

CALL FOR PROPOSALS -2021

TERMS OF REFERENCE (TOR) FOR MIDTERM EVALUATION OF REGIONAL PRIMARY HEALTH CARE (RPHC) PROGRAM PHASE 2

1. INTRODUCTION

Action Africa Help International (AAH-I) is a not-for-profit organization that bridges the humanitarian–development divide. Its mission is to improve the quality of life of livelihood challenged communities. AAHI-I provides high-quality, community-centered development approaches in fragile states and emerging market settings across Africa. This include working with refugees, internally Displaced Persons (IDPs) and host communities. It has its headquarters in Nairobi Kenya and has country programmes in Somalia, South Sudan, Kenya, Uganda, Ethiopia and Zambia.

Conceived in South Sudan and originally registered in Germany, the organization has over 34 years’ experience working with communities in conflict and post-conflict situations. AAH-I works hand-in-hand with government and other development partners, while facilitating communities to play a lead role in their own development, providing technical assistance, support to systems and infrastructure set up, training, and mentorship. Activities focus on: increasing quality and access to basic services (health and nutrition, water, hygiene and sanitation, and education), improving food security and livelihoods, environmental management, and responsiveness to climate change; humanitarian relief and logistics, and governance, civil society strengthening and peace building, and research to support these other themes. AAH-I strives to mainstream gender and disability equity, participation, accountability and HIV/AIDS in its work as cross-cutting themes.

2. REGIONAL PRIMARY HEALTH CARE (RPHC) PROGRAM OVERVIEW

Regional Primary Health Care (RPHC) Program phase 2 is a 2 years’ project (June 2020 – May 2022) funded by Bread for the World (BftW) with special emphasis on reducing maternal, newborn and child mortality and improving the overall health status and quality of life for the people of South Sudan. The project is implemented in the Counties of; Maridi, Ibba, in Western Equatoria, Yei and Morobo in Central Equatoria. This project phase is a continuation of the previous project phases implemented in the same counties providing primary and secondary health care services.

The RPHC project was revitalized through incorporating and operationalizing community-based strategies in its programming. This includes WASH, school health, capacity building, service provision, and implementation of the **Boma Health Initiative (BHI)**, a government-led program whose objective is to establish community health structures for sustainable health outcomes. The implementation of the project started in the midst of the Covid-19 pandemic with lockdown in place and that affected a number of processes in the initial project start up, however with lockdown measures being eased, implementation continued and now we are nearing the end of first year and mid-term evaluation is needed to inform the second year of programming as well input into subsequent project if a follow on funding is secured.

The project is expected to contribute to the following results below.

Goal of RPHC Project

Contribute to reducing maternal and infant mortality and improving the overall health status and quality of life for the people of South Sudan.

RPHC Specific objectives:

Objective 1: Communities' maternal, new-born and child health (MNCH) services in the target counties are improved.

Indicators:

- Proportion of pregnant women visited 4th ANC increased by at least 45% from the baseline (10, 000 to 14,200) by the end of the project period
- Proportion of deliveries attended by skilled birth attendants increased by at least 40% from the baseline (4,855 to 6,800) by the end of the project period.
- Out of 90% identified HIV/AIDS positive cases in the target counties,90% have enrolled to ART services

Objective 2: Communities in the target counties have enhanced community based health services

Indicators:

- Proportion of women in reproductive age using family planning increased by at least 20% from the baseline (10,862 to 13,000) by the end of the project.
- Proportion of children who got measles immunization increased by at least 45% from the baseline (16,461 to 23,870) by the end of the project period.

3. PURPOSE OF THE EVALUATION

The evaluation is to cover and majorly focus on the entire RPHC implementation for past years. The purpose of this evaluation is to capture outcomes achieved to date, the lessons learnt, whether appropriate strategies were deployed and provide information on the nature, extent and where possible, the potential impact and sustainability of the RPHC Project.

