



**TERMS OF REFERENCE**

**FOR**

**END OF PROJECT EVALUATION**

**FOR**

**Strengthening Community Resilience for Refugees and Host Populations (SCOREP) project  
in Terego and Madi-Okolo districts through integrated health and WASH interventions.**

**October, 2023**

## **1.0 Introduction**

Amref Health Africa is an International Organization that has been partnering with Communities to implement projects aimed at creating a lasting health change in Africa. Since mid-1980s, a number of projects have been implemented across the country to improve and sustain better conditions in areas of WASH, SRHR, Maternal health and many other areas where vulnerable communities are relentlessly lacking.

## **1.1 Background**

Over one million refugees fled to Uganda in the last two and a half years, making Uganda the third largest refugee-hosting country in the world after Turkey and Pakistan, with 1,549,183 refugees by November 2021. Wars, violence and persecution in the Horn of Africa and Great Lakes Region were the main drivers of forced displacement into Uganda, led by South Sudan's conflict, insecurity and ethnic violence in the Democratic Republic of the Congo (DRC) and political instability and human rights violations in Burundi. South Sudanese make up the largest refugee population in Uganda (943,991 people) as at November 2021, followed by refugees from the DRC (449,863) and Burundi (51,899).

More than 60 percent of Uganda's refugees are under the age of 18, one of the most visible consequences of conflicts in neighboring countries - and with clear implications for the provision of protection services. Twelve of Uganda's 135 districts host the overwhelming majority of refugees. About 92 percent live in settlements alongside the local communities, mainly in northern Uganda or West Nile (Madi-okolo and Terego, Koboko, Moyo, Lamwo and Yumbe) with smaller numbers in central Uganda or Mid-West (Kiryandongo and Hoima) and southern Uganda or Southwest (Kyegegwa, Kamwenge and Isingiro).

Amref in partnership with RICE West-Nile leveraged on her experience in West Nile region responding to both humanitarian and development focused health, WASH, nutrition and agriculture interventions to expand reach to more vulnerable people both in refugee and host populations to improve their living conditions and health outcomes. As it has been in the previous projects, Amref continued with a multi-sectoral engagement to mainstream gender, disability response and child protection across the program implementation continuum in the 2 districts of Terego and Madi-Okollo. The organization has been implementing Strengthening Community Resilience for Refugees and Host Populations (SCOREP) project in Terego and Madi-Okolo districts through integrated health and WASH interventions from September 2022 to October 2023

## **1.2. Project Goal:**

To contribute to improvement of the living conditions of refugees and host communities (in line with the Humanitarian Development Nexus approach) in Terego and Madi-Okolo districts through integrated health and WASH interventions by 2023.

## **1.2 Project Objectives:**

1. To Increase access to and utilization of essential quality healthcare services (Maternal child health) by Women and Children in the refugees and host communities
2. To Improve knowledge & practices in hygiene & sanitation among vulnerable groups in the refugee and host communities in Terego and Madi-Okolo districts.

3. To strengthen Partnership coordination at Districts and among partners in Terego and Madi-Okolo districts.

## **2.0. The overall purpose of end of project evaluation.**

Amref Health Africa in Uganda is seeking to hire a consultant to undertake end of project evaluation in the project target areas of Anyiribu Sub County (3 parishes) in Madi-Okollo district and Uriama Sub County (4 parishes) in Terego district. The End line Evaluation seeks to assess the outcomes and impact of the project against objectives, outcomes and indicators in relation to the baseline findings. The findings will be compared to the baseline findings to determine the achievements, changes and impact that have been created within the project implementation areas. The findings will support in making judgments about program, guide program design and improve program effectiveness based on the findings of the evaluation. The end line Evaluation will ensure data has been collated for each indicator and analyzed with respect to baseline data. In addition to gathering data against project indicators.

## **2.2. Specific Objectives**

4. Assess the progress on the prevailing health status and issues affecting access to and utilization of essential quality healthcare services (Maternal child health) by Women and Children in the refugees and host communities in Terego, and Madi-Okolo districts.
  - Level of improvement of RMNCH services
  - Extent to which referral pathways and quality care of MCH health services have been strengthened
  - Level of improvement in health services delivery through equipping supplies and community engagement
5. Assess the contribution of the project on current levels of knowledge, attitudes and practice (of women including male participation) in water, hygiene & sanitation (WASH) among vulnerable groups in the refugee and host communities in Terego and Madi-Okolo districts; water access, use and storage
6. Assess the capacity of health care workers in provision essential quality healthcare services (Maternal child health).
7. Assess the progress on the capacity of the district health systems (public and community-based health systems) to provide quality healthcare (Maternal child health, hygiene & sanitation among vulnerable groups) services. This includes
  - Availability and accessibility of health facilities and services offered for mothers and children terms of distances, cultural acceptability, affordability, availability and appropriateness (client-friendly, inclusive, responsive, and hygienic).
  - Assessment of availability and use of VHT services.
8. Identify the challenges still affecting access to and utilization of quality health care services (Maternal child health, hygiene & sanitation among vulnerable groups).
9. Assess the contribution of SCOREP project on current capacity and readiness including practices of village health teams on referring women Maternal child health services in Terego and Madi-Okolo districts.
10. Assess progress on the key social cultural barriers on health care seeking behavior among community members.
11. Assess the status of partnership coordination at Districts and among partners in Terego and Madi-Okolo districts.

