



CARE INTERNATIONAL IN SOMALIA/SOMALILAND

Terms of Reference (ToR) for Final Evaluation of Somalia Relief and Recovery Program-SRRP

Introduction

CARE International in Somalia/Somaliland is looking for an external consultant to carry out an end-line evaluation assessment for the Somalia Relief and Recovery Program-SRRP. The main purpose of engaging the external consultant is to assess the overall project performance and the achievement realized against the program indicators and objectives. In addition, the overall effectiveness and efficiency of the program will be measured in light of the situation at baseline. The evaluation report will identify best practices and key lessons in technical aspects as well as the program management approach to facilitate continued learning and improvement of humanitarian emergency response.

This end-line study is a performance evaluation that adopts a non-experimental design for simple pre-post comparison of results using a mixed-methods involving both quantitative and qualitative data. Data collection will involve a quantitative beneficiary household survey; document reviews, beneficiary and stakeholder interviews. A comparative analysis approach will be used to report on project achievements for selected indicator values. Quantitative household survey will be conducted through structured questionnaire, with relevant and appropriate questions, aimed at producing summary statistics. The quantitative household survey will be complemented by qualitative methods that will be conducted alongside the household survey in the form of key informant interviews (KII) and Focus group discussions (FGD)

About the Project

Repeated climate shocks, continued conflict, and protracted displacement mean that Somalia remains one of the most prolonged humanitarian crises in the world. Over 4.2 million people, including 2.5 million children were estimated to need humanitarian assistance and protection in 2019¹. Significant displacement and destitution driven by the 2016/17 drought and protracted conflict have left more than 1.5 million people across Somalia facing acute food insecurity² through June 2019 with 903,100 children under the age of five are likely to be malnourished in 2019 including 138,200 who are likely to be severely malnourished³. Women and children represented the majority of the 2.6 million people displaced across the country; including over 1 million who were displaced in 2018 alone⁴. Discrimination and exclusion of women, girls, and socially marginalized groups persist; worsened the level of acute humanitarian needs.

¹ UNICEF Somalia Humanitarian Situation Report No.2, 28 February 2019

² Post Deyr 2018 Technical Release-FSNAU-FEWSNET, February 2019

³ Ibid

⁴ UNICEF Somalia Humanitarian Situation Report No.2, 28 February 2019

Between February and April 2019, authorities in Somaliland, Puntland and Galmudug issued alerts and appealed for immediate humanitarian assistance to drought-affected communities. An estimated 525,000 people in these regions are in IPC Phases 3 and 4. Displaced women and girls, in particular, were at risk of domestic violence as well as rape and sexual abuse by armed civilians, government forces, and militia members.

In response to the aforementioned needs and based on key needs identified by CARE assessments and corroborated by reports from the Food Security and Nutrition Analysis Unit (FSNAU), the Famine Early Warning System Network (FEWSNET), local partners, and government authorities, CARE proposed to improve access to safe water and hygiene to drought-affected communities, provide temporary employment opportunities, deliver treatment services for acutely malnourished children and pregnant and lactating women, basic health services, and protection services. The project also aims at improving coordination through Somalia NGO consortium to concert and coordinate efforts to adequately address the recurrent humanitarian challenges in Somalia. The Somalia Relief and Recovery Project-SRRP aimed to address the most urgent and basic needs of affected communities in Bari, Galgadud, Lower Juba, Mudug, Sanaag, Hiran, and Sool regions which have been severely affected by the current drought crisis.

During the implementation of the project, Somalia experienced a triple crisis viz, the COVID19 pandemic, Desert Locusts and Gu' floods which disturbed the food security situation of the population in project targeted areas. The project responded to Gu floods in Puntland and Hiran where NFIs were distributed, boreholes were rehabilitated, water tracking was carried out and hygiene promotion activities were implemented. The project realigned some of the activities with the country office COVID19 response where the work hygiene promoters and GBV focal point were doing was aligned with the Risk Communication and Community Mapping-RCCE. In addition, other key services including Health, Nutrition and Wash was reprogramed to respond the emergent needs of the beneficiaries as a result of the COVID19 pandemic.

This 12-month project was built on the achievements of the 2018 - 2019 USAID/ OFDA-funded program. The project specifically targeted IDPs, pastoralists, returnees and vulnerable groups of host communities prioritizing women-headed households, persons living with disability, the elderly, and adolescent girls. USAID/OFDA-funded activities were complemented with funding from USAID/FFP, GAC, UNOCHA, WFP and UNICEF in the program areas.

Project Objectives

Goal: Increased access to basic services, reduced suffering, and enhanced community resilience for drought-affected communities in Somalia.

