

Terms of Reference (TOR) for the Mid-Term Evaluation of the Northern Uganda Early Recovery Project

1. Context

The Northern Uganda Early Recovery Project (2009-2011) is a joint project of UNDP, WFP, and WHO to support the rapid and self-sustainable recovery of the conflict-affected returning population and their communities through an integrated service delivery and community-based recovery approach. There are 4 components under this joint project, namely: (1) Resettlement and Recovery Support, (2) Livelihoods, (3) Health, Nutrition, and HIV/AIDS, and (4) Peace-Building and Conflict Resolution.

Since 2009, the project has been implemented jointly by WFP, WHO and UNDP. At the National level the project is overseen by the Project Management Steering Committee (PMSC) and at the District level the Project Coordination Committee (PCC) works closely with the Implementing partners in order to maintain close monitoring of attainment of outcomes. Due to various factors, project implementation started later than had earlier on been envisaged, and some achievements have been made so far. Per project document, a Mid-Term Evaluation (MTE) is required to be carried out after the first year of implementation. This Terms of Reference gives an outline of the framework and expectations of key stakeholders on the basis of the MTE and the expected deliverables that are expected to provide input for re-aligning the project towards its logical conclusion.

2. Overall goal of the project

To support the rapid and self-sustainable recovery of at least 30 percent of the 228,190 persons across 16-subcounties, the conflict affected returning population and their communities through an integrated service delivery and nutritional services within two years.

3. Specific objectives

Objective 1: To facilitate resettlement and recovery among the target population through enhancing the physical and organizational assets in 16 sub-counties that are areas of return. (UNDP&WFP);

Objective 2: To improve the production capacity and income of 10,000 households (60,000 individuals) through agricultural and non-agricultural activities and access to credit and savings in two (2) years. (UNDP&WFP);

Objective 3: To improve the health, nutritional, and HIV/AIDS status of at least 30% of the 228,190 persons in 16 sub-counties and uphold their right to health through improved accessed to quality health and nutritional services (WHO); and

Objective 4: To allow 16 sub-counties where people have returned to engage in peace building and conflict prevention processes involving women, youth, religious, and cultural/local leaders within the project period (UNDP).

2.3. Outputs

Objective 1

- 1.1 Community access roads that connect target population to basic services are opened and serviceable;
- 1.2 Land at selected de-gazetted IDP camps and areas of return restored and sustainably managed;
- 1.3 Capacity of two District Local Governments to implement participatory development management strengthened.

Objective 2

- 2.1 Agricultural production and productivity of 6,000 households increased through provision of agricultural inputs and training;
- 2.2 Economic opportunities of 2,000 households diversified through provision of non-agriculture skill training and access to savings and financial resources;
- 2.3 Annual per capita increase in marketable surplus of staple foods (maize, beans) sold through farmer association members (disaggregated by gender and commodity type);
- 2.4 Alternative sources of income of 2,000 farmer households increased through community based integrated fish farming.

Objective 3

- 3.1 Access to basic medical services is assured in the project area by ensuring availability of essential drugs at health facility and community levels and providing outreach services to areas without health facilities;
- 3.2 Early detection and prompt response to epidemic outbreaks is assured through strengthening of the HMIS and surveillance system and stockpiling of drugs and medical supplies;
- 3.3 Access to essential life saving preventive interventions assured in project area. This is through support to pulse immunization and child days and establishment of preventive services for neglected diseases such as sleeping sickness and lymphatic filariasis
- 3.4 Humanitarian response, return and early recovery activities are well coordinated and duplication prevented through coordination meetings and mapping of interventions to identify gaps (who, where and what).

Objective 4

- 4.1 Local communities are made aware of mediation and dialogue in the resolution of conflicts reconciliation and moral recovery;
- 4.2 Mediation services, dialogues, and reconciliation activities involving the youth, women, cultural, religious, and local leaders in 16 sub-counties and two districts are strengthened;
- 4.3 At least 480 women and youth from 16 peace rings are engaged in participatory reconciliation and peace-building initiatives.

4. Specific tasks for the Consultant

- 4.1 Review partners' individual work plans and their consistency/coherence with the overall project document and with each other; conduct detailed assessments of activities implemented so far and the extent to which the overall project goal and individual project objectives and outputs have been achieved.
- 4.2 Assess the degree of involvement of counterpart Government partners and local communities in the identification, prioritization, planning and implementation of sub-projects and prospects for sustainability.
- 4.3 Assess the institutional, technical, operational and financial capacities, as well as the absorption capacity of the Contractors or the Implementing partners. The content of the assessment/scope of work will include the following key issues: Collecting data about outputs, their relevance, quality and quantity (services, products); assessment of constraints which explain present level of performance; any developments that may have resulted in changes in project targets, time frame and or costs;
- 4.4 Analyze the synergies/complementarity with the implementing partners' ongoing activities and propose ways of ensuring effective and efficient linkage between the partner's activities and NUERP
- 4.5 Identify any significant changes in the operating environment within the target sub-counties that would impact on implementation during the last year of project implementation;
- 4.6 Recommend overall project level as well as component and sub-project level measures that must be taken in order to ensure attainment of project objectives and outputs and any adjustments that may be required in the project content, targets, time frame and cost

5. Output /Deliverables

- 1 Meeting with all stakeholders in Kampala and presentation of an inception report prior to the start of the field work;
2. Debriefing of stakeholders (presentation of key findings and recommendations) in Kampala at the end of the field mission and incorporation of comments;
3. A detailed report addressing all questions raised above and any other aspects that may contribute to the realization of the overall goal of NUERP.

6. Required expertise and time frame

This evaluation will be undertaken by an independent consultant, with at least 5 years experience in programme design, monitoring and evaluation of development projects at the national or international levels. The Consultant must have at least a Master's Degree or equivalent in Business Administration, Public Administration, Economics, Political Sciences, Social Sciences or related field. Knowledge of the local culture in the project area would be an added advantage. The evaluation will be conducted within a period of 20 working days. A detailed report should be presented to UNDP within 15 days after the field exercise.