

Terms of Reference for Baseline Survey

1 . Background;

CARE is seeking to hire a consultant to carry out a baseline survey on the “Strengthening Gender-based Violence (GBV) Prevention and Response Services in Twic East County, Jonglei State” project, an UNICEF-funded program focusing on protecting the rights of rural women and girls against all forms of violence. The objective is to gather relevant baseline data for key project indicators to enable;

- The analysis of the communities’ knowledge, attitudes and practices of harmful Practices that affect gender based violence
- Ascertaining the magnitude of response by different stakeholders to reduce the incidence of violence against women and girls
- Measuring the results and impact throughout and at the end of the project.

It seeks to do this by focusing on social change, addressing patriarchy (a root cause for many harmful practices against women and girls including forced/child marriage, widow inheritance, sexual violence, dowry related violence; among others); rallying support from all leaders for a violence free environment and, by supporting implementation of the existing legislative framework for addressing violence against women and girls.

The project specifically targets:

- Individuals (including among others; clan heads who are the leaders of customary law, religious leaders, women and girls) participating in community dialogues to generate discussion at the local level on harmful traditional practices which are permissive of violence against women and girls
- Men and boys to participate in the anti-VAW response
- Social actors i.e. the Police, health workers, magistrates and Local courts in not only expediting but also giving priority to cases in relation to violence against women and girls.
- Individuals (including 1800 women and girls) through community outreaches with legal advice, advocacy and general sensitization of communities on the evil in GBV.
- Women and adolescent girls experiencing violence who will receive appropriate care and referral through Community Referral and Protection centers

The intervention will centre on:

- a) Legal change by advocating for implementation of existing laws that address gender based violence. This includes fostering legal literacy for women and girls in relation to GBV
- b) Social change by building communities, women’s, men’s, boys’ and girls’ capacity as agent of change
- c) Responding to the needs of girls at risk of forced/early marriages and married girls through activities with peers, sexual and reproductive health (SRH) education and support services
- d) Strengthening support mechanisms through WGFS centers
- e) Addressing gender-based violence and gender inequality: this project highlights the interrelated consequences and features of violence against women and girls

- f) Mind shift especially for leaders of customary law (i.e. traditional/cultural leaders and clan heads) in appreciating the harm in VAWG and therefore changing their attitudes and perception in favor of women and girls' rights
- g) Capacity building through training community discussion leaders to traverse communities and help survivors and potential victims with the crucial knowledge on the legislative processes of dealing with violence. This will be done through confidential legal advice and referrals

We have designed a detailed monitoring & evaluation (M&E) plan which this baseline forms a part of. The baseline is an important element in the M&E plan, enabling us to understand the situation at the beginning of the project and aiming to identify tools and approaches to measure project indicators and strengthen the indicators in the M&E framework.

2. Methodology

The baseline research methods should include detailed data on target beneficiaries (both direct beneficiaries; women, adolescent girls and boys, positive deviants, and indirect; communities in Twic East), secondary data, and qualitative data.

All data, qualitative and quantitative, collected through the assessment must be disaggregated by location, age and sex; that is, separately for girls and boys, men and women.

Baseline research will involve collecting:

- a) Secondary documentation: the consultant will be in contact with Better CARE staff who will share key documents and required literature, but should also use any other official documents, national or international (such as studies on GBV-VAWG, national policies etc.)
- b) Qualitative data: the qualitative part has to be the most significant part of the survey and will allow verifying the perceptions, and experiences of women and girls, men and boys, and key duty-bearers on harmful practices such as forced/early marriages, wife battering, widow inheritance, dowry related violence, denial of property and inheritance rights; in the different locations of intervention. The consultant should use qualitative approaches, such as focus group discussions and key informant interviews, as well as participatory exercises and approaches. The consultant will be required to organize separate focus groups for girls and boys, men and women, traditional and religious leaders and other stakeholders including health workers, the Police and chiefs. The following should at least be done in each of the selected numbers of communities:

- 1 FGD with 8 adolescent girls (preferably 4 from school and 4 out-of-school)
- 1 FGD with 8 adolescent boys (preferably 4 from school and 4 out-of-school)
- 1 FGD with 8 adult women (preferably including house wives, nurses and female teachers, where they are available)
- 1 FGD with 8 adult men (preferably including religious and traditional leaders.
- 4 Key Informant Interviews (KIIs) (targeting women leader, Clan leader, boma chief or payam administrator from the remotest part of the target area, and head teacher)
- 2 KIIs with adolescent girls (one girl who is 10-12 years old and one girl who is 14-19 years old)
- 3 KII with 3 widows
- 1 KII with a Magistrate
- 1 KII with the head of the Police's Family and Child Welfare Department

Quantitative data: for some of the indicators of the project expressed in terms of percentage/proportion (quantitative indicators), it will be necessary to conduct a survey which explores

knowledge, attitudes and practices - on early and forced marriage - with boys and girls, men and women and traditional leaders in the selected communities.

Triangulation of information gathered during the quantitative and qualitative research is crucial in this study, with reflection on how the findings relate to the secondary documentation.

The main indicators to be verified during the baseline are the following, but are not exhaustive, we are happy to receive suggestions for new relevant indicators (in particular, qualitative indicators):

OBJECTIVES AND OUTCOMES MAIN INDICATORS

KEY INDICATORS

Prevalence rate of early and forced marriage amongst girls aged 11 - 18.

