

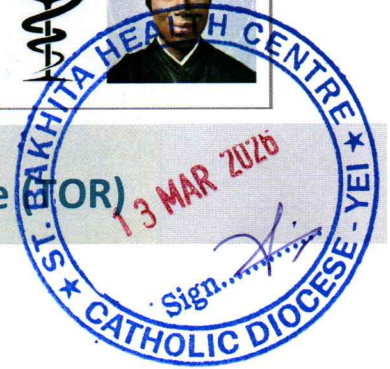


**Catholic Diocese of Yei**  
C/O P.O.Box 258 - Juba  
South Sudan

**Focal Person**  
St. Bakhita PHCC -  
Yei



## Final evaluations' Terms of Reference (TOR)



### Final Evaluation

#### 1. Context of the project areas

The Republic of South Sudan gained its independence in 2011. It is also among the least urbanized country in the world with about 83% of its inhabitants living in rural areas. It has a total population of about 12.8 million, according to the World Bank projection of 2015. More than 7 million people of South Sudan are in need of humanitarian assistance as a result of armed conflict, economic crisis, disease outbreaks and climatic shocks. More than 4 million people have been forcefully displaced from their home from which about 2 million are internally displaced (IDPs) with 90% of them estimated to be women and children.

The Ministry of Health, Republic of South Sudan (MoH RSS) has recognized leprosy and some cutaneous Neglected Tropical Diseases (skin NTDs) namely Buruli ulcer, Yaws, Kalar-azar and post-Kalar azar Dermal Lesions (PKDL) as priority diseases that cause significant morbidity and disabilities. According to the South Sudan National Integrated Leprosy and Skin NTDs Strategic Plan 2022-2026, the main challenges of leprosy control in South Sudan are low coverage and access to leprosy treatment services, inadequate number of health staff with knowledge and skills about leprosy at all levels, high levels of stigma and discrimination, inadequate community awareness and involvement in leprosy control, limited integration of leprosy services into PHC and the general health system. In 2021 MoH and WHO conducted leprosy mapping for 37 Counties. The mapping result shown that 37 Counties are endemic for leprosy. Yei, Lainya, Morobo, Kajokeji were among high endemic Counties. These 37 counties have been prioritized for leprosy elimination interventions according to the national strategic plan for leprosy by the Ministry of Health (MoH).

Tuberculosis (TB) incidence in South Sudan is estimated at 24,000 (227/100,000 population), of which 55% was in males, 27% in females, and 18% in children under 15, indicating high infection transmission in the community, and the estimated mortality among HIV-negative TB patients was 3,000 (30/100,000 population). Both figures indicate that South Sudan has a high TB morbidity and mortality rate. Also, TB is among public health problem affecting people in Yei, Lainya, Morobo and Kajokeji Counties.

The end of project evaluation will assess the impact of the project titled "Improving the socioeconomic status of TB/leprosy affected persons and their families in four counties of Central Equatoria State, South Sudan". A 32-month intervention (September 01, 2023 – April 30, 2026) in Central Equatoria State, South Sudan, jointly implemented by the Catholic Diocese of Yei (CDoY) and DAHW Deutsche Lepra- und Tuberkulosehilfe e.V. with funding from BMZ, with its primary goal is to enhance the health and

socioeconomic well-being of individuals and families affected by tuberculosis and leprosy across Yei, Morobo, Lainya, and Kajo-Keji counties.

## **2. Background and Rationale**

DAHW/GLRA was established in 1957 in Germany. Its headquarters in Würzburg, Germany and Africa support in Addis Ababa supporting global and program offices in Africa. DAHW has a presence in South Sudan as a non-profit NGO since 2007 and its office is located in Juba. It has been a primary partner to the National Program for Leprosy. The project implementing partner, Catholic Diocese of Yei has been operating in South Sudan since 1983 as Christian and non-profit organization working among the vulnerable, least served and the needy communities. The two organizations started to work collaboratively in 2011 when the diocese identified that there is a need to provide health services to people affected by leprosy and TB in Yei, Morobo, and Lainya Counties which also included some households of persons affected by leprosy and other persons with disabilities. GLRA supported the CDoY with an eight months project with the title ‘Integrated Leprosy, Tuberculosis and Human Assistance’ from 1st August 2021 to 31st March 2022 which successfully benefited 155 leprosy and 237 tuberculosis patients, through integrated case findings, management and humanitarian assistance. After in depth discussion and considerations, DAHW/GLRA decided to collaborate with the Catholic Diocese of Yei due to CDoY’s knowledge and skills in implementing health projects, Familiarity and physical proximity to the project areas, CDoY has adequate technical and human resource capacity, Institutional capacity to manage donor funds. This collaboration resulted in approval and implementation of the current “thirty months (32 Months) – Improving the Socioeconomic status of people and their families affected by tuberculosis and leprosy in Central Equatoria State, South Sudan.” – project which started in 1<sup>st</sup> September 01, 2023 and will ends in 30<sup>th</sup> of April 2026 in the four selected counties (Yei, Kajo-Keji, Lainya and Morobo) of Central Equatorial State.

