



Mapping study on “non-traditional” channels for GBV disclosures  
within the context of COVID-19 mitigation measures

## Terms of Reference

Location: Rubkona and Koch Counties, Unity State, South Sudan

Donor: CDC Emergency Response and Recovery Branch (ERRB)

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Partner: CARE International in South Sudan

## 1. Introduction

CARE International is implementing the project titled CDC GBV Risk Mitigation: *Building the Capacity of the Humanitarian Response System to Integrate Gender-based Violence (GBV) Risk Mitigation into the Global COVID-19 Response in Rubkona County, Unity State*. The project is funded by Center for Disease Control (CDC) Emergency Response and Recovery Branch (ERRB) for two years with the main focus of building the capacity of community-based, non-GBV specialized actors to safely and appropriately respond to disclosures of GBV including within the changed circumstances necessitated by the global COVID-19 response.

The project approach is based on the premise of working with and recognizing the critical role of Women Right Organizations (WRO) as well as grass-roots level community actors in promoting safe and appropriate response to disclosures of GBV, including and especially disclosures that may be received by non-GBV specialized actors. Additionally, the project also aims to build the capacity of local organizations and community in strengthening referral pathways for GBV survivors in Unity State (particularly in Rubkona and Koch counties).

This project will work closely with GBV Sub Cluster, Ministry of Health, Ministry of Gender Child and Social welfare, Police, RRC, County authority, local leaders at community levels to first identify the gaps, available services for GBV survivors and strengthen referral pathways. It will then develop and build the capacity of relevant stakeholders, with a particular focus on low to non-literate users, on when and how to use a new, visual version of the [GBV Pocket Guide](#), equipping these “non-traditional” humanitarian partners<sup>1</sup> with the knowledge, skills and tools that they need to be able to respond safely and appropriately to a disclosure of GBV.

Given the closure/reduction in available GBV services, GBV specialized actors and other restrictions on movements and gatherings resulting from the Covid-19 response, a project focused on building the capacity of grass roots level, community based actors to support survivors is especially timely.

Therefore, this Terms of Reference (TOR) is developed to guide interested consultants to undertake a basic mapping study in Rubkona, to explore and identify the “non-traditional” channels being used by survivors of GBV to disclose their experience/seek services within the context of COVID-19 -related restrictions on movement and reduction/changes in GBV services.

The overarching purpose of the mapping study is to assist the program implementation team in understanding the ultimate target audience for the forthcoming visual version of the GBV Pocket Guide. The guiding question of the study is: “Within the context of the COVID-19 response, including

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<sup>1</sup> Note: in this context, the terms “non-traditional channels” and “non-traditional actors” are meant to include any means of GBV disclosure beyond disclosure to GBV specialized actors such as GBV specialists, health professionals, PSS/MHPSS professionals, etc.

closure/reduction in GBV services and GBV-specialized actors and restrictions on movements and gatherings, to whom are GBV survivors likely to disclose their experiences?”

Secondarily, because the new version of the GBV Pocket Guide will be designed for use by low to non-literate users, the mapping study should - in a very general manner - document the literacy levels of the anticipated target audiences.

### Study Summary.

<b>Project Name</b>	Building the capacity of the humanitarian response system to integrate GBV risk mitigation into the global COVID-19 response.
<b>Activity Type:</b>	Mapping study on “non-traditional” channels for GBV disclosures within the context of COVID-19 mitigation measures
<b>Purpose:</b>	<ul style="list-style-type: none"> <li>• To identify the “non-traditional” channels used by survivors of GBV to disclose their experience/seek services in the context of COVID-19.</li> <li>• To identify the “non-traditional” actors involved in the disclosure of GBV by survivors in the context of COVID-19.</li> <li>• To identify and document key challenges in reporting GBV and barriers to help-seeking in the context of COVID-19.</li> <li>• To determine, in a very general sense, the relative literacy levels of the different groups of “non-traditional” actors noted in the second bullet point above.</li> </ul>
<b>Research Questions</b>	<ul style="list-style-type: none"> <li>• What are the “non-traditional” channels used by survivors of GBV to disclose their experience/seek services in the context of COVID-19?</li> <li>• Who are the “non-traditional” actors involved in the disclosure of GBV by survivors in the context of COVID-19?</li> <li>• What are key challenges in reporting GBV and barriers to help-seeking in the context of COVID-19.</li> <li>• What, in a very general sense, are the relative literacy levels of the different groups of “non-traditional” actors noted in the second bullet point above?</li> </ul>
<b>Proposed data collection methodology:</b>	Qualitative Study
<b>Proposed start and end date</b>	04-October – 2021 to 27-October - 2021
<b>Final report submission date:</b>	27-October - 2021

