



TERMS OF REFERENCE – Re advertisement

Baseline survey Consultancy on Building Community Resilience to Acute shocks and Chronic stresses in Terekeka January – February 2021

1. Background:

1.1 Organizational Background

The South Sudan Red Cross Society (SSRC) was established by law on 9 March 2012 with the SSRC Society Act, 2012. SSRC was formally recognized by the International Committee of the Red Cross (ICRC) on 18 June 2013, making it the 189th National Red Cross or Red Crescent Society in the world. In November 2013, the SSRC was admitted into the International Federation of Red Cross and Red Cross Societies. SSRC's headquarters is based in Juba with a total of Seventeen (17) branches and a growing network of subbranches. There are currently over 275 SSRC staff members across Headquarters and branches and approximately 14,000 volunteers across the country.

The society's work is guided by seven fundamental principles (humanity, impartiality, neutrality, independence, voluntary service, unity, and universality) and by Strategy 2020 of the IFRC, which voices our collective vision and determination to move forward in tackling the major challenges that confront humanity in the present decade. All our staff and Volunteers MUST abide by and work in accordance with the Red Cross and Red Crescent principles

1.2 Project Rationale and description:

The humanitarian needs in South Sudan remain extremely high and two thirds of the population –7.5 million people – are in direct need for humanitarian assistance in 2020.¹ Years of conflict, lost livelihoods, destroyed crops, impunity, sexual violence, displacement, lack of education and loss of basic services have created a protracted humanitarian crisis with high inter-sectoral needs. In addition to the chronic insecurity and needs, the country is regularly heavily affected by acute disasters including droughts, epidemics, and floods.² The 2019 floods affected one million people thereby creating high displacement, loss of livelihoods and outbreaks of waterborne and water related diseases in areas already experiencing protracted humanitarian needs.

Following mass displacement people are faced with limited access to basic WASH services in combination with high levels of food insecurity resulting in a disastrous effect on the health of the most vulnerable people.

¹ Humanitarian Needs Overview South Sudan 2020, p2.

² Humanitarian Response Plan South Sudan 2020, p3.



It also increases the vulnerability of South Sudanese population against high scale epidemics as the current COVID-19 pandemic which is a big threat to the country in 2020 and beyond.

The core strategic components of this project aim to;

- a) build community resilience through an effective WASH intervention to reduce the risk of waterborne and water related diseases like diarrhea, malaria, and transmitted diseases like COVID-19,
- b) improve access to safe drinking water and sanitation facilities for the most vulnerable households.
- c) Hygiene promotion through community-based approach
- d) support income diversification processes that will boost household savings thereby improving household cash-flow management especially for the poorest, who need to minimize risk by avoiding debt through other micro finances schemes.
- e) focus on prevention, mitigation, and response activities to address the protection needs of vulnerable people, especially women and girls.

South Sudan Red Cross through funding from Netherlands Red Cross, will deliver above mentioned activities to 8670 Households - 43,350 vulnerable people in order to increase access to basic WASH services and livelihoods and reduce protection concerns in Terekeka County (South Sudan) in a span of one and half years. The intervention aims to address the immediate needs of the people in Terekeka with strong linkages to longer-term development to create durable solutions. Gender sensitive approach with inclusion of the IFRC's standards for Protection, Gender and Inclusion (PGI) and activities will be mainstreamed throughout the project to ensure inclusiveness and tailor-made approaches to support different vulnerable groups within the community, including women, girls, men, boys, elderly, children, IDPs and disabled people. This intervention links with the Humanitarian Response Plan 2020, the 2018-2021 South Sudan Red Cross Strategy and the National COVID-19 SSRC contingency plan and will specifically address the needs of targeted communities on WASH and Protection, Gender and Inclusion (PGI).

2.Purpose

During the initial phase of the intervention, an assessment is to be conducted to further detail the plans in each geographic area under the technical sectors which will then be followed up with regular monitoring and assessment to keep the plan up to date. There are large contextual differences per Boma in Terekeka County and a contextualized approach is important to ensure the specific needs of the communities are met. The plan will consider response to changing needs in communities, considering the rapid global pandemic of COVID-19.

2.1 Study Objective:

The baseline will be conducted in **two stages** with the first being the overall project baseline assessment with an aim to:



- a) understand the water, sanitation and hygiene situation (in terms of existing technological option and coverage) in targeted communities with a link to recent WASH intervention and PGI integration;
- b) understand the beliefs, practices and barriers around hygiene and sanitation;
- c) understand what kind of improved WASH services, especially hygiene promotion activities can contribute to prevent the spread of diarrhea diseases and COVID-19;
- d) Identify key WASH interventions fit into community's priority WASH needs that will contribute to reduction of waterborne and water related diseases as well as prevention of COVID-19;
- e) Identify possible cross-sectoral (WASH, livelihood, SGBV) interventions which will contribute to building community resilience;
- f) Identify major Operation and maintenance (O&M) challenges and propose community-based solutions related to the sustainability of WASH interventions;
- g) Identify the existing primary and secondary livelihood options;
- h) barriers and wishes around the diversification of livelihood;
- i) Identify SGBV risks related to WASH, livelihood as well as COVID-19;
- j) understand how these cases are treated and managed in the communities;
- k) map out organizations and stakeholders already involved in WASH, Livelihood and SGBV related interventions, their capacities and the kinds of interventions they are involved in, in order to later on establish a strong and well-coordinated network, a referral mechanism and good coordination;
- l) identify attitude and barriers of community members, people with disability and map out service providers in order to enhance inclusiveness;
- m) assess the current situation of Community Engagement and Accountability (CEA) and what measures are being taken to tackle this aspect.