### **Project Rationale and Scope**

This project addressed significant gaps in healthcare access, pervasive stigma, poverty, and limited economic opportunities. The project was built on lessons from a prior pilot project. It directly targeted 1,185 individuals (300 new leprosy, 885 new TB, 400 for socioeconomic support), indirectly benefits over 7,110 family members, with the aim to reach 956,962 people through public awareness. The project initiative also supported five health facilities -St. Bakhita PHCC, Morobo PHCC, Lainya PHCC, Yei Civil Hospital, and Kajo-Keji Hospital –and aimed to train 80 health workers.

### **The Key Project Components**

This project has three main measures which include:

1. *Socioeconomic Empowerment*: Lifts 400 individuals out of poverty through vocational training (agriculture, embroidery, small business), forming four self-help/small business groups (100 members each) with start-up kits and savings/loans associations. Additionally, 200 target group receive temporary nutritional support.

2. *Strengthening Health System Capacity*: Expands integrated patient-centered care by training 80 health workers in case management, conducting quarterly stakeholder meetings and 36 outreach missions for case finding, facilitating multi-drug therapy (MDT) transportation, and providing assistive/protective devices to 75 individuals with leprosy-related disabilities.
3. *Health Promotion, Human Rights, and Advocacy*: Combats stigma through health promotion/human rights advocacy teams (10 trained community members per county) conducting 50 education events (reaching 50,000), producing 15 radio talk shows (reaching 956,962), and holding four annual awareness campaigns on World TB/Leprosy Days.

## **2. Purpose, scope and criteria of the evaluation**

### **3.1. Purpose of the evaluation**

The purpose of the final evaluation is to assess the relevance, effectiveness, efficiency, impact and sustainability of the project and to generate lessons learned and recommendations for future TB and leprosy programming.

### **3.2. Scope of the evaluation**

The evaluation shall encompass all core components of the project's implementation strategy and performance by assessing the effectiveness of modalities, institutional strengthening, and beneficiary participation. It shall further explore the efficiency and fitness-for-purpose of the implementation strategy, identify improvement opportunities, and assess alignment with the GLRA/CDoY results framework and indicator practicality.

### **3.3. Criteria of the evaluation**

The evaluation shall apply the OECD/DAC criteria, encompassing relevance, effectiveness, efficiency, impact, sustainability, and coherence focusing on cross-cutting issues such as gender, disability, and human rights. The specific evaluation questions should be in details. The questions are mentioned below;

#### **Key Evaluation Questions**

The evaluation shall address the following key questions aligned with the OECD/DAC evaluation criteria:

#### **Relevance**

- To what extent did the project address the needs of people affected by tuberculosis and leprosy in the target counties?
- How well did the project align with national health priorities of South Sudan and strategies of implementing partners?

#### **Effectiveness**

- To what extent were the planned outputs and outcomes achieved?
- How effective were the project interventions in improving access to TB and leprosy services and socioeconomic empowerment?

#### **Efficiency**

- Were the project resources (financial, human and logistical) used in an optimal and cost-effective manner?
- Were project activities implemented within the planned timeframe?

#### Impact

- What positive or negative changes occurred among beneficiaries and communities as a result of the project?
- Did the project contribute to improved health outcomes and socioeconomic conditions of people affected by TB and leprosy?

#### Sustainability

- To what extent are the project results likely to continue after project completion?
- What institutional or community mechanisms exist to sustain the project outcomes?

#### Coherence

- How well did the project complement other interventions in the region, including government and partner programmes?

#### **4. The specific objectives of the evaluation are:**

The following are the specific objectives of this evaluation

- a) Gather secondary information about the operations of CDoY to assess the funds efficiency and effectiveness.
- b) Collect primary information about the operations and activities of CDoY to ascertain the activities carried out and how the activities confirmed to the mission and vision of the fund.
- c) Document different learning, success and challenges in during steps during the implementation of the CDoY funding mechanism.
- d) Suggest recommendations for further enhancement and improvement of the CDoY.

#### **5. Methodology of carrying out the task.**

The consultant will be required to develop clear methodology and tools that will be used to carry out the task. Such methodologies should clearly show how various stakeholders will be involved as well as the tools to be used in generating the evidence of change sought by the study.

The evaluation is expected to apply a mixed-methods approach combining both qualitative and quantitative methods. These may include:

- Desk review of project documents (proposal, reports, monitoring data, financial reports)
- Key informant interviews with project staff, health authorities, and implementing partners
- Focus group discussions with beneficiaries and community members
- Field visits to selected project sites and health facilities
- Direct observation of project activities where feasible

- Triangulation of data from multiple sources to ensure validity of findings.