12. Assess the impact, effectiveness, efficiency, relevance, coherence and sustainability of project outcomes, approaches, models, and strategies.
13. To identify and document intended outcomes, unintended outcomes, best practices, lessons learned as well as challenges experienced during project implementation.
14. Assess the status of gender and power analysis within targeted communities.
15. Provide concrete recommendations based on the findings to inform decision-making, future programming and project designing.
16. Develop an end line evaluation protocol, submit it for IRB approval and develop and manuscript for publication.
17. Extract a five-page impact series that includes: key lessons learnt; pointers of any change, positive or negative, direct or indirect in the communities as result of project interventions including any potential risks that are likely to affect the achievement of the results.

### **3.0. Scope of work**

The consultant and his/her team will be expected to undertake the following tasks:

- Form an End line Evaluation Assessment steering committee with membership from Amref, RICE West-Nile, districts teams and local communities.
- Develop an inception report detailing the consultant's understanding of the assignment, proposed methodology, deliverables, timelines and budget.
- Develop data collection tools to be reviewed by Amref Uganda and Amref Italy staff.
- Use digital data collection methods.
- Recruit Research Assistants to work with the consultant in managing primary and secondary data collection.
- Conduct a desk review of project documents and other relevant documents.
- Develop a comprehensive implementation plan for carrying out the End line Evaluation, including a training plan for the research assistants.
- Train data collectors / research assistants and pre-test data collection tools.
- Coordinate and supervise data collection, including interviews and focus group discussions. Develop a data entry template, oversee data entry and conduct data analysis.
- Prepare a draft report and present to Amref Uganda, RICE West-Nile, Amref Italy's and partners for feedback.
- Conduct a dissemination meeting to share the results with key stakeholders (including MoH and beneficiary representatives).
- Develop a final report incorporating feedback provided.
- Develop an End Term Evaluation manuscript and an Impact series for publishing the project achievements
- Submit all the questionnaires and data sets (raw data) used in analysis.
- Submit to Amref Uganda country office the final report (The report will be: three bound hard copies, three soft copies in CD ROMs and a complete data set and code book). The reports should be no more than 40 pages, excluding annexes.

### **4.0. Approach**

It is expected that the consultant(s) will adopt participatory evaluation methodologies involving the local community, government (MoH) and civil society. The evaluation design shall follow

selected dimensions of the DAQ criterias discussed, agreed upon and approved by Amref during the Inception meeting before commencement of any field data collection.

### **5.0. Deliverables**

- i) Inception Report (Technical) outlining the selected evaluation methodology and justification for the selected evaluation methodology, schedules, data collection tools, names and particulars of the consulting team members.
- ii) A financial overview (budget) in UGX indicating the costs of conducting this exercise.
- iii) A work plan indicating timelines when different activities will be done
- iv) Manuscript and impact series for publishing the end line findings
- v) Submission of final Evaluation report and any relevant documents to Amref Health Africa at the end of the evaluation exercise. This should include relevant annexes such as:
  - o Data collection tools such as the questionnaire, key informant guides, Focus group guides
  - o Cleaned Raw database (in SPSS) for data collected and used for the analysis,
  - o Data editing code sheet, and analysis plan clearly indicating how each variable were analyzed.
  - o All other relevant documentation related to the assessment
  - o Power point slides on the Key findings

The final evaluation report should be concisely written, include Amref Health Africa in Uganda feedback and be submitted within 5 working days after Amref provided comments to the draft.

### **6.0 Expected Profiles of the Consultant**

The consultant should have a good understanding of national health sector policies, plans and systems, including Maternal and child health and WASH, strategies and frameworks in Uganda as well as human rights and gender related issues. The consultant should have a minimum of five years of previous consultancy experience in primary health care, WASH, Maternal and child health or related fields.

