



Terms of Reference

Consultancy Service for Final Evaluation of the - 'Epidemic Control and Reinforcement of Health Services Phase I'

Care International Sierra Leone

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I. ORGANIZATIONAL PROFILE

CARE International in Sierra Leone was established in 1961, and over the years, CARE programmatic shifts in Sierra Leone have parallel the priorities of the nation. CARE has a significant understanding of the local operational context from its long presence in Sierra Leone, initially focusing on improving child nutrition through school feeding programs. CARE continued to have an impact on development through education, health and food security initiatives, up to the start of civil unrest in the region. During the years of war from 1992-2002 CARE was heavily involved in providing relief and emergency aid to victims of the war, and following the war continued to contribute to peace-building through programmes that reintegrated child soldiers into society. CARE's activities in Sierra Leone have evolved from those that contributed to resettlement, rehabilitation to development.

During the recent Ebola crisis, CARE Sierra Leone was one of the many organizations to continue its operations despite the challenges, mobilizing communities to spread messages on how stop the transmission and prevent the emergence of new outbreaks, establishing community-based early alert systems, building capacity for active surveillance, providing access to safe water, and strengthening the health system to respond.

In line with the program strategy of CARE Mano River, CARE Sierra Leone's program goal is to support women and girls to overcome poverty, using economic development as pathways for women's empowerment. Fundamental to CARE's commitment to making a lasting change in Sierra Leone is our focus on gender equality, as women remain excluded from key development processes and don't benefit from programs in same way as men.

Currently CARE is focusing on health/SRH, food security / livelihood, HIV/AIDS prevention, emergency response, women's economic empowerment, WASH, and advocacy reaching the most vulnerable in rural and per-urban communities and contributing to sustainable gender-just economic development to help women and girls overcome poverty.

CARE Sierra Leone has a very strong presence across entire northern region of the country and works with and builds capacities of local NGOs / CSOs, development partners, as well as collaborates / coordinates with Sierra Leone government through line Ministries for sustainability of program interventions. CARE SL has developed very strong relationship with both national bodies and sub-national state and community actors, such as Ministry of Health and Sanitation (MOHS) and Mano River Union Secretariat.

II. PROJECT DESCRIPTION

The phase 1 of Epidemic Control and Reinforcement of Health Services (ECRHS) project started as far back as November 2015, with funds from the German government through KfW, and was originally designed to provide response to the ongoing Ebola outbreak in Sierra Leone. The project has a supplementary phase that runs for 14 months, from August 2017 – September 2018.

The project aim is to improve the health status of Sierra Leoneans in northern districts (Bombali, Tonkolili, Kambia, and Koinadugu) in Sierra Leone. The design takes into account a longer-term view and work towards putting in place preparations for the transition to an extended health system strengthening (HSS) effort. The project has three main objectives:

Objective 1: Contain and stop diseases outbreak, including Ebola;

- ✓ Intermediate Result 1.1: Effective surveillance, and alert systems are in place and functioning at community level
- ✓ Intermediate Result 1.2: Improve knowledge and change behaviors to prevent communicable diseases transmission at community level (Social Mobilization)
- ✓ Intermediate Result 1.3: Improve access to and behaviors concerning water, sanitation, and hygiene (WASH)

Objective 2: Stabilize the Health System; with emphasis on sexual and reproductive health;

- ✓ Intermediate Result 2.1: Access to Sexual Reproductive Health and Family Planning increased.
 - ✓ Intermediate Result 2.2: Primary Health Units (PHUs) are able to provide essential health services
- Objective 3: Improved livelihood and food security of vulnerable households.
- ✓ Intermediate Result 3.1: Improved households and community resilience.

III. SCOPE OF PROJECT

The ECRHS project implementation is principally in four northern districts of Sierra Leone: Bombali, Tonkolili, Kambia, and Koinadugu, with limited implementation in Port Loko district within the supplementary period. Following the recent government restructuring of districts, there are two new additional districts in the project area: Falaba and Karene districts, which are redefined from the original northern districts. Thus, project has presence in all seven districts in the current administrative arrangement, and in the interest of this assignment, we would maintain classification around the four original districts of intervention.

