Terms of Reference for Conducting Baseline Evaluation for project 'Gender-Responsive Food Security, WASH, GBV and Primary Health Services for Women, Girls and Crisis-Affected Communities Impacted by the Sudan Conflict

1. Context & Background

As a result of the Sudan war, South Sudan continues to host displacement-affected populations such as refugees, returnees and internally displaced persons (IDPs). Insecurity, inter-ethnic violence, hunger, food insecurity and widespread human rights violations have led to these displacements. The humanitarian crisis has constrained the existing services which call for gap filling through humanitarian response interventions.

CARE International is a humanitarian non-governmental organization committed to work with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty.

CARE International, with funding from the German Federal Foreign Office (GFFO), is implementing the project **"Gender-Responsive Food Security, WASH, GBV and Primary Health Services for Women, Girls and Crisis-Affected Communities Impacted by the Sudan Conflict"** in **Pariang County (Unity State)** and **Renk County (Upper Nile State), South Sudan**. The project started on 1st July with a duration of 18 months.

It seeks to address the urgent humanitarian needs of refugees, returnees, internally displaced persons (IDPs), and vulnerable host communities affected by the Sudan crisis through an integrated package of interventions in Food Security and Livelihoods (FSL), Water, Sanitation and Hygiene (WASH), Gender-Based Violence (GBV) prevention and response, and Primary Health Care (PHC). Similar GFFO-funded humanitarian projects in South Sudan use integrated baseline studies to establish benchmark values, identify priority needs, and guide implementation and monitoring.

The project targets an impact population of 190,629 participants in South Sudan consisting of refugees, IDPs, returnees and host communities.

The project is implemented by Coalition for Humanity in South Sudan (Pariang and Renk) and takes the component of WASH and protection led by CARE which plays an overall leadership role and implements field activities. And takes the component of health and nutrition and FSL in the same locations.

2. Scope

The goal of the project is to save lives, reduce vulnerability, and strengthen the resilience of refugees, returnees, internally displaced persons (IDPs), and vulnerable host communities affected by the Sudan crisis by increasing access to quality, gender-responsive primary health care, safe WASH services, GBV prevention and response, and sustainable food security and livelihood opportunities in Pariang and Renk Counties, South Sudan.
The evaluation will cover all project intervention areas in: Pariang County (Unity State) and Renk County (Upper Nile State) and shall include Refugees, Returnees, Internally Displaced Persons (IDPs), host communities, women, men, girls, boys, older persons, persons with disabilities, community leaders, health workers and government counterparts.

The project has four (4) results:

1.FSL: the project enhances food security for vulnerable households through a combination of cash and voucher assistance, community-based targeting, and market monitoring. It promotes nutrition-sensitive practices, supports local food initiatives, and strengthens household food production and dietary diversity, while integrating awareness-raising and participatory learning approaches.

2.WASH: focuses on increasing access to safe, dignified, and gender-sensitive WASH services. Activities include the construction and rehabilitation of water and sanitation infrastructure, distribution of hygiene kits, and community-based hygiene promotion. The project also strengthens local WASH management systems, supports menstrual hygiene management, and ensures preparedness for disease outbreaks

3.Protection: the project strengthens GBV prevention and response by providing survivor-centered services such as case management, psychosocial support, and emergency assistance. It establishes safe spaces for women and girls, builds capacity of service providers, and promotes community awareness and engagement to reduce protection risks and improve access to support services.

4.Health: improves access to inclusive and gender-responsive primary healthcare services. This includes rehabilitating health facilities, delivering integrated sexual and reproductive health services, ensuring availability of essential medicines, and strengthening health system capacity through training and supervision. Community outreach and health education further support prevention, early detection, and improved health-seeking behavior.

To achieve its objectives, the project will implement the following key activities:

- Delivery of Sexual and reproductive health and protection services
- Provision of critical support for survivors of gender-based violence (GBV)
- Awareness raising and prevention activities to prevent GBV
- Responding to GBV incidents by offering protection-specific services
- Delivery of Minimum Initial Service Package (MISP) for SRHR services
- Rehabilitation of water and sanitation infrastructure,
- Distribution of hygiene kits.
- Community-based hygiene promotion.
- Give cash and voucher assistance
- Market monitoring.
- Supports local food initiatives
- Strengthens household food production and dietary diversity
- Improves access to inclusive and gender-responsive primary healthcare services.
- Rehabilitating health facilities
- Delivering integrated sexual and reproductive health services
- Procurement of essential medicines
- Strengthening health system capacity through training and supervision.
- Community outreach and health education.

