



**Save the Children**

## **Terms of Reference for Final Evaluation**

**ECHO – Improving access and utilisation of life-saving Health, Nutrition, and Food Security Services for the most vulnerable IDPs, refugees and host communities in West Darfur, North Darfur and South Kordofan (24600148)**

**Feb 2021**



# PROJECT SUMMARY

<b>Type of evaluation</b>	Final Evaluation
<b>Name of the project</b>	Improving access and utilisation of life-saving Health, Nutrition, and Food Security Services for the most vulnerable IDPs, refugees and host communities in West Darfur, North Darfur and South Kordofan
<b>Project Start and End dates</b>	Start date: 01 April 2019 End date (amended): 28 February 2021
<b>Project duration</b>	1 year, 10 months, 30 days
<b>Project locations:</b>	Sudan, North and West Darfur, South Kordofan
<b>Thematic areas</b>	Health and Nutrition, WASH Food Security and Livelihoods
<b>Donor</b>	ECHO – European Civil Protection and Humanitarian Aid Operations (European Commission)
<b>Key stakeholders</b>	State Ministry of Health ( SK, ND & WD) State Ministry of Agriculture ( SK) Locality Health Department ( Abugebeha & Elliri) Water and Environmental Sanitation Programme Community based groups of targeted areas Network Organization of Best Life (NOBEL)
<b>Estimated beneficiaries</b>	201,281 individuals
<b>Overall objective of the project</b>	To contribute to reduce health and nutrition related morbidity, mortality and permanent disability among, IDPs, refugees and host communities in West Darfur, North Darfur and South Kordofan

# INTRODUCTION

These Terms of Reference are for Final Evaluation of the ECHO HIP project, called 'Improving access and utilisation of life-saving Health, Nutrition, and Food Security Services for the most vulnerable, IDPs, refugees and host communities in West Darfur, North Darfur, and South Kordofan. The project aimed to contribute to reducing health and nutrition-related morbidity, mortality, and permanent disability among Internally Displaced People (IDPs), refugees, and host communities in the aforementioned project locations. The project commenced implementation on April 1, 2019, with an initial end date for 30 April 2020, but was extended until February 28, 2021. During its implementation, the project received two top-ups one in February 2020 and one in June 2020 for COVID-19.

This Final Evaluation is being commissioned to assess the project on four Development Assistance Committee criteria, which are Relevance, Effectiveness, Impact 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 Kalemendo 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 201,281 (47,341 boys, 51,286 girls, 49,274 men, 53,380 women) vulnerable refugees, IDPs, host communities, incl. children and pregnant and lactating women (PLW). It focused on locations affected by the 2018 and 2019 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, and Food security. 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. As a result, this project improved the ability of the health and nutrition system to cope with the unprecedented refugee influx, deliver nutritional support for severe acute malnutrition (SAM) through Community-based Management of Acute Malnutrition (CMAM) approach, promoted improved infant and young child feeding in emergencies (IYCF-E), as well as increased knowledge of and use of safe water, sanitation, and hygiene practices at health and nutrition facilities. The project piloted Health-E-Net in Siragiya and look for the possibility to scale up. Cash and Voucher Assistance (CVA) interventions of the project aimed to enable refugees, IDPs, and host communities to address their immediate food and livelihood needs. The food security initiative for the female and the child-headed households was scrutinized from a protection lens to address the gender and age-specific concerns with the expectation to prevent vulnerable young people from negative coping mechanisms such as child labor, early marriage, and recruitment to armed Forces and Groups

(CAFAAG). 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 project's main results were:

1. Improved access to quality health care services, appropriate for children and women, including the SGBV survivors, in South Kordofan and North Darfur, supporting 201,281 individuals;
2. Improved access to integrated quality CMAM in South Kordofan and North Darfur, supporting 85,576 individuals;
3. Improved food security with appropriate kcal intake for most vulnerable refugees from South Sudan, supporting 2,340 households (16,380 individuals).
4. Increase access to safe drinking water, improved sanitation and hygiene services in West Darfur, supporting 12,173 individuals;
5. Provide emergency NFIs, Health, WASH, Protection activities to the flood-affected population who have been verified as having had their homes destroyed by flooding

For each result, the following indicators were included:

Result 1	<ol style="list-style-type: none"> <li>1. Total number of days in which one or several of the top 10 most vital drugs were not available in stock</li> <li>2. Number of primary health care consultations</li> <li>3. Number of outbreak alerts responded to</li> <li>4. Number of live births attended by skilled health personnel</li> <li>5. Number of health facilities rehabilitated</li> <li>6. Total number and proportion of children (age &lt;1) who received all antigens</li> <li>7. Number and proportion of pregnant women attending at least ANC2</li> <li>8. % of SGBV survivors who are presented at supported health facilities managed according to MoH protocols or WHO standards</li> <li>9. Number of health facilities with clean and safe water for drinking and hygiene purpose</li> <li>10. Number of health and nutrition staff assigned to Kalemendo by Ministry of Health</li> </ol>
Result 2	<ol style="list-style-type: none"> <li>1. Number of health facilities where nutrition programs are implemented</li> <li>2. Number of children under 5 admitted for treatment of Severe or Moderate Acute Malnutrition</li> <li>3. Number of days of stock out in OTP facilities</li> <li>4. Number of human settlements free of human feces on the ground in and around the site</li> <li>5. Proportion of infants 0–5 months of age who are fed exclusively with breastmilk</li> <li>6. Proportion of children 6–23 months of age who receive foods from 4 or more food groups</li> <li>7. Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods.</li> </ol>
Result 3	<ol style="list-style-type: none"> <li>1. Number of people enabled to meet their basic food needs</li> <li>2. % of vouchers successfully redeemed on monthly basis</li> <li>3. % of inclusion and exclusion errors</li> </ol>

