

Terms of Reference:

Consultancy for Baseline for Amref Health Africa in South Sudan Strategy 2023 – 2030

1. Background

Amref Health Africa in South Sudan (hereinafter “Amref South Sudan”) is a registered International non-government not-for-profit organization (INGO). Amref South Sudan has operated in the country since 1972 and supports health development interventions in all ten states of South Sudan. Currently, Amref has physical field offices in 6 states, namely, Warrap (Tonj East and South, Western Bahr el Ghazal (Wau), Eastern (Kapoeta), Central (Juba) and Western Equatoria (Yambio, Maridi, Ibba and Mundri).

Following the development and approval of the Amref Health Africa global corporate Strategy 2023-2030, Amref South Sudan has developed a two-year (2023-2024) country work plan to operationalize the corporate strategy; reinforcing the focus of Amref in South Sudan not only from one primarily driven by health sector needs and gaps including the humanitarian crisis, but also one grounded on addressing the social determinants of health. The country's work plan aligns with the twin corporate strategic platforms anchored on ten strategic objectives and transformational enablers. The two strategic platforms include; **Strategic Platform 1:** Invest in people-centred health systems for sustainable primary health care (the five strategic objectives related to this focus on access and coverage, health worker capacities, health financing, Civil Society Organizations (CSO) and social accountability and innovations. **Strategic Platform 2:** Target social determinants and emerging threats at the intersection with health to increase equitable access. The five strategic objectives focus on education, women and livelihoods, climate change, public health emergency responses, and youth and urbanization.

The above paradigm shift reinforces the need to expand and explore new opportunities programmatically and operationally to deliver impact and lasting health change in the Republic of South Sudan. Amref South Sudan Country Work Plan (CWP) is aligned to priorities 1,2,3,4 and 5 of the South Sudan Health Sector Strategic Plan 2023-2027, the National Health Policy 2016 – 2026, Global Nutrition Target 2025, Kigali Declaration on Neglected Tropical Diseases 2022, Nutrition for Growth (N4G), UHC 2030, SDGs 2030 and the Amref Global Corporate Strategy 2023- 2030 and as its PMF draws directly from a basket of indicators which were derived from the eight frameworks. Further, goals 1, 2, 3 and 6 of the Amref global corporate strategy are strongly reflected in the CWP, therefore making it a tool to aid the Amref South Sudan team in the realization of commitments and targets across the several reporting frameworks.

Given the context above and to monitor and assess the progress and effectiveness of the global strategy and Amref South Sudan CWP during implementation, a baseline survey needs to be done with accountability purposes to monitor the strategy delivery against set targets. The baseline survey will focus on baseline data collection for a set of indicators outlined in both the corporate strategy and CWP MEL result frameworks. The baseline results will be used as a benchmark to monitor the project's strategy implementation.

2. Scope of Work

The baseline survey will focus on a set of indicators outlined in both the corporate global strategy and CWP. Geographically, the baseline survey will focus on six out of the ten states of South Sudan and will cover sampled health facilities and populations within the selected health facilities' catchment areas. The six focus states will include Warrap (Tonj East and South, Western Bahr el Ghazal (Wau), Eastern (Kapoeta), Central (Juba) and Western Equatoria (Yambio, Maridi, Ibba and Mundri).

3. Objectives

The purpose of the baseline survey is to provide a benchmark from which to measure progress in the implementation of both the Amref South Sudan 2-year CWPs and 8-year global strategy. The baseline survey will cover quantitative interviews with health workers and service users (youths and adults) in selected health facilities. Additionally, face-to-face interviews will be conducted with potential users and or beneficiaries of Amref services in communities within the catchment areas of the selected health facilities. These groups include youths, women and men in communities. Thus, this survey will attempt to provide the current status of the indicators in the results framework and facilitate monitoring of progress towards meeting strategic objectives:

4. Methodology

The baseline survey will deploy a quantitative approach to data collection and analysis while utilizing a mix of both primary and secondary sources of data. Primary sources will comprise population-level (Household) interviews and data collection at the health facility level. Secondary sources will include desk review of internal documents, reports and databases extraction of information from secondary sources such as demographic health surveys (DHS), DHIS2 and other published sources. A baseline will be implemented in close collaboration with the Corporate Monitoring, Evaluation and Learning (CMEL) team located at the headquarters. It is noteworthy that priority indicators for the proposed baseline survey have already been centrally developed, defined, methodologies established and documented in the Indicator Guidance Sheet (IGS) through a collaborative effort of the Amref Health Africa MEL team.

The in-country consultant is expected to coordinate and implement the baseline survey in South Sudan. This is a short-term national-level consultancy, and a consultant with an active network of enumerators, preferably in the baseline targeted areas, will be considered. The consultant will train and deploy qualified enumerators as per Amref's Baseline Survey enumerator training standard operating procedure (SOP). The consultant shall be oriented on the SOP with in-country Amref MEL staff who will support the baseline survey as independent supervisors/vocals.

5. Data collection

The baseline survey will adopt a two-phased approach to data collection.

- 5.1.1 **Phase One:** This phase shall comprise data extraction from external sources such as DHS, DHIS2, health facility registers, programme reports and other published materials. Extraction of existing information/data from Amref's internal sources, such as the Amref Information Management System (AIMS) and programme reports, will also be conducted by the consultant in coordination with the in-country MEL staff.
- 5.1.2 **Phase Two:** The consultant will coordinate data collection around the following areas: i) satisfaction of services provided to key target groups such as health workers, clients of health care systems (including youth and women), youth who benefit from livelihoods and income generation activities; ii) beneficiaries of risk pooling mechanisms, ii) WASH facilities and job opportunities; iii) and health facilities that implement resilience and

preparedness measures. In summary, five standardized data collection tools have been developed for this assignment covering the following groups: Health facilities, Health workers, Youth (15-35), Women and Households. Information on enablers will be collected internally using the existing tools.

