Terms of Reference for Final Evaluation

ECHO – Improving access and utilisation of life-saving Health, Nutrition, Food Security and Livelihoods, Child Protection and Disaster Preparedness interventions for the most vulnerable IDPs, refugees and host communities in South Kordofan, West Darfur, Central Darfur, Blue Nile and Khartoum

# Project Summary

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| Type of evaluation | Final Evaluation |
| Name of the project | Improving access and utilisation of life-saving Health, Nutrition, Food Security and Livelihoods, Child Protection and Disaster Preparedness interventions for the most vulnerable IDPs, refugees and host communities in South Kordofan, West Darfur, Central Darfur, Blue Nile and Khartoum |
| Project Start and End dates | Start date: 1 May 2022End date: 1 May 2024 |
| Project duration | 2 years |
| Project locations: | South Kordofan, *West Darfur, Central Darfur*, Blue Nile and *Khartoum* |
| Thematic areas | Health and Nutrition, Child Protection, Food Security and Livelihoods and Disaster Preparedness |
| Donor | ECHO – European Civil Protection and Humanitarian Aid Operations (European Commission) |
| Key stakeholders  | State Ministries of HealthState Ministries of AgricultureState Ministries of Social ServicesState Ministries of Disaster Risk ReductionLocality Health Departments Locality Agriculture DepartmentsCommunity-based groups of targeted areas |
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| Estimated beneficiaries | 399 616 refugees, IDPs and host community members |
| Overall objective of the project | To contribute to improving access to and utilization of integrated, life-saving health, nutrition, disaster preparedness, protection, basic needs and livelihoods services for the most vulnerable IDPs, refugees and host communities in South Kordofan, West and Central Darfur, Blue Nile and Khartoum |

**INTRODUCTION**

These Terms of Reference are for Final Evaluation of the ECHO project, titled ‘Improving access to and utilization of integrated, life-saving health, nutrition, disaster preparedness, protection, basic needs and livelihoods services for the most vulnerable IDPs, refugees and host communities in South Kordofan, *West and Central Darfur*, Blue Nile and *Khartoum*’. The project aimed to contribute to reducing morbidity, mortality, and permanent disability among Internally Displaced People (IDPs), refugees, and host communities in the aforementioned project locations. The project commenced implementation in 2022; all sectors’ activities were completed in 2023 and project modified to account for the outbreak of armed conflict in Sudan.

This Final Evaluation is being commissioned to assess the project on Development Assistance Committee criteria, which are Relevance, Effectiveness and Sustainability, while looking at the progress made by the project towards achieving planned objectives. This document will provide information about the project background, the intended methodology, and the timeframes for the final evaluation.

# **Project background**

Save the Children (SC) has been working in Sudan since 1984 to deliver programs to children and communities in need. SC Sudan works across 9 states: Khartoum, Blue Nile, South, West, and North Kordofan, North, West & Central Darfur, and Red Sea states. In South Kordofan State, SC has established a field office in Abugebeha locality in September 2019 where most of the operations exist, this new office will enable SC to improve monitoring frequency to ensure quality implementation. SC also has a strong presence in North Darfur and has been implementing projects also in Kalemando for a couple of years now. In West Darfur, SC established its operations in 2004 and with ECHO funding, SC is responding to Geneina emergency since February 2020.

