



Baseline Assessment Terms of Reference

Increased access to life-saving sexual and reproductive health and protection services for displaced populations and host communities across Pariang, Ruweng administrative Area, South Sudan

CARE INTERNATIONAL IN SOUTH SUDAN

October ,2022

Baseline summary

Project Name	Increase access to life-saving sexual and reproductive health and protection services for displaced populations and host communities in South Sudan		
Target location	Pariang County, Ruweng Administrative Area		
Project goal	Refugees and host community members in South Sudan are empowered to access basic health services, including sexual and reproductive health and gender-based violence (protection).		
Project outcomes	<p>Increased and equitable use of SRHR and gender-responsive assistance by individuals most affected by forced displacement, especially women and girls, in South Sudan to realize their sexual and reproductive health rights and are free from gender-based violence.</p> <p>Result 1; Improved access to life-saving and medical services to meet their needs related to sexual and reproductive health.</p> <p>Result 2; Increased prevention of Gender Based Violence (GBV) and access to response services for survivors (GBV)</p>		
Direct beneficiaries	61,358 individuals, 18,407 refugees, 1227 IDPs and 41,723 host community members comprising of		
	Age group	Male	Female
	< 5	7,164	7,456
	5-17	7,184	10,508
	18-49	10,960	16,270
	50 & >	780	1,036
	Total	26,088	35,270
Key partners	SMOH, CHD, HCW, RRC, CRA and community leaders		
Project duration	From 01.09.2022 to 31.08.2023 (24 months)		
Baseline purpose	<ul style="list-style-type: none"> To assess Health facility readiness to provide comprehensive Sexual and Reproductive health care and GBV care services To determine Sexual Reproductive Health (SRH) and Gender Base Violence (GBV) response score card against the Minimal Initial Service Package (MISP) in the project location To Analyse Gender and GBV responsive markers of the existing project interventions. Establish the Maternal mortality rate and the dynamics influencing the trends Establish community SRH and GBV Knowledge, behaviour and practices, determining barriers limiting access to care and support. 		
Primary Methods	<ul style="list-style-type: none"> Quantitative survey from 15 health facilities located in Pariang County Qualitative interviews with key partners and informants Document review including relevant secondary data 		
Baseline start date and end dates	Nov 24 th - Dec 23 rd , 2022.		

Anticipated baseline report release date	19-23 December 2022
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1.0 Background

South Sudan Humanitarian Needs overview (HNO) (2022) highlighted how about 8.9 million people across the country were in need, indicative of a progressive increase since 2017 where 24% of the People in need (PIN) being women, a further 53% and 15% being children and People Living with Disability (PLWD) respectively. Further analysis established that 42% of the PIN had severe humanitarian needs with another 27% were already in extreme and catastrophic needs and at risk of losing lives. Conflict, violence, recurrent climatic shocks, displacement, disease outbreaks and the impact of COVID-19 pandemic amidst high inflation rates continues to jeopardize survival, emergency response and early recovery interventions.

The South Sudan humanitarian snapshot released in July 2022 highlighted how food insecurity, intercommunal violence, conflict, and disease outbreaks persisted in July, further accelerating humanitarian needs across the country. The report further projected that 7.7 million people would face crisis or higher levels of food insecurity across the country. According to the HNO (2022), Pariang which has a population of 132,000 people, had 85,300 PIN translating to 65% of its population being in severe, critical, and catastrophic humanitarian need.

Among the 5.5 million PIN of health assistance in South Sudan, 50% of women and 52% of children countrywide face significant survival risks due to protracted public health threats. While 50% of girls get married below the age of 18 years, prevalence of teenage pregnancy is estimated at 30% among girls between the age of 15–19 years, this coupled with the 30% unmet family planning needs continue to accelerate the already high maternal mortality rate (789 per 100,000 live births¹). Barely 39%² of pregnant women make the minimum 4 scheduled Antenatal Clinic Visits during a pregnancy with only 19% of births attended to by a skilled health worker³. Widespread prevalence of GBV further jeopardize the situation with 97% of GBV cases being females⁴. HNO (2022) further describes the country health and infrastructure system as among the poorest in the world, least equipped and staffed whilst experiencing a severe shortage of trained professionals in all categories, highlighting how most of the vulnerable population rely on inadequately trained or low skilled health workers for health care services.

