CAFOD & Trócaire IN PARTNERSHIP

Invitation to Tender (ITT)

Terms of Reference: ***Inclusive Multi-Sectoral Needs Assessment (MSNA) and Market Assessment in Panyikang County, Upper Nile State and Akobo County, Jonglei State, South Sudan.***

Reference No:895/26/IPPASJ

Opening Date:16th November 2026

Closing Date:23rd November 2026

Time: 4:00pm

CAFOD and Trocaire in Partnership (CTP)

CAFOD Office Plot 19, Block XIII, P.O Box 7, Hai Malakal

Next to Save the Children International

1. About Trócaire

Trócaire is the official overseas development agency of the Catholic Church in Ireland. Trócaire was established to express the concern of the Irish Catholic Church for any form of human need, but particularly for the needs and problems of communities in the Global South. With our partners we work with some of the world's poorest people, supporting women, men and communities for long-term change. In Ireland, we raise awareness about the causes of poverty through our outreach programmes in the education sector, through parish networks, and through our public campaigns and advocacy work. In South Sudan, Trócaire works with our Caritas sister agency, CAFOD, under the CAFOD and Trócaire in Partnership (CTP). More information about Trócaire is available at www.trocaire.org.

PARAMETER	DESCRIPTION
Commissioning organization	CAFOD and Trocaire in Partnership (CTP)
Consortium	Trocaire (Through CAFOD and Trocaire in Partnership), Caritas Austria and Catholic Relief Services (CRS), with local implementing partners
Assessment locations	Panyikang County (Upper Nile State) and Akobo County (Jonglei State), with payams/bomas finalised at inception
Assignment	Independent, inclusive mixed-method MSNA and integrated market/cash-feasibility assessment, including a dedicated Context Risk Analysis, and Protection Risk Analysis and assessment of cross-cutting themes. The assessment will combine recent secondary evidence with targeted field verification

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PARAMETER	DESCRIPTION
Indicative duration	Approximately 15 working days over 3 calendar weeks, subject to access and an approved inception plan
Key decision milestone	Preliminary findings to inform the consortium design workshop; final report to support the ECHO Single Form

2. Context and rationale

The proposed DG ECHO HIP 2027 action will focus on integrated, people-centred emergency assistance in Greater Upper Nile. For this assignment, the geographic assessment is specifically limited to Panyikang County in Upper Nile State and Akobo County in Jonglei State. Both county contexts require locally grounded evidence on conflict- and displacement-related needs, food insecurity, recurrent flooding and other hazards, service disruptions, humanitarian access, and the viability of different assistance modalities. The assessment must establish current conditions rather than assume the severity or nature of needs in either county.

The Greater Horn of Africa HIP 2027 prioritises principled life-saving responses to new shocks, the most vulnerable populations in severely affected and hard-to-reach areas, integrated area-based assistance and referrals, protection risk analysis, equitable partnerships, and context-appropriate cash transfers. The South Sudan Technical Annex emphasises joint multisectoral assessment, complementarity with existing responses, practical access arrangements and crisis-responsive design.

This consultancy responds to the need for an independent, current and decision-oriented evidence base. Findings must identify who is affected, where critical unmet needs are concentrated, what other actors provide, whether markets can safely support cash or vouchers, and which integrated interventions are feasible for the consortium. The resulting evidence is expected to feed directly into the consortium design workshop, Theory of Change, results framework, geographical targeting, partner roles, budgets and ECHO eSingle Form. The assessment is not a substitute for statutory nutrition, health or protection case-management surveys.

The proposed DG ECHO HIP 2027 action will focus on integrated, people-centred emergency assistance in Greater Upper Nile, with field assessment specifically focused on Panyikang County (Upper Nile State) and Akobo County (Jonglei State). Both counties experience acute, compounding humanitarian pressures driven by conflict, displacement, recurrent climate shocks (notably flooding), severe food insecurity, and widespread service disruption. Designing an impactful, compliant ECHO action requires locally grounded, verifiable evidence on current conditions, community-defined priorities, and the viability of distinct assistance modalities.