The project aimed to deliver lifesaving assistance to 284 196 refugees, IDPs and host community members (123 139 men, 160 967 women) vulnerable refugees, IDPs, host communities, incl. children and pregnant and lactating women (PLW). It focused on locations affected by the influx of refugees fleeing their home countries because of the high risk of famine caused by prolonged conflict and adverse climate conditions. The project delivered an integrated package of life-saving interventions of Health, Nutrition, Food security, Child Protection and Disaster Preparedness. Specific needs of vulnerable girls and boys were considered, including Sexual and Gender-Based Violence (SGBV) survivors and children with a disability, through protection mainstreaming across the sectors. The health intervention provided preventive and curative mother and child health services appropriate to different age groups, including psychosocial support, child protection, SGBV and MHPSS referral, and child safeguarding. The nutrition intervention provided treatment of severely and moderately acute malnourished girls and boys (6-59 months), promotion of IYCF-E, and providing WASH services within facilities to support IDPs, conflict-affected and underserved host communities. The food security and livelihoods intervention sought to raise the purchasing power of 3,000 households (HHs) to access basic food needs, as most of the vulnerable community faces severe food shortages. The child protection intervention provided and strengthened preventive and responsive child protection services such as direct age-appropriate case management services and psychosocial support, as well as recreational activities for children at risk. The disaster preparedness intervention primarily focused on strengthening communities’ preparedness and readiness to respond, including protecting the most vulnerable members. As a cross-cutting approach throughout the implementation, capacity building and resilience mechanisms were put in place with local communities and government to ensure local stewardship of processes, systems, and sustainability of this Action.

The main objective is to find out whether the ECHO project achieved its intended outcomes (reducing health and nutrition-related morbidity, mortality and permanent disability, and mitigating the effects of COVID-19, at the same time as enhancing food security and protecting livelihoods, building resilience and increasing disaster preparedness, and strengthening protection of children in conflict among the target beneficiaries), and how, if and why the project made a difference.

For each result, the following indicators were included:

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| **Outcome indicators**  | * **Proportion of the targeted population able to access essential health services within 60 minutes travel**
* **Severe Acute Malnutrition Recovery rate**
* **% of 6-23 months old children in target population who receive a minimum acceptable diet (MAD)**
* **​% of the target population with acceptable Food​ Consumption Score (FCS)**
* **% of households by Livelihoods Coping Strategies (LCS) phase (Neutral, Stress, Crisis, Emergency)**
* **% of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner**
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| Result 1 | 1. Number of primary health care consultations
2. Number of children who received community-based treatment for malaria, diarrhoea and/or acute respiratory infections
3. Number of live births attended by skilled health personnel
4. Proportion of children (age <1) who received PENTA3 vaccine

COVID-19 related case fatality rate at Khartoum Isolation centre  |
| Result 2 | 1. Number of health facilities where nutrition programs are implemented
2. Number of children under 5 admitted for treatment of Severe Acute Malnutrition
3. Number of days of stock out in OTP facilities
4. Number of active mother support groups that receive training on SGBV and referral pathway
5. Average number of different food groups consumed in the previous 7 days by the households targeted by the ‘cash plus’ intervention
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| Result 3 | 1. % of households with acceptable monthly expenditures made on components of the MEBN
2. Household Diet Diversity Score of beneficiary households
3. % of beneficiaries successfully access their cash/redeem their vouchers on monthly basis for four months
4. Number of people provided with resources to protect and start rebuilding livelihood assets
5. Number of households with girls and boys at risk of SGBV/grave violations receiving cash and voucher assistance (CVA)
6. % of households who report being able to meet their basic needs as they define and prioritize them
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| Result 4 | 1. Number of people reached through Information, Education and Communication on disaster risk reduction (DRR)
2. Number of people covered by early action/contingency plans
3. Number of community small scale infrastructures and facilities built or protected
4. Number of people whose livelihoods and assets are protected from shocks and stresses
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| Result 5 | 1. Number of persons reached by the implementation of specific prevention measures
2. Number of children who received appropriate Case Management response, including referral to other specialized service or assistance providers as necessary
3. % of participants demonstrating an increase in knowledge on the different protection subjects in focus
4. Number of concrete strategies to prevent, report and/or respond to child recruitment at individual, community and/or national level
5. Number of Multi-Purpose Community Centres active/functional in strengthening CBCPNs in prevention and response to child protection concerns including CAFAAG and other forms of grave violations
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| Result 6 | 1. Number of households reached with emergency response activities funded through the crisis modifier
2. Number of days between the shock or crisis onset and CM activation
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**Changes to the action due to April 2023 armed conflict in Sudan**

A modification request was made as a response to violence power struggle that broke out on 15 April 2023 in Sudan’s capital of Khartoum between the two main factions of the ruling military regime: the Sudanese Armed Forces (SAF), which acts as the official Sudanese army, and a paramilitary force, the Rapid Support Forces (RSF).

