



Defending dignity.
Fighting poverty.

Terms of Reference for Gender Analysis

Gender-responsive nutrition support and enabling nutrition environment for the most vulnerable women, men, boys, and girls in South Sudan program

Rubkona, Mayom & Abiemhnom Counties
Unity State

FUNDED BY:



June 2022

1.0 Background

Gender-responsive nutrition support and enabling nutrition environment for the most vulnerable women, men, boys, and girls in South Sudan and Sudan is a one (1) and half year project funded by GAC aimed to save lives, alleviate suffering and maintain human dignity through gender-responsive nutrition interventions for crisis-affected women, men, boys and girls in Sudan and South Sudan. Life-saving nutrition services through the CMAM approach are core to the project's design, the components of CMAM being: community outreach and mobilization; management of SAM without medical complications through outpatient therapeutic programs (OTP); inpatient management of SAM with medical complications at the stabilization center's (SC); and outpatient targeted supplementary feeding programs (TSFP) to manage MAM. The project teams will work through community-based approaches to raise awareness of good nutrition practices (particularly infant and young child feeding (IYCF)) and early referral to nutrition services, given their importance for prevention of malnutrition, and reducing the risk of associated mortality and adverse developmental outcomes. As critical, basic health and WASH assistance play a vital role in the prevention of acute malnutrition and deterioration of nutritional status, nutrition activities will be complemented by primary health care services with clear nutrition outcomes, provision of safe water, and basic hygiene items, and hygiene promotion campaigns. Based on plans agreed with health authorities and the Nutrition, Health, and WASH Clusters.

CARE's intervention will reach 139,969 (M: 27,722, W: 52,011, B: 29,529, G: 30,707), including 62,477 people (21,223 men, 22,092 women, 9,386 boys, 9,776 girls) in Sudan, and 77,492 people (6,499 men, 29,919 women, 20,143 boys, 20,931 girls) in South Sudan.

Project Title: Gender-responsive nutrition support and enabling nutrition environment for the most vulnerable women, men, boys, and girls in South Sudan and Sudan

Intermediate outcome: Lives saved, suffering alleviated, and human dignity maintained through nutrition interventions for crisis-affected women, men, boys,, and girls in Sudan and South Sudan

1.1 Immediate outcomes:

- 1100: Increased and more equitable use of gender-responsive nutrition and associated health and WASH assistance for IPC 4 communities, especially children under 5 and PLW/G, in Sudan and South Sudan
- 1110: Increased and more equitable access to gender-responsive nutrition services for children under 5 and PLW/G in Sudan and South Sudan
- 1120: Increased and more equitable knowledge of community nutrition practices, especially infant and young child feeding (IYCF-E), among caregivers, community members, and nutrition/health workers in Sudan and South Sudan
- 1130: Increased and more equitable access to critical basic health and WASH services in communities targeted with nutrition programming (especially children under 5 and PLW/G) to reduce risk, and support successful treatment, of malnutrition in Sudan and South Sudan

1. 1.2 Purpose and Objectives

The Gender Analysis for this program has four objectives:

- To document and understand gender roles and responsibilities, and capacities of women, men, boys, and girls to respond to crises and vulnerabilities that exist among women and men in regards to gender-responsive nutrition and associated health and WASH services.
- To measure gaps and disparities between women, men, boys, and girls and also identify patterns of inequality and evidence of association in regards to access, control, and decision making over gender-responsive nutrition and associated health and WASH services.
- To document and understand factors that affect women, men, boys, and girls in regards to use and equitable access to gender-responsive nutrition-associated health and WASH assistance services for children under 5 and PLW/G in South Sudan
- To provide practitioners with an understanding of gender relations, how they changed with the crisis, and how they affect proposed programming and develop a gender action plan/GE responsive road map to respond to the different needs of women and girls, men and boys

2. Consultant Scope of Works

The consultant will design all the relevant data collection techniques, protocols, and tools. The Program Manager, Gender and Protection Advisor, and the MEAL Coordinator will review the tools and techniques and give feedback prior to the actual field data collection exercise. The consultant should remain aware of the changes in the context that could impede the Gender Analysis.

This assignment should be completed within a maximum of 30 days from inception. Hence, the consultant will:

- Prepare an inception report and hold inception meetings with the Program members.
- Develop a simple yet comprehensive Gender Analysis matrix describing the type and data to be collected, techniques, and relevant tools for each indicator, budget, and survey workplan.
- Define sampling method, sampling size, and targeted respondents
- Review existing literature on the state of gender roles and norms, food security and livelihoods, IPC Analysis, relevant reports from Nutrition, Health, WASH, GBV/Protection cluster, including, but not limited to GAC's Feminist International Assistance Policy, the Program proposal.