The evaluation will further help identify innovations in health as well as new opportunities in healthcare programming that the Programme will need to capitalize on for best results in future.

The evaluation will assess the project design, scope, implementation status, complementarity with other projects, services and the capacity to achieve the expected outcomes. They will collate and analyze lessons learnt, innovations undertaken, challenges faced and best practices obtained during this implementation period which will inform the proceeding implementation period (June 2021 - May 2022) of the project and the future of RPHC.

4.Key Questions

In summary below are key aspects of the midterm evaluation of the RPHC that shall be assessed under the DAC-OECD evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability.

I. Relevance

- a. How does the project fit to the relevant strategic reference frameworks (national, international level?)
- b. Did the project conception respond to the core needs of the identified target groups?
- c. Is the project design (activities, tools and methods) adequate for addressing the identified need?
- d. To what extent are the objectives of the project still valid today?

II. Effectiveness

- a. To what extent have the project objectives and indicators been achieved to date /are likely to be achieved?
- b. How do the activities and outputs of the projects contribute to the achievement of the project objectives (outcome)?
- c. To what extent were the selected target groups reached?
- d. How was participation and ownership amongst the different target groups? How far were women involved in the local processes?
- e. What were the major factors influencing the achievement or non-achievement of the objectives?

III. Efficiency

- a. Were activities implemented cost-efficient?
- b. Document which intervention(s) and or set of interventions produces efficient results for improved outcome achievements
- c. How does the efficiency of implementation compare to other projects of this nature?
- d. Were project goals achieved on time? (this is in regards to the implementation period so far covered)

IV. Impact and sustainability

- Assess the preliminary indications of potential impact and sustainability of results of the RPHC Project

V. Learning and recommendations

- Document lessons learnt & best practices so as to understand what has and what has not worked
- Identify innovations as well as best/promising practices/ new programming opportunities to inform future design of interventions
- Document key findings and recommendations to inform stakeholders and as well the next implementation period including thematic integration and partnership strengthening.

5. EVALUATION METHODOLOGY

The principles and standards of the OECD/DAC for a participatory, credible, gender-sensitive and fair evaluation shall be observed. Both quantitative and qualitative methods can be used. Field research shall promote self-reflection amongst the target groups. The chosen methods shall be inclusive and respect the social and cultural context of the target groups. In the development of the evaluation design and the choice of methods, correct research ethics need to be applied. The documentation for the methodical approach is requested by Bread for the World and is a

fundamental component of each evaluation report. The evaluation should be guided by the “do-no-harm” principle. Key stakeholders to be sampled for interviewed includes; SMOH, CHD, AAH-I, Beneficiaries and other partners from all the locations of the project.

1. SCOPE OF THE MIDTERM EVALUATION

The consultant for the midterm review is expected to undertake the following tasks:

- Develop Inception report and present for review and approval.
- Develop detailed methodology of the evaluation, data collection tools, sampling and data analysis instruments and present for review and approval.
- Facilitate an expert/stakeholder review of the tools and methodology proposed for the survey in the project location.
- Revise the tools and methodology proposed for the survey based on feedback from the expert/stakeholder review.
- Train data collectors (Enumerators) on use of data collection tools.
- Lead the data collection exercise with participation of AAH-I staff and relevant government staff.
- Perform data analysis.
- Generate and present the draft evaluation report for review by AAH-I management.
- Facilitate local stakeholder’s review of the draft report and input in project location. To check the factual basis of the evaluation, and to discuss the draft findings, conclusions and recommendations.
- Incorporate stakeholder/expert comments and submit final report.
- Present the final evaluation report to AAH-I. The final report should be submitted to AAH-I South Sudan in both hard and soft copies.