3. Purpose / Objectives of the evaluation

Purpose: why is the evaluation taking place and who are the users of the findings?

The purpose of the baseline evaluation is to establish benchmark values for all project indicators before implementation, assess the current humanitarian situation of the target population, validate project assumptions, and generate evidence to inform implementation, monitoring, adaptive management, and the end-line evaluation. The baseline will serve as the reference point for an endline measurement. Indicators whose sources of verification rely on routine project monitoring systems, administrative records, or activity-based reporting will not be measured through the baseline study, as their baseline values are defined through implementation tracking systems rather than primary baseline measurement.

Key Baseline Indicators:

For the GFFO Baseline Evaluation of the "Gender-Responsive Food Security, WASH, GBV and Primary Health Services for Women, Girls and Crisis-Affected Communities Impacted by the Sudan Conflict" in Pariang County (Unity State) and Renk County (Upper Nile State), it baseline should establish the starting values for all project outcome and output indicators. These indicators should be disaggregated by sex, age, disability status, location (Pariang/Renk), and population group (refugees, returnees, IDPs, and host communities).

- % of people with acceptable Food Consumption Score (FCS) (Household dietary diversity, food frequency)
- # and % of people who are able to satisfy their needs for safe water and/or basic sanitation disaggregated by sex, age and category (Host community, Refugees and returnees)
- # People in target population who use Gender/Based Violence (GBV) prevention and response services and are satisfied with the quality of service received.
- # people in target population who use quality Sexual, Reproductive Health (SRHiE) and/or essential health services are satisfied
- # people with hygiene knowledge and practices with support from the project
- # of functional water facilities available and accessible providing safe water
- # sanitation facilities established in public places (PHU, schools, markets, camps) that include appropriate and dignified disposal options and/or washing facilities
- Percentage of women, girls, men, and boys who are aware of available GBV services in their community.

Evaluation Criteria and Questions:
The study shall apply the DAC (Development Assistance Committee) project evaluation criteria for humanitarian assistance, established by the OECD to assess various aspects of a project's indicators.

Relevance

- Are the proposed interventions aligned with the priority needs of refugees, returnees, IDPs and host communities?
- Do the interventions adequately address the different needs of women, girls, men and boys?

Health

- What proportion of the target population can access essential primary health services?
- What are the major causes of illness?
- What is the utilization of maternal, newborn and child health services?
- What barriers prevent access to health services?

WASH

- What proportion of households have access to safe drinking water?
- What sanitation facilities are available?
- What hygiene practices are followed?
- What are the main barriers to accessing adequate WASH services?

GBV and Protection

- What are the key protection risks affecting women, girls, boys and vulnerable groups?
- What GBV prevention and response services exist?
- How accessible are referral pathways?
- What level of awareness exists regarding GBV services?

Food Security and Livelihoods

- What is the household food security status?
- What are the main livelihood sources?
- What coping strategies are households using?
- What is household dietary diversity(common types of local foods grown in the area)?
- What livelihood assets have been affected by the Sudan crisis?

4. Approach and Methodology

The **cross-sectional baseline survey** will be conducted before project implementation to establish baseline values for all outcome and output indicators. Data will be collected at a single point in time from representative samples of households, health facilities, water points, community structures, and key stakeholders in the project locations. The baseline will apply a mixed-methods approach, combining quantitative and qualitative data collection to establish statistically valid baseline values for indicators with TBD baselines in the approved project Logical Framework Matrix. The methodology will be strictly aligned with the log frame and designed to ensure internal consistency and comparability with future endline assessments.

Primary data collection will constitute the principal source of evidence and will be used to establish baseline values. Qualitative methods will be used strictly to contextualize findings and support interpretation.

The consultant will be responsible for: defining the overall evaluation approach, sampling framework, quantitative and qualitative methods and data collection and analysis of the required metrics based on the log-frame and approved project proposal. This will include specification of the techniques for data collection and analysis, structured field visits and interactions with project participants.

Evaluation tools and methodology will be reviewed and validated with various stakeholders and approved by the GFFO Project Management Unit. Appropriate sampling techniques should be used to collect primary data.

The evaluation shall respect the security and dignity of the stakeholders with whom CARE works, considering gender and power elements during the evaluation.

Evidence should be disaggregated by sex, age, disability and other relevant diversities in line with the project's log- frame.

