



TERMS OF REFERENCE

for the external endline evaluation of the
Breaking the Silence Against Gender-Based Violence project Strengthening the voices of women,
girls, boys, and men in reporting GBV incidents by addressing the barriers and gaps in GBV response
in Torit and Ikwotos Counties, Eastern Equatoria” (BTS Project)

Location: Torit and Ikwotos Counties, Eastern Equatoria, South Sudan

Donor: Swiss Agency for Development and Cooperation

Partner: CARE International in South Sudan

1. Background and rationale

CARE International in South Sudan (hereinafter CARE) with funding from the Swiss Agency for Development and Cooperation (SDC) is implementing **“Breaking the Silence Against Gender-Based Violence: Strengthening the voices of women, girls, boys, and men in reporting GBV incidents by addressing the barriers and gaps in GBV response in Torit and Ikwotos Counties, Eastern Equatoria” (BTS)** project. This is a two (2) year project (20/08/2020 – 19/08/2022) with the main goal of creating a safe and conducive environment for reporting GBV incidents and accessing lifesaving GBV services and GBV-related health services in Torit and Ikwotos with a focus on vulnerable female survivors of GBV. CARE recognizes that GBV is inextricably linked to gender inequality and violation of human rights and it is the women, girls, and children who are disproportionately affected as they are the main survivors in these cases. However, it is challenging to achieve greater impact and impossible to extend the support unless the barriers to reporting are addressed.

Within this project framework, CARE has been working with local women’s leaders, women’s rights organizations and their networks, community protection committees, local authorities, other GBV partners, and humanitarian actors to provide multi-sectoral GBV services with a survivor-centered approach and advocate for quality GBV programming and mainstreaming in the humanitarian sector.

To understand how far the objectives of the project were achieved, an overall evaluation of the project will be conducted by comparing the baseline and endline surveys and by gathering other qualitative data at the end of the project. The study will also explore possible changes brought about as a result of the project in the lives of the direct beneficiaries and measure the outcome indicators within the project’s logical framework. The learnings, findings, and recommendations will be shared with CARE International in South Sudan teams, the donor as well as other stakeholders and relevant ministries to inform them of the successes and lessons learned during the project period.

CARE is therefore looking for a suitable consultant to undertake the study, of which details can be found below.

Project Name	Breaking the Silence Against Gender-Based Violence:
Projects Coverage	Torit and Ikwotos, Eastern Equatoria
Survey Type:	Final Project Evaluation
Survey Purpose:	<p>a) To establish the situation at the endline as compared to baseline using the indicators defined in the project log frame.</p> <p>b) To measure the impact of the project on the lives of the beneficiaries and other stakeholders</p> <p>c) To identify barriers in accessing GBV services or hindrance in reporting GBV cases.</p> <p>d) To identify key lessons learned about the program interventions in the different counties and formulate actionable recommendations to guide the development of future programming.</p>
Proposed methodology	<p>Using a mixed-methods approach (using both Qualitative and quantitative methods) in gathering information from both primary and secondary data sources which include but are not limited to;</p> <ul style="list-style-type: none"> • Household survey • Focus Group Discussions (to be conducted while ensuring adherence to COVID-19 guidelines) • Key Informant Interviews • Review of secondary data, etc
Proposed start and end dates for Study:	Oct 31 st – Nov 21 st , 2022,
Final report submission date:	29th. Nov. 2022,

2. Evaluation questions

1. Establish the situation at endline

- 1.1 To what extent were the BTS program objectives as defined in the log frame (at impact and outcome level) achieved?
- 1.2 What were the major factors influencing the achievement or non-achievement of the objectives?
- 1.3 What is the progress over time when comparing baseline, midterm, and endline results?

2. Establish the added value of the Programme

- 3.1 Which other actors were active in the program intervention areas with similar interventions and/or programs?
- 3.2 To what extent did CARE, and partners align their program interventions and/or cooperate with other INGOs/UN agencies that were active in program intervention areas?
- 3.3 To what extent did CARE, and partners align their program interventions and/or cooperate with local authorities and existing community structures that were active in program intervention areas?
- 3.4 What was the added value of the BTS Programme taking into consideration the activities of other relevant actors in the Programme intervention areas?

3. Lessons learned and recommendations

- 4.1 Which interventions worked well, which interventions did not work well, which interventions failed and why?
- 4.2 What are the main lessons learned for each of the intermediary outcome areas?
- 4.3 What are the main recommendations that can guide the development of future programming and donor policies focussing on resilience to economic or conflict-induced shocks?