The suitable candidate should also have the following skills:

1. Demonstrated track record in designing and undertaking evaluations in Primary Health Care, WASH, Maternal and child health or related fields surveys and in implementing assessments such as service availability mapping, service provision assessments.
2. Being conversant with Nexus approach and its integrated humanitarian and development interventions.
3. Experience in quantitative and qualitative methods, including publications in peer-reviewed journals.
4. Experience in conducting evaluations following the OECD/DAC criteria
5. Demonstrated ability to provide timely, evidence-based, quality assured technical reports.
6. Good proficiency in writing skills and communication skills (in English) (A sample of past reports written by the consultant is required)

### **7.0. Role of Amref Health Africa in Uganda**

- a) Participate in the evaluation steering committee meetings.
- b) Provide technical oversight, quality assurance and control for the evaluation as necessary
- c) Provide feedback on the draft inception report and confirmation of approval before any data collection begins.
- d) Mobilise local communities and partners to effectively participate in the evaluation.

- e) Provide the venue and equipment for the presentation and dissemination of the findings.
- f) Provide the relevant project documents for review.
- g) Facilitate the dissemination meeting before the final report is signed off.

#### **8.0. Role of district local government team**

- a) Provide relevant technical staff to participate in the survey.
- b) Mobilize communities for the survey and provide relevant information to stakeholders on its purpose.
- c) Attend the dissemination meeting before the final draft of the report is finalized.

#### **9.0 Role of the community**

- a) Participate in the End-line evaluation survey through provision of information
- b) Participate in the End-line evaluation survey as trained Research Assistants
- c) Through community elders, mobilize the community to participate in the End-line evaluation survey

#### **10.0 Time Frame**

The Rapid assessment is expected to take a maximum of 30 days. This includes the submission of the final report. The final report is to be submitted within five days of completion of the End of project Evaluation assessment

#### **11.0 Response to this proposal**

Applicants must include in their application a detailed technical and financial proposal (Not exceeding 30 pages excluding annexes) with the following components:

##### **11.1 Technical proposal**

- Understanding and interpretation of the Terms of Reference
- Proposed methodology to be used in undertaking the assignment
- How the consultant will ensure quality at all steps of the process
- Data analysis plan
- Time and activity schedule
- Samples of two most recent related works
- Curriculum vitae of key personnel
- Specifically, how the consultant(s) and their team understanding of labor laws and policies.

##### **11.2 Financial Proposal**

- Detailed cost proposal in Uganda Shillings
- Other costs e.g. Travel, training, printing, taxes etc.
- Total cost

## 12.0 Proposal Evaluation and award Criteria

Amref Health Africa in Uganda will evaluate the proposals and award the assignment based on Quality Cost-Based Selection (QCBS) criteria. Technical evaluation will have a weight of 75 points as detailed in below table, whereas financial proposals will have 25 points. On the basis of technical and financial proposals, Amref Health Africa in Uganda will select the company/individual, given he/she meets the best overall value. Amref Health Africa in Uganda 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.

<b>Technical Criteria</b>	<b>Technical Sub-criteria</b>	<b>Score</b>
Overall Response	Completeness of response and demonstrated understanding of the TOR/Task.	10
Experience	Range and depth of experience with similar programs and projects, Number of organizations, size of projects, number of staff per project Client references	15
Key Personnel	Key personnel: relevant experience and qualifications	15
Proposed Methodology	Programme management, evaluation methodology, monitoring and quality assurance process Innovation approaches	35
Financial Proposal	Detailed financial proposal	25
Maximum Points	TOTAL Points for Technical Proposal	100%

## 13.0 Proposed payment schedule based on deliverables

Payments 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 to the program.

<b>Payment Instalment</b>	<b>Deliverable</b>	<b>%</b>
1st	submission of inception report	25%
2nd	submission of preliminary findings and report outline	30%
3rd	submission of final report	45%

**Time Frame**

The end of project evaluation is expected to take a maximum of **30 days** from **November 1,2023 to November 30,2023**. The consultant will prepare an indicative timeline of execution of the assignment including presentation of the final report to stakeholders.

**Application procedure**

The deadline for submission of technical and financial proposals is **October 29 ,2023**. Interested Independent Individuals/Firms (Consultants) who meet the above requirements should submit a technical and financial proposal to; The Human Resource Office Amref Health Africa, Uganda Country Office 8 Plot 1 Okurut Close, Kololo (Opposite Lohana Academy) P.O. Box 10663 Kampala in Soft Copies: [jobs.amrefuganda@amref.org](mailto:jobs.amrefuganda@amref.org).

**Evaluation and award of Consultancy**

Amref Health Africa in Uganda will evaluate the proposals and award the assignment based on technical and financial feasibility. **Amref Health Africa in Uganda reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest, the highest or any bidder**. Only the successful applicant will be contacted and those not successful be notified.