

**Terms of Reference**

**For**

**Endline Evaluation of Wells of Life’s Healthy Village Program 2022**

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| **Introduction/Background** | Water and sanitation are essential for life and health, but they are also essential for dignity, empowerment and prosperity. Water and sanitation are human rights, fundamental to every child and adult. But in Uganda, poor sanitation and hygiene, as well as unequal access to safe drinking water, make thousands of children very sick and at risk of death. Diarrhea alone, one of three major childhood killers in Uganda, kills many children every day. In most cases, children get the disease by drinking unsafe water or coming into contact with contaminated hands — theirs or parents or caregivers — that have not been washed with soap.  Early childhood diarrhea is not only deadly; it also contributes to Uganda’s high levels of stunting, which in turn affects children’s cognitive development and performance at school. In school, lack of proper sanitation facilities also leads to high absenteeism and dropouts, especially for girls.  Access to improved water and sanitation facilities does not, on its own, necessarily lead to improved health. It needs another step: there is now very clear evidence showing the importance of hygienic behavior — especially hand washing with soap after defecating and before eating or preparing food — to health improvement. Another key to reducing childhood illness and death is to stop using open fields or the bush as toilets. In Uganda, sanitation is still a challenge with 23% of the population practicing open defecation. Also, 64% do not practice adequate hand washing (washing hands with water and soap) in the rural areas. It is poor people who carry the greatest burden of poor sanitation. The poorest 20 percent of the population is 13.5 times more likely to defecate in the open than the wealthiest 20 percent, according to the World Bank. |
| **Wells of Life - Healthy Village Program** | For over ten years in Uganda, Wells of Life has made a measurable impact on the health needs of the rural communities of Uganda by delivering safe and clean drinking water to over 1 million people through drilling and restoration of water wells in districts across the country.  With the vision to contribute to the health, dignity and development spectrum, Wells of Life is aligned to the fundamental fact that safe water supply singularly is insufficient to prevent diarrheal deaths and sufferings that dissuade economic development among the poorer communities. Wells of Life therefore implemented a Healthy Village Project (HVP) in 2022 as a means to save lives and contribute to the development efforts in Uganda.  The project is delivered in collaboration with District Local Governments of Mityana, Kabale and Rubanda |
| 1. **Project Objectives** | The project seeks to realize the following two objectives;   1. To improve sanitation coverage and personal hygiene levels among communities and individuals in 30 villages and 26 schools. 2. To increase awareness on good water sanitation and hygiene knowledge, attitudes, practices and behaviors among individuals in the served communities of 30 villages and 26 schools. |
| 1. **Project Outcomes** | The projects outcomes include;   1. Villages have improved sanitation coverage. 2. Men, women and children in target communities adopt good personal hygiene practices. 3. Villages and schools have access to improved hygiene and sanitation facilities. 4. There is increased awareness about good WASH attitudes and behaviors among individuals in the served communities. |
| **Purpose of the consultancy** | The project is seeking to procure services of an independent consultant to conduct a mixed-method, gender-sensitive endline study to assess whether the project objectives and results as identified in the project`s log frame are being realized, and to document the lessons learnt as well as the success factors |
| 1. **Endline objectives** | This evaluation will be guided by the following 5 broad objectives:   1. To provide a robust measurement of the project’s results against the intended objectives and outcomes (higher level as well as intermediate outcomes). 2. To describe the mechanisms which the project has put in place to ensure sustainability 3. To draw lessons from the design, implementation, successes and failures of the project and how we might do things differently in the future. 4. To support with the dissemination of evaluation findings and lessons from the project |
