**Final Evaluation Term of Reference**

**Plan International Sudan**

**(Enhancing the Integration of Humanitarian Response in the area of WASH, Nutrition and Maternal Health for South Sudanese Refugees (SSRs) and host communities in White Nile State, Sudan)**

**Funded by: Takeda Pharmaceutical CO LTD**

**1st January 2018 to 31st December 2021**

**TOR \_ Final Evaluation \_SDN\_Takeda project \_SDN100264**

1. **Project Information and Description**

|  |  |
| --- | --- |
| Organization | Plan International Sudan |
| Project title | (Enhancing the integration of humanitarian response in the area of WASH, Nutrition and maternal health for south Sudanese Refugees (SSRs) and host communities in White Nile State, Sudan  |
| FAD #: | SDN100264 |
| Project Period | 1st January 2018 to 31st December 2021 |
| Total Budget  | 150,000,000 JPY |
| Local Partners  | Humanitarian Assistance Program (ASSIST)  |

1. **INTRODUCTION:**

Plan International is an independent child rights and humanitarian organization committed to children living a life free of poverty, violence and injustice. We actively unite children, communities and other people who share our mission to make positive lasting changes in children’s and young people’s lives. We support children to gain the skills, knowledge and confidence they need to claim their rights to a fulfilling life, today and in the future. We place a specific focus on girls and women, who are most often left behind. We have been building powerful partnerships for children for more than 75 years, and are now active in more than 70 countries. In Sudan Plan International is operating in four Program Areas which are White Nile, Kordofan, Kassala and North Darfur.

The goal of Plan International Sudan’s Country Strategic Plan (CSP 2018-2022) is “Vulnerable children and youth are able to realize their full potential within protective and resilient communities which respect and promote girls’ equality”. This will be achieved through the following five strategic objectives:

• Vulnerable Children of 6-14 years, particularly girls and young women, complete quality, gender responsive and inclusive formal and informal basic education to succeed in life.

• Vulnerable Young people, particularly young women, (15-35 years old) are able to decide on their lives and lead in economic, social and civic life of their communities.

• Vulnerable children particularly girls and young women live in communities free from all forms of violence, traditional harmful practices and gender discrimination and are able to take decisions on their lives.

**•** Vulnerable children particularly girls 0 - 5 years grow up equally valued and cared for to thrive in communities and societies that respect child rights and equality.

**•** Vulnerable children, especially girls, live in resilient communities and have free and safe access to life-saving services during and after natural disasters and conflicts.

1. **BACKGROUND about the project:**

The worsening humanitarian situation in South Sudan has triggered an important influx of South Sudanese refugees in Sudan that is higher than initially anticipated by UNHCR's initial Regional Refugee Response Plan. Since December 2013, more than 417 000 refugees have sought refuge in Sudan, including more than 151 000 new arrivals since January 2017. UNHCR's worst-case scenario of 240 000 new arrivals for 2017 could be reached if current arrival trends continue.

Nine Sudanese states are affected by the South Sudanese refugee crisis but more than 60% of the new arrivals are in White Nile and East Darfur.



As of June,2017 update from UNHCR the number Bio-metrically registered in White Nile state reached 129,038 (72,245 female & 56,793 males) as in the below table:

|  |  |  |  |
| --- | --- | --- | --- |
| Cohort | Female  | Male  | Total |
| # | % | # | % | # | % |
| 0-4 | 13,295 | 10% | 13,361 | 10% | 26,656 | 21% |
| 5-11 | 18,322 | 14% | 18,336 | 14% | 36,658 | 28% |
| 12-17 | 11,951 | 9% | 11,614 | 9% | 23,565 | 18% |
| 18-59 | 25,628 | 20% | 12,361 | 10% | 37,989 | 29% |
| 60+ | 3,049 | 2% | 1,121 | 1% | 4,170 | 3% |
| Total | 72,245 | 56% | 56,793 | 44% | 129,038 | 100% |
|   |   |   |   |   |   |   |
| SSR Camps  | H H | IND | Total     |
| M | F |
| JOURIE | 2,459 | 4,230 | 5,259 | 9,489   |
| ALKASHAFA | 3,028 | 5,578 | 7,329 | 12,907   |
| ALAGAYA | 4,327 | 7,130 | 8,191 | 15,321   |
| DABAT BOSIN | 820 | 1,468 | 1,557 | 3,025   |
| ALREDAIS1 | 2,914 | 4,878 | 6,408 | 11,286   |
| ALREDAIS2 | 4,452 | 8,005 | 10,562 | 18,567   |
| UM SANGOUR | 4,826 | 7,606 | 7,439 | 15,045   |
| KHOR ALWAREL | 11,232 | 17,898 | 25,500 | 43,398   |
| Total | 34,058 | 56,793 | 72,245 | 129,038  |