The project is health sector lead with scope covers areas of health/SRH, WASH and Livelihood in over 400 communities and over 250 Peripheral Health Units (PHUs).

The project is implemented through four local NGOs based in the districts, and in collaboration with Mano River Union Secretariat, Water Directorate, Ministry of Agriculture Forestry and Food Security (MAFFS), and District Health Management Teams (DHMT) in the respective districts as well as with Ministry of Health and Sanitation (MOHS) at national level.

IV. EVALUATION OBJECTIVES

The overall aim of the evaluation is to assess result and impact of the above-mentioned Epidemic Control and Reinforcement of Health Services project against the project goal and outcomes in targeted northern region of Sierra Leone.

In particular, the evaluation aims to:

1. Assess the project result areas in relation to the following evaluation criteria:
 - *Effectiveness* – this criterion focuses on the assessment of achievement of project at objectives and intermediate results levels.
 - *Relevance* – this criterion focuses on the relevance of the project design to the priorities and challenges for communities, especially women and children in the Sierra Leone context.
 - *Efficiency* – this criterion focuses on the assessment of implementation of the project from the perspective of cost efficiency and beneficiary reach.
 - *Sustainability* – this criterion focuses on the sustainability of the achievements of the project when the projects end.
2. Assess the current nature of post-Ebola health services and surveillance mechanisms and structures within the communities and the linkages to the overall health systems.
3. Assess the added value and relevance of ECRHS project for strengthening the health systems to become drivers of change in health sector and able to hold duty bearers accountable for commitments made for advancing the health services;
4. Identify the project’s key challenges during implementation, and lessons learnt/best practices
5. Generate concrete conclusions and recommendations that can feed into decision-making processes regarding up-scaling SRH programming in the region and Sierra Leone.

The following issues should also be assessed:

- ✓ Sustainability of community based surveillance and motivation of community volunteers to participate in surveillance activities, and sustainable risk minimising behaviours.
- ✓ Utilisation of water supply and WASH facilities, maintenance aspects.
- ✓ Preparedness of health facilities for future disasters, epidemics, and support by the district teams, supervision.
- ✓ Volume of new Family Planning (FP) users in the region and the satisfaction rates.
- ✓ Level of hygiene practices compliance at facility level.
- ✓ Sustainability of village savings and loans associations (VSLAs) in the region and prospects for financial inclusion, in long term.

General aspects to be assessed will include, but not limited to:

- ✓ Gender-aspects, implication on women.
- ✓ Appreciation of the project's activities by the different beneficiaries

Quantitative methods will be complemented by qualitative approaches to assess the extent to which the project has achieved its intended objectives and how it has contributed to overall project goal to 'improve health status of Sierra Leoneans in northern districts'. This assessment will build on the midterm assessment gains and ensure proper appraisal of the design and tools used in the previous assessment.

The evaluation is expected to present evidence, recommendations and learnings which can be utilized by CARE Sierra Leone, and implementing partners in the development of potential future projects. The findings of the evaluation are also important for improving programme quality, identifying collaborative approaches with the civil society, and develop working methods together with women and girls at the community level.

V. SCOPE AND METHODOLOGY

Scope of the Evaluation:

The evaluation should assess the results of the Epidemic Control and Reinforcement of Health Services Phase I project against the targets set out in the original project documents and result framework. The evaluation will include field assessment in project sites of targeted regions of the country (Bombali, Tonkolili, Koinadugu & Kamba districts).

The evaluation should cover at least 20 Peripheral Health Units (PHUs) and 20 communities per district (more if possible), 10 communities with water rehabilitation, 50 CSLAs, and assure that sub-granted partner aspect for implementation at each district level are analysed. The assessment will explore the projects' related information for its full project period as mentioned in the background.