## **2. Consultant Scope of Work**

CARE International in South Sudan will facilitate the process to identify a competent consultant to conduct this study. As part of the negotiation process, CARE will ensure that the consultant understands and agrees to the assignment, including the scope, purpose, objectives and methodology. This negotiation includes flexibility to cater for any changes that may arise in the context due to COVID-19, conflict or any other unforeseen changes.

The consultant will design the relevant data collection techniques, protocols and tools. The Project Manager, Gender & Protection Advisor, MEAL Coordinator and Research Manager, as well as the overall project lead, Senior GBV Advisor at CARE-USA HQ, will review the tools and techniques and give feedback prior to the actual study start. The consultant should remain aware of the changes in the context that could impede the study. This assignment should be completed within a maximum of 18 days from inception. Hence, the consultant will:

- Prepare a work plan and hold inception meetings with CARE international in South Sudan.
- Develop a study design describing type of data to be collected, techniques and relevant tools.
- Define sampling method, sampling size and targeted respondents
- Review existing literature on the state of COVID - 19 in South Sudan, including, but not limited to the relevant project documents

## **3. Methodology**

### **3.1. Design**

This study will utilize qualitative research design by adopting a participatory approach. Cognizant of COVID-19, the consultant is expected to undertake data collection (such as conduct of Focus Group Discussions (FGDs), Key-Informant Interviews (KIIs), etc.) while ensuring safety for all participants.

### **3.2. Target Population**

The target population for this assignment will involve the host communities, internally displaced persons, returnees in Rubkona County, Unity State, South Sudan as well as the different types of community-based service providers, including but not limited to Community Health Workers, Community Nutrition Workers, hygiene promoters, community protection/policing mechanisms, educators, etc.

### **3.3. Participants**

The participants include women, men, youth, partner organisations staff, officials from State Ministry of Gender and Social Welfare, local authorities and community-based service providers at County and Payam levels, women and youth representatives, etc. selected from the accessible target population in study area.

### 3.4. Sample Size

The sample size for data collection methods like focus group discussion and key informant interviews will be largely determined at the field level based on the information saturation level. The consultant will use an acceptable sample size for a qualitative study design and also show in detail the recruitment procedure of participants. The consultant is expected to be as diverse and inclusive as possible during data collection by ensuring representation of all categories.

### 3.5. Data Sources

This study considers both **primary** and **secondary** data sources.

Primary data sources include, but are not limited to:

- Female and male (25 years and above) community members
- Female and male youth (18 – 24 years)
- Female and male community leaders
- Government representatives at state or county level or both?
- Women's rights organizations

The secondary data sources include but are not limited to studies from, GBV Sub-Cluster, Conflict and gender analysis studies, conflict sensitivity resource facility South Sudan, project documents etc. The consultant is expected to undertake review of existing documents using appropriate document review tools and methods.

Participatory tools such as: focus groups discussion guide, KII guide, questionnaire checklists and any other tool that would be used. These methodologies are to be applied interchangeably.

### 3.6 Data Collection

Cognizant of the changing context, the consultant will be responsible to develop data collection tools such as: questionnaires, FGD, and KII guides to capture data from the respondents above. The consultant is expected to design a safety protocol for achieving data collection cognizant of Government of South Sudan COVID-19 country SOPs.

