



Terms of reference for Final Evaluation

Final Evaluation of 'Resilient Migrant and Host Communities in Africa' Project	
Geographical location	South Sudan (Ibba and Maridi counties) Uganda (Adjumani district)
Programme area	Health Service Delivery
Project period:	36 MONTHS (1st September 2020 - 31st August 2023)
Expected ETE Start date	20th June 2023
Expected ETE End date	31st July 2023

May 2023

Terms of reference for final evaluation of Resilient Migrant and Host Communities in Africa Project

1. Background

The Resilient Migrant and Host Community in Africa is a cross-border project funded by Ministry of Economic Cooperation and Development (BMZ). Resilient Migrant and Host Communities in Africa project seeks to address the health and livelihood needs of women, youth and children who are IDPs, returnees and host. This project employs an integrated approach where Food Security and Livelihood (FSL), health, Water, Sanitation and Hygiene (WASH) and nutrition interventions are being implemented. The project focuses activities in South Sudan (in the two counties of Ibba and Maridi) and Uganda (Adjumani) to strengthen the capacity and resilience of small-scale farmers, in particular women and youth groups by improving health and nutrition situation of South Sudanese refugees/IDPs and the host communities.

The project's goal is "Strengthening the capacity and resilience of small-scale farmers, in particular women and youth groups to improve the health and nutrition situation of South Sudanese refugees and host communities in Adjumani (UG) and the conflict-affected population in Maridi and Ibba (SSD)." The project is expected to directly benefit 43,315 people (25,901 women and girls) who are the first and most important users of health, nutrition, WASH and agriculture facilities. Additionally, men and children living in the same families within the project region where the project is being implemented also directly benefit through the nutrition mentors and agriculture extension workers. Through the integrated outreaches being carried out, all the community members living in the areas where the project sites are equally benefit irrespective of their age, and sex.

The Project is now in its completion period. In line with the provisions of the project agreement between the donor (BMZ) and the implementing partner, Gesundes Afrika and Amref Health Africa agreed to undertake a final evaluation at the end of the project period. The output of the evaluation is expected to determine the level of achievement against the project targets and indicators and gather evidence on the criteria of: relevance, effectiveness, efficiency, partnership and coordination, sustainability, impact of the project interventions.

2. Objectives of Evaluation

Gesundes Afrika and Amref Health Africa is seeking qualified consultant(s) to conduct the final evaluation of the cross border Resilient Migrant and Host Communities in Africa project for the following purpose:

- 1) To assess the performance and achievements of the project against the planned project objectives, expected results, targets and key indicators as per the logical framework. To this end the final evaluation should focus on the following:
- 2) To assess the performance of the planned project activities as per the logical framework and Theory of Change (ToC) and expected targets to assess the quality of the project outputs. To this end, a focus on the quality of project outputs is equally important as the completion of these outputs and should be given priority attention in the evaluation methodology and report.

- 3) To assess relevance, effectiveness, efficiency, partnership and coordination, sustainability and impact of the overall intervention. This should give due emphasis on community and government participation and contribution as well as value for money and the integration model suitability.
- 4) To assess the major strengths and limitations of the project and draw lessons for future RMAHCA project improvement and sharing with stakeholders.
- 5) To assess the direct and indirect; intended and unintended impacts of the specific interventions in regards to capacity building and networking activities, with particular emphasis on the impact of women on safe water chains.
- 6) To assess the process and outcomes in regards to coordination, networking and joint advocacy work with other actors (communities and local governments);
- 7) To assess the partnership modalities and approaches the project undertook with communities/beneficiaries and relevant local level and County government offices
- 8) To assess the validity of the risks and assumptions indicated in the original project document in relation of the emerging issues (national and local) and how the project responded with necessary mitigation measures.

3. Key evaluation criteria and lines of inquiry

The consultant(s) is envisaged to undertake the evaluation within project MEAL framework, which is underpinned by the OECD-DAC evaluation criteria that respond to relevance, effectiveness, efficiency, partnership and coordination, sustainability and impact in general and taking in to account the following key questions.

- i. What are the bases for the project implementation and how was the program designed?
- ii. Are there any indication for modern agricultural practices, health, WASH and nutrition coverage improvement attributed to project intervention?
- iii. Is the health status of the community improving as the result of the project intervention?
- iv. Are the modern agricultural practices demonstrated to the farmers improving better farming practices and food production in the project implementation areas?
- v. Has the project helped improve the livelihood of the communities in the areas where the project is being implanted?
- vi. Does this contribute for involvement of other community members (men, boys) in water management (gender role shift)?
- vii. Have the nutrition mentors helped improve community knowledge on importance of better nutrition and identification of malnourished children 6-59 months and pregnant and lactating mothers?
- viii. Have the integrated outreach campaigns contributed to increasing immunization coverage in the areas where the project is being implemented?
- ix. Have the WASH interventions such as water quality testing and distribution of water treatment tablets improve access to safe water?
- x. Is the project gender sensitive in terms of composition of membership?
- xi. Have the planned objectives and outcomes been achieved and to what extent can this be attributed to the project?
- xii. Did Household Hygiene Education activities address the capacity gaps of communities?