Food Security and Nutrition Monitoring System South Sudan (FSNMS) April 2022 report describes how women and girls face additional barriers due to lack of female health workers and limited relevant supplies, attributing further constraints in accessing health facilities mainly due to prohibitive distances. A greater proportion (59%)⁵ of the population access health facilities in one hour’s time and as high as 80%, reporting barriers in accessing health

¹ WHO South Sudan annual report 2020

² 2022 FSNMS+ HNOi survey

³ UNFPA 2019

⁴ GBV Information Management system, 2020

⁵ 2022 FSNMS+ HNOi survey

services. The findings further detail how 8% of the 1,869 reported health facilities provide the full package of BPHNS⁶ with another 53% of health facility services categorized as moderately functional.

Very low immunization coverage (<40% for Penta 3), high child mortality rate of 99 per 1,000 live births⁷, high AWD/Cholera, Malaria and measles burden continues to undermine child survival in Pariang just like other parts of South Sudan. The 2021 DHIS-2 data indicated how malaria was the leading cause of morbidity and mortality accounting for more than half (52.6% and 58.2%) of all morbidities and mortalities respectively. Low access to and utilization of Basic Emergency Obstetric and Newborn Care coupled with limited health work force capacity continue to exacerbate the high maternal & neonatal morbidity and mortality recorded to date in South Sudan.

2.0 Project description.

The project “increase access to life-saving sexual and reproductive health and protection services for displaced populations and host communities across Pariang” is a 24-month long project through which CARE aims to support the strengthening of local health systems and partners to ensure quality rights-based access to (sexual and reproductive health and rights (SRHR) while strengthening preparedness efforts to ensure agility and ability to meet acute SRH and GBV needs.

This project complements the existing integrated health and nutrition support that CARE provides to populations in Pariang through a network of 6 PHCCs and 4 PHCUs in partnership with MOH, CHD local administration and humanitarian partners. The interventions aim to improve the health of crisis-affected populations through increased access to life-saving sexual and reproductive health (SRH) services and gender responsive interventions in Pariang. Main components include enhancing access to comprehensive basic package of reproductive health care services, counselling and provision of family planning commodities, community sensitization and awareness on reproductive health and rights, provision of GBV case management, psychosocial support, cash transfers, referrals, SRH and GBV focused capacity building, and gender and protection empowerment of boys and men to prevent abuse and violation. The project interventions further seek to increase access to protection services for the crisis-affected populations, ensuring that the health systems in place in the project implementation area are equipped to provide high-quality services to survivors of gender-based violence (GBV).

To achieve the goal,” increased and equitable use of SRHR and gender-responsive assistance by individuals most affected by forced displacement, especially women and girls, in South Sudan to realize their sexual and reproductive health rights and are free from gender-based violence”, will be based on the achievement of the following 2 outcomes:

Outcome 1; Improved access to life-saving and medical services to meet their needs related to sexual and reproductive health.

Outcome 2. Increased prevention of Gender Based Violence (GBV) and access to response services for survivors (GBV)

⁶ Basic Package of Health and Nutrition Services

⁷ WHO South Sudan Annual report 2020

1.2 Baseline assessment Purpose

1. Determine health facility readiness to provide comprehensive Sexual and Reproductive Health (SRH) care and GBV care services
2. Determine SRH and GBV response score card against the MISP in the project location
3. Undertake gender and GBV responsive marker analysis of the existing project interventions.
4. Determine the maternal mortality rate and the dynamics influencing the trends
5. Establish community SRH and GBV knowledge, behaviour and practices,
6. Determine barriers limiting access to care and support and opportunities to mitigate these barriers
7. Determine Boma health workers role in enhancing access to quality SRH and GBV care services

3.0. Baseline Target Audiences

The baseline is intended for project team, community beneficiaries and stakeholders (government, non-government) to understand the current SRHR and GBV situation and gaps for improving and enabling sustained access to comprehensive package of SRH aligned to the MISP and Inter-Agency Field Manual SRH standards.

Groups of interest for the baseline assessment include RRC, CRA, Youth groups, women organizations, Health Care workers, Ruweng Administration, CHD, SMOH and Department of reproductive health, Ministry of Gender, education, and family affairs.

4.0 Baseline purpose and objective

The baseline assesment will be done within the initial 60 days of project start date . This will be done in close collaboration with the baseline target audience to measure the status of all project indicators and to understand the starting point of key elements of the work against which later progress will be measured. Taking note of relevant project adaptations to be considered during project implementation. This will enable project indicators at output and goal/outcome level to be measured and tracked.

5.0 Methodology

CARE International in South Sudan will select a research consultant/institution to conduct the baseline assesment in Pariang County, Ruweng Administrative Area . The selected research consultant will be required to prepare detailed research methodology and work plan in partnership with CARE South Sudan technical team.

