



**Defending dignity.
Fighting poverty.**

**Terms of Reference for Baseline Survey
Gender in Emergencies (GiE) in South Sudan program
Wau County, Western Bahr El Ghazel State
Unity State**

FUNDED BY:



July 2022

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1 Introduction

CARE South Sudan is implementing a two-year Gender in Emergencies (GiE) project aimed at strengthening women's leadership and women's rights in humanitarian situations in South Sudan.

Achieving gender equality in humanitarian response requires multi-faceted approaches, including gender-sensitive and gender-responsive humanitarian programming as well as support for standalone Gender in Emergencies (GiE) initiatives, many of which remain underfunded. Oxfam and CARE are piloting and/or rolling out several GiE initiatives, often with limited budgets to do so. Mainstreaming GiE activities within existing projects often does not enable agencies to document their learning, take pilots to scale, nor for them to undertake advocacy within the humanitarian system to push for system-wide changes. As a result, there is a lack of evidence base around the value of GiE.

Building on each agency's decades of experience, CARE and Oxfam are proposing a unique GiE project to support the scale-up, piloting, and socialization of GiE initiatives in humanitarian responses in Bangladesh, Somalia, and South Sudan. The proposed project will not only provide direct assistance but will also work to measure its effectiveness and share its lessons for the benefit of the implementing agencies, their partners, as well as the humanitarian sector as a whole. The intervention presents an opportunity to move away from a piecemeal project-based mainstreaming approach, towards standalone, more consolidated and strategic GiE programming. The theory of change for this project recognizes that addressing gender norms and barriers plays a crucial role in ensuring access to and use of services. The project design and activities are responsive to underlying and subtle gender and cultural differences, challenges, and risks that might affect project success.

Project Title: Gender in Emergencies (GiE)

Ultimate Outcome: Strengthened women's leadership and women's rights in humanitarian situations in Bangladesh, South Sudan, and Somalia

Intermediate Outcome 1100: Increased participation of women in decision-making groups/platforms in the humanitarian program cycle

Intermediate Outcome 1200: Increased access to feminist knowledge, including best and emerging practices on gender in emergencies, by humanitarian actors (including WRAs)

The Terms of Reference have been developed to attract interest from consultants to undertake a baseline study. This baseline will be undertaken with funding from Global Affairs Canada and will be conducted to determine pre-project conditions from which a comparison can be made and also inform the Project performance management framework, monitoring progress, evaluating performance, contributing to learning, and research.

2 Baseline Summary

Project Name	Gender In Emergencies (GiE)
Projects/ Sectors	Advocacy, women leadership, GBV/Protection, Women Economic Empowerment
Projects Coverage	Wau in Western Bar-El-Gazal State in South Sudan
Survey Type:	Baseline Evaluation
Survey Purpose:	<ul style="list-style-type: none"> • To establish the current status of project indicators. This will serve as a basis for setting targets and measuring milestones on outcomes. • To identify the best and emerging practices on gender in emergencies, by humanitarian actors • To understand and document the challenges regarding women's participation in decision-making in South Sudan • Identify community Knowledge, Attitudes and Practices towards women's participation and leadership in Wau • To understand and document opportunities and mechanisms that amplify voices and create demand by women for inclusion and meaningful participation in advocacy aimed at bringing positive change to South Sudan.
Proposed data collection methodology:	<p>Both qualitative and quantitative methods in gathering information from both primary and secondary data sources.</p> <ul style="list-style-type: none"> ➤ Semi-structured interviews ➤ Focus Group Discussions (To be conducted ensuring COVID-19 guidelines when applicable) ➤ Key Informant Interviews ➤ Review of secondary data
Proposed start and end dates for Baseline study:	15 th August 2022

3 Consultant Scope of Work

The consultant will design all the relevant data collection techniques, protocols, and tools. CARE will review the tools and techniques and give feedback prior to the actual baseline study.