While in the **second stage**, the consultant will be expected to conduct a formative research on child marriage in humanitarian settings in South Sudan- Terekeka with a specific focus on disaster (including natural and man-made disasters) and climate related emergencies. This will be carried out with an aim to enhance the understanding of the issue and put in place a protection/ do not harm strategy.

The research specifically is expecting to improve understanding around:

- a) understand the perception, knowledge, attitudes and beliefs about GBV in the community;
- b) identify the extent of different types of GBV which occur in the community;
- c) the root causes related to child marriage at a local level;
- d) the push factors (internal to the family and in the community) that contribute to increase the likelihood of child marriage;
- e) the internal resources of each community to change social behaviors that promote child marriage and that prohibit it from occurring;
- f) existing interventions to prevent and address child marriage in emergencies, as well as challenges in designing, funding and implementing such interventions;



2.2 Study Area:

The survey will be conducted in Terekeka County covering the following areas: Terekeka (Buko, Nyikabor, Juba Bayak and Bor), Muni (Yukara and Gabuta), Reggo (Mogiri Guk, Buju and Buranga) and Nyori (Lwoki and Nyori) Payams.

3. Scope of work

The SSRC PMER Unit will supervise the survey in Terekeka covering Terekeka, Muni, Reggo and Nyori payam. The Consultant under the supervision of PMER Coordinator shall coordinate the survey team members and shall conduct the baseline study to the required quality standards. The consultant will also, facilitate a stakeholder validation workshop presenting the key findings and proposed interventions.

3.1 Methodology:

The baseline study as well as the child marriage study will employ both qualitative and quantitative methods for data collection and review of secondary information (existing reports e.g. situation analysis conducted by the WASH Cluster, FSL Cluster, GBV sub-cluster, research etc.)

The methodologies will utilize a range of tools to measure the status of the social, economic/financial, physical and human perceptions, attitudes, values of targeted communities/beneficiaries and capacities available at the community level. Data will be collected through;

- a) Quantitative household surveys with semi-structured questionnaires (draft to be developed by consultant and approved by SSRC and Netherlands Red Cross Juba/ Head office),
- b) Qualitative interviews using key informant interview (KII) and focus group discussion (FGD) .
- c) Use of the IFRC DAPS minimum standards (dignity , access, participation and safety) will be taken into account and integrated to the methodology

The combination of secondary data review, quantitative and qualitative methods will enable triangulation. The baseline data must be disaggregated by sex, age, disability and other relevant diversity of the respondents.

3.2 Sample Size

The consultant will determine the appropriate sample sizes considering the geographical areas, targeted groups, and the homogeneity and heterogeneity of the target population in coordination with SSRC and NLRC PMEAL departments.



3.3 Key Deliverables

- Development of an inception report and work plan with a detailed methodology, quality assurance plan, detailed tools, and instruments (first, the inception report will be approved by SSRC/NLRC before allowing any survey activities. The agreement with the consulting company can be cancelled if the inception report is not approved). This would include all practical operational tools that would be deployed in the survey, the enumerators to be engaged in the survey and the work plan including survey and report deliveries.
- Enumerators training and survey questionnaire testing - the consultant(s) will be responsible to train the enumerators which is agreed as per inception report, and test the tools agreed. Refinement will be checked after field testing; The enumerator must be trained also on PSEA (protection from sexual exploitation and abuse), the SSRC Code of Conduct and have the basic information about protection and referral)
- Survey Execution - According to the agreed sample size and area, beneficiary /community, and stakeholder coverage. If possible, the data collection should be conducted with the support of kobo collect and GPS to map the respondents for future reference.
- First Draft Reports (Overall baseline report and Child Marriage research report) - The outline for this delivery could be agreed in the inception report. But it should meet the survey objectives put in the TOR and propose a set of indicators of the baseline measurable at the endline.

3.4 Final Report Requirements

The consultant is accountable to maintain the requirements for the content, format, or length of the final report, overall quality, and approved timelines. The firm/consultant will produce a comprehensive report that define and validate pre-intervention exposure conditions for the set of indicators that will be used and provide information base to assess achievement of the outcomes and impact expressed in the program's logical framework. The consultant will also be expected to produce a separate report on the child marriage study.

