**Terms of Reference (ToR) Consultancy for End-line Project Evaluation**

**Livelihoods Options Support to IDP Households (LOSIH) 2 Project in Ayod and Uror Counties, Jonglei State, South Sudan**

**Project Background and Context:**

The LOSIH project has been ongoing since March 2020, and underwent a comprehensive evaluation end of 2022, that resulted in a change of targets and approach. This evaluation will hence build upon that evaluation in determining the impact the project has contributed to.

The conclusions of the evaluation were: There is prevalence of acute moderate and severe malnutrition among children under five years which needs to be addressed sustainably through various nutrition-specific interventions. The prevalence of moderate acute malnutrition of 25% of the children whose MUAC measurement was taken is higher than the April 2022 mass screening of 6%. Although the evaluation finding of 4% severe malnutrition is slightly below the mass screening of 6%, it should be treated cautiously to stay on course of reducing malnutrition.

Overall, the project delivered most of the targeted results under the two project objectives and created a positive impact for the beneficiaries and stakeholders in Ayod County based on the results realized for each project objective. The evaluation found that the LOSIH project with some minor design adjustments offered through actionable recommendations and enhanced management support has the potential to perform better and consolidate the gains made in the last three years across the County

The latest IPC (Integrated Food Security Phase Classification) report of November 2023, classify Ayod County in IPC Phase 3 (Crisis) while Uror in phase 4 (Emergency) acute food insecurity. The food insecurity situation is driven by multiple shocks including continued flooding, sub-national and localized insecurity and violence, including incidents of raiding and looting, leading to significant internal displacement, restrictions on market access and reduced access to livelihood activities. The food insecurity situation is expected to deteriorate in project period of April-July2024 and both Ayod and Uror Counties will be classified in IPC Phase 4 (Emergency) due to high food prices and influxes of returnees from Ethiopia and Sudan.

Ayod and Uror counties continue to experience emergency levels of acute food insecurity (IPC phase 4) and critical levels IPC AMN (Acute Malnutrition) phase 4. The critical levels of acute malnutrition are attributed to elevated levels of food insecurity, high prevalence of diseases, inadequate feeding practices of infants and young children and inadequate sanitation conditions and hygiene practices.

The current IPC report of November, classify Ayod and Uror Counties in critical phase (IPC ANM Phase 4) and expected to worsen during the lean season.

**Project Overview:**

LOSIH 2 project was a two-year project that seeks to improve nutrition outcomes in targeted communities through standardized and layered nutrition, WASH and health services, integrated with existing food security, livelihoods programming and targeting vulnerable populations in Ayod and Uror Counties. The project outcomes were achieved by implementing strategic outputs; SO#1: Improved nutrition status; SO#2: Group/organizational capacity development; and SO#3: Increased community capacity to adapt to recurrent floods.

The project targeted 9,000 direct individuals, (6,000 were targeted in year and 3,000 in year 2) in Ayod and Uror Counties are supported to prepare for, withstand and recover from food insecurity, disasters and stresses by focusing on the four sectors of FSL, Nutrition, Health and WASH. 25 fishery and crop/vegetable producer groups each of 20 members (totalling 500 individuals) in –Wau, Mogok and pajiek Payams (Ayod County) Yuai Payam (Uror County) were supported to enhance crop, vegetable and fishery resource management, optimize value chains, and improve supply and access to quality agriculture and fish products respectively. The 500 fishers and farmers were assessed for entrepreneurial skills and training needs identified for training support. The producer groups were trained on marketing and business skills. The groups were also introduced to Savings and Internal Leanding Schemes (SILS) .

This project draws lessons from LOSIH Phase I and the 2020 Humanitarian Needs Overview (HNO) for South Sudan which sets out the “intersectional severity of needs,” which recognizes the interconnected nature of the impacts of deficits in individual sectors to propose an integrated and standardized interventions in the prioritized sectors of Health, Nutrition, and WASH, addressing interactivity between sectors to achieve a sustainable impact on malnutrition in Ayod and Uror Counties.

The program focused on improving quality service delivery at target nutrition and health sites; standardizing services and programming across target sites; introducing a standardized and integrated behavior change model at the community level; improving MEAL and reporting through the Lead Mothers and Agricultural Extension Officers; and improving WASH infrastructure at the facility level.

**Target Beneficiaries:**

The project target beneficiaries are primarily, the IDPs households who have malnourished children from age 6-59 months or malnourished pregnant/lactating mothers who were enrolled/admitted in the nutrition program (OTP/TSFP), vulnerable host and returnee’s community members. The two years’ project targeted a total of 9,000 direct individuals (year 1: 6,000 and year 2: 3,000).

**Project objectives:**

The main objectives of the project are;

1. Improved food and nutrition security.
2. Improved ability of producer groups to produce sufficient food access markets.
3. Increased demonstrable capacity of communities to cope with perennial floods.

