



Baseline Terms of Reference

Multisectoral aid (health, nutrition and WASH) for conflict- and climate-affected refugees, IDPs, returnees and host communities in South Sudan

November 14th, 2024

ForAfrika to Thrive South Sudan



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1. About ForAfrika to Thrive (ForAfrika)

ForAfrika is an African international humanitarian and development organization founded in 1984 in South Africa to save lives and foster community development among populations affected by war in different African countries. Our work began when ForAfrika's founders witnessed human tragedy and child hunger while on a mission to assist the needy during Mozambique's fourteen-year civil war. From then, they made a lifelong commitment to saving the lives of children, their families and communities affected by war across Africa. This is where our greatest unique advantage lies. We are rooted in Africa. We understand Africa with all its complexity, its potential and above all its opportunities because we are African. Today ForAfrika has an operational presence in (7) African countries serving Africa's most vulnerable through a wide range of programmes in Food Security & Livelihoods, Nutrition, Health, WASH, Economic Empowerment and Education. In doing so, we partner with communities to ensure they take a leading role in their own transformational development. Together, we work towards our vision: "For Africa to Thrive".

2. Description of Project

This project provides integrated multisectoral response in the areas of health, nutrition, and WASH and protection to support refugees, internally displaced persons (IDPs), returnees, and host communities affected by conflict and climate change in Northern Bahr el Ghazal, South Sudan.

The primary objective of the project is to improve availability of health, nutrition, protection and WASH services and practices and referral options for refugees, IDPs and host communities in South Sudan

Specifically, the project aims to:

1. **Enhance Health Services:** Increase the availability of essential health care, including maternal and child health services, immunizations, and treatment for communicable diseases.
2. **Enhance Nutrition Services:** Implement targeted nutrition interventions to prevent malnutrition among children and pregnant or breastfeeding women.
3. **Improve WASH Facilities:** Construct and rehabilitate water and sanitation infrastructure, ensuring that communities have access to safe drinking water and adequate sanitation facilities.
4. **Strengthen Protection Mechanisms and facilitate Effective Referral Systems:** Provide support and resources to protect vulnerable populations from violence and exploitation, ensuring access to psychosocial support and material assistance. In addition, the project will establish and strengthen referral mechanisms that connect individuals in need to relevant services, ensuring that barriers to access are reduced.

The project aims to directly benefit a total of **64,124** individuals, encompassing 12,825 households, which includes 9,618 people with disabilities. Among these beneficiaries, there are 10,860 males, 15,853 females, 12,825 boys, and 24,586 girls. The target areas are Aweil West, specifically within the Achana and Wedweil refugee settlements, as well as Aweil East, which includes the communities of Akong, Mangar Amol, Mathiang Dut Akut, and various border entry points.



2.1 Baseline Purpose and objectives

ForAfrika South Sudan is planning to implement a multisectoral aid project focusing on health, nutrition, and WASH in the targeted counties of Aweil East and Aweil West. The project's performance will be regularly assessed against the expected results. The main objective of this baseline survey is to establish a benchmark for evaluating changes and impact by providing a basis for comparison prior to the start of interventions.

2.1.1. The Specific Objective

1. Assess the current health status of the target population, including prevalence of diseases and access to healthcare services.
2. Identify barriers to accessing health services and develop strategies to improve these access points.
3. Assess the maternal health practices among women of reproductive age (15 – 49 years).
4. Assess infant and young child feeding practices for children aged 0-23 months
5. Establish the current access to clean water and sanitation facilities, as well as assess water quality in the targeted regions.
6. Identify existing hygiene practices and gaps to inform behavior change strategies
7. Identify vulnerable populations (e.g., women, children, and displaced persons) and assess the risks they face regarding safety and protection.
8. Establish the level of awareness and understanding of protection and GBV issues within the community to inform interventions.

3. Baseline survey methodology

The baseline study will apply a Mixed-Method design comprising of both qualitative and quantitative approaches in collecting data but not limited to, the following key data collection methods:

1. Household survey to collect quantitative data based on outcome indicators.
2. Semi structured interviews with key informants and other community groups such as women and youth groups
3. Focus group discussions with target women, girls, men, and boys, as well as community leaders.
4. Observations from the field — The study team is expected to make field visits to observe actual practice from the health facilities directly, available water sources that need rehabilitation and available protection service providers. The consultant will develop a Field visit and observation guide before the visit.

To supplement primary data collection, consultants will also incorporate available secondary data. The consultant will be responsible to design the baseline study, including its methodology. Based upon the project design, especially log frame and potential M&E plan. He/she will utilize the indicators below that require collection through this study to meet the study objectives.