### 3.7. Data Analysis

The consultant should adopt an iterative data analysis approach and therefore, relevant qualitative data analysis techniques should be employed. This should include but not limited to; thematic analysis. The consultant should corroborate, and triangulate data from different data sources. A complete set of tools and procedures for summarizing and analyzing qualitative data needs to be made available.

#### 4. Validation and Communication of Findings/Reflection

A one-day validation session will be conducted with all the relevant team members who participated in data collection. Additionally, CARE GBV/protection team members and the partner WRO will be present to support and facilitate sessions and also to clarify on information, to fill in gaps where some data may either be missing or contradictory and to validate the findings. The final report will be produced after the completion of the validation session.

#### 5. Study Products/Deliverables

The key deliverables of this survey includes;

- Inception report with well-define methodology (including an inclusive and gender sensitive sampling design), data collection tools and a clear work plan.
- An annex of COVID-19 infection risk mitigation protocol
- A comprehensive and well-organized final study report (maximum 10 pages, excluding appendices) in electronic version in word and PDF. Appendices to include copies of all survey documents including but not limited to; all data collection tools, survey timeline including all KII and FGD participants and discussion transcripts, documentation of all the processes involved in the data analysis, etc. Annexes must be referenced in the in the report, but submitted as a separate zip file document
- Annexes to be attached with ToR, Data collection tools utilized, attendance sheets of KIIs, FGDs conducted as well as other activities.
- The consultant should also deliver all files including: transcripts of the qualitative data and others in an easy to read format, and maintain naming conventions and labelling for the use of the project/program/initiative and key stakeholders
- A Fact sheet or abstract and power point presentations to be used for dissemination of results to stakeholders

#### 6. Management of the Consultant

CARE will support the consultant remotely throughout the survey. The consultant will work with the Project Manager, Area Manager and the Research Manager. The team will commence the inception process by:

- Ensuring that the consultant fully understands the scope of the current study, including the fact that the study is **NOT** seeking to document prevalence or incidents of GBV but rather only general trends related to the types of actors receiving GBV disclosures within the context of COVID-19 restrictions prior to commencing any data collection. CARE South Sudan will also ensure that the consultant fully understands what information is and is not relevant to the study, is aware of and able to implement safe and ethical approaches to collection of information related to GBV, and ensure that the consultant will NOT collect any information not needed for or relevant to the specific research purpose noted above.

- Reviewing the study protocols, recruitment plan, data collection plan, COVID-19 risk reduction plan.
- Finalizing tools and approve final plan prior to commencing of survey.
- Providing technical support and oversight during data collection process

## 6.1 Data analysis

- Support analysis to focus on concepts/ theories upon which the project is designed.
- Writing up the brief technical study report that includes conclusions in key areas and areas of intervention focus.

## 7. Lessons Learned

The lessons learnt through the entire study shall be documented and shared with the Project team and CARE quality department for future programming in similar projects. The documentation of these lessons will be vital for reflection, growth and continued improvement.

## 8. Limitations

This study will be undertaken with some limitations which may include but not limited to;

- **COVID-19 pandemic:** This might affect conduct of the survey in anticipation of government Covid-19 control measures like movement restrictions, lockdowns and so on
- **Travel Schedules:** International and domestic travel between states is mostly by air using UN Flights. Thus, changes in travel schedules due to flight cancellation, weather and other technical issues may interrupt the conduct of this assignment.

## 9. Core Competencies

- **People Skills:** Ability to deliver assessment results within the shortest period of time.
- **Integrity:** Exhibits trustworthiness, integrity and has a clear commitment to CARE's core values and humanitarian principles.
- **Resilience/Adaptability and flexibility:** Ability to operate effectively under extreme circumstances including stress, high security risks and harsh living conditions. Works and lives with a flexible, adaptable and resilient manner.
- **Awareness and sensitivity of self and others:** Demonstrates awareness and sensitivity to gender and diversity. Have experience and the ability to live and work in diverse cultural contexts in a culturally appropriate manner. Has a capacity to make an accurate self-assessment particularly in high stress and high security contexts.
- **Knowledge and skills:** knowledge of CARE policies and procedures, Sphere and the Red Cross/ NGO Code of Conduct. Requires general finance, administration, information management and

telecommunication knowledge and skills including proficiency in information technology/ computing skills.