3. Consultant Scope of Works

The consultant will design all the relevant data collection techniques, protocols, and tools in consultation with the Country Office Project Team who will review the tools and techniques and give feedback before the actual study. 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

30 days from inception. The consultant should present a work plan of 22 working days. The remaining days are for reviews and feedback from care technical team. Hence, the consultant will:

- Conduct an in-depth final evaluation on the implemented project in Torit and Ikwotos counties in East Equatoria
- Consult with relevant stakeholders, CARE staff, and affected communities to identify key benefits, impacts, and changes made as a result of the project.
- Explore some gaps and hindrances experienced during the project implementation period.
- Provide tailored and actionable recommendations to the CARE Programs Team and other relevant internal and external stakeholders.

4. Methodology

4.1. Study Design: The consultant will design/use a mixed-method approach that integrates qualitative and quantitative data collection techniques. The methodology should include primary and secondary data collection techniques such as; review of relevant existing data and reports on the study subject; conducting interviews with key stakeholders like representatives of the target group, community leaders, and representatives of the Local Authorities, and undertaking household surveys, etc. The technical proposal is expected to include a detailed section on methodology. The consultant should also be mindful of inclusion and diversity during data collection by ensuring representation of all groups of women and men including stakeholders at all levels. All these should be undertaken while ensuring adherence to MOH and WHO COVID-19 guidelines.

4.2 Sample size, sampling, and recruitment of respondents.

The consultant will compute an appropriate sample size that will be proportionate for the quantitative approach and justify why a particular sample size is chosen for the qualitative approach.

The consultant will also be expected to develop a scientifically sound sampling procedure including how respondents will be recruited to take part in the study as well as abide by an approved sampling methodology. The sample size(s) and sampling method(s) should be representative. In cases where the sampling strategy is changed for whatsoever reason, the consultant is expected to re-compute a representative sample size(s), and together with the

sampling and recruitment protocols, these should be resubmitted to CARE for approval. Thus, an unambiguous proposal on sampling methodology and the sample size is expected from the consultant.

4.3 Data Collection

Participatory tools like perception survey tools, focused group discussion, key informant interview guides as well as other observational checklists may be used. These tools are to be applied interchangeably. The consultant will be required to develop all data collection tools that ensure that all relevant data in line with the study objectives will be captured. The consultant will be responsible for the selection and training of enumerators at the field level.

Due to the current COVID-19 pandemic, the consultant is expected to design a COVID-19 infection risk mitigation protocol cognizant of Government of South Sudan COVID-19 country regulations.

4.4 Data Sources

The study considers both **primary** and **secondary** data sources. The primary data sources include, but are not limited to:

- Female and male youth (18 – 24 years)
- Female and male (25 years and above) community members
- Female and male community leaders
- Government representatives at the state or county level
- Women rights organizations.
- UN agencies, INGOs, and donors

4.5 Data Analysis

The consultant will develop a data analysis plan that is iterative as this approach allows a prompt validation of the data as its being collected. The consultant should corroborate and triangulate data from the different data sources. A summary of the data management and analysis procedures (including the analysis files like the STATA do-files if STATA is used), together with a complete set of tools and procedures for summarizing and analyzing qualitative data needs to be made available.

4.6 Data Quality Issues

The consultant is expected to ensure that quality data is collected by avoiding or at least minimizing errors at every stage of the survey.

This could be achieved through, but not limited to the following.

- **Pretesting data collection tools:** Before undertaking the actual data collection exercise, the consultant is expected to pretest the data collection tool(s) to be able to gauge their reliability and validity.
- **Spot Checks and daily review of collected data:** The consultant is expected to do regular spot checks on enumerators in the field to ensure that the correct sampling methodology is followed. S/he is also expected to do a thorough review of the data collected by checking through all completed responses (daily) to ensure any mistakes or inconsistencies are corrected.
- **Appropriate data cleaning and analysis:** The consultant is expected to undertake appropriate data cleaning and analysis by using sound statistical methods.

6. 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 team members will be present to support and facilitate sessions also to clarify information and fill in gaps where some data may either be missing or contradictory. During the validation workshop, the enumerators will also provide additional observations contributing to the depth of data and analysis. The consultant will be expected to present the findings and recommendations at a stakeholder launch event. The survey findings will then be validated by the community and key stakeholders in another workshop. Once the validation is completed then the final report will be produced.

6. Deliverables

The key deliverables of this survey include.

- An inception report clearly outlining the study approach, methodology (including an inclusive and gender-sensitive sampling design), tools, and an annex of COVID-19 infection risk mitigation protocol.
- Enumerators' selection and training, tool pre-testing, and data collection.
- A comprehensive and well-organized final report (not more than 30 pages) in electronic

version word and PDF.

- Policy brief with key findings and recommendations (5 pages).
- Publishable article of the context, findings, and recommendations.
- Supporting files, original and cleaned datasets, statistical output files, photos, etc.
- A fact sheet or abstract and PowerPoint presentations to be used for dissemination of results to stakeholders.