DG ECHO's Greater Horn of Africa HIP 2027 and South Sudan Technical Annex prioritise principled life-saving responses to newly displaced and acute crisis-affected populations in hard-to-reach areas, joint multisectoral evidence generation, context-appropriate cash/market transfers, robust protection risk analysis, and complementarity with existing cluster responses. This consultancy responds to the need for a targeted, independent, and decision-focused evidence base.

While not an exhaustive, country-wide or academic-scale MSNA, the assignment requires methodologically robust quantitative household data alongside focused qualitative and market enquiries. Primary quantitative collection must provide the right level of operational granularity - focusing on verifying needs, establishing household vulnerability profiles, and filling critical data gaps that existing secondary sources (IPC, DTM, REACH, HNO/HRP, Cluster 5Ws) cannot resolve.

All lines of enquiry should remain aligned to operational decision-making: identifying who is most affected, where critical unmet needs concentrate in core consortium sectors (FSL, WASH, Protection), whether local markets and financial infrastructure can safely support cash or voucher assistance, and where referral pathways with other responders exist. The resulting evidence will directly feed into the consortium design workshop, Theory of Change, results framework, geographical targeting, and the ECHO eSingle Form submission. The assessment is not intended to duplicate statutory sector surveys (such as clinical health/nutrition surveys) or broader cluster-wide mapping.

3. Purpose and specific objectives

Overall purpose:

Identify and prioritise acute humanitarian needs, risks and service gaps in Panyikang and Akobo. Assess market and cash feasibility and verify evidence gaps that affect the consortium's ECHO HIP 2027 design decision,

Data and Analytical Approach: To ensure rigorous yet feasible delivery within the compressed timeline, the assignment is driven by a structured combination of secondary and primary data as relevant to the purposes below. 1. Characterise

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the severity and distribution of priority needs by location and population group. Quantify and disaggregate findings where the available evidence supports it.

2. Identify differential risks and barriers experienced by women, men, adolescent girls and boys, older people, persons with disabilities, displaced people, returnees, host communities and other marginalised groups. Prioritise unmet protection needs and identify gaps in services and referrals.
3. Map existing, planned and recently discontinued services, humanitarian actors, referral pathways, coverage and uncovered gaps at county/payam/boma level, using geographic granularity permitted by evidence.
4. Assess the availability, accessibility, competitiveness, supply capacity, prices, seasonality and resilience of priority commodity/service markets, together with feasibility and risks of MPCA, sectoral cash, vouchers and in-kind assistance.
5. Analyse access, logistics, seasonal flooding, insecurity, conflict dynamics, environmental risks, safeguarding and protection risks affecting delivery by consortium and local partners. Assess the environmental and social impacts of proposed response options and identify measures to mitigate harm.
6. Formulate evidence-based response options, community assistance preferences, modality feasibility factors, and operational delivery assumptions to directly support the consortium team in selecting response packages, targeting criteria, and partner allocations during the design workshop.
7. Produce timely preliminary findings, decision matrices and county briefs for the proposal writer and design workshop, followed by a validated final report with transferable datasets and tools.

4. Geographic scope, population groups and inclusion

4.1 Geographical coverage

The assessment shall cover Panyikang County, Upper Nile State, and Akobo County, Jonglei State. Specific payams, bomas, displacement sites, flood-affected settlements, hard-to-reach locations and market catchments will be selected at inception on the basis of available evidence, humanitarian priorities and access feasibility.

4.2 Population groups

The assessment must meaningfully include recently displaced and protracted displaced households, returnees where present, non-displaced crisis-affected residents and host communities; women- and female-headed households, youth, older persons, persons with disabilities, minority or socially excluded groups, and people living in isolated or flood-affected settlements. The design shall consider separate consultations, accessible venues, gender-balanced enumerator teams, local-language interpretation and alternative communication formats. Group membership must not be treated as a proxy for vulnerability without contextual evidence.

5. Technical scope and key analytical domains

The consultant shall use common tools to verify the priority evidence gaps agreed at inception. Primary enquiries shall focus on food security and livelihoods, protection including GBV, WASH and market and cash feasibility. Use cluster 5Ws and partner and provider records to map other services, with targeted checks where referral functionality or duplication could affect the response. Apply the Protection Needs Analysis in Section 5.1 and the cross-cutting themes in Section 5.2 through these same enquiries.