To date, active fighting between SAF and RSF persists in and around the Khartoum and Darfur States, making it inaccessible amid a worsening humanitarian situation. The conflict has resulted in displacement of civilians in Khartoum, Northern, Blue Nile, North/ South Kordofan, North Darfur, West Darfur, Central Darfur, and South Darfur states, as well as cross-border movements to surrounding countries.

Save The Children Sudan has not been able to implement their operations in WD and in CD since start of recent conflict due to the insecure situation at the state after seizing of West Darfur by the RSF. Unavailability of key necessary parameters (such as access, fuel, electricity, ability to distribute stocks, ability to establish supply chains, access to money) have become a real challenge with no foreseen positive improvement in the operational environment.

Therefore, SC would like to request to shift the remaining activities from West and Central Darfur to South Kordofan and Blue Nile supporting newly displaced populations to have access to primary health care services, nutrition services and child protection services as well as access to basic needs through MPCA as follows:

* Result 1- Health – Shift to new health facilities in South Kordofan (2HF) and Blue Nile (2HF)
* Result 2 – Nutrition – shift remaining activities and budget to South Kordofan
* Result 3 – FSL/CVA – shift remaining budget to support cash distribution for HH in SK and cash for seeds in BN
* Result 5 – Child Protection – shift remaining budget to implement activities in Blue Nile

# **Scope of evaluation**

This study will be conducted at the end of the ECHO project. It will build upon the needs assessment and the baseline study previously conducted. The primary purpose of the study is to find out if the ECHO project contributed to reducing health and nutrition-related morbidity, mortality and permanent disability, and mitigating the effects of COVID-19, at the same time as enhancing food security and protecting livelihoods, building resilience and increasing disaster preparedness, and strengthening protection of children in conflict among IDPs, refugees and host communities in South Kordofan, West and Central Darfur, Blue Nile and Khartoum. The main study objective is to find out whether the ECHO project achieved its intended outcomes, how, if and why the project made a difference.

The final project evaluation will be conducted by an independent evaluator with the purpose of examining the questions outlined below. The main role of the external evaluator will be to offer an objective/impartial view of the project thus improving credibility of the findings. An external evaluator will also be more cost-effective as SCI Sudan may not have sufficient resources to dedicate full-time internal staff for the data collection and evaluation. The initial scope covering the DAC criteria have been adjusted in light of time and resources. The evaluation process should be participatory involving all relevant stakeholders including SC Staff, partners, relevant government bodies and communities with specific focus on children.

# **Key Questions**

1. **Relevance of the intervention for target groups**
* How important were the interventions for the target groups?
* Were the project interventions adapted to address the needs and interests of different target groups, and were there certain project interventions which could have been adapted better?

# **Effectiveness of the project interventions**

* Did the program/project achieve its intended outcomes and objectives? How effective were the different strategies adopted in the project and why? Did we successfully reach children living in the most vulnerable and food insecure households?
* Are there any differences in outcomes achieved by different groups, including girls, boys, and persons with disabilities? What factors allowed or prevented us from meeting the most vulnerable and food insecure people?
* Were there any unintended outcomes?
* How big is the effectiveness or impact of the project compared to the objectives planned?
1. **Sustainability of the project interventions**
* How viable is the sustainability plan and how it can be improved considering the role of state ministries, locality departments, community-based groups and communities?

*When exploring the Relevance, Effectiveness and Sustainability of the interventions, the Final Evaluation should answer the questions outlined above for specific target groups, disaggregating findings by refugees, IDPs, host community, men, women, boys and girls, including pregnant and lactating women.*

# **Evaluation Methodology**

The evaluation will be using a rights-based and participatory approach that involves all relevant stakeholders while collecting data. The evaluation process will use a secondary data review approach, as well as a mixed-methods approach comprising of primary quantitative and qualitative. The evaluation process will include among other things desk reviews, field visits, a household survey, interviews, group discussions with stakeholders and target beneficiaries, including data harvesting exercises to look at what has changed and how that is linked to the project interventions. Desk review will be completed prior to commencement of field work. Field visits will be conducted at project’s sites in South Kordofan, *West Darfur, Central Darfur*, Blue Nile and *Khartoum*.