- xiii. Do the projects correctly identify and target the direct and indirect beneficiaries
- xiv. Is the intervention in line with the government's (National and sub-national) policy need?
- xv. Were the community participation encouraging?
- xvi. What were the planned activities and the results achieved under the three expected result areas (outputs, outcomes)?
- xvii. Was the project implemented according to project proposal?
- xviii. Were the community mobilization efforts adequate at the project level?
- xix. To what extent will the project continue to have an impact beyond project closure?
- xx. Assess the performance of the project so far with particular reference to qualitative and quantitative achievements of outputs and targets as defined in the project documents and work-plans and with reference to the project baseline reports.
- xxi. The consultant also expected to show level of project implementation quality in terms of outputs, partnership, community involvement and monitoring system.
- xxii. Assess the timeline and quality of the reporting followed by the project, Identify factors and constraints which have affected project implementation including technical, managerial, organizational, institutional and socio-economic policy issues in addition to other external factors unforeseen during the project design.
- xxiii. Analyzed the performance of the Monitoring and Evaluation mechanism of the project and the use of various M&E tools to validate risks and assumptions in the log-frame and how the M&E informed delivery in terms of inputs and programme management during implementation.
- xxiv. Was the project able to strengthen resilience (Resilience of smallholder farmers, especially women and youth groups)? How?
- xxv. Assess the project's contribution towards peaceful co-existence.
- xxvi. Has the project contributed to gender equity?
- xxvii. What can be learned from the cross-border approach?

The evaluator should include as well community attitudes of any changes in their agricultural practices, WASH, health, nutrition needs in communities and schools-farmer field schools, school gardens and youth groups and assess any indicators on behavioral change such as reduction in WASH related diseases, malnutrition among children under five years and pregnant and lactating women; and better agricultural practices.

4. Evaluation approach and methodology

The project employs a routine monitoring system in line with monitoring and learning plan to collect data against key impact and outcome indicators. The MLP outlines the project's output and outcome indicators that have been used to indicate progress in the project, it also denotes the tools used for data collection against each indicator. The MLP will be made available to the successful consultant. A baseline survey (one for each project site) was conducted at the beginning of the project. The consultant is therefore expected to review these data and ensure that appropriate data are collected at end line against all of the key indicators to allow comparability and triangulation. The indicators to which the consultant is expected to collect data against are listed in the LLF (see annex). In order to obtain quality and reliable data for the project indicators and the learning questions listed above, and to comprehensively conduct the evaluation, the consultant team will be expected to conduct:

The consultant is expected to propose and design with precision, the details of the methodology for conducting the evaluation; detailing appropriate participatory approaches and benefits of triangulation. Both primary and secondary sources must be used to generate data and information that are relevant to validate each key assumption behind the project’s Logframe. For the population level survey, the consultant will select a statistically representative sample of the different stakeholders and beneficiary groups to be interviewed, ensuring that:

For South Sudan:

- All the 5 payams (3 in Ibba county-Maniakara, Ibba Central and Madebe payam) specifically the bomas where the project is being implemented. In Maridi County-Mekke, and Amaki boma, and in Ibba county (Rubu, Namarabia and Madebe central boma). This is done to obtain representativeness of the area. This will ensure that the entire project areas will be represented in the sampling frame. As well, the sample size will need some degree of stratification to assure representativeness of women and youths in the selected group of respondents.

For Uganda:

- The 03 sub-counties (Dzaipi, Pakele, and Pacara) of Adjumani district containing the four core refugee-settlements where the project is being implemented (Nyumanzi refugee settlement, Ayilo I refugee settlement, Ayilo II refugee settlement, and Alere refugee settlement). For each refugee settlement, one host village adjacent to it will be selected as part of the study. This is done to obtain representativeness of the area. This will ensure that the entire project areas will be represented in the sampling frame. As well, the sample size will need some degree of stratification to assure representativeness of women and youths in the selected group of respondents.

The consultant is expected to conduct the evaluation through phases: an inception desk based phase, a field phase and a synthesis and reporting phase which will be followed by a discussion workshop for a debriefing and validation of the evaluation process, quality and findings before the final revised report is submitted.