The assessment will gather evidence across four core operational pillars, applying mandatory protection, inclusion, and risk lenses across all data collection tools and analysis. Primary field enquiries will focus on core consortium sectors (FSL, WASH, Protection) and market feasibility, while non-core sectors and service mapping will be anchored in recent Cluster 5Ws and secondary records.

To maintain quality and safety across all four pillars, the consultant will develop a harmonised household questionnaire and integrated KII/FGD guides embedding cross-cutting protection, inclusion, and environmental screening questions, avoiding separate or duplicative surveys. Consultations must include separate sessions for women, youth, older people, and persons with disabilities, conducted by gender-balanced teams in local languages.

DOMAIN	REQUIRED ANALYSIS
Population, shocks & needs	Use recent evidence on displacement, returns, assistance and unmet needs to identify priority threats and hazards, exposure, vulnerabilities and capacities. Analyse differences by sex, age, disability and other relevant characteristics where safe and supported by the evidence. Compare the timing, severity, and impacts of climate shocks with historical seasonal patterns. Record implications for needs, access, and preparedness.

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DOMAIN	REQUIRED ANALYSIS
Food security & livelihoods	Food access and consumption (validated proxy indicators such as FCS/rCSI where appropriate); food sources, income, debt, livelihood disruption, productive asset loss, seasonality and emergency assistance gaps. Do not claim an IPC classification from a project survey.
WASH	Drinking-water source, collection time/cost, quantity/reliability and accessibility; latrine functionality, safety/privacy, menstrual hygiene barriers, handwashing and priority repairs; flood exposure and WASH in community facilities.
Protection & safe access	Perceived safety and access barriers, movement restrictions, community risk mapping, GBV/child protection service availability and safe referral coverage, exclusion, civil documentation/HLP concerns where relevant. Do not solicit individual survivor disclosures or incident histories.
Health, nutrition & other services	Use recent cluster 5Ws, partner records and provider information to identify service coverage, critical gaps and referral options. Verify the functionality and accessibility of services that are relevant to the proposed response.
Market systems & cash feasibility	Trader stock and replenishment, supply routes, price level/trends, currency and transport costs, market integration and competition, physical/social/safety access, FSP liquidity and coverage, household preferences, MEB and transfer-value implications, inflation and harm risks.
AAP, gender, disability & localisation	Community information preferences, safe complaints channels, participation in decisions, accessibility, women's agency, local response capacity, fair risk sharing and environmental/conflict sensitivity.
Coverage & operational feasibility	Partner/cluster 5W mapping, supply pipelines and exit risks, facility functionality, duplication, access/seasons, transport, capacity, security restrictions and feasible referral services.

5.1 Protection Needs Analysis

The consultant shall produce a dedicated Protection Needs Analysis for each county. Triangulate available protection monitoring and service data with provider interviews and safe community consultations. Use non-identifying questions and apply the safeguards in Section 12.

- **Unmet needs and urgency.** Analyse how threats, exposure, vulnerabilities and community capacities affect safety, dignity and access. Prioritise unmet needs by location and population group. Cover needs related to gender-based violence, child protection and family separation, psychosocial support, civil documentation and housing, land and property where relevant.
- **Services and referrals.** Verify with providers which services and community support mechanisms are functioning, who can reach them and what prevents access. Identify gaps and viable referral options, considering barriers such as distance, cost, physical accessibility, confidentiality and stigma.
- **Response priorities.** Recommend feasible targeted protection actions and safe referrals, alongside practical measures to mainstream protection in food security, WASH and cash assistance. Explain the evidence for each priority and present findings at a level that protects individuals and sensitive locations.

5.2 Cross-cutting themes

Integrate the following themes into the assessment tools, county findings and comparison of response options, alongside the protection mainstreaming measures in Section 5.1:

- **Environment and climate.** Assess how flooding, water stress and other seasonal hazards affect needs, market access and continuity of services. Screen shortlisted response options for potential impacts such as water depletion or pollution, waste and pressure on natural resources. Apply DG ECHO's minimum environmental requirements, using a tool such as NEAT+ where appropriate. Recommend mitigation and identify any further site screening needed.