It is a key priority for Save the Children that data is collected in a safe and ethical manner, especially when engaging with children. Data collection tools should be age-appropriate and child-friendly. Any data, analysis and findings should be disaggregated by gender, age, location, vulnerability (Pregnant and Lactating Women (PLW), Persons with Disabilities (PWD), sexual and gender-based violence (SGBV) as well as by refugee, internally displaced persons (IDPs) and host communities.

### Ethical Considerations

Ethical considerations will be applied, including the following:

* **Child participation**. The evaluation should, where appropriate and safe, support participation of children in the evaluation process beyond simply being respondents. Opportunities for collaborative participation of children include involving children in determining success criteria against which the project could be evaluated, supporting children to collect some of the data required for the evaluation themselves, or involving children in the validation of findings.
* **Inclusive**. The evaluation should ensure that children from different ethnic, social and religious backgrounds have the chance to participate in the process, as well as children with disabilities and children who may be excluded or discriminated against in their community.
* **Do no harm**. The evaluation will be designed and implemented in such a way that it does not put people at risk of harm, whether intentionally or unintentionally. The consultant as well as anyone supporting data collection will be trained on (child) safeguarding policy and referral practices and must comply with SC’s Child Safeguarding Policy and Code of Conduct. A referral procedure will be developed to ensure that protection concerns identified during data collection are referred timely and appropriate. A risk assessment should be completed prior to data collection in each area.
* **Respect for Autonomy, Informed Consent, Confidentiality and Anonymity**. Participation in the data collection activities is a free decision. Potential participants (adults and children) will be provided with information about Save the Children, the purpose of the data collection, the length and scope of the data collection activity, and Save the Children’s feedback and reporting processes, to ensure they can make an informed decision about their participation. If at any point in time during the data collection, the participant does not want to continue, he or she will be free to stop. This will be explained at the start of the activity. Informed consent of each person (including children) participating in the data collection will be documented.

# **Evaluation Management**

The study manager will be the Learning and Evidence Specialist. The consultants selected for the project will report to the Learning and Evidence Specialist every two weeks and provide updates on the progress of the study. The L & E Specialist will also approve all the deliverables of the consultancy.

**Evaluation Timeline March to June 2024**

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| What | Who is responsible | Who is involved |
| Evaluation TOR  | Learning and Evidence Specialist  | Project team and program specialists |
| Tender review and selection of consultant | Procurement  | Learning and Evidence Specialist |
| Kickoff meeting with consultant, documentation review, desk research | Consultant | MEAL |
| Inception report and data collection tools  | Consultant | MEAL and Project team |
| Inception report review | MEAL, Project staff, TS, member  | MEAL and Project team |
| Review and testing of tools, training of enumerators  | Consultant  | MEAL, Project staff, TS, member |
| Data collection and management | Consultant | Learning and Evidence Specialist |
| First draft report of evaluation  | Consultant |  |
| Validation meeting to present key findings to SCI staff | Consultant, MEAL, Project staff, TS, member  | MEAL and Project team |
| Review of first draft report | Head of MEAL, Project staff, TSs, Member | Learning and Evidence Specialist |
| Finalization of the report | Consultant | MEAL, Project team, TS, Member |

# **Expected DELIVERABLES**

**Inception report**

An inception report will be developed by the selected consult, expanding on the Evaluation Framework, the methodology outlined above and the guiding principles of the evaluation. It should highlight: summary of key findings from the desk review, key questions, methodology, sampling considerations, data collection plan, data collection methods, data collection tools, management of data quality issues, process for obtaining the participants’ consent, matrix of roles and responsibilities indicating roles of the persons involved in the evaluation, expected deliverables and timeline, training of enumerators, contents and duration of training, and measures to ensure data confidentiality.