5. Specific Tasks and Outputs

Task	Output	Estimated Level of Effort	Milestones
Inception phase; including collection and review of relevant documentation; Development of Inception report; Development and sharing of Data collection Tools	Plan of actions developed and shared	7 Days	Inception Report; Work plan shared

<i>Review of Inception Report and Tools by Consortium</i>	<i>Feedback on the Inception Report and Tools</i>	5 Days	
Field Phase: 1) Conduct independent briefing sessions with Amref Health Africa staff 2) Conduct all the field activities as per the agreed work schedule	All field/ Data collection done	A maximum of 10 Days (Depending on the number of field staff deployed for the data collection Tasks)	All field work conducted as per the agreed methodology and sample size
Analysis/ Synthesis Phase; This period is dedicated to the analysis of data including report writing	All the data from the field is analyzed and draft report produced	5 Days	Draft report submitted to Amref Health Africa and GIZ
Debriefing/Validation Phase: The consultant to present draft report to Amref and stakeholders		1 Day	Stakeholders attend validation workshop and provide feedback on the report presented
Report Writing This should include comments from Validation workshop	Final Report produced	5 Days	Final report document
Review of Draft Report by Consortium	Feedback on the Draft Report	5 Days	
Final Adjustments and Submission of Final Report		2 Days	
Submission of Hard Copies of the Final Report			All copies received by Amref Health Africa and Gesundes

6. Key Deliverables

- 1) **Inception Report:** Inception report of maximum 10 pages to be produced after 7 days from the start of the consultant services. In the report the consultant shall describe the first findings of the study, any challenges expected in collecting data, other encountered and/or unforeseen difficulties in addition to his programme of work and staff mobilization. A technical discussion with the CPD and MEAL unit will follow to establish the concrete parameters for the final report, outlining any areas that need to be included.
- 2) **Data Collection Tools:** These should be included in the inception report and submitted to the leading MEAL Manager prior to data collection phase. This should be a comprehensive set of qualitative and quantitative tools to collect all key information necessary to meet the evaluation objectives and criteria.
- 3) **Draft Final Report:** Draft final report. In addition to meeting the evaluation objective and addressing the evaluation questions, the draft final report should also synthesize the findings and conclusions into an overall assessment of the project and recommendations for future interventions. Upon receipt of the draft final report the consortium will arrange a one day validation workshop where the consultant expected to present the draft finding and collect comments. Based on the validation workshop and other comments received from different relevant staff, the consortium will produce one set of consolidated comments to be addressed in the final version of the report. The report should be finalized within 3 days from the receipt of the consolidated comments.
- 4) **Final Report:** Final report incorporating any comments received from the validation workshop on the draft report, to be presented within 3 days of the receipt of these comments. The consortium must confirm that all of the comments submitted at the time of the draft report have been addressed prior to any final acceptance of the report.

7. EVALUATION TIMEFRAME

The project evaluation shall be conducted in maximum of 40 days (including reviewing tasks of the consortium) starting from date of signing contractual agreement for the task, as per the agreed work plan provided with the inception report.

8. PAYMENT MODALITIES

Payments by the consortium are delivery-based, i.e. payments are triggered by satisfactory submission of specified deliverables and accompanying invoices. Any deliverable not meeting the required specifications will have to be revoked and resubmitted at no additional cost.

- **First payment: submission of inception report** - (20%)
- **Second payment: submission of preliminary findings and report outline** - (30%)
- **Third payment: submission of final report** - (50%)

9. MANAGEMENT AND IMPLEMENTATION RESPONSIBILITIES

The consultant will report directly to the consortium (The MEL Focal Person in the respective countries and Project Manager at Gesundes Afrika). However, they shall also be expected to work closely with the

Project team. Any changes to the consultant personnel listed in the application must be approved by Gesundes Afrika and Amref Health Africa.

Amref Health Africa will provide:

- Copies of all key background resources and tools identified;
- Templates for use by consultants, including inception report, final report template, and final presentation templates. Style guidelines for writing will be provided.
- Guidance and technical support as required throughout the survey;
- Introductory meetings with key government staff, partners and other stakeholders;
- Provide tablets for data collection;
- Comments and feedback on, and approval of all deliverables within agreed timelines.

The Consultant will be responsible for:

- Designing and collating the detailed methodology and sampling techniques and conducting all data collection.
- Provide (local) enumerators for collection of the household surveys including recruitment, payment and mobilization of enumerators.
- Training of enumerators on data collection instrument/questionnaire, data collection skills and data quality assurance (this will be done in collaboration with Amref Health Africa M&E and project Implementation teams for better comprehension and alignment to Amref Health Africa standards)
- Logistical support and coordination during the assignment; Consultant will allocate Enumerators transport to the field and arrange own transport facilitation as well as accommodation during the consultancy days while in the field.
- Regular progress reporting to the Country MEL managers in the two countries and Gesundes Afrika, including responding to any comments or technical inputs wherever necessary
- Production of deliverables within agreed timelines and in accordance with quality requirements from the programmes quality team, project management team and senior management staff.
- Seeking comments and feedback from Amref Health Africa, through the MEL managers and Gesundes Afrika, in sufficient time to discuss and incorporate those into the final report.
- Training of the selected field enumerators and providing the sampling frame as well as allocate work schedules for the enumerators.
- Provide the transport for their staff to and from their offices to project site (Maridi and Adjumani). It is expected that the consultancy will provide transport and accommodation for the research team and consultants during the assignment.
- Analysis of data and reporting in a clear and accessible format using Amref Health Africa format and style guidelines.
- Production of the final evaluation report containing data against all indicators in the project's Monitoring Learning plan (MLP), evidence-based responses to the key final evaluation questions and a summary of recommendations for future implementation of the projects.