1. **PROJECT SUMMERY/OVERVIEW**

Nearly all States hosting the refugees are already impacted by conflict and displacement as well as critical malnutrition levels and limited access to basic services. Additionally, the Acute Water Diarrhoeal outbreak that started in August 2016, with more than 16,000 reported cases, is currently affecting several States, including some of the refugee-hosting areas in White-Nile State

, Plan International Sudan has immediately responded to this crisis since, Dec 2013, through providing live saving interventions, Child Protection, WASH, Education and livelihood support targeting the most vulnerable groups mainly children and women.

Despite the efforts exerting by humanitarian actors, still there are many challenges facing the SSRs, Assessments of the refugees’ knowledge on contamination reservoirs, routes of feco-oral transmission showed that only 15% of the respondents mentioned water safety as the preventive measure of diarrheal diseases (19% of camp respondents and 11% of host community respondents). Survey results also revealed that, only 10% of the people in camps (16%) and host communities (3%) knew the role of latrines in prevention of diarrheal diseases.

the accumulated cases of diarrheal diseases are 37087 (33.8% of those attended clinics). Most of these cases occurred among children,in addition the Acute Watrey Diareah (AWD) has spread widely since April,2017 in the 9 localities of the White Nile state with accumlated cases of 7753 and 124 deaths.

As the results of malnutrition screening conducted by Department of Nutrition – State ministry of Health in the year 2016, the prevalence of SAM in SSR Camps was 3.7%, where the MAM was 14.6% and GAM was 18.4%. This result was achieved using WFH, but the malnutrition by MUAC were; SAM = 1.9%, MAM = 4,9% and GAM = 6.8%.

The survey conducted by Department of Nutrition – State ministry of Health in the year 2016 revealed that, 94% of children were supplemented by vitamin A and 95.1% of children received measles vaccine. Also, 45.2% of women reported exclusive breastfeeding their children for 5 months where only 38.6% of women introduced complementary food during 6 – 8 months and the level of timely initiation of breastfeeding was 60.0 %. The survey shown that, 54.2% of children was anaemic and 39.1% of women suffering anaemia.

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There were 43 maternal deaths in White Nile State during a year 2016, 2 of them occurred in SSR camps. So, the maternal mortality rate in the state for a year 2016 = 53.4, in each 100,000 and in SSR camps = 67.1 in each 100,000, in addition to 80 obstetric emergency cases were referred to State Hospitals during the first 6 months of 2016, due to poor maternal care services in the Refugee camps.

considering this critical situation of most vulnerable children and women the support in WASH, Nutrition and maternal care is urgently required to reduce the emerging risks of SSR lives

**4.1 Overall Project Objective**

To reduce the vulnerability, suffering and deaths from the water related-diseases, malnutrition and maternity health problems among the South Sudanese’s Refugees and Host Communities in White Nile State -Sudan.

**4.2 Project Specific Objective**

* 52,249 South Sudanese Refugees in 4 camps and 4317 from host communities have access to sanitary latrines and basic hygiene messages.
* 15,273 children aged 0 – 59 months, 2962 pregnant and 2962 lactating women in 6 SSR camps and 8 host communities receive improved nutrition services.
* 18,732 women in 8 SSR camps and 8 host communities have access to improved antenatal, obstetric and referral services.