Content: As part of the negotiation process, CARE will ensure that the consultant understands and agrees to the assignment, including the scope of work, purpose, objectives, and methodology. This negotiation includes flexibility to cater for any changes that may arise in the context due to COVID-19, conflict, or any other unforeseen changes. The study will cover all the components of project interventions; capacity building, research to generate evidence, trainings, collaboration and networking, campaign and events, mentorship and coaching. The baseline objectives should be answered with evidence gathered through these surveys and lessons learned highlighted clearly.

Time: This baseline evaluation will cover a period of 22 days in Wau, South Sudan.

Geographical Scope: This baseline study will be conducted in Wau Northern Bar El Gazal in South Sudan.

Target group: Women's Rights Actors, youths, men, women, duty/power holders, community-level women leaders, WROs, government institutions (line ministries), UN Women, Oxfam, UNDP, private sector, like-minded development partners, Humanitarian Coordination Task Team (HCTT), Gender-based violence (GBV) sub-cluster, food security cluster, shelter cluster, early recovery cluster and the logistics cluster, Humanitarian Action Working Group (GiHA).

This assignment should be completed within a maximum of 22 days from inception. Hence, the consultant will:

- Prepare an inception report and hold inception meetings with CARE International in South Sudan.
- Develop a comprehensive gender-sensitive participatory baseline design and survey matrix describing the type and data to be collected, techniques and relevant tools for each indicator, and a data analysis plan
- Define, in close consultation with CARE, methodology, sampling method, sampling size, data sources, data collection methods, and targeted respondents.
- Review reports, existing literature on the state of 35% affirmative action, gender roles, norms and laws, GBV, and women's economic empowerment in South Sudan, including, but not limited to Canada's Feminist International Assistance Policy (FIAP) priorities.

4 Methodology

4.1 Approach

The consultant is expected to propose a detailed baseline survey approach that is compliant with the Covid-19 Standard Operating Procedures. The successful consultant should include and address all potential ethical issues related to this review in its proposal and inception report and adhere to CARE's Responsible Data Management Guideline. The evaluation will obtain data from both primary and secondary for both qualitative and quantitative.

- **Quantitative:** It is important to be able to acquire data that permits CARE to compare changes over time in different locations in South Sudan for similar projects. Semi-structured interviews and a household (HH) survey will be conducted to measure the selected indicators. This data should be collected through face-to-face interactions whilst being cognizant of COVID-19.
- **Qualitative:** Cognizant of COVID-19, the consultant is expected to conduct Focus Group Discussions (FGDs), and Key-Informant Interviews (KIIs) while ensuring safety for all participants. Findings from this technique will be used to refine questions raised through the thematic reviews.

4.2 Sampling

The consultant will implement a sampling procedure that is representative of the life of the project's target population. It is important that the baseline achieves a statistically acceptable sample size for the respective project participant categories in Wau.

The consultant will develop and abide by the approved sampling methodology. Where sampling strategy is changed for whatsoever reason, the consultant is expected to recompute to achieve representative samples with a resubmitted sampling protocol. Therefore, an unambiguous proposal on sampling methodology and the sample size is expected from the consultant. The sampling method should attain representative and generalizable results for all project participant categories. Both probabilistic and nonprobability methods of sampling shall be employed in determining the sample size(s) for respondents to be used. The sample size for the quantitative method should be as representative as possible.

4.3 Data Sources

The baseline study considers both **primary** and **secondary** data sources.

Primary data sources include but are not limited to: female and male (18 and above) community members, boys and girls (under 18yrs), humanitarian workers, GBV Cluster, female and male community leaders, government representatives at the state or county level or both, Women's rights organizations, WRAs, Line Ministries.

The secondary data sources include but are not limited to studies/reports from South Sudan's WROs, South Sudan Bureau of Statistics, GBV Sub-Cluster, FSL Sub-Cluster, Women Groups, UNFPA, UN Women, FAO, WFP, German and Dutch MoFA, GAC funded projects such as the WV, R-TGoNU, R-ARCISS and other bilateral donors, and project documents. The consultant is expected to undertake a review of existing documents using appropriate document review tools and methods.