- Production of the lessons learnt and recommendation report on evaluation scope and learning questions.

10. Deliverables

- i) Inception Report (Technical) outlining the preferred survey methodology and justification for selection of the methodology, schedules, data collection tools, names and particulars of the consulting team members
- ii) A financial overview (budget) in USD indicating the costs of conducting this exercise (including all travel and transport costs)
- iii) Submission of final evaluation report and any relevant documents to Gesundes Afrika and Amref Health Africa at the end of the survey. This should include relevant annexes such as:
 - o A case study for each country
 - o A five pager impact series
 - o Cleaned Raw database (In SPSS) for data collected and used for the analysis,
 - o Data entry and editing code sheet, and data analysis matrix/plan clearly indicating how each variable were analyzed.
 - o All other relevant documentation related to the study

11. End of evaluation principles

The Consortium follows five basic principles of sound survey practices and the Consultant is expected to adhere to these throughout the survey process. These are:

1. **Confidentiality and informed consent** – all data collected during the survey will be treated as confidential and cannot be shared outside of Amref Health Africa and Gesundes Afrika. All respondents must be advised as such and always given the opportunity not to participate, or to terminate or pause the interview at any time. The purpose of the study should be clearly explained before commencing any interviews. The consultant should use the Amref Health Africa informed consent template and guidelines in their work; these will be provided to the successful candidate.
2. **Independence and impartiality** – The consortium is committed to impartial and objective studies of our projects. All findings and conclusions must be grounded on evidence. The Consultant will be expected to design data collection tools and systems that mitigate as far as possible against potential sources of bias.
3. **Credibility** – The consortium is committed to learning based on credible evidence. The credibility of the study will depend on the professional expertise and independence of the Consultant and full transparency in the methods and process followed.
4. **Participation** – the views and experiences of beneficiary households, groups and partners should form an integral part of this study.
5. **Openness** – To maximise the learning potential of the process, the consortium may publish the full final report or excerpts from it or may otherwise share them with interested parties.

12. REQUIRED QUALIFICATION AND EXPERIENCE

The consultant(s) should demonstrate clear competencies in one or more professional backgrounds in the areas of WASH, health, nutrition, emergency response and food security with good experience of conducting programme/project appraisals and evaluation. More specifically, the consultant is expected to have:

- Masters' degree in above-mentioned or related fields of expertise;
- The consultant should have an overall understanding and experience on health sector policies and systems, context and market analysis, humanitarian response with bias on agriculture and conflict resolution and WASH strategies and policies preferably in refugee or fragile settings;
- Sufficient knowledge and understanding of integrated projects (health, nutrition, and FSL) functioning of WASH programmes in sub-saharan Africa;
- Experience in participatory appraisal activities;
- Knowledgeable in project monitoring and evaluation/review activities and processes;
- The consultant to have good knowledge of gender issues in health/WASH projects;
- Experienced in statistical analysis packages such as STATA or other similar software;
- Strong interpersonal skills and capacity to work with people at all levels;
- Experience in use of GPS and GIS (added advantage);
- Committed to work and meet the deadline as agreed by project management;
- Excellent English communication and writing skills. Proven experience in producing written research / operational reports (sample work should be provided).

The consultant(s) should also provide in detail the company profile (if applicable).

13. SUBMISSION OF PROPOSALS

Bidders should submit the following documents as a part of their bid:

- Detailed Technical and Financial Proposal (including all expenses separated by cost category)
- The Past Performance Record on Similar Works (two samples included)
- Curriculum Vitae of professional staff to be engaged in the Work
- Detailed work schedule/plan
- The final composition of the evaluation team with clear roles and responsibilities

14. EVALUATION AND AWARD OF CONSULTANCY

The consortium will evaluate the proposals and award the assignment based on technical and financial feasibility. On the basis of technical and financial proposals, the consortium will select the consultancy firm/consultants that meet the best overall value. The consortium 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.

Deadline for submission of Expression of Interest: Email applications should be emailed to Tender.SS@Amref.org quoting the job reference number in the subject line on or **before 12 June 2023**.