**4.3 Project’s outcome and outputs**

**Outcome1:** 52,018 South Sudanese Refugees in 4 camps and 4317 from host communities have access to sanitary latrines and basic hygiene messages.

Output 1.1: 52,249 SSR people in 4 Camps and 4,317 from host community will have received basic hygiene messages

**Output 1.2**:4000 of household received proper water handling containers.

**Output 1.3**:4 WASH committees formulated, trained and control over the communal latrines (latrines management) in the 4 SSR camps

Regular Monitoring and supervision visits.

**Outcome2**: 12,123 children aged 0 – 59 months, 2,962 pregnant and 2,962 lactating women in 6 SSR camps receive improved nutrition services.

**Output 2.1**: Strengthened implementation of nutrition awareness, case finding and referral system.

**Outcome 3**: 18,732 women in 8 SSR camps and host communities have access to improved antenatal, obstetric and referral services.

**Output 3.1**:Strengthened implementation of antenatal and obstetric care.

**Output 3.2**:Improved the awareness about family planning, STIs and HIV\AIDS prevention.

1. **Objectives of the Evaluation:**
* To provide an independent and in-depth assessment of the overall performance of the project and the achievements of envisioned results
* To examine project’s impact, effectiveness, efficiency, sustainability and relevance on the lives of children, households and communities in target areas.
* To document lessons learned, best practices, success stories, implementation gaps and challenges to inform future initiatives.
* To provide recommendations for major stakeholders on how gaps can be strengthened in the similar projects in future.
1. **Evaluation Criteria:**

**The final evaluation should focus in assessing the project in terms of:**

* **Effectiveness**: The extent to which, and the reasons behind, the achievement (or not) of the project objectives, and whether these are leading to unintended (positive or negative) consequences for anybody involved or affected by the interventions.
* **Sustainability**: the probability of continued long-term benefits to the target populations after the project has been completed.
* **Relevance**: The extent to which the interventions and their approaches were suited to the priorities and policies of the people and communities they were intended to benefit.
* **Efficiency**: The extent to which financial resources were used economically and efficiently, potentially including cost-benefit ratios and alternative programming approaches
* **Child rights, gender and inclusion**: The extent to which the project applied gender and inclusion sensitive approaches and explicitly aimed for results that improve the rights of children and young people and gender equality.
* **Impact:** to establish causal attribution to any observed positive and negative, primary and secondary long-term effects observed.
1. **Child rights, gender and inclusion**

In line with Plan International’s values and organizational ambition, all evaluations should seek to priorities a focus on child rights, gender and inclusion, and trying to understand the extent to which the project applied gender and inclusion sensitive approaches and explicitly aimed for results that improve the rights of children and young people and gender equality. All other evaluation questions prioritized should also seek to mainstream child rights, gender, and inclusion considerations as part of their enquiry.

All Plan International staff and consultants hired by Plan International must adhere to Plan Internationals Child and Youth Safeguarding Policy. The consultant must obtain written/ verbal consent from the respondents of primary data collection. Permission from parents must be sought if the children under 18 years are involved. Signed informed consent of each child and his/her parents need to take after explaining purpose of the study and its usage. Details on child safeguarding will be provided during the inception briefing.

1. **Methods for Data Collection and Analysis:**

Following the desk review, the evaluator in close collaboration with Plan International Sudan and local partners will design the evaluation tools to collect the primary data. If applicable, the same or similar tools will be used as in the baseline study, to ensure as high a comparability of the findings as possible. The study will include qualitative and quantitative approaches with a variety of primary and secondary data sources. The final Evaluation will be participatory and will fully involve all relevant stakeholders in the evaluation process, including CPCBNs and children, through child-centered participatory methods.

The feedback from the stakeholders may be collected in different ways depending on the evaluation, but it should give information on what they think about the project, whether it is working or not, what they see as the value for them and how it supports their own or other development efforts. Plan is also interested in seeing the evaluation process as encouraging reflection and dialogue among all the main stakeholders involved in the social issues we work on, from their perspective as well as ours.