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- **Gender, age and disability inclusion.** Analyse how roles, control of resources and decision-making affect needs, participation and access to assistance. Disaggregate findings by sex, age and disability where safe and supported by the data. Recommend adaptations to make information, targeting and delivery accessible.
- **Accountability to affected populations and safeguarding.** Assess how people receive information, influence decisions and safely give feedback or raise concerns. Check whether complaint channels are accessible, trusted and confidential, including for safeguarding and PSEAH. Recommend how partners can respond and let communities know how feedback was acted on.
- **Conflict sensitivity and do no harm.** Examine how site selection, targeting and delivery could aggravate local tensions, reinforce exclusion or increase competition for resources. Identify ways to reduce these risks and safeguard impartial access.
- **Localisation and community participation.** Assess the capacities and priorities of local responders, women-led organisations and organisations of persons with disabilities. Identify feasible roles in outreach, referrals and monitoring and the support needed for safe and equitable participation.

6. Assessment methodology and minimum quality standards

The assessment shall follow a secondary-data-led, mixed-methods design that strategically integrates a comprehensive desk review with targeted primary quantitative and qualitative field enquiries.

6.1 Design and desk review

TGiven the compressed 15-day timeline and 5–7 day field window, secondary data synthesis serves as the primary analytical backbone for macro-context trends, displacement dynamics, and sector baselines. Desk review shall use the most recent available IPC food security analysis, HNRP/cluster products, OCHA situation and access reports, IOM/DTM displacement information, REACH assessments, WASH/Protection/FS cluster 5Ws, CWG/Joint Market Monitoring Initiative data where available, relevant government information, and consortium/local partner records. Each source must be dated, geographically matched and graded for relevance and reliability; evidence from other counties must not be substituted uncritically. Primary field data collection will be strictly targeted to validate core sector assumptions, capture real-time community-level changes, and fill verified operational evidence gaps.

6.2 Household survey and sampling

To ensure quantitative rigour without overextending field feasibility, the consultant shall propose a fit-for-purpose household sampling protocol for Panyikang and Akobo counties. Collect primary household data only where recent, reliable secondary evidence is insufficient to answer the consortium's design questions. Rather than attempting an exhaustive, multi-stage probability cluster survey across all sub-sectors, the quantitative household tool will focus strictly on core consortium indicators (food consumption, coping strategies, water access/reliability, sanitation, household vulnerability profiles, and assistance preferences). An indicative planning benchmark is approximately 160-220 structured household interviews per county, but the final target must be calculated, justified and approved at inception. Sub-county and demographic estimates may require larger samples; do not promise statistical precision for small subgroups. At inception, specify the estimates the survey is intended to produce for each county and which subgroup comparisons the proposed sample can support, including internally displaced versus host households and comparisons by sex of household head.Record substitutions and non-response. Use probability sampling for the quantitative household survey and reserve purposive sampling for qualitative enquiries. Where access or safety prevents probability sampling, use secondary evidence and targeted qualitative consultations for the affected locations. Document the resulting coverage gaps and limitations on inference.

6.3 Qualitative and participatory enquiries

Qualitative and participatory consultations form the core primary vehicle for understanding protection risks, access constraints, and community priorities. Conduct key informant interviews (KIIs) with local authorities, payam/boma representatives, partner staff, women-led/representative organisations, protection focal points, cluster actors, WASH/health service providers and community leaders. Conduct separate, appropriately facilitated focus group discussions (FGDs) with women, men and other relevant groups; consult disability organisations and marginalised people in accessible formats. Planning assumptions may include 10–15 KIIs and 4–6 FGDs per county, refined based on saturation, safety and budget. Ensure community-defined priorities and perspectives that challenge organisational assumptions are recorded rather than filtered out. Consultations will focus on deep-dive qualitative gap-filling in core consortium sectors (FSL, WASH, Protection, Cash feasibility), safe referral pathways, and accountability mechanisms (AAP/PSEAH). Teams must adhere strictly to do-no-harm safeguards, never soliciting individual survivor case disclosures or sensitive personal incident histories, and recording community-defined perspectives that challenge existing project assumptions

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6.4 Integrated market assessment

- Assess primary and feeder markets serving selected households, including physically located markets and external supply markets necessary to replenish stocks. Select markets and critical commodity groups with households, traders and CWG/cluster counterparts at inception, prioritising food staples and essential items linked to likely cash, WASH or livelihood interventions. Use up-to-date JMMI and CWG data to monitor prices for priority commodities in the selected markets. Conduct targeted vendor price checks only where data are missing, outdated or need verification. Use trader interviews, market observation, supply-chain KIIs and financial service provider mapping as feasible to fill other evidence gaps identified in the secondary data.