**Project outcomes:**

The main project outcomes are:

1. Prevalence of moderate or severe food insecurity and percent of women of reproductive age consuming a diet of minimum diversity.
2. Yield of targeted agricultural commodities and value sold within local markets.
3. Ability to recover from shocks and stresses.

**Purpose of Evaluation and Specific Objectives:**

The purpose of this end-of-project evaluation is to assess the entire performance of the project inputs, outputs, outcomes, impact, efficiency, effectiveness, relevance and capture project achievements, challenges, and best practices. IMA staff will use the results of this evaluation to inform the design of the third phase of the project[[1]](#footnote-1) and strengthen technical approaches and accompanying materials. Specific evaluation objectives include:

* Determine whether the project objectives were achieved as measured by the project’s performance monitoring plan (see list of expected results and performance indicators below).
* Review the outcomes of project implementation activities against established evaluation criteria of relevancy, efficiency, effectiveness, impact, and sustainability.
* Contribute to organizational learning by identifying lessons learned, challenges, and good practices that can be used for designing the follow-on phase.
* Provide recommendations for future interventions contributing to the broader goal of improving nutritional outcomes amongst target beneficiaries.

**Expected Results and Project’s outcomes Indicators:**

Below is a list of the project’s expected results that were to be measured by the project’s performance indicators were:

* Prevalence of undernutrition in target community.
* Average income of small scale food producers by sex and indigenous status.
* Prevalence of moderate or severe food insecurity on recruited beneficiaries based on the food insecurity experience scale.
* Percentage of women of reproductive age consuming a diet of minimum diversity.
* Women’s beneficiaries’ empowerment in agricultural index.
* Number of children under two years (0-23 months) reached with community nutrition interventions through project action.
* Number of pregnant women reached with nutrition specific interventions through supported project activities.
* Number of children under- fives (6-59 months) reached with nutrition specific interventions.
* Prevalence of acute malnutrition among children aged 6-59 months.
* Number of children aged 6-23 months receiving a minimum acceptable diet.
* Number of people gaining access to basic sanitation services as a result of the project.
* Yield of targeted agricultural commodities within target areas.
* Value of targeted agricultural commodities within target areas.
* Number of groups/individuals (disaggregated by gender) formed and operational.
* Percentage of households participating in group based savings, micro-finance or lending programs.
* Percentage of female participants in project designed to increase access to productive economic resources.
* Value of annual sales (in USD) of fish producers receiving project assistance.
* Number of individuals in the agriculture system who have applied improved management practices or technologies from the project assistance.
* Value of annual sales (in USD) of vegetable producers receiving project assistance.
* Yield of targeted agricultural commodities among program participants with assistance.
* Ability to recover from shocks and stresses index.
* Number of trees planted and survive for at least 6 months by groups /farmers.
* Number and length of dykes constructed/renovated.

**Study Design and Methodology:**

In collaboration with the technical senior program manager, program director, project manager and other project staff, the consultant will be responsible for the development of an overall methodology, including a detailed plan for data collection, analysis, and report writing, that addresses the evaluation objectives. The methodology should be able to clearly address each of the specific objectives and should specify mechanisms to avoid bias.

**Scope of Work:**

The evaluation will cover the three payams (Wau, Mogok and Pajiek) of Ayod County and Yuai Payam of uror County where the LOSIH project is being implemented by CMD and supported by IMA Health. In particular, the consultant is expected to:

* Conduct desk reviews of key project documents, including the project proposal, project M&E plan (including the project’s performance indicators and results), Post Distribution Monitoring reports, mid-term survey report, and other relevant documents.
* Conduct an orientation meeting with the project team to better understand the evaluation’s key objectives.
* Conduct a review of the performance indicators including assessment of baseline and final results against targets. The analysis should include disaggregated sex and age data for relevant indicators.
* Develop a data collection plan that includes a description of the overall sampling approach, data collection methods, and appropriate data collection tools (questionnaires and other instruments) by relevant method.
* Conduct qualitative data collection (as described in the sampling approach) with key stakeholders who include the program director, project staff, partner staff, local authorities, directorate of food security and livelihoods, village community representatives and project participants.
* Train enumerators (should be a mix of both male and female) if deemed necessary according to the proposed methodology.
* Conduct data analysis responding to the specific evaluation criteria outlined below.
* Write initial and final evaluation reports (following a specified report outline).
* Present key evaluation findings to stakeholders.