5. Governance and Management of the assignment

The MEAL officer from Care South Sudan shall oversee the entire exercise with support from Programme Managers including the implementing partner Coalition for Humanity.

Person/Unit/Organization	Activity
Rosenkranz, Eva – CARE Germany	Review of Inception report, Review of draft evaluation report, approval of the final report
Benzine Joseph-CARE SSD	Provide information and access to documents and tools in coordination with MEAL officer in Coalition for Humanity. Review of Inception report, Review of draft evaluation report, approval of the final report.
Chandiga Keneddy	General feedback and comments on the draft evaluation report
Dr. Kenneth Kaunda	Input and comments on data collection tools and evaluation draft report focusing on Gender and WASH
Mr. Gai Samuel	Input and comments on data collection tools and evaluation draft report focusing on FSL
Jane Keji – CARE SSD	Comments and input on the draft report, provides logistical support
Consultant	Design the questionnaire in Kobo, training of enumerators,Supervise the data collection in Renk and Pariang,inception report writing and submission,transport of enumerators in the field during data collection,Responses to comments in the inception and final reports, final report submission

6. Response to Terms of Reference

A Technical and Cost proposal based on this Terms of Reference (ToR) is requested from suitable and qualifying consultants or consulting firms.

The *technical* proposal should contain:

i. The articulation of the understanding of the ToR and suggested methodology and approach including sample size for quantitative and qualitative data collection (clear scope of primary and secondary data collection)
ii. Composition and specific roles and responsibilities of each member of the evaluation team. Summary CV of each team member **MUST** be attached.
iii. A Scope of Work which clearly shows the *preliminary* work plan and the timeline, and the final one will be shared after the inception phase.

Cost proposal = Detailed budget with justification. The external evaluation proposal should include a reasonable detailed budget to cover all costs associated with the evaluation and other core members of the evaluation Team. (lead evaluator, technical experts, enumerators, translators, drivers, etc.), local travel, in-country lodging and per diem, materials, or any other related costs (e.g., translators of the report, meeting rooms for presentations, etc.)

The proposal should be accompanied by *the profile of the lead evaluator / group / firm and* at least three samples of similar work with client recommendation letters.

7. Expected Outputs and Deliverables

Timeline (to be finalized after inception phase)

activity	*Week 1*	*Week 2*	*Week 3*	*Week 4 …*	*Week 5*	*deliverable*	*Delivery data*	*responsible*
Call for expressions of interest	*xxxxxxxxxx*					*Technical and Cost proposal*	*3-10/8/-2026*	*Interested consultancy firms or individuals*
Selection of evaluators		*xxxx*				*offer*	*11/8/2026*	*CARE …*
Sharing of reference documentation			*x*			*Document list / library*	*12-8-2026*	*CARE …*
Review of reference docs			*xxx*			*Reference docs*	*13-14/8/2026*	*Evaluation team*
Inception meeting				*x*		*Meeting report*	*17-8-2026*	*CARE…*
Inception report					*x*	*Report*	*7 days after inception meeting*	*Evaluation team*
Primary & secondary data collection				*xxxxx*		*Primary & secondary data*	*27/8/2026 to 9-9-2026*	*Evaluation team*
Data analysis					*xxxx*	*Primary & secondary data*	*10-18/9/2026*	*Evaluation team*
Draft findings					*x*	*Findings*	*21/9/2026*	*Evaluation team*
Validation sessions					*x*	*Findings*	*22/9/2026*	*Evaluation team*
1st draft					*x*	*Draft report*	*24-9-2026*	*Evaluation team*
Comments (2 rounds?					*x*	*comments*	*25-29/9/2026*	*CARE team*
Final draft					*x*	*Final report*	*31-9-2026*	*Evaluation team*

The consultant will be expected to deliver the following:

- An inception report to be submitted within **Seven (7) days** after the inception meeting. The inception report should contain detailed methodology and approach, draft data collection tools, sampling frame and size. The report should not exceed **10 pages** excluding the table of contents references and description of specific tools and methods
- A Draft Evaluation report in English to be submitted within **20 working days** after data collection. The report should not exceed **30 pages** in length, single space, Time Romans Font 12(Refer to annex below)
  The report must include:
  - An **executive summary that focuses on the findings** that is no more than 2 pages in length and is formatted so that it can be printed as a stand-alone 2-pager about the project.