- Functionality: operating traders, opening frequency, product availability/quality, capacity to meet an incremental caseload, delivery lead times, storage and reliable transport routes.
- Affordability and price dynamics: standardised commodity units; local and reference currencies; recent and seasonal price trends, exchange rate/transport factors, shock-related volatility and potential supply-induced inflation.
- Access and inclusion: distance/time, transport and checkpoint costs, safety, disability access, social restrictions, gender-related control of cash, market opening times and risks of exploitation.
- Cash-delivery feasibility: active FSPs/agents and liquidity, network/connectivity, identification requirements, fees, payment timeliness, consumer protection, risk of diversion and data security.
- Response options: feasibility of unrestricted MPCA, restricted vouchers, sector-specific cash, in-kind and market-support measures; document circumstances when each is unsuitable and provide a modality recommendation by catchment/season.

6.5 Field instruments, data quality and triangulation

The consultant shall configure digital, offline-capable tools (e.g., Kobo/ODK) with informed-consent scripts, skip logic, mandatory checks, error constraints and coded location identifiers. Translate and back-check the field instruments in the relevant local languages before enumerator training. Test the translated instruments during the field pilot and make any necessary revisions before full data collection begins. Enumerators shall receive training on survey techniques, accessibility, ethics, PSEA, referrals, safe disclosure response and quality assurance, followed by a field pilot. Daily data checks must flag implausible values, speed patterns, duplicates, missingness, geographic outliers and enumerator effects. Market prices and trader claims must be triangulated with observations and independent sources; household and provider accounts must be compared and differences explained. Integrate protection and cross-cutting enquiries into the field tools. Agree safe protection questions and referral procedures with consortium protection focal points before piloting. Verify environmental findings through site or market observations where access permits. Trócaire's needs assessment toolkit can serve as a point of initiation for this stage.

6.6 Analysis and presentation of evidence

Produce county and selected location profiles, cross-sector severity/priority ranking with transparent definitions, disaggregated findings where safe and statistically credible, market functionality and cash-feasibility conclusions, actor/coverage gaps, seasonal/access scenario analysis and practical recommendations. Explicitly distinguish observed data, derived estimates, respondent perceptions and assumptions. State sample biases, confidence intervals/design limitations as appropriate, and avoid disclosing identifying or sensitive small-group information. A concise evidence-confidence rating (high/medium/low) shall accompany principal intervention recommendations.

6.7 Access limitations and alternative methods

Submit a field access and security plan for approval before deployment, including navigation/transport, floods, approvals, staff movement and escalation arrangements. No staff, respondents or local partners shall be exposed to unreasonable risk for data collection. If a site is inaccessible, propose remote KIIs, phone interviews or trusted third-party observation only with prior approval; clearly identify coverage gaps and the implications for inference. Any change to county scope, sampling, method or timing requires prior written agreement from Trócaire/CTP.

7. Required decision-oriented outputs for consortium design

The final analysis must answer operational questions, not simply reproduce a sectoral situation overview. Each recommendation must be traceable to evidence and geographic/population-group need.



DECISION PRODUCT	MINIMUM REQUIRED CONTENT
Needs-to-response matrix	County/payam/boma; priority unmet need and supporting evidence; affected group; urgency/severity; suggested sectoral response; modality; expected referral; evidence confidence. For protection, include unmet needs, verified service gaps and feasible referrals.
Market/cash feasibility matrix	Market catchment; commodity availability; pricing and replenishment; safety/access; FSP conditions; shocks/seasonality; appropriateness of MPCA/voucher/in-kind; monitoring/mitigation.
Crisis Modifier matrix	Based on the key hazards identified in the Risk Analysis, identify evidence and potential indicators that could inform development of Crisis Modifier triggers. The consortium design team will define trigger mechanisms and establish thresholds.
Actor and service-gap matrix	Who delivers what and where, planned exits/coverage changes, referral providers, duplication risk, existing coordination mechanisms including clusters or technical working groups, and unmet service gap; date/source of confirmation.
Geographic prioritisation map	Indicative priority payams/bomas, displaced settlements, market supply routes, flood/access obstacles and major existing services, without exposing sensitive sites or people.
Integrated response options	Two or three feasible intervention packages by county with targeting logic, comparative strengths, assumptions, partner delivery capacity, operational risks and indicative costs/scale drivers (not an invented budget). Specify the adaptations and mitigation measures arising from the cross-cutting analysis.
Workshop decision brief	A slide-ready summary of top five findings by county, recommended priority locations, market implications, clear choices requiring consortium decision and outstanding critical evidence gaps.