3. Methodology

3.1. Approach

The consultant will design/use a mixed approach that integrates qualitative and quantitative data collection techniques, and tools that will focus on the following areas of inquiries: gendered division of labor, household decision making, control of productive resources, and access to services

- **Quantitative:** It is important to be able to acquire data that permits the program to understand gender roles and responsibilities, capacities of women, men, boys, and girls to respond to crises and vulnerabilities that exist among women and men in different locations (such as counties) as per the indicators. Household surveys will be conducted to measure the selected indicators.
- **Qualitative:** Cognizant of COVID-19, the consultant is expected to conduct Focus Group Discussions (FGDs), and Key-Informant Interviews (KIIs) while ensuring safety for all participants. Findings from this technique will be used to refine questions raised through the thematic reviews.

3.2 Sampling

The consultant will implement a sampling procedure that is representative of the program life of the project target population, and cognizant of the partner's targets. The gender analysis must achieve a statistically acceptable sample size for the respective project participant categories. The consultant will develop, and abide by the approved sampling methodology. Where sampling strategy is changed for whatsoever reason, the consultant is expected to recompute to achieve representative samples with a resubmitted sampling protocol. Therefore, a clear and unambiguous proposal on sampling methodology and the sample size is expected from the consultant. The sampling method should attain representative and generalizable results for all project participant categories.

3.3 Data Sources

The Gender Analysis will consider both **primary** and **secondary** data sources

Primary data sources include but are not limited to household surveys, KIIs and FGDs.

The secondary data sources include but are not limited to studies from South Sudan's Nutrition, Health, WASH, & GBV/Protection cluster, GAC, IPC latest findings, other bilateral donors, and existing program documents. The consultant is expected to undertake a review of existing documents using appropriate document review tools and methods.

3.4 Location:

The Gender Analysis will be conducted in the Counties of Rubkona, Mayom & Abiemhnom.

3.5 Data Quality Issues

The designed data collection techniques, Quality of data should not be compromised and maximum care should be taken to avoid or at least minimize errors at all stages of the Gender Analysis. Some techniques such as, but are not limited to, the following will be applied:

- Before data collection: Pilot testing of the data, collection tool will be required in order to verify the reliability and validity of the tool. This includes both face-to-face and remote approaches.
- During field data collection: For household surveys, data entry will be on the spot using an electronic questionnaire. Monitoring enumerators for accuracy in doing the interview and in capturing data will be necessary. Checking through all completed responses (on a daily basis) to ensure any mistakes or inconsistencies are corrected on time will add value to the quality of data.
- Data analysis: Perform iterative data analysis which involves continuously analyzing key variables as part of data quality checks using various methods such as frequencies or cross-tabulations or any forms of regressions

3.0 Communication of Findings/Reflection

Gender Analysis findings will be validated by the key stakeholders. Once the validation is completed then the final report will be produced.

3.1 Gender Analysis Products/Deliverables

There will be key deliverables of this process:

- An inception report clearly outlining the approach, indicators, methodology and tools Include an annex highlighting how COVID-19 safeguards will be achieved
- Finalize survey tools and inclusive and gender-sensitive sampling design
- Enumerator training, tool, pre-testing and data collection
- A comprehensive and well-organized final Gender Analysis report in electronic version word and PDF-based in the template structure in the annex below and should include key findings from all four objectives mentioned at the beginning of the ToR and must also provide disaggregated data by SADD at a minimum, but also by other vulnerability criteria as relevant for the project(Not more than 30 pages)
- Supporting files, original and cleaned datasets, statistical output files, photos, etc.
- Fact sheet or abstract and PowerPoint presentations to be used for dissemination of results to stakeholders

3.2 Lessons Learned

The lessons learned through the entire Gender Analysis shall be documented and shared with the Project team and CARE quality department so that they may be taken into consideration for future studies. The documentation of these lessons will be vital for reflection, growth, and continued improvement.

4.0 Limitations

This Gender Analysis will be undertaken with some limitations. These may include:

- **COVID-19 pandemic:** Guidelines and restrictions may undermine the extent to which sample sizes limit optimization of selected data collection approach.

- **Security:** Given the current restrictions in the country, the Gender Analysis may be affected by the volatile security condition in some areas.
- **Travel Schedules: International and domestic** travel between states are mostly by air using UN Flights. In addition, travel schedules may change due to flight cancellations and other technical issues.
- **Statistics:** Country demographics may not be readily up-to-date hence the consultant may have to undertake additional data collaboration.

4.1 Additional Information

- Consultants shall abide by WHO and the 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 beneficiary data privacy/management policies

4.2 Ethical Considerations, Confidentiality, and Proprietary Interests

- The Consultancy Firm holder needs to apply standard ethical principles during the course of the assignment. Some of these must deal with confidentiality of interviewee statements when necessary, refraining from making judgmental remarks about stakeholders.
- The incumbent shall not either during the term or after the termination of the assignment, disclose any proprietary or confidential information related to the service without prior written consent by 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.

