

Final Evaluation of Integrated Health Improvement 2023-2025 Project in South Sudan

1. Summary of the key elements of the evaluation

1.1 Purpose: See section 3

1.2 Audience: FRC, SSRC (HQ and Rumbek branch), stakeholders in Rumbek region, Ministry for Foreign Affairs of Finland, EU, RCRC Movement

1.3 Commissioner(s)¹: This external] evaluation is commissioned by the Finnish Red Cross and SSRC

1.4 Reports to: South Sudan Red Cross (Deputy Secretary General of Programmes)

1.5 Duration of evaluation: *The working time in days is maximum 20 out of which the field trip part is 7 days. See section 6.*

1.6 Time frame: The consultant's/evaluation team's work will take place from 15.1.2026 to 5.2.2026.

1.7 Locations: Evaluation covers the following areas: SSRC HQ and in Rumbek: Rumbek Central, Jiir, Malek, Mayom and Matangai Payams

2. Background:

Brief background of the project to be evaluated including major changes in the context or implementation of the project.

The South Sudan Red Cross Society (SSRC) was established by law in 2012 and is recognized by the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) as the National Red Cross Society of South Sudan. SSRC operates through a nationwide network of 21 branches, 120 Units (sub-branches), 280 staff (53 female and 227 male), and over 21,000 volunteers, guided by its Strategic Plan (2022–2026). The strategy prioritised Health; water, sanitation and hygiene (WASH); Disaster Risk Management (DRM), and Protection, Gender and Inclusion (PGI), with National Society Development (NSD) as a key enabling pillar.

Within this strategic framework, the Finnish Red Cross (FRC) and SSRC implemented the Integrated Health Improvement Project (IHIP) Phase II from 2023 to 2025 in Lakes State. The project represented a continuation of long-term cooperation between the two National Societies, building on earlier collaboration under the Healthier and Safer Communities and Schools Project (2018–2021). The partnership reflected sustained engagement to strengthen community health, resilience, and institutional capacity in Rumbek and surrounding areas.

IHIP aimed to improve family health and well-being, reduce exposure to violence and harm, and reinforce an inclusive and self-reliant SSRC branch. The project was implemented in Rumbek Town, Mayom, Malek, Jirr, and Matangai payams, covering 15 targeted bomas/villages. It pursued four outcome areas:

¹ Commissioner organizes, finances, selects and contracts the evaluation team.

- *OUTCOME 1:* The right to safe and clean drinking water and sanitation and access to hygiene for all women and girls, as well as for menstrual hygiene management is protected.
- *OUTCOME 2:* Women, girls, men, and boys together can make improved decisions about family health supported by access to high-quality, non-discriminatory health services.
- *OUTCOME 3:* Communities are actively engaged to include and empower women, girls of all abilities to protect them against violence and harm.
- *OUTCOME 4:* SSRC and the Rumbek branch are supported to be well-functioning and self-reliant with a recognized capacity to mainstream disability inclusion.

This end-of-project evaluation seeks to reflect on how the program was delivered, what was achieved, and how these experiences can shape future programmatic approaches and models. It is ultimately hoped that the evaluation will generate evidence and learning to contribute to SSRC national-level strategic planning.

3. Purpose², Objectives and Scope of the Evaluation

The *purpose* of this evaluation is to assess the achievement of project outcomes, examine the sustainability of interventions, document lessons learned, and provide recommendations for future FRC-SSRC partnership and programming.

Objectives:

The evaluation seeks to/The evaluation specific objectives are [*priority objectives*]:

1. Analyse the extent to which the program contributed to the strategic goals of the SSRC, and how it aligned with its operational documents such as the Unified Plans and identify recommendations for the new FRC/SSRC partnership and programme.
2. Assess the extent to which the project achieved its stated outcomes and objectives against its goal.
3. Assess the sustainability and potential of project interventions and outcomes to be maintained and scaled up beyond the project period.
4. To assess the extent to which PGI was integrated across all project components (WASH, health and branch development), including gender-sensitive and disability-inclusive approaches and safeguarding measures taken to prevent and respond to violence, exploitation, and abuse.
5. Analyse the inclusivity of the project and whether women, girls, and persons with disabilities had meaningful participation and leadership opportunities.
6. To evaluate the project's contribution towards behaviour change and social norm change beyond-awareness raising.
7. To evaluate the project's contribution to SSRC Rumbek branch capacity and institutional sustainability, including, especially, income generating activities.
8. To document lessons learned on the balance of direct service delivery and community-based approaches considering, especially, sustainability, local leadership and ownership.