- **A clear methodology section:** the methodology should explain the evaluation questions, and how the methodology chosen appropriately answers those questions. It should also contain key ethical considerations, and a description of how the evaluators protected participants and personally identifiable information.
- **3-5 key lessons learned:** These should be short, actionable, and the most important aspects of what the program/analysis found. They need to be relevant and new for people outside of the direct program. They should also include highlights of what to improve in the future
- **3-5 bullet recommendations**: These are highlights of the most effective, relevant, and scalable approaches and tools.
- **Shareable Evidence:** Evidence collected by the external evaluation from the conclusions and recommendations must be submitted along with the final report. All datasets, qualitative interviews, and underlying data are owned by CARE and are included in final deliverables. Sources of all evidence must be identified, and conclusions must be based only on evidence presented in the report, and recommendations must directly correspond to the conclusions.

- All raw data files including quantitative data sets transcripts should be submitted with the final report; datasets must be anonymized with all identifying information removed.
- Annexes must also contain data collection tools (e.g. KI guides, FGD guides) including list of individuals and organizations consulted, with basic disaggregation by sex and age where applicable, list of documents reviewed
- A Final Evaluation Report considering comments provided by the Management Team governing the evaluation, allowing for a minimum of 2 review rounds. The baseline evaluation will provide:
- Baseline values for all selected project indicators.
- Evidence on the humanitarian needs of women, girls and crisis-affected populations.
- A benchmark for monitoring project performance.
- Information to refine implementation strategies and annual work plans.
- Recommendations for adaptive management and learning.
- A foundation for future midline (if applicable) and endline evaluations.

Qualification of Consultants / Consultancy Firms

Individual consultants or consultancy firms meeting the following profile are invited to send a technical and financial proposal specifying the following:

- Applicants' leaders must have a minimum of a master's degree in social science such as Humanitarian Studies, Psychology, Counselling, Project Planning and Management etc. Possession of A PhD will be an added advantage.
- Proven track record and experience in Gender, WASH and FSL, Sexual Reproductive Health (SRH) and GBV response in emergencies setting is added advantage and highly desirable.
- Experience in conducting evaluations for complex humanitarian interventions. Evidence of such works in South Sudan is highly preferred.
- A track record of assessments conducted with recommendation letters in the past 5 years, a summary of the scope, the date when it was conducted and the name and details of the client (including contacts of the person who can be contacted for reference checks) must be attached with the application.
- Evidence of availability of appropriate qualifications, wo/man-power and key staff that will constitute the team.
- Evidence of official registration in Uganda, South Sudan and DRC as a consultancy firm (submit evidence of registration). Individuals do not need to provide this requirement.
- Evidence of eligibility to work in DRC, Uganda and South Sudan

8. Duration of the Consultancy

The evaluation will be conducted in Renk, South Sudan. Interested persons/firms MUST submit their proposals to South Sudan (richard.matale@care.org, copying john.lasu@care.org,), The subject of the email should read **'Application for Conducting GFFO baseline Evaluation'.** No applications will be accepted later **than 21st Aug 2026 2026** Close of Business. Please note that applications will be reviewed on a rolling basis.

The maximum evaluation period is **28 working days** after the inception report, enumerator training, data collection and draft report submission for review and comments**.** This period includes time spent by CARE and partners reviewing the draft report and providing feedback to the Consultant.

9. 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, and NO Telephone communication is required

10. The evaluation criteria associated with this TOR includes;

70 % for Technical expertise and Experiences in doing relevant assignment and qualifications
30 % for detailed breakdown of associated cost as stipulated in the inception report

13. Technical Evaluation Criteria

Technical Criteria	Description
Consultant's operation status with CARE	Is the consultant in CARE's blacklist? (Yes / No)
Experience with CARE	CARE Previous Experience (Yes / No)
Individual consultant or Registered consultancy firm	Legal status - Evidence of Tax Compliance Certificate for firms - TIN Certificate for Individual Consultants (Yes / No)
General understanding of the TOR.	Does the proposal demonstrate a clear understanding of the TOR? Does the consultant try to interpret the objectives? (10 marks)
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? (15 marks)
Team composition	Does the consultant (or proposed team) have the necessary competencies and experience as described in the TOR to undertake this study? (15 marks)
Experience in similar or related survey	Experience of conducting Endline surveys in South Sudan, preferably within proposed geographical area has competitive advantage. Experience with similar assignments with INGOs/ other organizations and UN Agencies is an added advantage. (10 marks)
Quality of previous work done	Quality of their previous reports similar to this assignment, Layout, content, and organizational structures (5 marks)
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 outs. (10 marks)
Budget	To what extent is the presented budget reasonable. Is the budget clearly aligned with the planned amount? (5 marks)

Note: Any consultant that passes the technical evaluation criteria with a minimum score of 50+1 during the evaluation and scoring by the technical committee is recommended for assessment of their financial proposal for completion of the 30 percent.