Methodology:

- The recruited consultants will be expected to *propose a detailed methodology* as part of the inception report (based on the information given in this ToR) suggesting adjustments to the methodology recommended below and to the available tools as necessary to meet the objectives of the evaluation as detailed above.
- It is expected that the methodology will include both qualitative and quantitative data collection methods and will consider both primary and secondary data sources.
- The consultants will be expected to review project documentation, interviews with a broad range of stakeholders including project management and field staff (in person or Skype calls), local partner organizations and government representatives where relevant and possible, as well as representatives of beneficiaries (including the women, CHWs, Health staff and community leaders) in

the project areas of targeted districts. Other methods including use of focused group discussions (FGDs), observations, documentation of the most significant change stories/case studies are also highly recommended.

- For field assessment, the consultant team will split their team members to conduct field trips, with support from the CARE's staff in arranging for field evaluation works. CARE's staff in each related countries will be appointed to support the consultants during field works and visits, mainly for coordination and arrangement of travels and meetings in that district. Related cost for field travels will be covered under this project evaluation.
- The total number of working days for evaluation will be the sum of evaluators' working days of the consultant team.
- The consultants will be selected by CARE Sierra Leone based on the acceptance of the consultant on the above outputs and timeframe. The recruitment will be proceeded based on CARE's Administrative procedure

VI. CONSULTANT'S MANDATE AND DELIVERABLES

This evaluation will take place in August 2018 and September 2018 and the evaluation product will provide strategic and learning direction in preparing the revision of the next phase of the project and designing other CARE projects in these sectors. Best practices will be shared with the governments and partners in SL so that they can be replicated in similar projects within the country.

The consultant shall, among other things undertake the following;

1. Review all relevant reports, proposals, existing tools and relevant literature on the project
2. Design a study to evaluate outcomes / results of the project as stated above, combining quantitative and qualitative methods
3. Identify and conduct facility and HHs interviews with a realistic sample of target group / stakeholders in project area to gather data on project results and outcomes.
4. Lead a discussion with CARE SL management team on the findings of the evaluation prior to finalizing the report.

Key deliverables are the following

1. An Inception report detailing out: methodology for evaluation, delivery schedule, budget, and research tools.
2. Workshop to present the inception report for validation; to be approved before commencement of actual data collection.
3. Soft and hard copies of draft of evaluation report / dataset.
4. Final evaluation report both soft and hard copies addressing all objectives, evaluation questions and including clear recommendations. The final evaluation report is the sole deliverable expected from the Consultants. The report shall be: produced in English language and should be simple in expression, maximum of 50 pages. Short Annexes to be attached separately, and the report format and text should be on A4 paper size in Arial font size 11.
5. Video or photo gallery of at least five Most Significant Change Stories from the evaluation beneficiaries.
6. Workshop in CARE Office to present the evaluation results: process/approach, findings, conclusions and key recommendation.

VII. MANAGEMENT AND COORDINATION

Upon selection, the Consultant is expected to engage with CARE SL for the following:

- a) Negotiate and conclude the contract terms and sign a contract.
- b) Review and finalize the Terms of Reference for the assignment and assessment design.

- c) Explore and reach agreement on the approaches or methodology to employ for the assignment (including documentation of Most Significant Change Stories).
- d) Obtain the documents critical to the assignment for initial review.
- e) Explore and sort out logistical needs for assignment including appointments.
- f) Finalize delivery plan with a designated CARE staff member who will work closely with the Consultant for purposes of learning, coordination and providing backstopping support. The staff will also have the responsibility of providing regular update on progress to the Project Director.

VIII. COMPENSATION OF CONSULTANCY

- ✓ The total professional fee for the Consultant depends on the qualification. The Consultant will be paid in tranches upon the satisfactory completion and approval of indicated outputs (can be negotiated):
 - 15% upon signing of contract
 - 85% upon the satisfactory completion and approval of final report version.
- ✓ The consultant is responsible to pay their own tax, unless the country of domicile requires that tax and other government liabilities be deducted at source.
- ✓ The agreed cost will be paid to the recruited consultants after the satisfactory delivery of work according to this TOR, upon receipt of consultant's invoice in accordance with CARE's payment policies, and the service agreement between the Consultant and the CARE. Maximum paid working days should not be over 45 days for the entire evaluation works.
- ✓ CARE Sierra Leone will cover the travel related cost for the consultants for field works.