Baseline survey will be proposed to apply both quantitative and qualitative data collection methods. A total of 15 health facilities located in payams across Ruweng Administrative Area will be target areas for this baseline survey.

5.1 Quantitative data collection methods

The baseline assessment findings will significantly input into the project log frame. It is intended that the data relating to project goal, outcome and output levels will inform the revision of the log frame and set project targets. Possible key respondents and data sources may be provided by project team however, a detailed sampling plan, sample size estimation, recruitment, data collection and analysis procedures should be well stipulated in the application. These will be reviewed by CARE technical team prior to actual data collection.

It is expected that the survey questionnaires are based on indicators of goal and outcomes as outlined in the log frame and represented in the table below.

Project/Programme	Increase access to life-saving sexual and reproductive health and protection services for displaced populations and host communities across South Sudan	
Impact: Refugees and host community members in the Pariang - South Sudan are empowered to access basic health services, including sexual and reproductive health and gender-based violence (protection).		
Outcome: Increased and equitable use of SRHR and gender-responsive assistance by individuals most affected by forced displacement, especially women and girls, in South Sudan to realize their sexual and reproductive health rights and are free from gender-based violence.	Indicator 1	% of intended program beneficiaries who report increased access to sexual and reproductive health services
	Indicator 2	% of intended program beneficiaries who report satisfaction with sexual and reproductive health services
	Indicator 3	% of intended program beneficiaries who report adoption of positive gender and social norms that prevent gender-based violence
	Indicator 4	% of intended program beneficiaries who report increased access to gender-based violence survivor support services
Output 1 Improved access to life-saving and medical services to meet their needs related to sexual and reproductive health.	Indicator 1	# of target beneficiaries provided with SRH service sensitization by community health workers, by gender (M, F, other) and age (<25, 25+)
	Indicator 2	# of target beneficiaries provided with SRH services in health facilities and through integrated community health outreach sessions, by gender (M, F, other) and age (<25, 25+)
	Indicator 3	# of health care service providers trained in SRH services by gender (M, F, other)
	Indicator 4	# of health facilities rehabilitated
	Indicator 5	# of health facilities supported by the project to provide SRH services
	Indicator 6	# of pregnant individuals who access at least four antenatal care visits before delivery, by age (<25, 25+)

	Indicator 7	# of health facility-based deliveries, by age (<25, 25+)
	Indicator 8	# of individuals who received clean delivery kits to promote clean and safe home deliveries, by age (<25, 25+)
	Indicator 9	# of referrals provided for individuals from lower level health facilities to higher level care
	Indicator 10	% of completed referrals
Output 2; Increased prevention of Gender Based Violence (GBV) and access to response services for survivors (GBV)	Indicator 1	# of GBV survivors supported with case management and psychosocial support, including GBV referrals, by gender (M, F, other) and age (<25, 25+)
	Indicator 2	# of target beneficiaries reached with GBV information through community sensitization, by gender (M, F, other) and age (<25, 25+)
	Indicator 3	# of health care service providers trained in GBV services by gender (M, F, other)
	Indicator 4	# of GBV survivors and other vulnerable individuals supported with dignity kits and/or PEP kits, by gender (M, F, other) and age (<25, 25+)

5.2. Qualitative data collection methods

Relevant qualitative data collection methods will be used for data collection. They include focus group discussions (FGDs) and key informant interviews (KIIs), among others. Sample size for the qualitative strand should be clearly defined, including the selection criteria of participants. It should thus, be sufficient (determined at the point of saturation) to provide information to enable to answer the assignment objectives.

5.3. Document Review

The baseline team will use all project documents, primary registers, and DHIS-2 data. Once the consultant is selected, the project team will provide the documents. Additional secondary data sources will be used in the review.

5.4 Data analysis and interpretation

Data analysis process will be disaggregated by the sex and age group. Data should be analysis using an appropriate software like SPSS, STATA, or other relevant software. Analysis files like do files in STATA should as well be submitted to CARE. Draft findings will be presented to the Project Country team lead with project team and key partners to validate.