8. Expected deliverables and acceptance requirements

DELIVERABLE	CONTENT / ACCEPTANCE STANDARD	TIMING*
D1. Inception package	Assessment protocol; analytical framework; including the unit of analysis, respondent type and intended inference for each assessment question and/or data collection method, sampling frame and calculations; county/payam selection; tools incl. consent scripts; market selection plan; staffing, training, QA, ethics/security, data-management and workplan; source bibliography. Approval required before fieldwork. Include protection needs questions, a plan to verify service and referral gaps, and the proposed environmental screening method.	Week 1
D2. Fieldwork and quality update	Enumerator training/pilot summary; field coverage log; real-time QA findings; emerging market/household signals; access issues and mitigation; no sensitive personal data. Obtain consortium MEAL approval of the pilot results and any revised tools before full data collection begins.	Week 1
D3. Preliminary findings & design brief	Validated initial county findings; high-priority unmet needs; draft market feasibility, actor/gap maps and response options; 12–15 slide presentation and briefing for design workshop and proposal writer. Highlight emerging protection priorities and cross-cutting implications for design. Obtain consortium MEAL approval of the preliminary findings before presenting them at the design workshop or sharing them with the proposal writer.	Week 1
D4. Draft analytical reports	Integrated MSNA and market report with methods/limitations, data tables, disaggregation, county/market profiles, prioritised gaps, feasible modalities, annexes and full references. Include a dedicated Protection Needs Analysis by county and cross-cutting findings for the proposed response options.	Week 2 -3

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DELIVERABLE	CONTENT / ACCEPTANCE STANDARD	TIMING*
D5. Validation and final package	Consortium validation session and a de-identified summary of community validation and feedback, covering the groups consulted, the feedback received and how it was addressed in the final report; response-to-comments matrix; final report; 2 county factsheets; 1 market/cash brief; maps; clean anonymous datasets/codebook, digital tools, instruments, transcripts/notes in de-identified form and analysis files. Include validated protection and cross-cutting findings, a shareable summary of service and referral gaps, and environmental screening results with mitigation measures.	Week 3
D6. Design handover	1–2 hour technical handover with proposal writer and consortium leads: evidence-to-design matrix, assumptions, suggested indicators, cash and market risk-monitoring plan, outstanding issues.	With final package

*Timing is indicative and will be fixed in the approved inception plan. Preliminary outputs must be delivered early enough to inform consortium design and drafting, not only after the final assessment. All deliverables shall be submitted electronically in editable formats, with an accessible PDF report and version-controlled files.

9. Indicative workplan and level of effort

The estimated level of effort is 15 working days over approximately 3 calendar weeks from contract commencement, using appropriately resourced and where needed parallel county field teams. The consortium intends to start during November 2026; the preliminary evidence must be available for the design workshop and the final report early enough for the 22 January 2027 donor submission. Exact dates depend on contracting, air/boat access, field security and agreed sampling.

PHASE	ACTIVITIES	EFFORT	Agenda
1. Mobilisation & inception	Kick-off, desk review, framework, source inventory, sampling, tools, ethics/security approvals.	1-3 days	D1-3
2. Data collection & market visits	Enumerator training, field pilot and MEAL approval of the pilot results and any revised tools, followed by household surveys, KIIs, FGDs, site/market observation and ongoing QA in both counties. Data gathering should occur in parallel to save time, and with ongoing refinement and live data quality checks to ensure improvement across data gathering window.	1-7 days	D4-11
3. Preliminary analysis	Clean incoming data, triangulate early findings, draft decision matrices, share workshop brief.	3–4 days	D11-15
4. Full analysis & draft report	County profiles, market/cash options, actor maps, report and annex development.	4–5 days	D15-17
5. Validation & finalisation	Consortium feedback, quality revisions, final datasets, handover with proposal writer.	3 days	D17-21

10. Consultant profile and required team capacity

Applications may be submitted by a suitably qualified individual leading an adequately resourced team or by a legally registered consultancy firm. The bidder must demonstrate a realistic field delivery model for two hard-to-reach counties, including local enumerators and market assessment expertise.