6. Sample Size Determination

Sample sizes for each target group have been calculated collaboratively by in-country MEL and CMEL teams. Sampling will address locations where Amref South Sudan is implementing activities, areas where Amref worked before, and areas where Amref has yet to work.

6.1 Data storage

Baseline data will be collected using KoBo Collect and deployed on Tablets or Android handheld devices. Data will be transmitted to and securely stored in the Amref KoBo server domiciled at the headquarters; other information will be collected using Excel. During training and pretesting of data collection tools, the consultant will work with in-country MEL and SLT to provide feedback on tools, especially those requiring a review of tools to address contextual needs.

6.2 Data Analysis and Reporting

The consultant shall prescribe and perform robust statistical analysis on each baseline indicator based on the definitions contained in the indicators guidance sheets (IGS). The consultant will be expected to triangulate information from different sources to tell a story on how past interventions contribute to the current status and how this will contribute to the gaps for the new strategy. This will also include firming up the IGS documentation and identifying further opportunities for research. The report template will be provided by Amref and agreed to by the consultant at the corporate level. It will follow the strategic platforms and objectives and respond to each indicator with a short analysis of what it means for the programmes. It will recommend actions for programming post-baseline and actions for monitoring and evaluation to improve definitions, processes and systems.

7. Responsibilities

Amref South Sudan will provide the following;

- (i) Copies of all essential background resources and tools identified;
- (ii) Templates for use by the consultant, including inception report, final report template, and final presentation templates. Style guidelines for writing will be provided.
- (iii) Guidance and technical support as required throughout the survey;
- (iv) Introductory meetings with key government staff, partners and other stakeholders;
- (v) Provide tablets for data collection;
- (vi) Comment on and approve all deliverables within agreed timeframes.

7.1 Corporate Support

Corporate teams (MEL, ICT, Technical and support units): Corporate will provide the overall guidance and confirm the indicator guidance sheets as consulted with the technical units. It will also offer sampling guidance and standard tools and support countries planning their part in the baseline exercise. Corporate will also adjust and inform country offices and other relevant audiences of any additions or changes to indicators that are needed as a result of the finalization of programme frameworks, which may or may not meet the baseline timeline.

8. Consultancy Deliverables

The consultant will be expected to, among other things,

- (vii) Understand the baseline requirements proposed by the corporate team and consultant and produce the inception report.
- (viii) Ensure data collection externally with relevant literature review and ensure surveys progress smoothly in the specified country office.
- (ix) Analyse information according to the guidance provided by Amref South Sudan and the corporate team and corporate consultant.
- (x) Provide (local) enumerators for collection of the household surveys, including recruitment, payment and mobilization of enumerators.
- (xi) Train enumerators on data collection instrument/questionnaire, data collection skills and data quality assurance (this will be done in collaboration with Amref South Sudan MEL and Senior Leadership Team (SLT) as well as CMEL representatives for better comprehension and alignment to Amref Health Africa standards)
- (xii) Perform analysis of data and reporting in a clear and accessible format using Amref Health Africa format and style guidelines.
- (xiii) Provide logistical support and coordination for enumerators during the assignment; the consultant will allocate the Enumerator's transport to the field and arrange their transport facilitation and accommodation during the consultancy days while in the field.

Specific deliverables include:

- (i) Inception Report
- (ii) Revised IGS, tools, storage templates and others.
- (iii) Final report according to the provided template with additional analyses attached as required.
- (iv) Final presentation to internal audiences.

9. Timeline and Duration

The baseline survey shall be conducted in a maximum of 25 days (including reviewing tasks) starting from the date of signing a contractual agreement for the assignment, as per the agreed work plan provided with the inception report.

ACTIVITY	Days	Expected Start Date
4.1 Meetings and Orientations	1	13 th November 2023
4.2 Training on Tools	3	14 th - 16 th Nov. 2023
4.3 Pretesting data collection tools	1	17 th November 2023
4.4 Data collection and coordination	10	27 th Nov. – 7 th Dec 2028
4.5 Data analysis	5	8 th – 14 th Dec. 2023
4.6 Reporting and Presentations	5	18 th – 22 nd Dec 2023
Total	25	

10. Payment Modality

Payments by Amref Health Africa are delivery-based, i.e. payments are triggered by satisfactory submission of specified deliverables and accompanying invoices. Any deliverable not meeting the required specifications must be revoked and resubmitted at no additional cost.

- (i) **First payment:** submission of inception report - (30%)
- (ii) **Second payment:** submission of final report - (70%)

11. Consultancy Qualifications

- (iii) Demonstrated experience in conducting studies undertaken at the national level that cover all states, with similar experience in coordination and analysis across multiple thematic and operational areas. It will be required that consultants submit work done in the recent past, with a preference for having undertaken studies with a similar or greater scope within the programming areas.
- (iv) Demonstrated experience in health system strengthening; in-depth knowledge of at least one of Amref's social determinant components (see above) is ideal.
- (v) Sound statistical background with expertise in relevant software; Experience working with tools development, sampling and surveys is required.
- (vi) Excellent in-depth analytical and report-writing skills; experience in developing reports and presentations with easy-to-read graphics is highly preferred

12. Application Process

Technical and Financial proposals should be submitted on or before the close of business **on Wednesday, 14th November 2023**, Tender.SS@Amref.org . Please note that applications will be reviewed on a rolling basis.