4.4 Data Collection

The consultant will be responsible to develop data collection tools such as: questionnaires, FGD, KII guides, and observation tools. Enumerators will be recruited by CARE. CARE will also be responsible for providing their refreshments, transportation and payments. However, they will be trained by the consultant to collect data during household surveys, FGDs and KIIs. Cognizant of the changing context, data will be captured electronically on the agreed platform to expedite the

data collection process, minimize data entry errors and improve overall data quality. The COVID-19 pandemic may still impede grouped face-to-face data collection. Hence, the consultant is expected to design a safety protocol for achieving data collection cognizant of WHO and the Government of South Sudan COVID-19 country SOPs.

4.5 Data Analysis

The consultant should adopt an iterative data analysis approach. This approach allows for prompt data validation as enumerators collect data. Hence, the consultant will develop a data analysis plan. Analysis should integrate findings from the different sources of data. The consultant should corroborate and triangulate data from different primary data sources. Depending on access to the country and within the country, the consultant should factor in remote analysis and presentation of findings and sharing of documents in collaborative forums. A complete set of tools and procedures for summarizing and analyzing qualitative data needs to be made available. The performance of each indicator will be presented using descriptive statistics in percentages or graphs. In the report, data analysis must be done by project outcome (ultimate, intermediate, immediate). Quantitative data presented must include both # (number) and percentages (%) and out of total and disaggregate as boys, girls, women, and men.

Although the data analysis is the responsibility of the Consultant, CARE will also:

- Support data validation through data reviews to identify outliers, clean the dataset, and create new variables in advance of analysis a by local consultant.
- Support to focus the analysis on concepts/ theories upon which the project is designed.
- Provide recommendations and technical input on the report.

4.6 Data Quality

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

- Before data collection: Pilot testing of the data collection tool will be required to verify its reliability and validity through a face-to face approach where applicable.
- During field data collection: For household surveys, data entry will be on the spot using an electronic questionnaire uploaded on tablets. Monitoring and supportive supervision of enumerators for accuracy in doing the interviews and in capturing data will be necessary. Checking through all completed responses to ensure any mistakes or inconsistencies are corrected on time as part of data quality checks.

The consultant is expected to disaggregate the baseline findings as defined in the project document.

5 Baseline Products/Deliverables

Key deliverables	Timeline
An inception Report (in word doc): It should clearly outline the approach, indicators, methodology, and tools, including an annex highlighting how COVID-19 safeguards will be achieved	August 15 th 2022
Final participatory survey tools and inclusive and gender-sensitive sampling design	August 17 th 2022
Enumerator training, tool pre-testing, and data collection report	August 19 th 2022
Supporting files, original and cleaned datasets, statistical output files, photos, analysis plan, etc	September 02 nd 2022
Draft report: It should have an introduction and background/context, methodology, findings, lessons learned, conclusions and recommendations with case studies. It must also include an updated Performance Measurement Framework (PMF) with baseline data for all the indicators. If baseline data is zero or not collected for a particular indicator, it must be specified	September 09 th 2022
A fact sheet or abstract and PowerPoint presentations to be used for dissemination of results to stakeholders	September 14 th 2022
A comprehensive and well-organized final report in electronic version word and PDF-based in the template structure in section 15.0 below (at most 30 pages)	September 16 th 2022

6 Management of the Consultant

The consultant will report to the CARE MEAL Coordinator and work closely with GiE Project Manager, Partnerships & Advocacy Coordinator, and Area Manager, Wau. The team will commence the inception process to:

- Review of base baseline protocols, sampling design, data collection plan, and COVID-19 risk reduction plan.
- Finalize tools and approve the final plan before commencing data collection
- Providing technical support and oversight during the data collection process

7 Ethical Considerations, Confidentiality and Proprietary Interests

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

8 Contextual Limitations

Due to the fluidity of the context in South Sudan, prospective consultants should expect and prepare for one or more of the following limitations:

