document intended outcomes, unintended outcomes, best practices, lessons learned as well as challenges experienced during project implementation.
4. The end of project evaluation will assess efficiency, effectiveness, relevance, sustainability and appropriateness of models, strategies and project approaches applied towards attainment of the project goal. The evaluation process must a larger extent possible assess how gender and resilience makers were considered throughout the project life.

The study shall apply the DAC (Development Assistance Committee) end-of-project evaluation criteria, established by the OECD to assess various aspects of a project's performance and impact.

1. ***Relevance***: to assess whether the project's objectives and design were aligned with the needs and priorities of the beneficiaries and stakeholders.
2. ***Effectiveness***: to measure the extent to which the project achieved its stated objectives and outcomes.
3. ***Efficiency***: to analyze how well the project resources, including funds, expertise, and time, were utilized to achieve the outcomes.
4. ***Impact***: to assess the broader and long-term effects of the project on the beneficiaries, communities, and the environment.
5. ***Sustainability***: to determine the likelihood that the project outcomes and benefits will be sustained after the project ends.
6. ***Coherence***: to examine the consistency of the project with other interventions in the same context, ensuring policy coherence.
7. **Scope of the Study**

The study shall conduct a desk review and collect both quantitative and qualitative data from DRC (Mahagi Health Zone, Mahagi Territory, Ituri Province), South Sudan (Pariang County, Unity State) and Uganda (Imvepi and Rhino Camp refugee settlements) where the GFFO project was implemented. The consultant will be responsible for defining the overall evaluation approach, methods and data collection and analysis of the required metrics based on the log-frame. This will include specification of the techniques for data collection and analysis, structured field visits and interactions with beneficiaries. Evaluation tools, methodology and findings will be reviewed and validated with various stakeholders and approved by the GFFO Project Management Unit. Appropriate sampling techniques shall be used to collect both primary and secondary data. Secondary data shall be collected through desk review of existing literature such as project proposal, Interim/quarterly reports, implementation plans, M&E data, formal policy documents, and other relevant quantitative and qualitative secondary data that will support the evaluation exercise. Both GFFO partners and the consultant will ensure the evaluation is conducted as stipulated in the TOR. The evaluation shall respect the security and dignity of the stakeholders with whom CARE works, incorporating gender and power elements during the evaluation. Evidence should be disaggregated by sex, age, and other relevant diversities in line with the project’s log- frame.

1. **Governance and Management of the assignment**

The project Managers shall oversee the entire exercise with support from Programme Quality and Learning (PQL) Manager, Programme Manager Humanitarian & Nexus including the partners (CEFORD, Coalition for Humanity and Forum des Mamans de l’Ituri (FOMI)) Project Management

1. **Response to Terms of Reference**

A Technical and Cost proposal based on this Terms of Reference (ToR) is requested from suitable and qualifying consultants or consulting firms. The proposal should contain:

* 1. The articulation of the understanding of the ToRs.
	2. Composition and specific roles and responsibilities of each member of the consultancy team. Summary CVs of each team member **MUST** be attached.
	3. Detailed budget with justification. The external evaluation proposal should include a reasonable detailed budget to cover all costs associated with the evaluation.
	4. and other core members of the Consulting Team.

Provide at least three sample of similar works with clientele recommendation letters.

1. **Expected Outputs and Deliverables**

The consultant will be expected to deliver the following:

* An inception report to be submitted within **Seven (7) days** after the inception meeting. The inception report should contain draft data collection tools, sampling frame and size. The report should not exceed **10 pages** excluding the table of contents references.
* A Draft Evaluation report to be submitted within **20 days** from the inception. The report should not exceed **30 pages** in length, single space, Time Romans Font 12 excluding table of contents, executive summary, references and annexes.
* All raw data files including quantitative data sets transcripts should be submitted with the final report.
1. **Qualification of Consultants / Consultancy Firms**