2. TIME FRAME

The assignment is expected to take a maximum of **25** working days effective 1st to 30th June to 10th July 2021, and final report including all annexes, tools etc should be submitted to AAH-I South Sudan not later than 10th July, 2021. **Note an earlier start or finish date could be agreed upon.**

3. SUPPORT FROM AAH SOUTH SUDAN TO THE EVALUATION

AAH will provide the following support to facilitate the end of project evaluation process:

- Transport into and out of the country as well as within the country during the review process.
- Meals and accommodation for the consultant during review process in-country in accordance to AAH-I policies
- Enumerators’ fees and training materials
- Logistical support for the data collection process
- Supervision of the process including working with the team- mainly Head of Programmes and RPHC Project Manager.

4. KEY DELIVERABLES

Based on this TOR the consultant shall deliver the following:

- a. Within one week of signing of the contract, the consultant shall provide an inception report detailing the methodology and clear timelines of the tasks to be performed; this will be guided further by AAH-I policy and security protocols. This must be accompanied by tools for data collection.

- b. A draft (soft copy) midterm review report two weeks after data collection.
- c. Submit to AAH South Sudan the final report for the assessment (both hard copy and soft copies). The report should not be more than 25 pages excluding annexes.
- d. Data sets used for analysis as well as any other form of transcripts used and data protection policy should be applied.

The final report should include at a minimum the following elements:

- Executive summary.
- Background; Brief project description and context
- Evaluation purpose.
- Methodology including sampling procedure and size.
- Main findings per project component.
- Innovations identified in use to achieve the intended/unintended outcomes
- Best/promising practices/ new programming opportunities to inform future design of interventions
- Key intervention(s) and or set of interventions producing efficient results for improved outcome achievements
- Lessons learnt per project component
- Recommendations per project component
- Conclusion.

5. EVALUATOR'S PROFILE AND REQUIREMENTS

- a. Hold a Master Degree in Medicine and Surgery, Public Health, Community Health, Epidemiology, Project Management or qualifications related to health and nutrition sector.
- b. At least Five (5) years' experience in evaluating/reviewing of health projects in South Sudan or similar contexts in the East African region.
- c. The consultant must be able to demonstrate experience in the systematic verification and analysis of both quantitative and qualitative data, preferably in a health services support context.
- d. Excellent analytical and report writing skills with contextual knowledge of humanitarian settings like South Sudan or other countries/fragile states.
- e. Previous experience in undertaking similar assignments-thematic and geographical context.

6. APPLICATION PROCEDURE

The interested candidates are requested to submit:

- a. Technical proposal document maximum **ten** pages excluding annexes which shows how the consultant intends to carry out the consultancy (*Ensure evaluation criteria, methodology, evaluation question, Sampling and Data management processes are clearly articulated*).
- b. Financial proposal with detailed budget clearly broken down not exceeding five pages.
- c. Samples of previous work on similar or related projects evaluation.
- d. Curriculum Vitae of the consultant/s with references/referees preferably previous organizations for whom they were contracted.
- e. Profile of the consultancy firm- with proof of compliance with regulatory obligations.

All the above documents should be submitted to procurement.southsudan@actionafricahelp.org with the title **MID-TERM EVALUATION OF RPHC PROJECT** on the subject line on or before **13th May, 2021**.

7. EVALUATION AND AWARD OF THE CONSULTANCY

Eligible proposals will be evaluated based on full and open competition, in strict adherence to the Scoring Criteria detailed below:

Criterion	Score
Interpretation of scope of work	20 points
Suitability of the proposed Methodology	30 points
Experience and expertise in similar assignments	30 points
Financial Proposal	20 points
Total	100 points

AAH South Sudan reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest or the highest bidder.

8. PAYMENT SCHEDULE

The payment schedule is subject to negotiation with the consultant based on proposal submitted as well as AAH-I policy, and to be detailed in contract to be signed with consultant.

9. SPECIAL PROVISIONS:

- All written deliverables produced under this work order shall be submitted as scheduled to AAH-I Head of Programmes in both electronic formats, using MS Word and PDF, and printed hard copies.
- Changes in the scope of work shall require prior discussion and approval by AAH-I and shall be defined in writing.