**Evaluation Criteria:**

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| **Criteria** | **Questions** |
| Relevance | * To what extent are the objectives of the project valid? Were the activities, the most relevant activities given the needs of the targeted populations? * To what extent were the strategies implemented by the project? * Was the project design most appropriate and relevant to the organizational policies and strategies? * To what extent did the project integrated programming approach respond to the different needs and capacities of the target population? How did this affect project implementation? * To what extent does the project respond to the specific, and sometimes different, needs of women and men? * Is there scope to increase the relevance of future interventions? |
| Effectiveness | * To what extent has, the project achieved the planned outcome indicators? * What strategies have proven particularly effective in achieving the outcomes and what were the challenges to effective implementation of such strategies? * To what extent did project interventions contribute to improved capacity of the target groups? * Were the interventions timely and appropriate to the need at that point in time? * What are some of the major factors influencing the achievement or non-achievement of the objectives? * Has equitable access, participation and benefit been ensured across program components? Are there any relevant gender gaps and if so, why? * To what extent were the intended outputs achieved and to what extent were the intended results produced? Did the performance monitoring system and indicators capture expected results as intended? * To what extent have the performance indicators been used for systematic monitoring and steering of the project? To what extent did the project staff assure the quality of performance monitoring data for reporting? |
| Efficiency | * Evaluate the efficiency of the organizational set‐up for the project and systems used in the delivery of the project and to what extent these contributed to or inhibited the delivery of the project outcomes. * Were the project activities implemented within the planned time and financial targets? If not, what factors have led to the change in the timeframe and planned targets? * How effective were the project management activities in documenting and communicating results? * To what extent were the modalities used the most appropriate and efficient for the context? What could have been alternatives? * What effect, if any, did working through partners have on the efficiency of the project implementation process? |
| Impact | * What are the main changes produced by the program, positive or negative and what are the key factors behind these changes? * What are the key lasting changes brought about by the project? * Did the project achieve any unintended impact in the context? In addition, what could be the reasons and why? * What is the project’s overall impact in terms of gender equality? |
| Sustainability | * Assess the level of sustainability (financial, institutional, and social) of the individual project components, and identify critical areas that may affect sustainability. * To what extent can the benefit of the project/program continue after the grant period? Is there evidence that project activities will continue? * Factors that influenced achievement or non-achievement of sustainability? * What technical, programmatic, and management lessons can IMA Health take away to improve the implementation of similar activities in the future? |
| Scalability/  Replicability | * What components of the project can be likely scaled up or replicated in other areas? * Documentation of best practices, what worked well? What did not work well? What were the challenges? |
| Coherence | * What is the compatibility of the intervention with other interventions in a country, county, region, sector and institution? * To what extent do other interventions (particularly policies) support or undermine the intervention, and vice versa (inward looking to IMAI and CMD programming, as well as other actors including GoSS interventions) |

**Evaluation Activities and Time Frame:**

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| **Activities** | **Estimated # of Days[[2]](#footnote-2)** | **Remarks** |
| Desk review and Inception report must include the following:   * Review of project documents * Evaluation methodology * Sampling approach * Data collection tools * Plan for hiring and training of enumerators (IMA will cater for the cost of hiring & training) * Plan for data management and analysis |  | The Consultant will take the lead with input from the technical program manager, program director and project staff |
| Data collection:   * Training of data collectors and * Field data collection, including in country travel |  | The training of data collectors will be done in Yuai and Ayod Town |
| Analysis |  | Consultant |
| Draft preliminary report |  | Consultant |
| Draft review |  | Consultant, CMD and IMA |
| Final report |  | Consultant |

**Deliverables:**

Deliverables under this consultancy will include the following:

* **An inception report:** The consultant will within 1-3 days of engagement share his/her inception report to be approved by IMA Health technical program manager, program director and Christian Mission for Development (CMD) that details:
  + The study design (rationale, methodology),
  + Data collection tools, and
  + Detailed work plan
* Data collection plan and data collection tools: Develop the data collection plan and tools, and have them approved by IMA technical program manager, program director and CMD.
* **Draft Evaluation report:** The consultant will prepare a draft evaluation report with details of findings, recommendations and lessons learnt for review by IMA and CMD.
* **Validation** meeting to validate evaluation findings
* **Final Evaluation report:** The consultant will share a final evaluation report after incorporating the comments from IMA and CMD. The report shall be presented as MS Word document of no more than 40 pages excluding annexes; and a case study.
* **All data sets:** Consultant will deliver the data sets to IMA (SPSS, Stata or excel for quantitative and for qualitative the transcribed data).
* **Power point brief presentation:** This will include the evaluation key findings, recommendations and lessons learned and will be not more than 12 slides.
* Two pages’ brief that includes the evaluation key findings, recommendations, and lessons learned.

**Administrative and Logistical Support:**

The duration of the assignment is 30 days spread within 30 calendar days after signing of contract. Days are inclusive of traveling, fieldwork, and reporting. The evaluation is expected to take place August 15 September-15, 2024. In support to the consultant(s) to undertake the assignment, IMA Health will:

* Provide all relevant/available materials pertinent to the assignment
* Provide transport and accommodation during field work
* Recruit enumerators from the local communities
* Mobilization of local communities and all the relevant stakeholders.

**Submitting Expression of interest:**

All interested individuals are requested to express interest by email to

[southsudanprocurement@imaworldhealth.org](mailto:southsudanprocurement@imaworldhealth.org) by Friday July 19, 2024.

1. LOSIH 2 project is scheduled to conclude in September 2024 [↑](#footnote-ref-1)
2. This is for the prospective consultant to propose the number of days for this action, kindly copy this section, and add it into your response to this RFP. [↑](#footnote-ref-2)