Essential qualifications

- Advanced university qualification in humanitarian studies, economics, development, public health, statistics, social science or related discipline; equivalent demonstrable expertise may be considered.
- At least seven years of relevant humanitarian assessment, applied research or MEAL experience, including recent multisectoral assessments in conflict-affected or access-constrained settings.
- Demonstrated track record in quantitative survey design and sampling, participatory qualitative methods, data protection, analysis and production of decision-focused reports.

- Technical expertise across food security and livelihoods, WASH and protection, with demonstrable market-system analysis, MPCA/cash feasibility and humanitarian access expertise available within the proposed team.
- Strong understanding of gender, age and disability inclusion, safeguarding, survivor-centred referral practice, conflict sensitivity and accountable engagement with affected communities.
- Experience working with local/national NGOs, women-led or representative organisations, and humanitarian coordination systems; excellent English reporting and facilitation skills.
- Capacity to recruit and supervise field teams, deliver safe surveys with digital tools, maintain independent QA and manage secure, timely data handover.

Desirable qualifications

- Demonstrated experience in South Sudan, especially Upper Nile and Jonglei, including riverine/flood-affected areas and practical operational access arrangements.
- Previous assignments for DG ECHO, Caritas members or comparable INGOs, and familiarity with HIP proposal evidence requirements and CALP market-analysis standards.
- Availability of enumerators/analysts conversant with relevant local languages and culturally appropriate engagement, including gender-balanced teams and disability-inclusive facilitation.
- Experience developing GIS maps, market catchment analyses, cash risk monitoring and sex/age/disability-disaggregated datasets.

11. Management, reporting and consortium coordination

- The consultant will contract with Trócaire and report operationally to Trócaire/CTP's designated South Sudan focal point. Technical oversight will be provided by a consortium assessment reference group including representatives of Trócaire/CTP, Caritas Austria and CRS, with input from their relevant local implementing partners and MEAL, cash/markets, WASH and protection staff. Consortium MEAL staff shall review and approve the sampling and analysis plan and field tools before enumerator training. They shall review and approve the pilot results and any revised tools before full data collection, and the preliminary findings before they are presented at the design workshop or shared with the proposal writer. The consortium is responsible for decisions on programme design; the consultant is responsible for methodological independence, evidence quality and delivery.
- Trócaire/CTP: lead procurement/contract management, convene inception and validation, facilitate existing information and counterpart access, review/approve deliverables and share final evidence with the proposal writer.
- Caritas Austria, CRS and local partners: nominate technical contacts; support safe site identification and coordination; review tools; facilitate field introductions without influencing respondent selection or findings.
- Consultant/team leader: maintain field and ethics oversight, submit at least twice-weekly brief progress updates during data collection, report blockers promptly, and facilitate joint technical reviews at inception, preliminary findings and validation.
- Proposal writer: participate in preliminary results briefing, translate evidence into donor design with the consortium; the assessment consultant is not responsible for drafting the final ECHO Single Form.

12. Safeguarding, ethics, inclusion and data protection

The assignment shall comply with Trócaire and consortium safeguarding and PSEAH requirements, applicable South Sudanese legal/administrative requirements, the Core Humanitarian Standard, and recognised humanitarian protection and research ethics standards. The approved risk assessment must address both interviewer and respondent safety and the equitable treatment of local assessors.

- Obtain informed, freely given and documented oral or written consent; explain purpose, voluntary participation, right to decline, confidentiality, use of findings, feedback/complaint route and absence of any guarantee of assistance.
- Do not interview children directly unless a separate child safeguarding protocol with guardian consent and age-appropriate assent is approved; use appropriately trained interviewers and avoid unnecessary questions about violence, GBV experiences or individual child protection cases.
- Design accessible participation: consider safe timing/location, female interviewers, mobility and communication needs, privacy, inclusive recruitment of respondents, and non-discriminatory language; employ recognised Washington Group adult functioning questions where appropriate and correctly administered.