#### 5.1 stakeholders' participation

The evaluation should adopt a participatory approach and ensure engagement of key stakeholders throughout the evaluation process. These include:

- Project beneficiaries (TB and leprosy patients and their families)
- Health workers and facility managers
- Community leaders and local authorities
- Implementing partner staff (CDoY)
- Representatives of relevant government institutions and partner organizations.

Stakeholders should be involved in data collection where appropriate and in validating evaluation findings during the stakeholder workshop

#### 5.2 5.2 Sampling Approach

The consultant should propose an appropriate sampling strategy to ensure representation of key project stakeholders. The sampling should include:

- Beneficiaries of socioeconomic empowerment activities
- Health workers trained under the project
- Health facilities supported by the project
- Community members participating in awareness activities.

The final sampling design should be described in the inception report and approved by the commissioning organization.

#### 5.3 Ethical Considerations

The evaluation shall follow ethical research principles including voluntary participation, confidentiality, and informed consent. Particular attention should be given to protecting the dignity and privacy of persons affected by tuberculosis and leprosy.

Personal identifiers should not be included in the final report, and data collected during the evaluation should be securely stored and used solely for evaluation purposes.

### **6. Indicative Plan/Time frame**

It is expected that the whole task should be completed by April 30, 2026. The tentative duration of the assignment is 30 days calendar days starting on the 1<sup>st</sup> of April 2026 to 20<sup>th</sup> April 2026. Applicant is expected to propose a schedule and the actual implementation plan should be discussed and agreed by both parties.

#### 6.1 Evaluation Management

The evaluation will be commissioned by the project partners and coordinated by the project management team. The consultant will work closely with designated focal persons from the implementing organizations to facilitate access to project documentation, stakeholders, and field sites.

The final evaluation report will be reviewed and approved by the commissioning organizations

### **7. Expected Deliverables/reporting**

The final evaluation report should include the following structure:

- Executive summary
- Introduction and background
- Methodology and limitations
- Findings based on OECD/DAC criteria
- Conclusions
- Lessons learned
- Practical recommendations
- Annexes (tools, list of stakeholders consulted, photos and references)

#### 8. Consultant's Profile:

- a) A Degree or higher qualification preferably in Development studies, Public Health, Project management or any other relevant degree from recognized institutions.
- b) At least 10 years' experience of work or undertaking similar assignments under humanitarian and development frameworks.
- c) Sufficient knowledge, understanding and experience in evaluating different funding models.
- d) Proven understanding and use of participatory methodologies in data collection and analysis.
- e) Strong analytical and writing skills to clearly present findings, practical conclusions and recommendations.
- f) Previous work experience on BMZ funded projects;
- g) Sufficient Knowledge of context of South Sudan operational context is required:
- h) Ability to deliver on the tasks within tight deadlines.
- i) Mastery of written and spoken English is required.
- j) Knowledge of South Sudan Arabic is an added advantage.

#### 9. Expression of Interest

Any person/firm interested in undertaking this task should send an expression of interest comprising:

- a) **Technical proposal:** The technical proposal should briefly and clearly describe the following aspects; Understanding of the task, Technical aspect of the proposal, Methodology (Evaluation strategy, Sampling design, Data collection tools, Data Processing & Analysis, Data quality control measures, operational plan, names and curriculum vitae (CV as an annex) of person(s) to do the work and with contact details of bidder.
- b) **Financial proposal:** The financial proposal/budget of the task should be broken down in details. All cost should be presented in USD.

**NB:** The length of the proposal (technical and Financial) should not exceed 7 pages including Cover Page. For consistency, it is recommended to use *Times New Roman font, size 10*.

#### 10. Key evaluation criteria to consider:

The consultant should assess evidence of **relevance** of CDoY, efficiency of the Structure (Governance

and Administration), effectiveness and impact of the projects and analyse potential sustainability of the Local Response Pool fund achievements and propose areas of improvement.

## **11. Confidentiality**

All the outputs –Reports, data base, etc produced by this assignment will not be disseminated in part or whole without written authority from Health Coordinator and CDoY Administration.

### **11.1 Ownership of Data**

All data and materials produced during the evaluation process, including reports, databases, and supporting documents, shall remain the property of the commissioning organizations. The consultant shall not use or publish the evaluation findings without prior written authorization

## **12. How to apply:**

Interested consultant/firms should submit both technical and financial proposals by 25 March 2026, addressed to CDoY, by e-mail to: [kavitassps@gmail.com](mailto:kavitassps@gmail.com). Administrator St. Bakhita PHCC, CDoY and [vincentkujo29@gmail.com](mailto:vincentkujo29@gmail.com) Focal Person St. Bakhita PHCC, CDoY with 'CDoY Final Evaluation" as the subject.