Result 4	<ol style="list-style-type: none"> <li>1. Number of people having access to sufficient and safe water for domestic use</li> <li>2. Number of people living in settlements with a functional solid waste management system</li> <li>3. Number of people receiving direct hygiene promotion (excluding mass media campaign and without double counting)</li> <li>4. Number of HFs with clean and safe water</li> </ol>
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### Implementing Partner:

South Kordofan; the project was implemented through partner Pan Health Care organization (Pancare) at the beginning for a few months and then due to a government decision SCI implemented directly in coordination with line ministries.

North Darfur: Before the Top Up the project was implemented by SCI directly in North Darfur state and through partner organization Network Organization of Best Life (NOBEL) in Top Up phase.

## SCOPE OF EVALUATION

The final project evaluation will be conducted by an independent evaluator with the purpose of examining the questions outlined below. 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

- **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:
  - What progress has the project made towards achieving its planned objectives?
  - Did we successfully reach children living in the most vulnerable and food insecure households (as set out in the project proposal)? How relevant / robust were our targeting criteria?
  - What factors allowed or prevented us from meeting the most vulnerable and food insecure people?
  - What is the level of beneficiary satisfaction regarding project interventions?
  - What have been enablers and barriers to achieving the planned objectives including access to facility based delivery, SGBV services, and mainstreaming Child Protection? Regarding SGBV, which strategies were adopted to overcome stigma, and fear of retaliation at community level?
  - What is effectiveness of current adopted referral system and how to improve it ?
  - How effectiveness of distance consultation approach implemented in Siragyia health centre and what is possibility of scale up.

- What lessons can be learned from the project implementation?
- What measures were taken to ensure Accountability to Affected Population, protection against sexual exploitation and abuse, in particular boys and girls? And what effect did these have on the delivery of the interventions?
- **Impact** of the project interventions:
  - Did the project Improve access to quality health care services, appropriate for children and women, both at facilities and community level? Did the health approaches work well? What were the key challenges and lessons learned?
  - Did the project Improve access to integrated quality CMAM in South Kordofan and North Darfur? Did the nutrition approaches work well? What were the key challenges and lessons learned?
  - Did the project improve the food security of the targeted beneficiaries with appropriate kcal intake? Did the FSL approaches work well? What were the key challenges and lessons learned?
  - Did project improve WASH conditions of the target beneficiaries in West Darfur? Did the WASH approaches work well? What were the key challenges and lessons learned?
- **Sustainability** of the project interventions:
  - How viable is the sustainability plan and how it can be improved considering the role of Sudan Ministry of Health, health committees and communities?
- **Coverage:**
  - How have we decided where to work and are we working in the most affected geographical areas?
  - To what extent the project interventions were accessible to persons with disabilities?

*When exploring the relevance, effectiveness, Impact, Sustainability and Coverage 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 primary qualitative data duly considering the COVID 19 protective protocols. The evaluation process will include among other things desk reviews, field visits, 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 West Darfur, North Darfur and South Kordofan.

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 (PLW, PWD, SGBV) as well as by refugee, IDP and host community.

### Ethical Considerations

Ethical considerations will be applied, including the following:

- **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. The risk assessment will specifically consider COVID-19 related risks and mitigation measures.

- **Do good.** In addition to do-no-harm considerations, this evaluation will be helpful to those people taking part in the data collection as they will be oriented how to follow COVID 19 precautions.
- **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

In this section highlight the **timeline of evaluation**, as well as the **management team** and the roles and responsibilities of members in the evaluation team (evaluation commissioner, main stakeholders, reviewers, etc).

### Evaluation Timeline template

What	Who is responsible	By when	Who is involved
Evaluation TOR	Head of MEAL and MEAL Manager in country	Jan 24	Project team and program specialists
Selection of consultant	Selection team	Feb 20	
Documentation review, desk research	Consultant	Feb 24	
Inception report and data collection tools	Consultant	March 3	MEAL and Project team
Review and testing of tools, training of enumerators	MEAL, Project staff, TS, member	March 10	MEAL and Project team
Data collection and management	Consultant	March 30	
First draft report of evaluation	Consultant	April 10	
Review of first draft report	Head of MEAL, Project staff, TSs, Member	April 17	
Finalization of the report	Consultant	April 22	MEAL, Project team, TS, Member

# EXPECTED OUTCOMES

## 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, managing data quality issue, 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 develop by selected consult

## 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*
  - o *Evaluation ToRs*
  - o *Project logframe*
  - o *Data collection tools*
  - o *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 Evaluation Response Plan should include 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.
- 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 the consultancy, applicants are expected to share the following documents by Feb 8, 2021:

- 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
- Project logframe
- MEAL Plan
- Needs Assessment /Baseline Report
- Project reports, such Field Monitoring Reports and Post-Distribution Monitoring reports
- Indicator Performance Tracking Tables