7. Management of the Consultant

CARE will support the consultant remotely throughout the study. The consultant will directly work with the CARE's Research Manager, MEAL Coordinator, Project Manager, and Area Manager.

The team will commence the inception process by:

- Reviewing the study tools and protocols, sampling design, data collection plan, and COVID-19 risk reduction plan.
- Approving the tools and final plan before commencing data collection
- Providing technical support and oversight during the data collection process.
- Supporting the data validation through data reviews to identify outliers, clean the dataset, create new variables in advance of analysis by the local consultant.
- Supporting the analysis to focus on concepts/ theories upon which the project is designed.
- Supporting with the write-up of the conclusions and recommendations based on the findings.

8. Limitations

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

- **COVID-19 pandemic:** This might affect the 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 are mostly by air using UNHAS or MAF. Thus, changes in travel schedules due to flight cancellation, weather, and other technical issues may interrupt the conduct of this assignment.
- **Statistics:** Country demographics may not be ready up to date hence the consultant may have to undertake preliminary data corroboration.
- **Security threat level in the country and/ or field locations:**
 - ✓ Security risk level at the State is calm with constant monitoring.

- ✓ While at the field level, the security risk is under constant monitoring as there can be changes at any time due to issues related to either community revenge killing, cattle raiding, or other intercommunal uncertainties which CARE continues to monitor
- ✓ In case of any such happening and any threats and alerts, CARE will always be vigilant and will obtain accurate information and make a decision immediately for the safety of operations as the case may be.

9. Core Competencies

- **Technical capacity:** Ability to deliver assessment results within the shortest period.
- **Integrity:** Exhibits trustworthiness, and 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 in 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. 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. Required Qualifications.

- Interested applicants should be an individual or institutions. The consultant should have a minimum master's degree in Gender and Developmental Studies or Social Sciences, Public Policy, International Development or Peace Studies
- The consultant must have a proven track record and experience in conducting oval project evaluation or endline evaluation of a similar or related assignment. This should be backed up by the number of similar research and approved works that have been conducted by the individual or institution.
- Previous experience in medium to large-scale emergencies and stable context (five years minimum). Please attach copies of similar research publications.

- Familiarity with humanitarian programming and inter-agency coordination systems
- Fluent in English and Arabic will be an added advantage for direct interaction with the communities.
- Ability to communicate ideas in a culturally sensitive manner and conducive to them practical application.

11. Logistics

The consultant will be responsible for obtaining his/ her visa, booking flights, meals, ground transport, and accommodation among others while in Juba and field locations. The consultant will also be responsible for the enumerator's payment (Following CARE's Incentive per day rate in the field location), training, and transportation during the assignment. The consultant will also be responsible for refreshments of both enumerators (during training and during the execution of the assignment when necessary) and study participants (FGDs). However, meals, transportation, and accommodation costs should be in line with the CARE per diem policy.

CARE will not be liable for any of these costs, it's entirely up to the consultant to facilitate him/herself to the site of activity. An introduction letter may be provided on request to support the processing of visas. CARE may only help in getting approval letters and recruiting the enumerators and mobilizing participants for the study.

12. Evaluation and Award of Consultancy

CARE 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 are split between technical and financial as follows:

-70 % -Technical (technical score will be done by the 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 try 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? Is the team gender-balanced?
Experience	Experience in conducting baseline and evaluation surveys in South Sudan, preferably within the proposed geographical area has a competitive advantage. Experience with similar assignments with INGOs/ other organizations.
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 aligned with the planned amount?

Note: Team team should have at most 3 experienced consultants with reasonable number of working days stipulated with their specific roles in the consultancy. These must be as follows.

- 1. Lead consultant who is either National or International**
- 2. 2 Co-lead Consultants must be South Sudanese National**

13. Payment Terms and Conditions

Payment will be done in installments 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.

14. 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 the EU beneficiary data privacy/management policies

15. Ethical Considerations, Confidentiality, and Proprietary Interests.

- The consultant/consultancy firm needs to apply standard ethical principles during the assignment such as upholding the confidentiality of interviewees as well as 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 the 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.

16. Report layout

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.

- a) Cover page (1 page)
- b) Table of Contents (1 page)
- c) Acknowledgements (1 page)
- d) Abbreviation, table, and graph lists (2 pages)
- e) Executive summary (Introduction, Methodology, Findings, and Recommendations) (max 4 pages)
- f) Introduction/Background/relevant context information (max 2 pages)
- g) Methodology and the sample frame (max 2 pages)
- h) Research findings (max 10 pages) field
- i) Discussion and recommendations (max 4 pages)
- j) References 1-2 pages

- k) Appendices (to include copies of all tools, list of enumerators, survey timeline including all KII and FGD participants and discussion transcripts, safety audits (as many pages as necessary- please reference the annexes in the report, but include them in a zip file as a separate document

Submission.