Description	Indicators
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Outcome 1:Improved availability of health, nutrition, protection and WASH services and practices and referral options for refugees, IDPs and host communities communities in the respective regions in South Sudan	Percentage increase of the targeted population that has access to health and nutrition services in the areas of intervention
	Percentage increase of the target population with access to adequate WASH services and sufficient knowledge about good hygiene practice
	Percentage increase of the targeted population that knows where to access available protection and GBV services
Output 1.1:Enhanced health facilities, outreach and awareness which improves access to basic health care for the targeted population	Number of outpatient consultations at the two supported health facilities and by the mobile outreach team
	Number of health care staff trained (IMNCI,ICCM,IIP and EPI) at the two supported health facilities
	Number of deliveries attended by a skilled attendant at the two supported health facilities and in the mobile outreach team
	Number of pregnant women who have attended at least two complete antenatal services at the two supported health facilities and from the mobile outreach team
	Number of women and newborns that receive postnatal care within 3 days of delivery at the two supported health facilities and from the mobile outreach team
	Number of children immunized against common diseases with vaccinations at the two supported health facilities and by the mobile outreach team
	Number of cases of sexual violence treated at the two supported health facilities and by the mobile outreach team
	Number of community members who attended health awareness and health education sessions
	Number of children under five years of age who received community-based treatment for common childhood illnesses at the two supported health facilities and from the mobile outreach team
Output 1.2: Nutrition specific and preventive services provided to the	Number of individuals who received nutrition information through counseling and peer groups at the two supported health facilities

refugees, returnees, and internally displaced women and children, SS	Number of children, pregnant and lactating women who received screening for malnutrition and referrals for treatment at the two supported health facilities or from the mobile outreach team
	Number of health and nutrition care workers who received training on Community Management of Acute Malnutrition (CMAM) and Maternal Infant and Young Child Nutrition (MIYCN) at the two supported health facilities
	Number of pregnant, lactating women and caretakers of children <6 months who received counselling sessions at the two supported health facilities and from the mobile outreach team
Output 1.3:Water facilities constructed or rehabilitated to ensure availability of safe and clean drinking water for the targeted population, SS	Number of individuals who gained access to safe and clean water through rehabilitated and upgraded water sources
	Number of hand pumps that were rehabilitated
	Number of boreholes that were constructed
	Number of Water Management Committees that were created and trained on operation and maintenance of water supply systems
	Number of Existing boreholes that were equipped with energy solar systems
	Number of water quality tests that were conducted to ensure 0 fecal coliforms per 100 ml sample
Provision of adequate sanitation and hygiene facilities and management thereof which improves access to WASH services for the targeted population, SS	Number of individuals who gained access to basic sanitation and hygiene services
	Number of gender-sensitive and inclusive sanitation facilities constructed (13 Latrines and 13 bathing shelter)
	Number of filled-up latrine facilities decommissioned
	Number of WASH promotion and hygiene awareness sessions that were conducted by community hygiene promoters during house visits, community and group sessions
	Number of community hygiene promoters who received training on WASH promotion and hygiene awareness sessions

	Number of medical waste zones (incinerators, sharp pits, ash pits and fencing) that were established at the two supported health facilities
	Number of individuals who received WASH NFI packages
Distribution of core relief items and capacity building which enables the targeted population to utilize life-saving and protective services, SS	Number of individuals who received core relief items
	Number of GBV survivors and individuals in need of protection services who were referred to medical, Material and psychosocial support services
	Number of staff, community and IDP stakeholders, refugee committee members and government officials who received training on referral pathway, basic PSS, GBV, PSEA, AAP and general safeguarding
	Number of protection events that project staff hosted and relevant stakeholders and local actors participated in

4. Logistics

The consultant will oversee all aspects of the baseline survey process and will collaborate closely with other members of the project team and the MEAL staff. Consultants will be responsible for organizing their own travel logistics to Aweil East and West. The consultant will also be responsible for their insurance, vaccinations, health, security preparedness, and visas, if necessary. The consultant is also responsible for arranging their field accommodation and recruiting enumerators. ForAfrika will handle logistics for fieldwork, transportation to project sites, and obtaining all necessary in-country approvals, including invitation letters and visa processing if needed.

5. Products/ deliverables

The following deliverables are expected of the consultant.

- Inception Report (including detailed sampling calculations, data collection logistics, analysis plan, detailed timeline, detailed budget, etc.). The consultant will present the inception report both as a PowerPoint presentation and in report format (10-15 pages).
- Data Collection Tools (including all questionnaires, interview guides, focus group discussion guides, etc.) Tools are expected to be finalized after ForAfrika review and piloting.
- Facilitation of Training Event(s) including enumerator training on tool use and ethics including child protection and informed consent.
- Raw Data Files including raw and cleaned datasets, audio files, transcripts/notes, codebook, ethical approval where necessary etc.
- 2 pager baseline findings summary for internal and external dissemination
- Draft Report not exceeding more than 35 pages.



- Power point presentation and report validation to the cluster and stakeholder.
- Final Report incorporating ForAfrika feedback. The final report should be provided in English.