6.0 Authority / Responsibility

Evaluation Phase	Role	Task
Planning	Project Team	<ul style="list-style-type: none"> • Project introductory meeting with the consultant • Submit project documents to consultancy team • Facilitate logistics
	Consultant	<ul style="list-style-type: none"> • Revise work plan • Develop baseline methodology/questionnaire • Test and adjust survey tools • Train field data enumerators
	Operations team/ Project Manager	<ul style="list-style-type: none"> • Technical Review of baseline methodology and baseline tools • Give the final approval for enumerator training, tool piloting and data collection • Give introduction on Core CARE policy and procedures applicable to consultant team • Field level safety, security, and context updates
Data Collection and Analysis	Project team	<ul style="list-style-type: none"> • Link consultant with primary target audience
	Consultant	<ul style="list-style-type: none"> • Fully facilitate the data collection • Fully responsible for data quality assurance • Present and validate data to the project team
Reporting and Follow up	Project team	<ul style="list-style-type: none"> • Participate in discussion meeting and provide feedback
	Consultant	<ul style="list-style-type: none"> • Prepare draft report in English • Discuss and reflect on preliminary findings with the project team • Revise report based on input from preliminary findings • Present the findings to the core project team and health cluster • Final report submission

7. Timelines and Products

Date	Work Item	Deliverable	Timeline
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26 th October 2022	Review, finalise and secure internal approval of TOR for advertising	Consultancy advertisement with approved TOR	1 days
11 th November 2022	Receive Technical & Financial Proposal from Applicants for scores	Shared to project team	10 business days
14 th – 16 th November 2022	Review applications	Evaluation process	3 business days
17 th -18 th November 2022	Interview /presentation	Consultancy firm identified and notified	2 business days
21 st November 2022	Initial meeting with successful consultant	<ul style="list-style-type: none"> - Revised work plan, baseline methodology and tools - Revised field schedule - Flight bookings done 	5 business days
30 th November 2022	Travel to field location Training of enumerators Data collection	Data collection and uploading on kobo	10 business days
15 th December 2022	Data validation and report writing	Draft report	4 days
23 rd December 2022	<ul style="list-style-type: none"> - Final report submission - Facts Sheet 	Baseline report and Facts sheet submitted to CARE	1 day

8.0 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				

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 done by CARE. The consultant will work with and report to CARE South Sudan MEAL Coordinator and 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.

9.0 Payment Terms and Conditions

Payment will be affected as follows.

First instalment (30%) of the total cost on submission and acceptance of inception report.

Final payment (70%) upon completion and approval of the final report.

Task(s) accomplished in the order of TOR	70% Payment
All four (1-7) tasks conducted satisfactorily	100% of the final 70%
Only three (5-6) tasks conducted satisfactorily	75% of the final 70%
Only two (3-4) tasks conducted satisfactorily	50% of the final 70%
Only one (1-2) task conducted satisfactorily	30% of the final 70%
None of the tasks conducted satisfactorily	0% of the final 70%

Additional information on payment terms and conditions will be included in the contract.

Note:

The consultant is responsible to pay data entry and analysis cost.

The consultant is also responsible for COVID-19 expenses and adherence to regulations including testing, evacuation, and quarantine as per the relevant national authorities' guidance applicable CARE shall facilitate the process of compliance with COVID-19 regulations.

CARE South Sudan shall withhold 20% of the total contract Value taxes as per the Taxation Act, 2009.

10.0 Limitations

This baseline assessment will be undertaken with some limitations. These may include:

- **COVID-19 pandemic:** Guidelines and restrictions may undermine the extent to which sample sizes and limit optimization of selected data collection approach.
- **Security:** The security situation remains stable but may change without notice. In case of any security threats the consultant will be advised accordingly
- **Travel Schedules:** International and domestic travel between states is mostly by air using UN Flights. In addition, travel schedule may change due to flight cancellation and other technical issues.
- **Statistics:** Country demographics may not be readily up-to date hence the consultant may have to undertake additional data collaboration.

10.1.1 Additional Information

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

10.2 Ethical Considerations, Confidentiality and Proprietary Interests

- The Consultancy Firm holder 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 interests on all materials and documents prepared by the contract holder under this assignment shall become and remain properties of CARE.

11.0: Survey 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. Baseline introduction/background/relevant context information (max 2 pages)
9. Methodology (max 2 pages)
10. Findings (max 10 pages)
11. Lessons learnt (max 1/2 pages)
12. Conclusion and recommendations (max 3 pages)
13. Summary table of indicator results.
14. 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 separate document

12.0 Consultant profile

- The consultant should preferably be a holder of a post graduate degree or master's in public health, reproductive health, or related discipline.
- Qualified and experienced consultant with health background and experience in surveys and assessments.
- Minimum experience of having led similar survey in Sub-Saharan Africa
- 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 info 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 & meeting 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

13.0 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

13.1 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 baseline and evaluation surveys 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?

Note:

- Maximum of 3 team composition
- Lead consultant either National or International depending on the consulting firm's base
- Co-consultants must be South Sudanese Nationals

14. 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 Lead Consultant with 1-2 experienced evaluators. The application should include Maximum 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 **11 November 2022** .

Proposals can be submitted to. SSD.tender@care.org cc 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.