Scope:

The scope of the evaluation covers five (5) target payams in Rumbek County, Lakes State. The evaluation should examine the full project period. The evaluation should include areas where activities concluded or were reduced during implementation.

4. Evaluation Criteria and Key Questions *Details the evaluation criteria and the questions to be answered. The FRC uses the standard [DAC criteria³](#).*

The evaluation will examine the following evaluation criteria and key questions:

² The FRC is committed to meet criteria for quality in the development projects and operations the FRC is involved in. Evaluations uphold FRC commitment to organisational learning and the results will be used while programming new initiatives.

³ The new and revised evaluation criteria were approved by the DAC in December 2019.

1. Relevance: *Is the intervention doing the right things? (The extent to which the intervention objectives and design respond to local, and country needs, and partner/institution objectives, policies, and priorities, and continue to do so if circumstances change.)*

- a. Is the project/intervention consistent with the needs and priorities of the target communities and the overall sector framework in the country?
- b. Has the situation changed since the approval of the project plan? Is the project strategy still relevant in the given context
- c. To what extent did the project's community-based approach (volunteer groups, kitchen gardens, VSLA, water points, wrestling groups) address health access barriers?
- d. To what extent did the project address the specific barriers and needs faced by women, girls and persons with disabilities in the target communities?

2. Coherence: *How well does the intervention fit? (The computability of the intervention with other interventions in a country, sector or institution. Internal coherence addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution, as well as the consistency of the intervention with the relevant international norms and standards to which that institution adheres. External coherence considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.)*

- a. How effectively did the project coordinate with other Movement partners in terms of drawing from lessons learned nationally about similar programmes (ICRC, IFRC, Swedish Red Cross)?
- b. The consistency of the project with other actors' interventions in the same context (incl. complementarity, harmonisation and co-ordination with others)? How does the FRC support fit with support provided by other partners and internal National Society resources (national level programmes)?
- c. Value added of the FRC support among other partners providing support to the National Society?
- d. Synergies and interlinkages between the project and other projects carried out by the NS? The consistency of the project with the relevant IFRC norms and standards?
- e. To what extent did protection programming align with established best practices regarding sequencing of awareness-raising and service availability?
- f. How consistent were PGI approaches with SSRC policies and international standards (IFRC PGI guidelines)?

3. Effectiveness: *Is the intervention achieving its objectives? (The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. Quality issues.)*

- a. To what extent the project objectives have been attained?
- b. Evaluate how the overall project plan and its subsequent annual plans were implemented. What worked, what did not work?
- c. Has the capacity building efforts contributed to the effectiveness of the project activities?
- d. How effective was the kitchen garden initiative in achieving integrated outcomes (nutrition, income generation, conflict sensitivity, gender equality, health and education financing)?
- e. What was the effectiveness of male engagement strategies, including the wrestling team approach?
- f. To what extent did the project achieve behaviour and social norm change beyond awareness raising, particularly regarding: maternal health-seeking, SGBV, and disability inclusion?
- g. How effective were measures to prevent and respond to violence, exploitation, and abuse at community and institutional levels?

4. Efficiency: How well are resources being used (The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. "Economic" is the conversion of inputs (funds, expertise, natural resources, time etc.) into outputs, outcomes and impacts, in the most cost-effective way possible, as compared to feasible alternatives in the context.)

- a. How well have the resources (funds, people, material, vehicles and time) been used to produce achievements and results?
- b. Were activities cost-efficient? To what extent has the funding been utilized to directly assist beneficiaries? Has the project support and operational costs been reasonable (%) compared to the entire budget and beneficiary assistance?
- c. Have the key activities achieved levels of quality in implementation include. Assessment of the effectiveness and quality of volunteer management (trainings, resources and support provided)
- d. What were the opportunity costs of reducing target villages and planned community-based activities?
- e. Did the exit strategy employed when PHCU supports ended efficiently use remaining resources?
- f. Were PGI tools and training adequately utilized to optimize implementation?