Sectors/ Subsectors	Objectives	Number of Pple targeted	Number of IDP targeted	Geographical area
Sector1: Economic Recovery and Market Systems	To increase income for disaster-affected households to meet basic needs	20,244	2,024	Bari, Galgadud, Mudug, Sanaag and, Sool regions
Sector2:	To improve health status amongst children under 5 and pregnant and lactating	50,990	5,099	Sanaag and Sool regions

Health	women through provision of quality health services and contribute to the reduction of maternal and childhood morbidity and mortality			
Sector3: Humanitarian Coordination and Information Management	The Somalia NGO Consortium (SNC) plays an increasingly effective role in coordination for humanitarian aid actors	85 International/Local NGOs	NA	Bay, Banadir, Sool, Sanaag, Mudug, Galgadud, Banadir, Lower Juba, Nugaal, and Woqooyi Galbeed regions
Sector4: Nutrition	To improve the nutritional status and prevent malnutrition-related morbidity and mortality of vulnerable children under five years and pregnant and lactating woman	27,490	2,749	Bari, Lower Juba, Sanaag, and Sool regions
Sector5: Protection	To enhance the prevention and mitigation of protection risks and improve quality of care offered to GBV survivors	40,000	35,000	Bari, Sanaag and Sool regions
Sector6: Water Sanitation and Hygiene-WaSH	To increase equitable access to safe and affordable drinking water and hygiene services for all and prevent waterborne-related diseases.	218,142	21,814	Bari, Galgadud, Mudug, Sanaag, and Sool regions

Evaluation Purpose

The main purpose of engaging the external consultant is to assess the overall project performance and the achievement realized against the program indicators and objectives. In addition, the overall effectiveness and efficiency of the program will be measured in light of the situation at baseline. The evaluation report will identify best practices and key lessons in technical aspects as well as the program management approach to facilitate continued learning and improvement of humanitarian emergency response. Findings of this final evaluation will be shared with USAID/OFDA, and with the humanitarian community working in Somalia/Somaliland, through the Somalia NGO Consortium, the UN Cluster system, the wider CARE international family, as well as through local networks.

Evaluation Questions

The specific evaluation questions are as follows

1. What are the current knowledge, attitudes, practices and behaviors in WASH, Health and nutrition compared to baseline information? how does the SSRP project interventions influenced them.

2. What improvements has been observed in regard to the current coping and livelihoods status for households and communities in targeted areas? How has the project interventions influenced them?
3. What opportunities or risks are known that maybe significant in the course of the project?
4. What is the current state of markets and local trade (inflation, quality and quantity of goods, incentives for traders to remain in business in time of crisis etc.)?
5. What is the current status of women's and girls' in terms of protection and empowerment? What opportunities exist for the project to contribute to improvements in this, in particular, the cash assistance and protection activities aspects?

DAC standard Evaluation question will also be considered for this evaluation as in follow;

Relevance:

- To what extent the program was suited to the particular needs, expectations and priorities of the stakeholders including the target communities and government?
- Did the program meet its stated objectives and achieved sectoral goals/targets?

Efficiency in use of resources:

- Was the process of achieving results efficient? Specifically did the actual or expected results (outputs and outcomes) justify the costs incurred? Were the resources effectively utilized?
- What factors contributed to implementation efficiency?

Effectiveness of program interventions:

- Did the activities achieve satisfactory results in relation to stated objectives/results? How did the program perform against the program indicators?
- To what extent did the activities contribute to enhancing local capacities and if not why?
- Assess whether the beneficiaries perceive that the planned benefits were delivered and received?

Impact:

- What real difference has the activity made to the beneficiaries? How many people have been impacted through program interventions?
- How the program contributed in supporting communities to cope and withstand in this disaster?

Sustainability:

- What benefits/ activities of the intervention are likely to continue without external assistance?
- What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project?
- How effective were the exit strategies, and approaches to phase out assistance provided by the project including contributing factors and constraints?

Innovations

- What are the innovative approaches used in program implementation?
- What innovative approached can be used to improve program delivery?

Flexibility

- How efficient (time, scope and resources) does the project adopted to the changing operational context i.e. floods and COVID19 pandemic.

- How relevant was these flexibilities to respond the identified urgent needs of the targeted people?
- To what extent does these flexibilities delivered required positive outcome for the project?

Evaluations Methods

This end-line study is a performance evaluation that adopts a non-experimental design for simple pre-post comparison of results using mixed-methods involving both quantitative and qualitative data. Data collection will involve a quantitative beneficiary household survey; document reviews, beneficiary and stakeholder interviews. A comparative analysis approach will be used to report on project achievements for selected indicator values.

Its expected the consultant to propose a suiting and detailed evaluation methodology encompassing the appropriate evaluation method, sampling, data analysis, presentation and reporting and ethical consideration of the evaluation.