- Implement safe, survivor-centred response to unsolicited disclosures; never collect personally identifiable survivor case details. Ensure field teams know local referral options and mandatory safeguarding reporting channels before data collection.
- Minimise sensitive identifiers; restrict use of names, exact GPS coordinates and photos; encrypt devices/exports, role-limit access, use secure transfer and agree retention/deletion, anonymisation and handover arrangements before fieldwork.

- Use conflict-sensitive, do-no-harm practice, including impartial respondent selection, sensitive handling of assistance/land/market information and scrutiny of potential aid diversion, exploitation and market distortion.
- Obtain informed consent for quotations or images separately; do not promise assistance. Discuss major findings with affected-community representatives in an accessible format where safe and feasible.

13. Application, evaluation and contractual arrangements

Interested individual consultants or firms shall submit an Expression of Interest containing the following materials. The procurement notice will specify the closing date/time and any applicable contracting and tax requirements.

- Cover letter explaining understanding of the assignment and proposed team structure, with clear availability during November–December 2026.
- Technical proposal (maximum 10 pages excluding CVs and annexes): proposed research design, county-level sampling/coverage and assumptions, market assessment approach, inclusion and ethics, QA, access contingency, deliverable calendar and role allocation.
- Financial proposal in EUR, fully itemised by professional days, enumerators, market visits, field logistics/travel, insurance/security provisions, translation, technology, analysis and applicable taxes; state assumptions and separately identify costs dependent on access.
- CVs of key experts, including MSNA team lead, cash/market specialist and designated field supervisors, and names/roles of local data collectors if known.
- Two or three examples of relevant completed needs/market assessments (redacted as required), at least two professional references, and registration/tax documents for firms where applicable.
- Signed declaration of conflicts of interest, safeguarding/PSEAH compliance and ability to provide secure, anonymised datasets and original editable tools.

Bids will be evaluated on methodological robustness and fit to purpose, demonstrable South Sudan field access and safety approach, technical capacity (especially markets/cash and inclusion), quality of comparable assignments, feasibility of the workplan and cost realism. Procurement, evaluation and award will be conducted in accordance with the contracting entity's applicable policies. Financial terms, milestones, reimbursable expenses and ownership/license of outputs will be set out in the final contract.

All Expressions of Interest should be marked **"DG ECHO HIP South Sudan 2027 Needs Assessment Consultancy"** and to be emailed to ctpsupply@cafod.org.uk by **Sunday 23 November 2026 23:59 GMT.**

14. Quality assurance and use of findings

Acceptance of the final product requires the Section 8 deliverables to provide the decision-oriented evidence specified in Section 7. Each response recommendation must be explicitly supported by evidence, including priority protection needs and cross-cutting findings, with corresponding adaptations and mitigation measures identified. The final product must meet all seven requirements: (i) transparent documentation of coverage and methodological limitations; (ii) credible, triangulated evidence with dates and sources; (iii) separate county-level analysis and practical market/cash feasibility; (iv) protection-safe, disaggregated findings; (v) credible actor and referral mapping; (vi) explicit evidence-to-response recommendations; and (vii) complete, editable, and anonymised data handover. Reports that simply restate general context or make unsupported claims about needs, cash feasibility, or partner coverage will not meet the ToR.of the final product requires: (i) coverage and methodological limitations transparently documented; (ii) credible and triangulated evidence with dates/sources; (iii) separate county analysis and practical market/cash feasibility; (iv) protection-safe, disaggregated findings; (v) credible actor/referral mapping; (vi) explicit evidence-to-response recommendations; and (vii) complete, editable and anonymised data handover. Reports that merely reproduce general context or make unsupported claims about needs, cash feasibility or partner coverage will not meet the ToR. The final package shall link priority protection needs and cross-cutting findings to specific response recommendations, adaptations and mitigation measures.

Any queries relating to this ToR should be directed by e-mail only to Zorah Donnelly at **Zorah.donnelly@trocaire.org** **copying cedeh@cafod.org.uk and Tmashodo@cafod.org.uk**