%age of people reporting increased willingness and ability to publicly advocate against harmful practices/VAWG

%age women and girls who make contact with who make contact with a VAW organization or institution that address VAWG (GBV)

Outcome 1: Vulnerable women & girls benefit from higher protection against harmful practices from existing laws on GBV

Outcome 2: Vulnerable women & girls are better protected from violence and harmful practices through stronger systems and communities' commitment to end violence.

Outcome 3: Women and adolescent girls have the increased knowledge, skills and confidence to be able to stand against harmful practices Indicators:

- (i) Number of women and adolescent girls experiencing violence receiving appropriate care and referral through WGFS points
- (ii) % of men & women in project communities who intend not to marry off their daughter before 18.
- (iii) % of men & women in project communities who believe VAWG should be stopped.
- (iv) Number of girls & young women who feel they have knowledge & skills to protect themselves against violence
- (v) Number of girls and boys involved in influencing decision makers and policies related to Violence against Women & Girls (VAWG)
- (vi) % of targeted women and girls who believe they can influence decisions affecting them.
- (vii) Number of traditional/cultural leaders who believe all cultural norms, values and attitudes permissive of VAWG should be dispensed with

The baseline survey will be organized in a participatory way, including Plan staff, research assistants and local actors involved in VAWG prevention and project beneficiaries.

3. Deliverables

- Upon arrival in Panyagor, a **PowerPoint presentation** for the GBV/PROTECTION team detailing notable points from the data, document and literature reviews as well as a brief discussion of methods proposed for Panyagor- Twic East study. The base line assessment location and partners will be identified during the inception meeting. Feedback and input from the South Sudan team during this session will further inform methods and planning.
- Based on initial in-country discussions with the GBV/PROTECTION team and feedback from the abovementioned presentation, an **Initial GBV/protection base line assessment** should be

presented to the CARE GBV/PROTECTION team for sign-off prior to commencing the study. The report should include the interpretation of the ToR, design of evaluation (including outline of methodology), final work plan and evaluation tools.

- **Final report** for the CARE with all CARE technical feedback incorporated. The report will include discussion of all research questions detailed in this ToR. Final reporting should include any relevant maps and bibliographies. Annexes should include (but are not limited to) tools used in data collection. The report should be structured as follows;
 - Executive Summary
 - Programme Description
 - Initial gender/protection Purpose
 - Initial gender/protection methodology
 - Findings
 - What worked and did not work
 - Lessons learnt
 - Recommendations
 - Annexes

- ****A draft report will be provided to the CARE South Sudan team by the consultant before leaving South Sudan****. The draft report should include at a minimum; evaluation methodology, initial findings including case studies, lessons learnt and recommendations for future programming.

- A final **presentation** to the CARE GBV/PROTECTION Coordinator, Senior GBV/PROTECTION Manager and/or operations team will take place before leaving South Sudan. Feedback from this session will be incorporated into the final report.

- Any **primary data** collected will be left with the CARE in a format that can be further analyzed, if desired, in the future.

4. Duration of the consultancy, start date and work plan

The start-date of this consultancy will depend on the earliest availability of the consultant to conduct the pre-arrival data analysis and literature review. All in-country work will be completed, and the consultant will leave South Sudan by October 31st. It is expected that the in-country portion of the work will not be more than 25 days, though this number is flexible and will be based on the consultant's proposed workplan. A proposed schedule is listed below, though is dependent on the consultant's needs and availability. A draft workplan must be signed off by the CARE prior to the purchase of the plane ticket to South Sudan.

Work plan		
Dates	Activities	Working Days
	Recruitment, interviewing, and selection of consultant	
	Pre-arrival deliverables, analysis of program data, documents and reports	
	Arrival in country	
	On-site work: any data collection, interviewing, further investigation of trends from preliminary data analysis	
	Analysis, writing period	
	Final presentation to CARE team, submission of draft report for review	
	Final writing and analysis period	
	Submission of final draft report to the CARE team for review	
	Submission of final report with all comments incorporated to the CARE	

Requirements

- Sound knowledge and experience of approaches in delivering GBV services and women/girls' empowerment programs in chronic crises and post-conflict settings in Africa
- Wide experience in assessment, evaluation and planning of GBV and women/girls' empowerment programs in resource-constrained countries
- Experience working on capacity building of partners in the area of GBV service provision, mentoring and supervision
- Relevant working experience in the region (South Sudan or neighboring countries)
- Excellent communication skills and the ability to write succinct and focused reports; the consultant should submit 1-2 examples of evaluation reports recently completed when responding to the ToR
- Fluency in English; knowledge of Arabic is helpful, though not required

5. Management Arrangements and Follow-up

The CARE will select the evaluation consultant/team and will be responsible for the hiring and in-country support of the evaluator. The CARE will ensure that the report submitted by the evaluation team satisfies the ToR fully. The CARE will share the final version of the report with Danida. The CARE will also make sure that evaluation recommendations are considered and ensure that agreed actions are implemented and monitored.

6. Security / Housing

The researcher will use Juba (Central Equatoria State) as a point of entry and travel to and time spent in the field. Field travel will be in Jonglei Panyagor- Twic East. CARE housing/hotel accommodation will be provided while in South Sudan. The research team will comply with CARE security rules.

Please submit your Proposals to betty.gune@care.org CC Patrick.Vuonze@care.org and Patrick.Andama@care.org by 31st October 2019 before 4:00PM.