Deliverables and Reporting Requirements

The evaluation deliverables are:

- I. Inception Report:** For review, the evaluation team should submit to CARE an inception report presenting findings from the desk review and/or examination of data to date. The inception Report should include
 - a. Detailed evaluation methodology
 - b. Proposed sample size with specific detail on sampling approach and methodology
 - c. Evaluation Matrix
 - d. Procedures for ethical consideration
 - e. Revised work plan
 - f. Data collection methodology, including data collection tools for all indicators
 - g. Proposed data analysis methods and the tools and technologies to be used.

- II. Draft Evaluation Report:** The evaluation team should share a draft evaluation report that addresses all the questions identified in the TOR and any other issues the team considers to have a bearing on the objectives of the evaluation. Once the initial draft evaluation report is submitted, CARE will have 5 working days in which to review, comment on the initial draft and submit the consolidated comments to the evaluation team. The evaluation team will then be asked to submit a revised final draft report within 5 working days, and again CARE will review and send comments on this final draft report within 3 working days of its submission.

- III. Final Evaluation Report:** The evaluation team will be asked to take no more than 7 days working days (or as agreed upon in the work plan) to respond to and incorporate final evaluation report comments from CARE. The evaluation team lead will then submit the final report to the Emergency Director in CARE International in Somalia/Somaliland. A fact sheet (one page) for each thematic area and a succinct presentation should accompany the final report.

- IV. Submission of Dataset(s) to the Development Data Library:** The consultant must submit the report to CARE in a machine-readable, non-proprietary format, any dataset created or obtained in performance of this award. The dataset should be organized and documented for use by even those not fully familiar with the intervention or valuation. The data sets to be submitted include

- i. All data collection tools used for the assignment
- ii. Raw and cleaned data sets (Qualitative and Quantitative)
- iii. Generated codebooks and syntaxes preferably in SPSS or STATA formats
- iv. Qualitative codebook, audio types, transcriptions and translations.
- v. All Photos documented for evaluation purposes
- vi. GPS Coordinates for all sampled locations
- vii. Presentations

Evaluator Profile

The evaluation will be external. The consultant/s will have to be a team or persons with vast experience in performing evaluations for similar projects funded by USAID as well as someone with vast experience in Somalia/Somaliland to better understand the context. Other qualifications for the consultant/s are listed below.

- 10 years' international humanitarian and development experience for each member of the consultancy team
- Proven humanitarian evaluation experience
- Solid experience and understanding of cash policy and delivery, including various delivery mechanisms
- Solid experience and understanding of CVA and its inter-connectedness to other sectors especially food security, nutrition and livelihoods.
- Strong knowledge of the drivers of malnutrition and poor health in the Somalia context and experience in evaluating health and nutrition programs.
- Strong knowledge and experience in the Somalia context (teams including Somali speakers are desirable and if unfeasible, it should be outlined how the team will obtain local feedback in their methodology.
- Knowledge and understanding of the World Humanitarian Summit's Grand Bargain and OECD DAC Criteria
- Strong experience and knowledge in application of humanitarian standards like SPHERE and Core Humanitarian Standards (CHS)
- Good understanding of integrated approach to programming and ability to make recommendations based on the evaluation findings
- Ability to see the big picture and make practical recommendations for delivery and improvements on the ground
- Ability to absorb, consolidate analyse and communicate large amounts of data and information simply and concisely
- Experience and ability to operate in security volatile environments
- Experience of working with local partners and private sector in particular the financial/payments sector
- Excellent inter-personal skills
- Willingness to travel to Somali/Somaliland under the CARE international security framework.
- Good participatory facilitation and workshop design skills
- Excellent English report writing skills

Evaluation Team Composition

This assignment is open for both individuals and companies who deem to have the required technical and professional capacity to apply, however, the consultant must provide information about evaluation team members, including their curricula vitae, the roles and responsibility for each while also explaining how they meet the requirements in the evaluation TOR. They are also required to demonstrate appropriate team structure that can enable timely and quality data collection and submission of required deliverables.

Application Requirements

The below requirements will be considered as part of the selection process and therefore, all interested applicants are encouraged to send;

1. A technical and financial proposal highlighting their understanding of the ToR and how they propose to respond to the ToR requirements including the evaluation design, tools and technologies in place for them to perform the assignment, implementation plan etc and financial quote.
 2. Team structure: details of consultant's capacity and how they structure the evaluation team. This also includes the CVs of key evaluation teams including the lead consultant(s).
 3. Sample work: at least three (3) samples of similar work (evaluation reports) performed for peer organization in Somalia or in the Horn of Africa region for the last 3 years.
 4. References: Names and contact details of at least three (3) organizations that has been performed similar work.
- **NB: Proposed key personnel used for bidding are expected to be the people executing the work of this contract.**

Duration of the Assignment

The duration of the assignment is 35 working days after signing of contract. Days are inclusive of travelling, fieldwork and reporting. The field data collection is expected to take place in September, 2019. The first draft of the evaluation report is to be submitted no later than a week after data is completed.