- **Security:** The baseline measurement may be affected by the volatile security condition in some areas such as inter-communal clashes, cattle raiding, etc
- **Baseline information:** Baseline information on some indicators might not be highly reflective of the pre-existing condition but overall, it provides a relative substantive value for the indicator under study. It is hard to get readily available data in the context of South Sudan, especially on women empowerment, emancipation, and meaningful representation in decision making processes.
- **Delays in getting approvals:** The evaluation team should expect to get some delays or resistances from the local authorities to get approvals to carry out the study. However, we expect to start the process early and ensure that all necessary approvals are obtained for the evaluation to be conducted.
- **COVID-19 pandemic:** Guidelines and restrictions may undermine the extent to which sample sizes and limit optimization of selected data collection approach such as FGDs.
- **Travel Schedules:** International and domestic travel between states is mostly by air using UN Flights or MAF. In addition, travel schedule may change due to flight cancellation and /or other technical issues.
- **Statistics:** Country demographics may not be readily up-to date hence the consultant may have to undertake preliminary data additional data corroboration
- **Logistics** The consultant will be responsible for booking his/her flights as per WHO and Government of South Sudan COVID-19 SOPs, meals, ground transport and accommodation among others while in Juba and field locations. CARE will not be liable for any of these costs, its entirely up to the consultant to facilitate his /herself to the site of activity.

Lessons Learned & Feedback

The lessons learned regarding the entire baseline process shall be documented and shared with the project team and CARE quality assurance department so that they may be taken into consideration for future studies. The documentation of these lessons will be vital for reflection, growth and continued improvement of our research work.

9 Desired Consultant Competency

The application should include a team composition with Lead Consultant who must atleast have a Gender background and at least 2-3 years experienced technical staff who must be South Sudanese citizens. International consultants/firms must show proof of in-country capacity to carry

out the evaluation within the context of COVID 19 restrictions. The application should include minimum three CVs of the persons to be involved in the assignment, relevant experience, a detailed budget in USD and time availability. **The applicants must not be on a blacklist of South Sudanese Government, any local authority, any institution and/or UN agency.**

Applicants are required to clearly identify and provide CVs of the consultants and others proposed in the Evaluation team clearly stating their roles and responsibilities in this study. The key qualifications required for the lead consultant(s) include:

A minimum of 5 years or more experience, with the following expertise, experiences and competency in the same field

- Proven experience analyzing and understanding of gender dynamics in fragile states
- At least a master's degree qualification in any of the following areas: Gender, Protection, Social Sciences, Development Studies, research, or similar qualifications (Consultants should also provide copies of their academic documents to back up their qualifications)
- Experience utilizing feminist MEAL principles and practices.
- Experience undertaking similar studies in South Sudan
- Understanding of gender, advocacy, food security and livelihoods dynamics in South Sudan
- Demonstratable experience leading assessments, feasibility studies or evaluations
- Experience developing baseline tools, pretesting tool, training of enumerators on tools and deploying baseline tools.
- Full understanding on cluster and humanitarian architecture in particular of the Global Protection Cluster and GBV Coordination.
- Experience working with Women's Rights Organisations (WROs) especially at local level
- Experience working with Women's Rights Actors (WRAs) in South Sudan
- Good understanding of the R-ARCISS, constitution of South Sudan and the R-TGoNU
- Excellent analytical, interpersonal, communication and reporting skills
- Knowledge and experience in gender and women's rights issues
- Excellent command of written and spoken English

Additional Information

- Consultants shall CARE Code of conduct, PHSEA, Child Safeguarding practices and confidentiality when interviewing or photographing children. 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 WHO and Government of South Sudan COVID-19 SOPs ¹.
- Consultants shall abide by the EU beneficiary data privacy/management policies

10 Application Process

Interested applicants are requested to submit a technical and financial proposals. In their technical proposals, they should explain their understanding of the proposed consultancy, and how they

¹ [Covid-19 \(moh.gov.ss\)](https://moh.gov.ss/)

would approach this assignment with a summary of their methodology especially in terms of how the applicant plans to meet the objectives. Additionally, they should submit one or two examples of similar baseline studies (including a combination of quantitative and qualitative methodologies) conducted previously.

CARE South Sudan 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 is split between technical and financial as follows:

- 70 % -Technical (**technical score will be done by program team including at least a thematic expert**)
- 30 % -Financial (**Financial score will be done by procurement**)

The deadline for submission of proposals from interested parties is 09th August, 2022.

Proposals can be submitted to Gabriel.Puja@care.org, and SSD.Procurement@care.org.