Individual consultants or consultancy firms meeting the following profile are invited to send a technical and financial proposal specifying the following:

* Applicant’s lead must have a minimum of a master’s degree in a social science such as Humanitarian Studies, Psychology, Counselling, Project Planning and Management etc. Possession of A PhD will be an added advantage.
* Proven track record and experience in Gender, Sexual Reproductive Health (SRH) and GBV response in emergencies setting is added advantage and highly desirable.
* Experience in conducting evaluations for complex humanitarian interventions. Evidence of such works in Uganda is highly preferred.
* A track record of assessments conducted with recommendation letters in the past 5 years, a summary of the scope, the date when it was conducted and the name and details of the client (including contacts of the person who can be contacted for reference checks) must be attached with the application.
* Evidence of availability of appropriate qualifications, man-power and key staff that will constitute the team.
* Evidence of official registration in Uganda as a consultancy firm (submit evidence of registration). Individuals do not need to provide this requirement.
1. **Cost of the Evaluation*:*** should be summarised as follows with a detailed breakdown attached:

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| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Description**  | **# of consultants**  |  **Period** **days** | **Rate per day**  | **Total Cost (US$)** | **Remarks**  |
| 1 | Consultant’s fees (excluding data enumerators’ costs)  | 1 | 27 | Lumpsum |  | The consultant fee must be inclusive of 20% government taxes  |
| 2 | Airticket International flight return and required visas | 1 | 1 |  |  | The consultant will bear the cost and CARE will reimburse as per actual upon submission of the original invoice. This is applicable for internatinal consultant only. |
| 3 | Accommodation in Juba | 1 | 4 |  |  | CARE will make the booking and cover the cost to the field locations it.s applicable for international consultant only.. |
| 4 | Perdiem in Juba  | 1 | 4 |  |  | Per diem will be covered under the budget allocated for the survey, this should be included in the consultant’s budget. |
| 5 | Flight ticket Juba -Yida  | 1 | 2 ways ticket |  |  | CARE will make the booking and will cover the cost |
| 6 | Accommodation, and internet in Pariang | 1 | 14 days  |  |  | CARE will make the booking and will cover the cost for accommodation in Pariang for a maximum of 14 days including weekends. |
| 7 | Perdiem in Pariang | 1 | 14 days |  |  | Per diem will be covered under the budget allocated for the survey, this should be included in the consultant’s budget plan. |
| 8 | Stationery  |  |  |  |  | CARE will cover the cost required for stationaries.  |
| 9 | Transportation in the field  |  |  |  |  | CARE will cover the cost for transport in Pariang |
| 10 | Enumerators  |  |  |  |  | CARE will cover the cost in Pariang. The training of enumerators will be the responsibity of consultants in Pariang CARE will support with recruitment of enumerators. |
| **11** |  |  |  |  |  |  |

# **Payment Terms and Conditions**

The consultant will be paid 100% upon successful completion of the tasks. That means from the inception report to final report, no installment will be paid until the final report is submitted by the consultant to CARE which will be reviewed by CARE and approved by CARE Management. All the required reports will not be considered for payment, until comments by the reviews (CARE) will be incorporated into the final report and dully approved by the management of CARE, thereafter, the payment will be effected.

1. **Duration of the Consultancy**

The Endline evaluation will be conducted in South Sudan (**Pariang County, Unity State**),The maximum evaluation period for the evaluation is **27 working days.** This period includes time spent reviewing the draft report and providing feedback to the Consultant.

Interested persons/firms MUST submit their proposals to: ssd.procurement@care.org

The subject of the email should read **‘Application for Conducting GFFO End of Project Evaluation’.** No applications will be accepted later **than 19th July 2024**.

**These forms below must be completed and returned to CARE Along with the CVs, technical and Financial Proposals along with your company/individual documents using the checklist for review and evaluation within the submission timeline.**

1. **Supplier Payee and set-up form**



1. **Vendor questionnaire**



1. **Checklist**