Table 1: Evaluation work plan

Key activities	Duration	Target Dates	Responsible Person
Review of project documents and submission of an inception report with all data collection tools and guidance (translated version of the tools and in mobile programming language i.e. xls file)	2 days	6 th Sep 2020	Consultants
Inception meeting between CARE and Consultant to agree on Evaluation Methodology and Data collection tools	1 Day	8 th Sep 2020	Consultants
Training for enumerators including piloting	3 Days	9 th - 11 th Sep 2020	Consultants
Field travels across regions	2 Days	12 th - 13 th Sep 2020	Consultants and Enumerators
Concurrent field level data collection (qualitative and Quantitative)	8 Days	14 th - 21 st Sep 2020	Consultants and Enumerators
Data Cleaning, analysis (qualitative and quantitative analysis including coding, translation and transcription) and presentation	5 Days	22 nd - 26 th Sep 2020	Consultants
Report writing and data synthesis.	5 Days	26 th - 30 Sep 2020	Consultants
Submission of draft report	1 Day	1 st Oct 2020	Consultants
Review of draft report by CARE technical team	4 Days	2 nd - 6 th Oct 2020	CARE Technical team
Integration of technical team comments	3 Days	7 th - 9 th Oct	Consultants

into the final report		2020	
Submission of final report including raw and cleaned data sets, data tables, codebooks, syntax/do files, translations and transcription, pictures etc.	1 Day	10 th Oct 2020	Consultants
Total consultancy Days		35 Days	

How to Apply

All applications MUST be accompanied by a technical and financial proposal including a brief outline of the proposed methodology, 3 references with contact details, a tentative work plan and the candidate's availability.

Interested consultants or firms are expected to submit their applications, updated CVs of individuals to conduct the study or profile of applying company to: consultants@som.care.org. Please indicate **FINAL PROJECT EVALUATION OF "SRRP PROJECT"** as the subject heading not later **than 2nd Septemebr 2020.**

Annex I: Status of Key Performance Indicators (Delivery of Outcomes)

Indicator	Baseline value
Sector 1: Economic Recovery and Market systems-ERMS	
Number of people participating in CFW activities	0
Total USD amount of cash transferred to beneficiaries as CFW payments	0
Sector 2: Nutrition	
Sub-sector: 2.1. Infant and Young Child Feeding in Emergencies	
Proportion of infants 0-5 months of age who are fed exclusively with breast milk	76%
Proportion of children 6-23 months of age who receive foods from 4 or more food groups	4.5%
Number of people receiving behavior change interventions to improve infant and young child feeding practices	0
Sub-sector: 2.2. Management of Acute Malnutrition	
Number of health care staff trained in the prevention and management of acute malnutrition	0
Number of supported sites managing acute malnutrition	0
Number of people admitted, rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites	0
Number of people screened for malnutrition by community outreach workers	0
Sector 2: HEALTH	
Sub-sector 2.1: Health Systems and Clinical Support	
Number of health facilities supported	0
Percentage of total weekly surveillance reports submitted on time by health facilities	0
Number of outpatient consultations	0
Number of health care staff trained	0
Sub-sector 2.2: Communicable Diseases	
Number of communicable disease consultations	0
Case fatality rates for communicable diseases	0%

Sub-sector 2.3: Reproductive Health	
Number and percentage of women who have attended at least two comprehensive antenatal clinic visits	0
Number and percentage of new-borns who received postnatal care within three days of delivery	0
Number and percentage of births assisted by a skilled attendant at birth	0
Sub-sector 2.4: Community Health	
Number of Community Health Workers supported (total within project area and per 10,000 population)	0
Number and percentage of CHWs conducting public health surveillance	0
Number and percentage of community members who can recall target health education messages	0
Sub-sector 2.5: Pharmaceuticals and Other Medical Commodities	
Number of people trained in medical commodity supply chain management	0
Number of health facilities out of stock of any medical commodity tracer product for longer than one week	0
Number of individuals accessing GBV response services	0
Number of dollars allocated for GBV programming	0
Number of individuals accessing GBV risk mitigation activities	0
Sector 5: Water Sanitation and Hygiene (WASH)	
Sub-sector: 5.1. Hygiene	
Number of people receiving direct hygiene promotion (excluding mass media campaigns and no double-counting)	0
Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands	70%
Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers	69%
Sub-Sector 5.2: Water Supply	
Number of people directly utilizing improved water services provided with OFDA funding	0
Average liters/person/day/ collected from all sources of drinking, cooking and hygiene	<7.5
Percent of water user committees created and/or trained by the WASH program that are active at least three (3) months after training	0
Sub-Sector 5.3: WASH NFIs	
Total number of people receiving WASH NFIs assistance through all modalities (without double-counting)	0
Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers	89%
Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash	90%