6. Authority and Responsibility

The consultants who undertake the assignment will report directly to the MEAL Specialist, who will oversee the assignment and work in collaboration with Regional MEAL officer and Area Manager. Regular consultation meetings will be arranged between ForAfrika and the consultant as needed. The key roles and responsibilities of ForAfrika and the consultant are highlighted below:

6.1 ForAfrika South Sudan

- Ensure that the consultants adhere to research ethics and child protection policy
- Ensure quality assurance throughout survey implementation
- Provide the consultants with the necessary documents as demanded by the consultant
- Review report and provide feedback to the consultants to ensure quality delivery and compliance with the study protocol
- Arrange key informant interviews and focus-group discussions as requested by the consultants.
- Review and approve operational approaches to be used by the consultants, including the inception report
- Review the draft report and provide feedback to the consultants.
- Approve the final reports contingent on the reports meeting the intended objectives and quality assurances.

6.2 Consultant

- Develop an inception report before the actual rollout of the assessment detailing the study methodology and appropriate/relevant data collection tools.
- Work closely with the MEAL Specialist during the design of the methodology/ tools; agree on the tools that will be used.
- Incorporate feedback into tools and reports, which the ForAfrika team will give.
- Adequately train and supervise enumerators/Research assistants across the locations during the data collection exercise.
- Conduct Focus group discussions and Key informant interviews with sampled stakeholders, including government, partner frontline staff,
- Conduct data analysis for the quantitative and qualitative data
- Compile and submit draft and final reports as per schedule not more than 35 pages.
- Submit a summary brief of the results (not more than 10 pages)
- Do de-briefing on preliminary findings. The result is expected to be shared with the stakeholders, and the consultant needs to give due attention to the quality of the report.
- Report validation Approximately one-hour PowerPoint presentation of results and discussions to be presented virtually to ForAfrika and project partners.

7. Time plan

The assignment is expected to commence on 25th November to 24th December 2024, with the final evaluation report expected by 24th December 2024.

Baseline Activity	Month				
	November	December			
	Wk 1 25th	Wk 1 2nd	Wk 2 9th	Wk 3 16th	Wk 4 23th
Contract Award					
Start-Up/ Inception meeting.					
Inception Report					
Survey Tools Development & Review					
Training of enumerators and Pilot Testing of the Survey Tools					
Data Collection					
Data Cleaning and Analysis					
Report Writing					
Draft Report					
Review and Feedback on Draft Report by Humedica & ForAfrika					
Final Report, Summarized Report, and Infographics					
Presentation of Key Findings to the Stakeholders					

8. Expected Qualifications of Consultant

ForAfrika is looking to engage the services of a qualified consultant to undertake the project baseline study. We are looking for a consultant who has the following skills and expertise;

- In-depth knowledge and experience of South Sudan (especially the county of interest in this study) and its state, including government and community-level service delivery structures
- Master's degree in Public Health, Health and Nutrition, Social science, Gender development studies, monitoring and evaluation, and other health-related fields
- Has a minimum of 10 years of technically sound experience in conducting Health, Nutrition, WASH and protection baseline studies, including project evaluations
- Diverse team comprising personnel with the following skills and expertise: public health expert (focus on health, nutrition, WASH and Protection), M&E expert, statistician/data analyst, Gender expert, graphics designer, etc.
- Demonstrated experience working in donor-funded projects, GFFO, EU, and USAID will be an added advantage
- Excellent analytical and communication skills



- Experience in writing impact evaluation reports and presenting them to a diverse audience
- Ability to produce high-quality work under tight timelines
- Experience working in South Sudan

9. Tender

Proposals from consultants should include the following information (at a minimum):

1. Mandatory Evaluation Requirements:

- a. Provide a certified copy of business registration(company/organization);
- b. Provide a certified copy of the tax registration;
- c. Successful bidders will be required to sign the ForAfrika South Sudan Supplier Code of Conduct form

NB: Bidders who will fail to provide mandatory requirements will not qualify for next stage (Technical Evaluation)

2. Technical Proposal Requirements:

- a. Letter of interest in submission of a proposal
- b. A detailed technical proposal demonstrating a thorough understanding of this ToR and including but not limited to the following;
 - Consultant/Company Profile
 - Demonstrating understanding of TOR
 - Methodology and Sample Size Determination
 - Demonstrate previous experience in similar assignments and qualifications outlined in this ToR (with submission of at least two most recent reports)
 - Proposed data management plan (collection, processing, and analysis).
 - Proposed timeframe detailing activities and a work plan.
 - Team composition and level of effort of each proposed team member (include CVs of each team member).
 - At least 3 References, including names and contact information (at least three similar assignments in a similar context are also required)

3. Financial Proposal Inclusive of

- a. Professional Fee
- b. Logistics Cost-Flights
- c. A financial proposal with a detailed breakdown of costs (which shall include professional fees and operational budget) quoted in USD. The applicable tax amount must be stipulated and separated from the base costs as per South Sudan law.

How to Apply

All proposals must be submitted and addressed to the
Procurement Department ForAfrika
4th Floor UAP Tower, Juba South Sudan.

Email: jamss.logs@jamint.org cc: j.samuel@forafrika.org

You can also hand deliver your documents to our office in Juba. **Dateline for Submission: 22/11/2024**