3.5 Data Disclosure

- The consultant should deliver, at minimum, all files including quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy-to-read format, and maintain naming conventions and labeling for the use of the project/program/initiative and key stakeholders
- Data must be disaggregated by sex, age, disability, and other relevant diversity of the respondents.
- Datasets must be anonymized with all identifying information removed. Everyone or household should be assigned a unique identifier. Datasets which have been anonymized will be accompanied by a password protected identifier key document to ensure that we are able to return



to households or individuals for follow up. Stakeholders with access to this document will be limited and defined in collaboration with SSRC during evaluation inception.

4. Administrative Arrangement

SSRC Responsibility

- Supervise the work of the consultant under the responsibility of the PMER Coordinator.
- All communications should be addressed to the SSRC PMER Coordinator.
- Ensure the ethics and transparency are upheld during the Evaluation
- Responsible for organizing training venue and meals
- Responsible for organizing meetings with the different stakeholders during the survey
- Consult local authorities for acceptance of the consultant in the communities
- All necessary project documents will be provided in soft copy by SSRC.

Consultant Responsibility

- Facilitate the training of enumerators
- Ensure the actual survey is conducted as per the ToR
- Ensure that the time scheduled is adhered to
- Responsible for his or her stationaries and other items/equipment needed for the Evaluation
- International and national flights will be at the consultant's responsibility.
- Consultancy fee is expected to cover the consultant's transport, subsistence needs (food and accommodation and security)
- The consultant will be responsible for his/her Health Insurance/Cover

5. Work Plan:

The entire duration for this evaluation will be **30 selected days** over the period **18 January – 16 February 2021**

No.	Deliverable	Who	Duration (no. of working days)
1.	Inception report after first meeting with project staff/Juba team-PMER	Consultant	3
2.	Revision and approval	SSRC	1
3.	Prepare draft questionnaires for feedback	Consultant	2
4.	Revision and commenting	SSRC	2
5.	Prepare final questionnaires	Consultant	2
6.	Training and validation	Consultant	3
7.	Data collection exercise	Consultant	8
8.	Data analysis	Consultant	3
9.	Facilitate stakeholder's validation workshop	Consultant	1
10.	Prepare draft evaluation reports	Consultant	3



	- Baseline - Child marriage		
11.	Revision and approval	SSRC	1
12.	Finalize evaluation reports	Consultant	1

6. Budget Format:

N o.	Description	Unity Type	Quantity	Unit Cost \$	Frequency	Total Cost \$
1.	Consultant cost					
2.	Data collection					
3.	Stakeholder workshop					
4.	Contingency cost					
Total						

7. Qualification Requirements

Education:

- Relevant Masters' degree in one or more of following areas: Public Health (MSPH, MPH), Epidemiology, Demography or any other relevant related field or bachelor's degree in the related field with significant experience in conducting similar studies.

Work Experience:

- Over 5 years proven experience in undertaking similar studies and familiar with South Sudan context, particularly in WASH, Livelihood and Protection
- Have proven knowledge and practical experience in quantitative and qualitative research;
- Experience working in emergency context. Experience working in South Sudan context is a plus.

Technical Competencies:

- Excellent knowledge and skills in humanitarian programing and standards including Core Humanitarian Standards;
- Knowledge of WASH, livelihood and Protection programming;
- Demonstrated knowledge and understanding of child marriage, dynamics of social change, drivers of harmful practices, and gender inequalities.
- Comprehensive knowledge about participatory data collection methodology and digital data collection;
- Knowledge and understanding of community involvement in programming and planning;
- Excellent organizing, facilitating, presentation, communication, and report writing skills.



8. Payment modalities

The Consultant will have to provide the following documents before payment is effected and it should be noted that the payment will be 30% at the approval of the inception report, and 70% on completion of the work and all are done by cheque upon submission and approval of;

- Final Reports for the evaluation and research
- The Contents of the report will be analyzed, and final payment will only be made upon agreement on the final baseline and child marriage research report from South Sudan Red Cross and Netherlands Red Cross.

9. Confidentiality:

The consultant will not communicate to any other third party, whether during or after the execution of the exercise, any confidential information ('confidential information' includes all reports and internal documents prepared within the scope of the engagement), that they will get through this engagement. They will neither publish nor disclose any information specific to the assignment without the prior formal approval of the SSRC and NLRC.

Submission Deadline

Interested applicants/firms are expected to submit **hard copies (hand delivered)** of their detailed CVs showing previous similar experiences and a detailed technical narrative and financial proposal of not more than five pages (excluding annexes, certificate of registrations and past performance references), illustrating their competencies and clearly articulating the strategies they would use to the SSRC offices, Tongpiny Area, Ministries Block, Juba-South Sudan. Please include the name and telephone number of the contact person for the Application or soft copies sent to tenders@ssdredcross.org

Deadline for expression of interest is on Friday 8 January 2020 at exactly 5.00pm

Shortlisted institutions will be requested to hold an oral presentation of a full proposal with a detailed research plan and approach and proposed methodology to conduct this work.