IX. DURATION OF ASSIGNMENT

It is estimated that this assignment will officially commence on **August 1, 2018 and end on September 15, 2018**. The detailed timeframe will be finalized with the consultant.

The final report of no more than 50 pages to be submitted no later than five days after discussing the draft findings with the CARE program team.

X. SKILLS AND QUALIFICATIONS

The consultant is expected to meet the following desired criteria:

- ✓ Demonstrated experience of conducting evaluations of similar focus and scope;
- ✓ Demonstrated experience of conducting evaluations in development contexts;
- ✓ Extensive experience of developing and applying methodological approaches including quantitative and qualitative elements;
- ✓ Extensive and demonstrated experience of participatory evaluation methods for data collection and analysis in programme evaluation
- ✓ Experience in using mobile data collection / analysis tools is highly required for this exercise.
- ✓ Excellent understanding of the role of civil society for development in general and for health services in particular;
- ✓ Excellent understanding of the thematic priorities of CARE, such as FNS, SRH/ WEE, and gender equality;
- ✓ Fluent spoken and written communication skills in English; Strong interpersonal and analytical skills.
- ✓ Strong commitment to deliver high-quality on tight time frames and meet deadlines within agreed budgets;
- ✓ Previous experience of taking on mission for CARE International or other civil society organizations.
- ✓ Able to travel within the targeted districts without difficulties and travel limitation; and familiarity with Sierra Leon's political, cultural and socio-economic context is necessary.
- ✓ Experience of effective interaction with local and national organizations and government institutions.

XI. CONFIDENTIALITY

All materials and data furnished by or on behalf of CARE Sierra Leone in connection with these Terms of reference, materials created or produced shall be treated as confidential information. The Consultant shall not, during the continuance of these Terms of Reference or at any time thereafter, disclose to any person any confidential information.

XII. PREVENTING SEXUAL EXPLOITATION, ABUSE AND HARASSMENT

CARE has a zero tolerance on sexual exploitation and abuse and child abuse. CARE International takes seriously all concerns and complaints about sexual exploitation and abuse and child abuse involving CARE Employees and Related Personnel. CARE will initiate rigorous investigations of complaints that indicates a possible violation of this policy and will take appropriate disciplinary action, as warranted.

XIII. RIGHTS TO COPYRIGHT

The Copyright of the content and materials produced for this assignment shall be the absolute property of CARE Sierra Leone and ownership shall automatically vest in CARE. The consultant irrevocably and unconditionally waives in favour of CARE I Sierra Leone moral rights that may exist in any of the works or materials, provided that CARE Sierra Leone uses all reasonable endeavours to ensure that the consultant is credited in all appropriate uses of a photograph provided as part of the service, provided that CARE Sierra Leone shall not be in breach of contract if credit(s) are accidentally omitted.

XIV. APPLICATION MATERIALS

The proposal should include the following four items:

1. **One-page Summary of experience, not more than one page**
2. **Detailed CVs** of all professionals who will work on the evaluation. If there is more than one consultant on the proposed evaluation team, please attach a table describing the level of effort (in number of days) of each team member in each of the evaluation activities.
3. **Professional references:** please provide two or three references from your previous clients.
4. **Daily rate:** please mention the proposed daily rate for each consultant in USD.
5. Your anticipated **number of days** for each part of the process.

The **Summary of experience** should be no more than one page and should include the following:

- ✓ Experience in leading project/program evaluations (number of evaluations led (with dates, locations and names of organizations)/ number of evaluations served as team member)
- ✓ Experience in qualitative methods numbers of years of experience / tools/methods used in past)
- ✓ Experience in Health/SRH, Livelihood projects/programs (number of years of experience /titles of positions held, countries worked in. organizations worked for)
- ✓ Experience in using mobile data collection tools including KoBo Collect platform (number of years, type of research conducted in the past)
- ✓ Professional experience in Sierra Leone (number of years of experience; organizations worked for)
- ✓ Language proficiency

CARE is committed to diversity and inclusion within its workforce, and encourages all candidates, irrespective of gender, nationality, religious and ethnic backgrounds, including persons living with disabilities, to apply.