**Data collection tools**: Will be developed by selected consultant

**Original encrypted datasets** in MS Excel form and SPSS/Stata codes used in the analysis

**Evaluation Final Report**:

The final report should include the following sections:

* Table of Contents
* List of Acronyms
* List of Tables
* Executive Summary
* Background
* Scope of Evaluation
* Methodology and Limitations of the Evaluation
* Main Findings
* Conclusions and Recommendations
* SCI evaluation response plan
* Annexes
	+ Evaluation ToRs
	+ Project logframe
	+ Final data collection tools
	+ List of people involved
	+ Any other relevant documents

**Sharing evaluation findings**

The Final Evaluation report will be shared internally with Save the Children staff, including Save the Children Finland, as well as with the Donor. The consultant will be asked to present key findings to project staff at the end of their contract through a workshop. They will also be asked to create a two-page summary with key findings that can be widely circulated within the Sudan Country Office. The CO will use the results from the final evaluation to develop an Evaluation Response Plan. The Evaluation Response Plan will outline concrete actions to share the findings and agreed actions with children and communities.

**Applying evaluation findings**:

Learning from the final evaluation will guide the future programming of Save the Children Sudan. The findings will also be used for improving current projects of the similar nature.

**Evaluation Report Scoring Tool**

The evaluation report will need to meet the standards of Save the Children’s Evaluation Report Scoring Tool, which will be shared with the consultant when starting their contract.

# **Consultant Profile**

The following are the main requirements for the consultant:

* Proven record in evaluations of humanitarian projects in the NGO sector.
* Broad knowledge of humanitarian and development issues, specifically in health, nutrition, food security and child protection.
* Proven experience in quantitative and qualitative analysis.
* Skills and experience in conducting ethical and inclusive studies involving children and vulnerable groups and in using child participatory techniques and the Washington Group Questions
* Fluency in Arabic and English is a requirement.
* Excellent verbal/written communication skills and strong report writing skills.
* Awareness of cultural sensitivities and local context, ideally with working experience in Darfur or South Kordofan
* Ability to work with team and under pressure to meet deadlines and produce agreed deliverables.

To apply for this evaluation, applicants are expected to share the following documents:

* A proposal showing your understanding of the assignment and how you will conclude the work, including proposed methodologies, mode of analysis, and the number of personnel to be involved, detailed timelines, budget and terms of payment and any foreseen challenges.
* Up to date organizational/individual Consultant CVs and CVs for relevant staff.
* Cover letter.
* Traceable and contactable referees for each.
* Two sample reports from previous most recent consulting projects (all samples will be kept confidential) or links to website where reports can be retrieved (highly recommended).

Once a candidate/firm has been selected the following documents will be made available (at a minimum):

* Evaluation Report Scoring Tool
* Project proposals
* MEAL Plan
* Needs Assessment /Baseline Report
* Project reports, such Field Monitoring Reports and Post-Distribution Monitoring reports
* Indicator Performance Tracking Tables

**Days**

The final evaluation is expected to take 80 days

**Payment Schedule**

The payment shall be **30%** upon submission of a satisfactory inception report, **30%** upon submission of first draft report and **40%** upon submission of a satisfactory final report. **PREFERENCE WILL BE GIVEN TO CONSULTANTS CURRENTLY PRESENT IN SUDAN AND HAVE NETWORKS IN THE TARGET STATES** (please indicate where in Sudan the consultant is based).

**INSTRUCTIONS ON PROPOSAL SUBMISSION**

The bid should be submitted and addressed to Sudan.Bids@savethechildren.org and cc Janet.Mugo@savethechildren.org.For any question/query relating to the proposal, please email Janet.Mugo@savethechildren.org

Bidders are required to prepare and submit the following:

* The completed **Bidder Response Document (BRD)** No. SDN-MEAL-2024-004 to be filled out by bidder. Failing to submit the BRD may result in disqualification of your bid.
* **Technical Proposal** (1. Company/Organization profile and expertise; 2. Proposed Methodology and Implementation Plan 3. Management Structure and Key Personnel (CVs)
* **Financial Proposal** (Detailed budget in USD)

Any Proposal received by SCI after the deadline shall be declared late and will not be considered.

TOR prepared by: Janet Mugo

Sign off by:

Date of sign off: