



Terms of Reference Baseline Study of HI Cash for Food Program in Central Kasai, DRC

1. Evaluation objectives

HI seeks to design, plan and conduct a baseline study in the area of implementation of its FFP project in Central Kasai (Kananga, Dimbelenge, Demba), Democratic Republic of Congo.

It is expected that the baseline study will be designed, planned and conducted in such a way as to facilitate the impact measurement at the end of the programme phase. The baseline study is anticipated to take place during October and November 2019, while the final evaluation is expected to take place during autumn 2020.

The objective of the baseline study is to get the necessary data to implement a vulnerability and food security scoring allowing the beneficiary selection of the project. It will also allow confirming the project hypothesis in terms of food basket and the level of allowance needed for the Cash for Food activities (including cash for work activities).

In addition, considering the important number of indicators to follow (see M&E plan) as well as the shift towards a new modality of implementation, a strong baseline and evaluation process will be necessary in order to be able to evaluate the impact and outcomes derived from the project and draw strong lessons' learned which could be shared with the humanitarian community.

2. Baseline Methodology and Process

The baseline study ought to be designed in such a way as to allow for the measurement of impact after the end of the project in 2020.

HI acknowledges that there are various causal approaches and impact evaluation designs, only some of which rely on a counterfactual. For this evaluation, the evaluation team will be expected to propose a suitable impact evaluation design. This may either be quasi-experimental, case-based, or theory-based, or a combination thereof. HI will encourage actor

agencies in its evaluations, so the proposed methodology should include participatory elements; however, a participatory approach only will not be considered sufficient for establishing causality.

This baseline study will adopt a **mixed-methods approach** to gather data on its research questions. After a first round of thorough **secondary data review**, a **household-level survey** will be conducted to collect data on key indicators that is statistically representative of the average population in each health areas. Respondents will be profiled by location, gender, age, nationality, disability and vulnerability to understand if and how responses vary by those categories during the analysis.

In addition, a set of **focus group discussions (FGDs)** will provide case studies on the vulnerabilities of particular population groups, as well as providing data to contextualise and triangulate HH survey findings. FGDs will also be the main modality of gathering information on protection risks, needs and vulnerabilities.

The study will follow IASC Policy on Gender Equality in humanitarian action which describes specific actions each body or effort of the IASC should take to ensure gender equality is fully mainstreamed into humanitarian programs. To ensure gender equality programming in assessments and the identification of humanitarian priorities, assessments need to be based on sex and age disaggregated data and gender analysis of that data.

The main indicators collected in the baseline/endline evaluation will be:

- Expenditure – proxy for income, debt to expenditure ratio
- Disability-adjusted dependency ratio and family size
- Living conditions – type of housing, occupancy, crowding, type of toilet
- Asset holdings – absence of basic, presence of luxury assets in household
- Food security, consumption and dietary diversity (FCS + HHS)
- Coping mechanisms/strategies (rCSI)

3. Sampling strategy

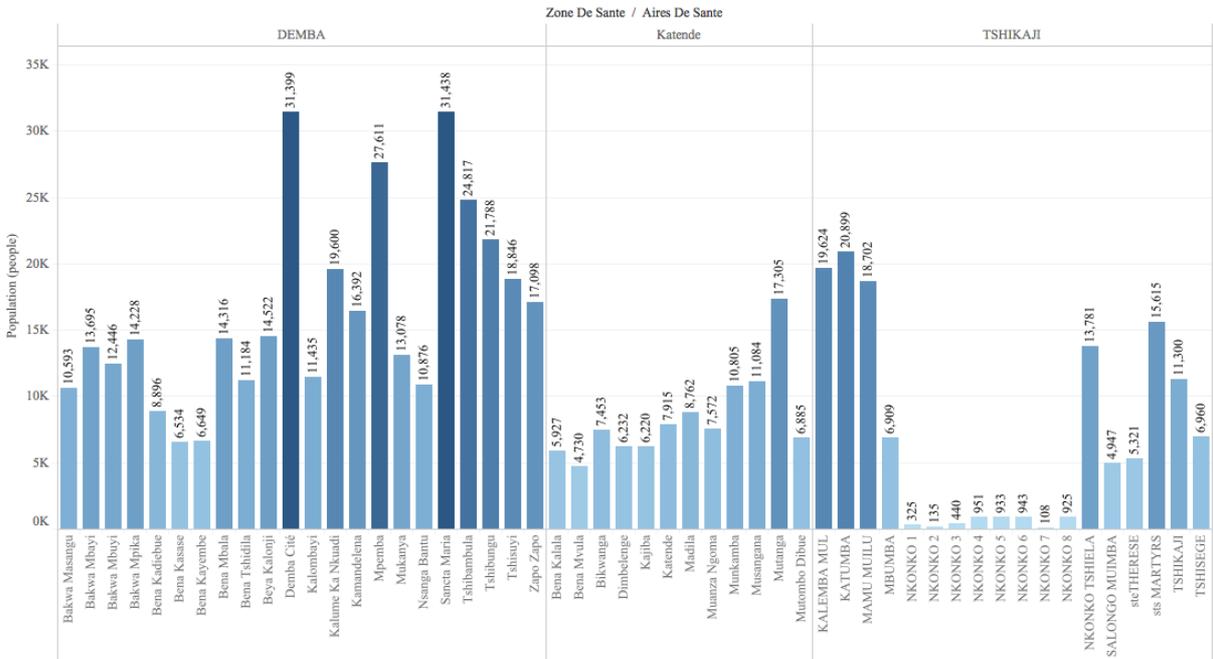
Each activity will register participants households using a participant registration system and it will be used as to frame the evaluation because it reflect the target population. All the relevant information (identification number, contact information, household characteristics, interventions received, target criteria met) will be collected during the baseline study, during participant registration, so that it does not need to be collected again in the endline survey.

Even though the sampling strategy will be determined by the consultant team recruited and confirmed by the steering committee, the **one-stage Simple Random Sample (SRS)**

strategy will be most probably used in order to generate unbiased estimates and reduce margin of errors. Participants will be randomly selected from the participant database without selecting clusters first (here the district).

The total population targeted by the baseline is 587,149 people. On this basis, the consultant team recruited will estimate the sample size.

Demographic data of health zones and health areas targeted by HI FFP project.



4. Topics and deliverables

4.1. Inception phase:

- Preliminary causal approach, design, methodology, and sequence of activities
- Inception report, detailing the design and methodology for the baseline study including an evaluation matrix, a draft sampling strategy, and a suggested sample size
- Quality assurance plan, setting out the systems and processes for assuring the quality of the research process and the deliverables

4.2. Baseline phase:

- Data collection tools (draft, final).
- Training conducted for enumerators on the baseline assessment design, sampling framework, research instruments, and research ethics.
- Fully “cleaned-up” dataset in Excel, if applicable.
- Transcripts of qualitative data.
- Baseline assessment report.

- Presentation of baseline study findings to the partners, donors and local stakeholders.

4.3. Cash for food beneficiary targeting phase

- Development of a beneficiary scoring index.
- Development of a conflict sensitive targeting methodology.
- Selection of the project beneficiaries.
- Final check of the beneficiary list with local authorities.

4.4. Comparison of Baseline and Endline Data at Final Evaluation

- Baseline and endline data will be statistically compared at the final evaluation stage using SPSS or STATA and tests will be conducted in order to highlight the difference and changes for all key indicators (FCS, HHS and rCSI)

5. Team

The team will be made up of the HI MEAL officer, one international lead consultant with extensive knowledge and experience in designing, planning, and conducting quantitative evaluations, and two national MEAL officers with extensive knowledge and experience in designing, planning, and conducting data collections, as well as in-depth knowledge of the local context.

6. Principles and values

The selected consultant (or consultancy team) will conduct the baseline study in compliance with Humanity & Inclusion's ethical rules and protection policies (code of conduct, child protection and protection from sexual exploitation and abuse etc.). Humanity & Inclusion places importance in Ethics, transparency, Discretion and independence of international evaluation standard.

The selected consultant will strongly comply with USAID evaluation policy (will be attached as annex of the consultancy contract as well as Humanity & Inclusion's ethical rules and protection policies).

Evaluation team will involve local actors and communities in the study taking into consideration their point of view. Due to security issues on the field, the consultant must comply with the safety rules in force put in place by each partner in his area of intervention.

7. Budget

The total budget should proposed by the Consultant should include all technical services, travel to and from Kinshasa (economy class), visa costs, accommodation in Kinshasa, required inoculations and prophylaxis and relevant insurances.

The financial proposal should also include:

- The daily cost of each participant;
- Decomposition of intervention times by worker and by work stage;
- Additional costs (services and additional documents);
- The overall cost of the intervention including transport costs (international / local);
- Logistics costs;
- Translation costs;
- and a proposal on payment terms.

Briefings and debriefing time should be scheduled in Kinshasa, including time to participate in the joint analysis workshop at the end of the field work. Field costs (Central Kasai) e.g. accommodation in Kananga, internal travel and costs associated with supporting the participatory analysis process e.g. logistical arrangements to support focus groups discussions will be covered separately by the project.

Expected starting date: October, 15 2019.

8. Evaluation date and schedule

This schedule is subject to change according to the timing of the project approval decision as it is required by FFP standards to provide the baseline study in the 90 days following approval.

Steps	Timeline (start of the project)			Comments
	Before project start	M1	M2	
Publication of the consultant recruitment announcement				45 days for international announcement and selection process (international call for tender)

Selection of the consultant and contract					The steering committee is responsible
Briefing from the coordination team					Meeting with Steering committee
Review of the literature + inception report (3 days)					A last meeting can be scheduled to fix last issues before the beginning of data collection
Field mission (15 days for data collection, 1 week per area)					Data collection
Drafting of final report (6 days)					Data analysis and first draft of the report
Feedbacks and final baseline report (2 days)					
Dissemination of the final report to the humanitarian community and update of M&E plan accordingly					

9. Profiles

Mandatory

- ✓ Significant experience in food security,

- ✓ Significant experience in household economics,
- ✓ Knowledge of population census techniques,
- ✓ Working languages (written and oral): Fluency in English and French is essential,
- ✓ Strong analytical capacity.

Desired

- Ability to work with local authorities,
- Ability to lead multicultural teams,
- Knowledge of the context of the DRC and especially Kasai

10. Application process:

All applying consultants must submit a technical and financial tender (in US dollars), including the following documents:

Curriculum vitae of the consultant (s);

List of works carried out in connection with the requested service;

Methodological note presenting the understanding of the terms of reference, a methodology proposal and a work plan for carrying out the evaluation;

The consultant must be bilingual (English / French)

The application file and working documents must be submitted in English while restitution workshops and debriefing will be in French.

The application form is to be sent with reference "Recruitment Consultant External Baseline Evaluation" no later than **13 September 2019**, by e-mail to the following address:

recrutement@rdc.hi.org with mail subject **001 / CONS / FFP3 / KAN / 2019**

Or in a sealed envelope with the mention 001 / CONS / FFP3 / KAN / 2019 to the following address :

**Handicap International Federation in DR Congo
Building Loft II 1, UtexAfrica Concession
Colonel Mondjiba Avenue No. 372, C / Ngaliema
Kinshasa – DRC**

Any requests after the deadline will not be considered.