All interested applicants should send their CV (max 3 pages), technical and financial proposals (consultancy fee inclusive of the cost of meals as separate lines) detailing survey methodology, work plan, budget (max 12 pages), and sample reports. The Technical proposal with budget and CV should be sent to: ssd.procurement@care.org and programs.caress@care.org.

The deadline for expression of interest is on oct 27th 2022, before 4PM

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 22 days.

17. Annex

Annex 1- BTS Log frame Structure

Hierarchy of objectives Strategy of Intervention	Key Indicators
Impact (Overall Goal)	Impact Indicators
Creation of a safe and conducive environment for reporting GBV incidents and accessing lifesaving GBV services and GBV-related health services in Torit and Ikwotos with a focus on vulnerable female survivors of GBV	Percentage (%) of women, men, girls, and boys who report having a safer and conducive environment in which to report GBV incidents and access lifesaving GBV and health services
Outcomes ⓘ	Outcome Indicators ⓘ
Outcome 1 Identification of key challenges in reporting GBV and accessing GBV and Health services in Torit, Ikwotos	Percentage (%) of program beneficiaries who report a reduction in key challenges in reporting GBV cases.
	Percentage (%) of program beneficiaries who report the reduced number of challenges in accessing GBV and Health services identified
Outcome 2	Percentage (%) of program beneficiaries who report GBV incidents

Hierarchy of objectives Strategy of Intervention		Key Indicators
Increased access to reporting mechanisms of GBV incidents and support services for survivors in the project areas		The proportion of women, girls, and other vulnerable groups supported with GBV services
Outcome 3 Reduction in social acceptance of discriminatory gender norms, SGBV, and stigmatization against GBV survivors and COVID-19 patients		% of program beneficiaries who report a reduction in social acceptance of discriminatory gender norms, SGBV, and stigmatization against GBV survivors and COVID-19 patients
		Percentage (%) of beneficiaries who express a reduction in GBV cases
Outputs (per outcome) and costs		Output Indicators
Output 1	Identify and document key challenges in GBV reporting and access to GBV and Health services	Number of gender-related studies conducted and disseminated
		Number of KAPS Survey on COVID-19 conducted
Output 2.1	Increased access to information on GBV/COVID-19 and related services in the project areas	Percentage (%) of program beneficiaries who report Increased access to information on GBV/COVID-19 and related services in the program areas
		Number (#) of women, girls, men, and boys who received messages on GBV and COVID prevention and referrals
Output 2.2	Increased access to lifesaving GBV and health services	Percentage (%) of program beneficiaries who report increased access to lifesaving GBV and health services.
		Number (#) of WGFS established/strengthened
		Number (#) of women and girls reached through GBV case management and PSS/PFA services
		Number (#) of health facilities with functional CMR services
		Number (#) of GBV survivors who received unconditional cash grants.
		Number (#) of GBV and health workers trained on GBV and COVID-19

Hierarchy of objectives Strategy of Intervention		Key Indicators
Output 2.3	Strengthened and effective community protection structures responsible for responding to GBV incidents	Number (#) of community structures established and /or strengthened
		Number (#) of members from community protection structures and local authorities who participated in community dialogue
		Number (#) of Rapid Response Team (RRT) on RGA formed and mobilized
Output 3.1	Improved knowledge among men, women, boys, and girls on gender equality, women's rights, GBV and COVID-19	Percentage (%) of program beneficiaries who report improved knowledge of gender equality, women's rights, GBV and COVID-19
		Number (#) of GBV cases brought to court
Output 3.2	Enhanced coordination and collaboration mechanisms for GBV responding	Number (#) of joint action plans for addressing GBV and Protection concerns developed.
		Number (#) of advocacy events organized on gender equality and women's rights.

Annexes 2. Partnership Standard Indicators

You shall be expected to have questions to measure the below standard indicators while designing your data collection tools.

Partnership Standard	Indicator
1. Co-ownership	•% of partnerships defined and shaped jointly by CARE and our partners
2. Shared risk management	•% of formal partnerships that have mechanisms to ensure joint responsibility to manage and mitigate risks
3. Collaborative compliance	•% of formal partnership agreements that do not apply stricter requirements to partners than the donor requires
4. Adequate investment	<ul style="list-style-type: none"> •% of partnership or funding agreements that incorporate core and/or flexible funding •% of partnerships where partners' contributions beyond "design and implementation" of activities is recognized
5. Intentional learning and accountability	<ul style="list-style-type: none"> •% of public communications on programmers with impact, that acknowledge the contributions from partners, including naming them •% of projects implemented in partnership, with mutually agreed learning agendas or plans