#### **10. Technical Competencies**

- Interested applicants should be an individual or institution. The consultant should have a minimum of Master's Degree in Gender and Developmental Studies or Social Sciences. The consultant must have proven track record and experience in conducting qualitative studies in similar or related settings. This should be backed up by the number of similar researches that have been conducted by the individual or institution.
- Previous experience in medium to large-scale emergencies and stable context (five years minimum)
- Familiar with humanitarian programming and inter-agency coordination systems
- Fluent in English and Arabic will be an added advantage
- Ability to communicate ideas in a culturally-sensitive manner and conducive to their practical application.

#### **11. Evaluation and Award of Consultancy**

CARE South Sudan will evaluate the proposals and award the assignment based on the technical and financial criteria. CARE reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest, the highest or any bidder. Only the successful applicant will be contacted.

The evaluation criteria associated with this TOR is split between technical and financial as follows:

- 70 % -Technical (**technical score will be done by program team**)
- 30 % -Financial (Financial score will be done by procurement)

#### **Technical Evaluation Criteria**



Technical Criteria	Description
General understanding of the TOR.	Does the proposal demonstrate a clear understanding of the TOR? Does the consultant make an effort to interpret the objectives?
Methodology	To what extent is the methodology clear and detailed? Is the sampling method and sample size computation scientifically acceptable? Are all the relevant methods of data collection included in the proposal?
Team composition	Does the consultant (or proposed team) have the necessary competencies and experiences as described in the TOR to undertake this study?
Experience	Experience of conducting baseline and evaluation surveys in South Sudan, preferably within proposed geographical area has competitive advantage. Experience with similar assignments with INGOs/ other organization
Work plan	Is an action plan part of the proposal? Is it reasonable or realistic? Does it meet the expected deadlines? Is it flexible to accommodate any changes without compromising the deadline and quality of products
Budget	To what extent is the presented budget reasonable. Is the budget clearly aligned with the planned amount?

## 12. Payment Terms and Conditions

Payment will be effected as follows; First installment (30%) of the total cost on submission and acceptance of inception report. Final payment (70%) upon completion and approval of the final report. Additional information on payment terms and conditions will be included in the contract.

### 13.1 Additional Information

- Consultants shall abide by WHO and Government of South Sudan COVID-19 SOPs.
- Consultants shall be required to sign and abide by CARE Safeguarding Policy (which includes prevention of sexual exploitation and abuse, and behavior protocols)
- Consultants shall abide by the EU beneficiary data privacy/management policies

## 13. Ethical Considerations, Confidentiality and Proprietary Interests.

- The consultant/ consultancy firm needs to apply standard ethical principles during the course of the assignment such as upholding the confidentiality of interviewees as well refraining from making judgmental remarks about stakeholders.
- The incumbent shall not either during the term or after termination of the assignment, disclose any proprietary or confidential information related to the service without prior written consent of the

contracting authority. Proprietary interests on all materials and documents prepared by the contract holder under this assignment shall become and remain properties of CARE.

**Submission.**

All interested applicants should send their CV technical and financial proposals detailing survey methodology, work plan, budget (max 12 pages) and sample reports. The Technical proposal with budget and CV should be sent to [Richard.Matale@care.org](mailto:Richard.Matale@care.org) and cc: [Francis.Mette@care.org](mailto:Francis.Mette@care.org); [Gloria.Poni@care.org](mailto:Gloria.Poni@care.org)

**Deadline for expression of interest is on 27<sup>th</sup> September 2021 before 4PM.**

**National consultants and consultancy firms are highly encouraged to apply**

**NB: The consultancy is for a period of 18 days spread from 4<sup>th</sup> – 27<sup>th</sup> October 2021.**