5. Impact: What difference does the intervention make? (The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. Impact addresses the ultimate significance and potentially transformative effects of the intervention. It seeks to identify social, environmental and economic effects of the intervention that are longer-term or broader in scope than those already captured under the effectiveness criterion.)

- a. What were the factors that enabled or hindered the wanted impact?
- b. Has there been any unforeseen or indirect positive or negative impact (to the communities, other local stakeholders/organisations, volunteers, branch, HQ)
- c. Define how the project contributed to community development beyond the Red Cross activities and empowerment of communities.
- d. What evidence exists of a sustained behaviour change in target communities regarding health care seeking (especially maternal), GBV and disability inclusion?
- e. What changes in gender norms, inclusion, and protection practices can be attributed to the project?
- f. How has the project affected community dynamics and power structures? How did the project influence SSRC's capacity to mainstream PGI and promote disability inclusion?

6. Sustainability: Will the benefits last? (The extent to which the net benefits of the intervention continue or are likely to continue. Includes an examination of the financial, economic, social, environmental, and institutional capacities of the systems needed to sustain net benefits over time. Involves analyses of resilience, risks and potential trade-offs.)

- a. How sustainable are the project outcomes? In particular, to what extent which project's outcomes will continue functioning after the project ends?
- b. Identify the factors that may affect sustainability in the short, medium and long-term.
- c. Determine the appropriateness of an exit strategy, reorientation or planning for future interventions.
- d. Are PHCU services being maintained at any level following the end of project funding in July 2025? What is the likelihood that they will continue?
- e. To what extent has the project contributed to sustainable SSRC branch capacity versus creating dependency on FRC or other Movement partner funding?
- f. To examine the effectiveness and sustainability implications, including exit strategy of the shift towards PHCU support.
- g. To assess community ownership and sustainability of key interventions (kitchen gardens, water management committee, VSLAs) and PGI interventions.

7. Inclusion of the cross-cutting objectives in the entire project cycle (*protection, gender and inclusion, climate sustainability, and community engagement and accountability in the project implementation.*)
 - a. *To what extent was PGI integrated across all components (WASH, health, branch development)?*
 - b. *How were intersectional vulnerabilities (gender, age, disability) considered in planning and implementation?*
 - c. *Were PGI principles embedded in monitoring, reporting, and decision-making processes?*
 - d. *How did the project address climate and environmental sustainability in various components of the project?*
 - e. *Is the project addressing the different needs of the beneficiaries/communities in a consistent manner? I.e. is the project considering the different needs of women, men, girls and boys, different social and ethnic groups and people with disabilities?*
 - f. *What measures is the project taking to contribute towards reduction of inequalities? Are there any ways to improve reduction of inequality and gender mainstreaming in the next project cycle?*
 - g. *To what extend did the community feedback informed project design, adaptation and decision making during the implementation?*

8. Partnership and capacity building (*the FRC partnership approach aims at strengthening the partner's capacity to implement quality and effective programmes and services for the vulnerable people. Partnerships will increase mutual support, mutual capacity building and learning between the partners. National Society Development support is an integral part of the FRC partnership approach for achieving sustainable results*).
 - a. *How has the project contributed to branch capacities (aligned with the BOCA/localisation) especially related to volunteer management, financial systems, resource mobilisation/income generating activities?*
 - b. *How has the partnership between SSRC and FRC evolved and what recommendations can be made regarding the technical support relationship between the two?*
 - c. *How did the project/programme impact to the long-term organisational health of the partner? How did the project contribute to the long-term organisational goals of the partner*
 - d. *How has the project strengthened capacities of the partners? Have the capacity building efforts within the project strengthened the National Society?*
 - e. *Has the project cooperation contributed to development of local partnerships and improvement of networking with other local actors and thus contributed to sustainability of activities?*
 - f. *Has the cooperation contributed to the mutual learning?*
 - g. *To what extent did the FRC-SSRC partnership align with SSRC's strategic priorities and National Society Development objectives?*
 - h. *What partnership practices should be strengthened, adapted, or discontinued in future cooperation?*

5. Evaluation Methodology *Outlines the key data sources, and methods of data collection and analysis*

The evaluation will be carried out by an external evaluation team/consultant in a transparent manner, making sure that all relevant stakeholders participate as appropriate. All findings should be evidence based and methodology used explained in the inception report and in the final evaluation report.