5.0 Appendix 1: Gender Analysis Report layout

CARE International in South Sudan will discuss with the successful consultant (s), the content and length of the final report. However, below is a suggested outline for the report.

1. Cover page (1 page)
2. Table of Contents (1 page)
3. Acknowledgements (1 page)
4. Glossary (1 page)
5. Introduction (1 page)
6. Description of Project (1 - 2pages)
7. Executive summary (2 Pages)
8. Gender Analysis introduction/Background/relevant context information (max 2 pages)
9. Methodology (max 2 pages)
10. Findings (max 10 pages)
11. Lessons learned from the Gender Analysis process (max 1/2 pages)
12. Conclusion and recommendations (max 3 pages)
13. Appendices (to include copies of all tools, list of enumerators, survey timeline including all KII and FGD participants, and discussion transcripts (as many pages as necessary- please reference the annexes in the report, but include them in a zip file as a separate document

6.0 Consultant profile

- The consultant should preferably be a holder of a post-graduate degree in public health, nutrition, or related discipline.
- Qualified and experienced consultant with Health and Nutrition background in surveys and assessments using Gender Analysis methodology.
- Minimum experience of having led a similar survey in South Sudan
- Proven team-leading and managerial experience
- Knowledge of working with conflict-affected populations
- The consultant must have a strong background in statistics and data analysis. Must know SPSS, STATA, EPI, and all relevant computer applications in general.
- Excellent reporting and presentation skills.
- Excellent knowledge of and experience with humanitarian guidelines and principles.
- Willingness to travel extensively and work under pressure & meet deadlines
- Ability to work in a multicultural and inter-sectoral environment.
- Ability to work collaboratively as a team with the other staff members.
- Ability to coordinate, direct and supervise others to achieve a common goal.
- Ability to live and work in an isolated area in conditions of limited comfort

7.0 Evaluation and Award of Consultancy

CARE South Sudan will evaluate the proposals and award the assignment based on 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:

1. 70 % -Technical
2. 30 % -Financial

7.1 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 Gender Analysis in South Sudan, preferably within proposed geographical area has competitive advantage. Experience with similar assignments with INGOs/ other organization
Workplan	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?

8.0 Payment Terms and Conditions

Payment will be affected 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.

NOTE: “CARE South Sudan shall withhold tax of 15% as per South Sudan Taxation Act of 2009 ”

9.0 Budget

Cost of the Evaluation: should be summarised as follows with a detailed breakdown attached:

No.	Details	Unit	Rate (US\$)	# of Units (Quantity)	Cost (US\$)
1	Consultant's fees (excluding data enumerators' costs)				
2	Transport cost				
3	Subsistence costs (e.g. accommodation, communication, meals, etc)				
4	Any other costs that are critical, but not provided for by CARE				
5					

Logistical support (scheduling of interviews, arrangement of field accommodation during data collection, access to official facilities including internet, documentation—printing, photocopying of tools, etc.) will be provided by CARE. The consultant will work with and report to CARE South

Sudan MEAL Coordinator and the coordination of overall evaluation work will be supported by the Programme Manager. All communications related to this assignment will be copied to CARE South Sudan DCP Programs, PDQ-Coordinator & Research Manager..

Note:

The consultant is responsible to pay printing and data entry and analysis costs.

The consultant is also responsible for COVID expenses and adherence to regulations including testing, evacuation, and quarantine as per the relevant national authorities' guidance applicable at the time. CARE shall facilitate the process of compliance with COVID regulations.

CARE South Sudan shall withhold relevant taxes as per the Taxation Act, 2009.

The payments will be in one instalment after the completion of the task and submission of final acceptable report to CARE

10. The application process

Interested Parties are requested to submit a proposal explaining their comprehension of the proposed consultancy, and how they would approach this assignment with a summary of their methodology, especially in terms of how the party plans to meet the objectives. Additionally, they should submit one or two examples of similar evaluations (including a combination of quantitative and qualitative methodologies) conducted previously. The application should include a team composition with a Lead Consultant and at least 2-to 3 experienced evaluators. International consultants/firms must show proof of in-country capacity to carry out the evaluation within the context of COVID 19 restrictions. The application should include a minimum of three CVs of the persons to be involved in the assignment, relevant experience, a detailed budget in USD, and time availability.

The deadline for submission of proposals from interested parties is **June 24, 2022**.

Proposals must contain a proposed methodology, work plan, and budget.

Proposals can be submitted to. Gabriel.Puja@care.org.

Guiding Principles and Values:

Adherence to CARE Code of conduct, PHSEA, Child Safeguarding practices, and confidentiality when interviewing or photographing children.

Only shortlisted candidates will be notified.

NB: The consultancy is for a period of 30 days spread from July 4th, 2022 to August 31, 2022.