The following are some proposed tools. However, the evaluator should not feel limited to them, if other tools are deemed relevant to this evaluation. The tools provided by the evaluator should be gender-sensitive and where children are involved, child-friendly, and should be tested and will be reviewed and approved by Plan before commencing data collection activities.

* Participatory tools such as focus group discussions, in-depth interviews, observations, semi-structured stakeholder interviews, key informant interviews, workshops, surveys.
1. **Sample and data analysis**

The consultant will provide the suggested sampling methodology and size. Plan will review the suggested sampling methodology and size and decide whether to approve it or if any further modifications or changes are needed.

At a minimum, the evaluation should ensure that it covers the targeted areas in White Nile State, the sample should be as representative as possible and be gender balanced.

**Analysis and disaggregation of data**: The consultants are expected to analyse the evaluation data using statistical software such as SPSS, EpiInfo All the collected data should be disaggregated by age, sex and location.

Plan and partners will play a supportive role including mobilization and the consultant(s) is/are expected to familiarize him/herself with all secondary data relevant to this project from Plan, its partners, communities and other stakeholders.

1. **Ethics and Child Protection**

Plan International is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with MERL Standards and our Child and Youth Safeguarding Policy. All applicants should include details in their proposal on how they will ensure ethics and child protection in the data collection process. Specifically, the consultant(s) shall explain how appropriate, safe, non-discriminatory participation of all stakeholders will be ensured and how special attention will be paid to the needs of children and other vulnerable groups. The consultant(s) shall also explain how confidentiality and anonymity of participants will be guaranteed.

Plan International Sudan is committed to actively safeguarding children from harm and ensuring children’s rights to protection are fully realized. Plan takes seriously the commitment to promote child safe practices and protect children from harm, abuse, neglect and any form of exploitation as they come into contact with Plan supported interventions. In addition, we will take positive action to prevent child abusers from becoming involved with Plan in any way and take stringent measures against any Plan Staff and/or Associate who abuses a child. Our decisions and actions in response to child protection concerns will be guided by the principle of ‘the best interests of the child’. As such, the Evaluation processes must ensure appropriate, safe, non-discriminatory participation; a process of informed and un-coerced consent and withdrawal; confidentiality and anonymity of participants. The Consultant will provide a statement within his/her proposal on how they will ensure ethics and child protection in the process of data collection and visits. This must also include consideration of any risks related to the study and how these will be mitigated.

The consultant that will be selected must adhere to the Child protection Policy. Reference checks will be carried out in conformity with Plan’s Child Protection Policy for the successful candidate before confirming the offer.

1. **Timeline and Key Deliverables**

During the whole period of the assignment, follow up meetings will be held between the consultant firm and Plan International Sudan focal points to tackle any field problems anticipated in order to addressed it beforehand. The proposed detailed workplan to undertake this Evaluation is based on below uncertain schedule:-

|  |  |
| --- | --- |
| Issue | Timeframe |
| An inception report highlighting operational methodology, templates for Evaluation, teams, detailed cost for Evaluation etc. Plus detailed work plan. Completion of contract.  | 7 days  |
| Data collection, field work and data analysis | 10 days after inception report approval |
| Final End Evaluation Report  | 10 days |
| Total  | 27 days  |

1. **Plan International Sudan provisions to the consultant:**
* Provision of documents related to the Evaluation that are requested by the consultant.
* Provide linkages to relevant resources and information available.
* Facilitate Any necessary approval of the assessment with relevant local authorities in the state.
* Provide financial support to the consultant on time based on signed contract agreement.
* Ensure the consultant and the working team understand the safeguarding policy and code of conduct.
* Ensure consent forms are available and used by the working teams.
* Ensure the MERL ethics guidelines are in place and considered by the working team.
1. **Deliverables and Outputs:**

Below are the expected deliverables by the consultant based on close consultation with the Project Manager:

* An inception report highlighting methodology, detailed work plan, templates for Evaluation, evaluation teams, etc as well as the **budget** to be **reviewed and approved** by Plan International Sudan.
* Conduct a desk review of key relevant documents and literature (both internal and external) to have clear understanding of the contextual framework.
* Provide final version of data collection tools, methodology and analysis.
* Carry out and administer data collection and analysis for reporting
* A draft report in English with rounds of feedbacks with from Plan International Sudan should be expected.
* Final evaluation report should also be submitted in electronic version incorporating the main benchmarks, recommendations and finding on the evaluation.
* Provide a copy of the raw data either soft and hard for documentation or further analysis if needed.
1. **Expertise and Experience of the Consultant**
* The consultancy team should be a multi-disciplinary to ensure covering the following skills:
* Track-record of previous high-quality Evaluations and mappings experience, including using participatory approaches particular in the areas of protection, Health & Nutrition and WASH.
* Familiar with participatory approaches and having strong participatory methodology and experience,
* Experience in carrying out similar evaluation/research.
* Have a minimum of a BSC degree in the fields of Social Sciences or any other related fields,
* Know how to undertake desk reviews, as well as rapid assessments, qualitative and quantitative data collection & or evaluations and research.
* Have solid understanding of the situation of the country, local context and the ongoing changes.
* Aware of gender equality, gender transformations and responsive programming
* Excellent communication skills (written and oral) in English and Arabic/local language.
* Proven ability to publish concise, focused, and easily understandable research/studies and evaluation reports.
1. **Application Process & Requirements**
* Interested Consultant must submit the following documents:
	1. **Cover Letter,**
* **CV of the firm and the survey team members** that will be involved in the evaluation.
* Sample of previous work in similar consultancy work (assessment/survey/baseline assessment and evaluation). It can be a part of the CV.
	1. **Technical proposal**

To conduct the Evaluation which reflects on the following: -

* show a thorough understanding of this term of reference.
* plan for the evaluation information to be collected (detailed timeframe, including dates for submission of first draft and final report).
* proposed methodologies appropriate given the objective of the Evaluation.
* include a description of how to approach the data gathering methods and how to approach sampling.
* How assessment tools will be developed.
* Final report.
	1. **Tentative financial proposal (budget) containing:**
* consultancy fees/costs.
* field data collection expenses broken down by team members, number of days, fees per team member according to the level of involvement and number of days required from each.
* travel, communication (internet, mobile credit) and administrative expenses.
* any other related costs and required for the proper conduction of the survey.
* Plan will cover the cost of meeting for presentation and validation of the results.
* In case of institution paying VAT, you should include it in financial budget.
1. **Applications**

Applications to be submitted together with the proposal including your financial proposal and documents in a sealed envelope on or **before 4:30 pm of Sunday October 15th 2021** to operations Department at: Plan International Sudan, Block# 12, Building# 26, Al Amarat St.#27, Alimtidad, East Khartoum PO Box 528, SUDAN, the envelop must be marked with the title of the assignment. So, you can submit your detailed proposal to Ahmed Mohamed Ibrahim – Procurement Specialist via his email Ahmed.Ibrahim@plan-international.org​ with copy to Dr. Elzahara, Program Lead – Health & Nutrition in her email:

Elzahra.Mohammed@plan-international.org Kindly note that the closing date of submission above and place.

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1. **Safeguarding Children and Young People Policy (SCYPP)**

The firm/individual shall sign and comply with Plan’s Safeguarding children and Young People Policy of and any violation /deviation in complying with Plan’s SCYPP will not only result-in termination of the agreement but also Plan will initiate appropriate action in order to make good the damages/losses caused due to non-compliance to the policy.

1. **Bindings**

All documents, papers and data produced during the assessment are to be treated as Plan’s property and restricted for public use. The contracted agency/consultant will submit all original documents, materials and data to Plan International Sudan in the Country office.

1. **Disclaimer**

Plan International Sudan reserves the right to accept or reject any or all proposals without assigning any reason what so ever.

1. **Annexes to be given to successful candidate:**
2. Plan International’s Safeguarding Children and Youth People Policy – for adherence
3. Plan International’s Research Policy and Standards – as guidance.
4. Detail information about the indicators that should be stressed during the evaluation.