The evaluation is expected to make use of mixed methods in line with the evaluation objectives. Methods of data collection and analysis are to be discussed and defined by the evaluation team, but can include at least

Desk Review:

- Mid-Term Review Report (2024), its recommendations and their implementation
- Project Logframe and Indicator Tracking Table (ITT)

- Baseline Assessment
- BOCA 2022 report
- Quarterly and annual reports
- SSRC NSD Framework
- 2022 Social Norms Study Report

Focus Group Discussions (FGDs):

- Conduct focus group discussions with disaggregated groups including women of reproductive age, persons with disabilities, community volunteers, water management committees, VSLA members, protection volunteers, branch staff and branch board members.

Key Informant Interviews

- Key informant interview with government stakeholders, Movement partners and project staff and branch and HQ level.

6. Proposed Timeline

The evaluation is expected to commence on 16 February 2026 and the field data collection to be completed no later than 27 February 2026. The final report must be submitted to the SSRC not later than 13 March 2026. In the consultants' offer, a detailed timeline is to be presented including a breakdown of working days into following three evaluation phases: a) Inception phase; b) Field work phase (including 2 travel days); c) Final reporting phase.

The evaluation team/consultant will be engaged for 2 working days between [timeframe]. The following work break down shows how the days will be distributed: 11 days of work, 7 days in the field and 2 days for travel. It summarizes tentatively the timing of key evaluation events [Note that the number of days allocated for each phase is only indicative].

Activities	Duration	Deliverables
Briefing at the SSRC HQ (context and background) and FRC	1 day	Briefing with the relevant SSRC HQ staff. Background information
Desk review	1 Day	Data collection and analysis
Development of and presentation of inception report - and data collection/analysis plan and schedule, draft methodology, and data collection tools.	2 Days	Inception report
In-country evaluation: Evaluation team building and evaluation programme. Preparation of data collection tools. Interviews, field trips.	7 Days	Completed questionnaires and other data collection tools. Key informant interviews
Validation workshop on initial findings, conclusions, and recommendations at the SSRC Rumbek branch.	1 Day	Debriefing and presentation. Comments from the SSRC.
Data analysis and report drafting evaluation report.	3 Day	Draft version of evaluation report.
Presentation of final report to the SSRC and FRC, including lessons-learnt and recommendations.	1 Day	Power point presentation of the final report and lessons learnt and recommendations.
Review and Incorporate feedback from the workshop	1 Day	
Submission of the final evaluation report by the Team Leader/Consultant.	1 Day	Final draft of evaluation report. First comments from the FRC.
Travel	2 Days	
Total No. of days	20 Days	

7. Deliverables *Identifies the key deliverables or outputs from the evaluation; it is also recommended to identify specific dates for deliverables, as well as separate responsibilities when relevant.*

The evaluation team/consultant will provide:

1. An inception report following the desk work and prior to the mission to demonstrate a clear understanding and realistic plan of work for the evaluation. The inception report outlines how s/he will lead the evaluation, data collection, stakeholders involved/targeted for data collection, presents the work plan and the planned methodology. Acceptance sought also from the FRC Quality Group.
2. A kick-off/briefing meeting with the SSRC (*this must always be organised*).
3. A debriefing [lessons learnt workshop] in country to the SSRC management and key project stakeholders at the end of the mission to discuss the initial findings, conclusions and recommendations. The team will produce a memo on debriefing with the National Society prior to departure. Feedbacks from the debriefing will be integrated in the evaluation report.
4. A lessons learnt document (or PPT)
5. An interim report presented to the Finnish Red Cross International Operations and Programmes Quality Group. Acceptance sought from the FRC needed.
6. A draft final evaluation report within two weeks after return from the field visit. The draft will be shared with the SSRC and FRC and other relevant stakeholders for comments. The comments are to be forwarded to the Consultant within two weeks after receiving the draft.
7. A final (corrected) evaluation report is to be submitted to the SSRC within one week of receiving the comments. The report will have a maximum length of 20 pages, including an Executive Summary. The report will include recommendations to the SSRC, the Finnish Red Cross and possibly to other stakeholders. Approval for the report from the FRC and the SSRC.
8. A presentation/teams call of the evaluation report at the FRC IOP by the Consultant.