11 Payment Terms and Conditions

Payment will be effected 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.

CARE South Sudan shall withhold relevant taxes as per the Taxation Act, 2009. The payments will be in one instalment after the completion of the task and submission of final acceptable report to CARE.

12 Annexes

Annex 1: Baseline Report layout

CARE South Sudan will discuss with the successful consultant (s), the content and length of the final report (should be not more than 30 pages excluding annexes). However, below is a suggested outline for the report.

1. Cover page (1 page)
2. Table of Contents (1 page)
3. Acronyms (1 page)
4. Acknowledgements (1 page)
5. Executive summary
6. Background and project description
7. Purpose and rationale of the evaluation
8. Evaluation methodology, including limitations
9. Key findings (presented under the heading of the key project objectives, outcomes and ensuring the evaluation questions have been addressed). Data analysis must be done by

project outcome (ultimate, intermediate, immediate). Quantitative data presented must include both numbers (#) and percentages (%).

10. Impact of Covid-19

11. Lessons learnt based on quantitative and qualitative evidence; showing the context, intervention, results and the lesson for future programming or scale up

12. Conclusions

13. Recommendations

14. Bibliography

15. Annexes

I. Updated PMF with baseline data for all the indicators

II. High resolution photos taken during the evaluation/field implementation

III. List of participants in meetings and interviews (where applicable)

IV. List of enumerators/research assistants and all those involved in the study

V. CVs of lead consultant (Gender Expert).

VI. Data collection tools

Annex 2: PMF/Results chain

	<u>Indicator</u>	<u>Country</u>	<u>Baseline</u>	<u>Target</u>	<u>Data Sources</u>	<u>Methods</u>	<u>Frequency</u>	<u>Responsibility</u>	<u>Assumption(s)</u>
ULTIMATE OUTCOME									
Strengthened women leadership and women's rights in humanitarian situations in Bangladesh, South Sudan and Somalia	<i>% of women in project communities reporting a significant change or new experience in influencing humanitarian decisions affecting their lives</i>	South Sudan (Y2, Y3)	TBD		Humanitarian Actors & Women Leaders Surveyed	Review of Surveys	Annually	MEAL lead	
	<i>Perceptions of women on the extent of women's rights and gender equality in their communities</i>	South Sudan	TBD		Women surveyed	Review of Surveys	Annually	MEAL Lead	
INTERMEDIATE OUTCOMES									

1100									
Increased participation of women in decision making groups/platforms in the humanitarian program cycle	<i># of women affected by crisis who participate in humanitarian decision-making spaces (disaggregated by formal/informal spaces)</i>	South Sudan	TBD	270 W	Quarterly Reports	Review of Quarterly Reports	Quarterly	Project Manager	<p>Stable political and security context that allows the women affected by crisis to settle and have confidence to part in humanitarian decision making spaces.</p> <p>Willingness and cooperation of the stakeholders to support women affected by crisis to take in humanitarian decision making processes</p>
	<i># of inter/intra-agency collaborations between Women Rights Actors and/or humanitarian agencies on advocacy and promoting the rights of women and girls</i>	South Sudan	TBD	20	Event Reports	Review of Event Reports	Quarterly	Project Manager	<p>Stable political and security context that allows implementation of advocacy initiatives and promoting the rights of women and girls.</p> <p>Wide and free civic space that promote advocacy and rule of law.</p> <p>Willingness by the stakeholders (Women Rights Actors and/or humanitarian agencies) to conduct advocacy and promote the rights of women and girls</p>

1200									
Increased access to feminist knowledge, including best and emerging practice on gender in emergencies, by humanitarian actors (including WRAs)	<i>% of surveyed humanitarian actors (including WRAs) who use feminist knowledge generated to improve practices</i>	South Sudan	TBD	60%	Humanitarian Actors surveyed	Review of Surveys	Mid term & Baseline	MEAL Lead	<p>Willingness by the humanitarian actors (including WRAs) to share their level of applicability of the feminist knowledge generated to improve practices</p> <p>Confidence by the humanitarian actors (including WRAs) who use feminist knowledge to improve practices on the survey team.</p>
	<i># of initiatives implemented that follow GLHA and/or Women Leadership model</i>	South Sudan	TBD	2	Project Reports	Review of Project Reports	Annually	Project Manager	<p>Confidence by the women in their ability to take up leadership roles and apply the GLHA and/or women leadership model</p> <p>willingness by the women to implement the GLHA and/or the women leadership model</p> <p>Stable political and security context that allows for the full implementation of the 35% quota to women as stipulated in the R-ARCISS</p>