| 1. **Evaluation Areas** | 1. ***Relevance*** 2. To what extent are the objectives of the project still valid for Wells of Life and her beneficiaries? 3. Are the expected results/outputs of the project consistent with the overall goal and outcome, immediate impact and overall goal/impact of Wells of Life? 4. Are the activities and outputs of the project consistent with the intended impacts and effects of the HVP? 5. ***Effectiveness*** 6. To what extent has the project already achieved its outcomes or will be likely to achieve them? 7. To what extent has the project already achieved its expected outputs or will be likely to achieve them? 8. What were the major factors influencing the achievement or non-achievement of the outcome(s)/expected results/outputs? (Also consider any which were possibly beyond the control of the project) 9. Was the project managed as planned? If not, what issues occurred and why? 10. ***Efficiency*** 11. To what extent were all items/equipment purchased and used as planned under this project? 12. Were objectives achieved on time? 13. Was the project implemented in the most efficient way (time, personnel resources)? Have any issues emerged, if so which ones and why? 14. ***Impact*** 15. What has happened as a result of the program? 16. How many women, men, girls, boys and people in total have already benefited from the program (immediate impact)? 17. What exactly has already changed in the lives of women, men, girls, boys (immediate impact)? 18. Which positive and/or negative effects/impacts in terms of gender and environment can be possibly be attributed to the program? 19. Which institutions (including local government) have already benefitted from the program and how? What has changed for whom (immediate impact)? 20. ***Sustainability*** 21. To what extent will the benefits of the project continue after the withdrawal of the donor? 22. If the program continues will it be integrated in local structures and/or funded by other sources? 23. What were the major factors which influenced the achievement or non-achievement of sustainability of the program? 24. If applicable, what needs to be done and/or improved to ensure sustainability? |
| 1. **Scope of work** | The scope of work for the current consultancy assignment will include;   1. **Content Scope:** The Evaluation will cover all the components of the intervention; HySan trainings in villages, capacity building for SMCs, adolescent girls, construction of facilities in schools and households etc. in line with the objectives of the HVP. The endline objectives, evaluation questions should be answered with evidence gathered through these evaluations and lessons learnt highlighted. 2. **Time Scope:** The evaluation will cover the implementation period from January to December 2022. The evaluation period will commence in January 2023 and is expected to end February 2023. 3. **Geographical Scope:** The evaluation will be conducted in 3 districts where the WOL HVP was conducted – Mityana, Kabale and Rubanda. 4. **Target group:** Households in the project locations, beneficiary schools – pupils and administrators, and other stakeholders who were involved in the project such District Health Offices, District Education Offices, Police - Family Protection Unit, WOL staff – Implementers. |
| 1. **Methodology** | 1. **Data sources:** The evaluation will obtain data from both primary and secondary sources for both qualitative and quantitative data 2. **Data collection:** Please describe the data collection methodologies; some suggestions are as follows; a household survey, Focus Group Discussions and Key Informant Interviews and provide 3 case studies illustrating the impact of the project on the health of beneficiaries, enrolment retention, attendance and completion of pupils in schools. 3. **Sampling:** Random sampling design shall be applied to select beneficiary households in communities and pupils/teachers in schools who participated in the project interventions. The sample size should be representative at the community-level and based on 95% CI and 5% of margin of error. 4. **Comparison with baseline:** The consultant is expected to compare disaggregated endline findings with those of baseline. Where a need arises, relooking at the baseline data for disaggregation will be part of this evaluation. 5. **Validation:** The findings should be validated by key respondents. 6. **Reporting:** The evaluation report shall be no more than 40 pages and shall replicate the format below; 7. Title page 8. Table of Contents 9. Acronyms 10. Acknowledgments 11. Executive Summary 12. Background and Project Description 13. Purpose and rationale of the evaluation 14. Evaluation methodology, including limitations 15. Evaluation Findings presented under the headings of the key project objectives, outcomes and ensuring the evaluation questions have been addressed. 16. Lessons learned based on quantitative or qualitative evidence; showing the context, intervention, result and the lesson for future programming or scale up. 17. Conclusion and Recommendations. 18. Bibliography 19. Annexes:     1. Photos (high resolution) taken during evaluation and field implementation     2. List of participants in meetings and interviews     3. List of Research assistants and all involved in the evaluation     4. Data collection tools     5. Evaluation ToR     6. Other relevant documents |
| 1. **Deliverables** | The consultant will deliver 6 items:   1. Inception plan. Submitted in electronic form and in English. The Inception plan shall include: the consultant’s understanding of the TOR and comments, proposed methodology, data collection instruments, field visit plan and report outline, detailed evaluation framework and implementation plan. The consultant can propose adjustments to the format of the report in the inception report. 2. Enumerators training and tools pre-test report, showing how the training was conducted, and any revisions made to the tools, the reasons for the change. 3. Draft report. The draft report shall have the following contents: introduction and background/context, methodology, findings, lessons learnt, conclusions and recommendations with 3 case studies. The consultant shall submit the draft report in soft copy in Word format and should be submitted in English for feedback from WOL. 4. Validation workshop including, Power Point Infographics summary report of the key findings, not exceeding 20 slides 5. Completed and accurate data sets, submitted with draft report. The consultant will be expected to provide a fully ‘cleaned-up’ data set accompanied by the analysis plan used to carry out analysis. 6. Final report. A final report, in addition to the above contents, shall incorporate comments from the key WOL stakeholders who will be consulted for validating the draft report. The consultant shall submit a soft copy in PDF and Word format together with 1 bound color hard copy. |
| 1. **Timelines** | The implementation timeline will follow the following proposed roadmap for endline evaluation below;   |  |  | | --- | --- | | Deliverable | Date | | Identify, Recruit and deploy consultants | 2nd January 2023 | | Development and agreement on data tools as well as Inception Report | 9th January 2023 | | Data Collection (Quantitative and Qualitative) | 12th January 2023 | | Submission of Draft end line report including  case studies | 30th January 2023 | | WOL provide feedback | 30th January 2023 | | Validation of findings | 2nd February 2023 | | Submission of Final draft with case studies including Power Point Infographics summary report of the key findings | 6th February 2023 | |
| 1. **Budget** | The available budget for the endline evaluation is USD 11,000 Milestone payments will be linked to successful and adequate responses to the main products as follows:   1. 40% Upon Acceptance of an inception report 2. 60% on acceptance of the final report. |
| 1. **Qualification** | WOL is open to tenders from single applicants or joint proposals and from evaluators.   * At least 5 years of experience in conducting similar surveys – particularly in the areas of water, sanitation and hygiene promotion, strong skills in statistics and data analysis. * Experience on conducting surveys and studies using mobile based technology for data collection and analysis is must. (Note: samples of such surveys done in the past to be attached in the proposal) * Experience in conducting surveys in the areas of water, sanitation and hygiene promotion, especially in rural areas in communities, schools and health facilities with development organizations will be added advantage. * Experience in supervising field work of multipurpose surveys and similar survey. * Right mix of professionals with education background (advanced university degrees) in disciplines relevant to (i) Planning, Monitoring, Evaluation , (ii) Public Health,(iii) Civil and/or Environmental Engineering, (iv) Water and Sanitation Engineering, (vi) Social sciences, (vii) Statistics or any other relevant disciplines, . * The senior team members should have more 5 years progressively responsible professional work experience in all aspects of WASH programme management, and/or advisory support. * High professional expertise in statistical and epidemiological analysis using latest version of statistical software/packages. * Familiar with Ugandan, rural and project community context of water and sanitation, demographics and poverty issues * Strong analytical skills with the ability to write in a clear and practical manner * Ability to prepare and present the end of project findings in a manner that increases the likelihood that they will be used and accepted by all project stakeholders internal and external including the donors. * The consultant will need to present evidence of tax compliance in accordance with the Uganda’s tax laws. |
| 1. **Bid procedure** | Interested consultants are required to submit technical and financial proposal of no more than 20 pages. Clearly identify and provide CVs for themselves and others proposed in the evaluation team (stating their roles and responsibilities for this evaluation), as well as the associated costs |
| 1. **Deadline, submission of proposals** | Interested consultants are invited to submit a proposal by 5:00 PM (EAT) by 19th December 2022 to [jovia@wellsoflife.org](mailto:jovia@wellsoflife.org) and copy to [pascal@wellsoflife.org](mailto:pascal@wellsoflife.org) |

*A key goal for WOL is to minimize its overhead and operating expenses so that the maximum amount of funding can be allocated to the provision of services to the disadvantaged rural communities of Uganda. We are, therefore, very interested in working with suppliers that are willing to share in this goal; through providing the charity with exceptional and innovative commercial terms, whilst meeting our expectations in terms of quality and service. In developing this proposal, we ask you to consider WOL and how you might structure your proposal to support us in delivering the best possible.*