The scheduled timeline for the final evaluation report is:

- The draft final evaluation report presenting the main findings, conclusions and recommendations is to be ready by
- Comments for the draft report to the Consultant by the project technical team.
- Submission of the final evaluation report on 13 March 2026.

8. Evaluation Team and Qualifications. *Summarises the composition and technical qualifications of the evaluation team. Please consult the FRC [Learning and Evaluation System](#)*

The Consultant shall have

- *Experience with technical knowledge in community-based health programming in fragile/conflict affected settings.*
- *Working experience in developing co-operation, specifically from community resilience projects.*
- *Solid knowledge and experience of utilizing [participatory/community based/PGI/specify what is relevant in the project context] methodologies and approaches in development programming.*
- *Proven experience in evaluating development co-operation programmes or projects, incl. analyzing development impacts, sustainability and exit strategy. Preferably at least 2-3 reference evaluations, each reference being at least 20 days long.*
- *Knowledge of the Red Cross and Red Crescent Movement preferred.*
- *Fluency in English is required and experience working with field translators, knowledge of Dinka an asset.*
- *Strong knowledge and experience of humanitarian and development context in East Africa Region.*

9. Consultant Role and Responsibilities

The consultant will be responsible for the following core tasks:

- Review all relevant project documents, including log frame, reports, training manuals, SOPs, and partner agreements.
- Develop an inception report outlining methodology, tools, ethical considerations, and work plan.
- Design appropriate evaluation tools aligned with the project outcome and DAC evaluation questions.
- Coordinate with SSRC Focal person to schedule meetings with local actors partners, and communities.
- Conduct key informant interviews, focus group discussions, and/or surveys with, government officials, local leaders, and community members.
- Ensure gender-sensitive and inclusive approaches to sampling and engagement.
- Adhere to all ethical standards, including informed consent.
- Analyze both qualitative and quantitative data using appropriate software.
- Triangulate findings across different stakeholder levels and data sources.
- Respond directly to the evaluation questions with evidence-based conclusions.
- Prepare a draft evaluation report including methodology, findings, conclusions, and strategic recommendations.
- Submit a final evaluation report, incorporating stakeholder feedback and meeting quality standards.
- Provide all raw data, tools, transcripts, and summaries as annexes.
- Share lessons learned and practical insights that can inform future programming.
- Maintain regular contact with the SSRC M&E focal point and designated project officer.
- Ensure the evaluation is completed within the agreed timeline and budget.

10. Ethical Consideration

The consultant is expected to uphold the highest ethical standards throughout the evaluation process. This includes:

- Consent must be obtained prior to interviews, focus groups, or surveys, with the option to withdraw at any time.
- The consultant must comply with applicable data protection laws and SSRC's internal policies.
- Consultant must adhere to red cross /crescent principles.
- The consultant must respect local customs, languages, and community protocols.
- Engagement must be inclusive, especially of marginalized groups, women, and persons with disabilities.
- Findings must be reported honestly, with acknowledgment of limitations.
- Any potential conflicts of interest must be disclosed and managed appropriately.

11.Budget and Logistics

- Consultant fees based on deliverables and experience.
- SSRC will cover travel, accommodation, and field logistics.
- Payment schedule: 30% on inception, 40% on draft report, 30% on final submission
- All require government taxes shall be deducted per South Sudan tax policies.

12.Prosposal Submission procedures

Note: Both Technical and Financial Proposal must be submitted by hand delivery to SSRC-HQ Tender Box Number # 3 by 03.February 2026 time is 2:00Pm.