IMMEDIATE OUTCOMES									
1110									
Increased ability of women affected by crisis to meaningfully participate in humanitarian decision-making groups/platforms	<i>% of women leaders who report confidence in their own negotiation and communication skills</i>	South Sudan		60%	Baseline report	Review of Baseline Survey	Mid-Term and Endline	MEAL Lead	Confidence by the women in their own negotiation and communication skills Stable political and security context that allows women to confidently communicate women's Human Rights concerns and negotiate Wide and open, free civil space to promote advocacy
	<i>% of men and boys with increased awareness of women's rights and gender equality</i>	South Sudan		60%	Baseline Report	Review of Baseline Survey	Mid-term & Baseline	MEAL Lead	Willingness and acceptance of the women's rights and gender equality notion by the boys and men Stable political and security context that allows implementation of proposed project activities and the R-ARCISS (35% Quota to women).
1210									

Improved Gender in Emergencies knowledge generation, learning and dissemination by humanitarian actors (including WRAs)	<i>% of humanitarian actors / WRAs who report increased knowledge on GiE</i>	South Sudan	TBD	70% (80% W, 20% M)	Baseline/ Midterm/ Baseline evaluations	Review of evaluations	Quarterly	Project Manager	Confidence and willingness by the humanitarian actors/WRAs to report openly on increased knowledge on GiE Wide and open, free civil space that promotes freedom of speech
	<i># of humanitarian actors participating in knowledge exchange</i>	South Sudan		131 (53M, 63W)	Attendance List	Review of Attendance List	Baseline	Project Manager	willingness by the humanitarian actors to share the knowledge sharing Wide and open, free civic space and relaxed COVID-19 restriction that allow free engagement
OUTPUTS									
1110									
Output 1111 Women leaders, men and adolescent boys trained to facilitate women's participation									

in decision-making spaces									
Output 1112 Operational and technical support provided to Women Leaders and Women's Rights Actors	<i># of WRAs (individual and collective) supported on operational and technical capacity building</i>	South Sudan		22 (20W, 2 WRAs)	Progress Report	Quarterly Reports	Quarterly	Project officer	Willingness and acceptance by the WRAs (individual and collective) to take up capacity strengthening initiatives both operational and technical
Output 1113 Women's Transformative Leadership Models piloted	<i># of women supported through women leadership model module</i>	South Sudan		100 W	Project Records	Review of Project Records	Quarterly	Project Manager	Willingness and acceptance by the women to apply the women leadership model in South Sudan Confidence by the women to take up the leadership roles and apply the women leadership model
1210									
Output 1211 Women leaders and Women's Rights Actors trained on	<i># of women leaders and WRAs trained on feminist research and MEL</i>	South Sudan		30	Attendance List	Quarterly Report	Quarterly	Project Manager	Willingness by the women leaders and the WRAs to attend the training on the feminist research and MEL Acceptance to apply the feminist research and MEL

Feminist Research and MEL									approach in the context of South Sudan.
Output 1212 Feminist knowledge generated including on best practices and lessons learned	<i># of knowledge products generated</i>	South Sudan		TBD	TBD	TBD	TBD	TBD	willingness by the stakeholder to consume the knowledge product generated Wide and free space, relaxed COVID-19 regulations that allows for the distribution/dissemination of the knowledge product generated
Output 1213 Knowledge exchanges conducted regionally and within Canada to disseminate findings	<i># of south-south learning exchanges organized</i>	South Sudan		1	Final Report	Meeting Transcriptions & Observations	Baseline	Program Manager	Willingness by the participants/stakeholders to participate in learning exchanges and replicate the learning points to their home context Acceptance of learning knowledge generated by the local communities that fits their context