14. Additional information

Consultants shall be required to sign and abide by the CARE Safeguarding Policy (which includes PSEA-prevention of sexual exploitation and abuse, and behavior protocols). Consultants shall abide by EU beneficiary data privacy/management policies and CARE responsible data principles

15. Ethical Considerations, Confidentiality and Proprietary Interests.

The Consultant needs to apply standard ethical principles during 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 termination of the assignment, disclose any proprietary or confidential information related to the service without prior written consent by the contracting authority. Proprietary interest in all materials and documents prepared by the contract holder under this assignment shall become and remain properties of CARE. (All raw data has to be left with CARE in one of the CARE's acceptable formats and cannot be used for other purposes than this evaluation). The evaluation shall adhere to humanitarian research ethics by ensuring:

- Informed consent.
- Confidentiality and secure data management.
- Protection of vulnerable groups.
- A "Do No Harm" approach.
- Child safeguarding.
- Safe referral pathways for GBV disclosures.
- Compliance with CARE safeguarding and protection policies.

16. Appendix:

CARE 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.

I. Cover page (1 page)
II. Table of Contents (1 page)
III. Acknowledgements (1 page)
IV. Glossary (1 page)
V. List of acronyms (1 page)
VI. Introduction (1 page)
VII. Description of Project (1 - 2pages)
VIII. Executive summary (2 to 3 Pages)
IX. Introduction/Background/relevant context information (2 pages)
X. Limitations of the study (1 Page)
XI. Methodology (1 page)
XII. Findings (8-10 pages)
XIII. Summary table of indicator Endline results. (2-3 pages)
XIV. Conclusion and recommendations (2-3 pages)

XV. Lessons learned from the process (1 page)

These documents should be zip into one folder and share to the below email before the given deadline.

1. Chandiga.Keneddy@care.org
2. Benzine.Joseph@care.org

Budget Responsibilities

Description	Total Amount	# of consultants	Period/Days	Rate per day	Total Cost (US$)	Remarks
Consultant's professional fees						This is the professional fee for the consultancy inclusive of 20% Government withholding tax.
Incentives for Enumerators						CARE will pay the enumerators
Per diem						Consultant will cater for it but must follow CARE's standard per diem rates for Renk($30) and Pariang($30)
Flight ticket Juba - Pariang, Pariang-Juba, Juba-Renk and Renk-Juba,						CARE will provide this
Accommodation, and Internet in Pariang and Renk,						CARE will cater for this in Pariang and Renk
Stationery and printing						CARE will provide this for the enumerators in Pariang and Renk.
Transportation in the field						CARE will provide this in Pariang and Renk,
Identification of enumerators						CARE in consultation with consultant will identify the team
Number of Enumerators						The consultant will determine the number of enumerators

Description	Total Amount	# of consultants	Period/Days	Rate per day	Total Cost (US$)	Remarks
						needed in Pariang and Renk and CARE will select them
Hiring of venue for the training of enumerators						CARE will provide this in Pariang and Renk
Refreshment and lunch during the training of enumerators.						CARE will provide this in Pariang and in Renk
Training of enumerators						Consultant to train the enumerators

TERMS AND CONDITIONS

1. Proposals to be split as **1) Technical** and **2) Financial proposal** separately and MUST be attached along with other relevant documents for this assignment.
2. Technical proposals will be scored out of **70** and ANY consultants that score **50+1** marks and above automatically qualifies for the financial scoring.
3. "There will be a one-off payment, consultant will be paid **100%** upon successful completion of the tasks, submission and approval of the report by CARE, approval of certificate of work completion by both parties and approval of consultant's evaluation form by CARE."
4. Invoice will be accepted by procurement upon completion of activities in point 3.

SUBMISSION OF PROPOSALS

The subject line of the email should read**: "Application to Conduct GFFO Project Baseline evaluation"**

All proposals MUST be received no later than **Friday, 21st August 2026,** by email addressed to SSD.Procurement@care.org and will be scored on the criteria above.
Deadline: No applications will be accepted after **Friday, 21st August 2026.**

Attached is the CARE vendor questionnaire form which will be submitted together with the technical and financial proposal.

Instructions for Completing CARE Ver