

**Terms of Reference**

**Midline Evaluation**

Project: Addressing violence against women and girls as a catalyst for Peace

Location: South Sudan: Wau County (Western Bahr el-Ghazal State) and Pariang County (Unity State)

# Donor: Germany Ministry of Foreign Affairs

Partners: Center for Strengthening Community Voices (CSCVO) and Communication for Life Change (CLC)

# **About CARE**

CARE is a humanitarian non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls.

# **Project Overview**

Addressing violence against women and girls as a catalyst for Peace is a two-year project that seeks to promote gender responsive stabilization and recovery of conflict affected women, men, girls, and boys in Wau and Pariang.  The Project supports communities to identify and act against structural causes of gender inequality which promotes conflict and violent notions of masculinity and normalizes the violence. It also focuses on addressing the conflict- related gender-based violence against men and women through improving their access to multi-sectoral GBV services. To achieve sustainable peace an inclusive decision-making process is being promoted where women’s participation and leadership is being strengthened. Through these interconnected outcomes, communities will be able to identify potential solutions for violent conflict thus contributing to attainment of sustainable peace at local and community level, which corresponds with the German foreign policy agenda for South Sudan with its focus on crisis prevention, stabilization and peacebuilding leading to more sustainable development with a specific focus on women.

The project interventions are targeting approximately 50,000 women and girls, men and boys, government officials and key community leaders, women leaders, policy makers and civil society organizations. CARE aims to support and enhance the skills and capacity of women’s grassroots organizations and women’s networks and associations and key government institutions so that all can unleash their full potential in peace building, GBV prevention and Response including advocacy skills. CARE is conducting mapping and gap analysis of existing local women structures and networks, provide training to women's associations or networks around capacity development, advocacy and influencing dialogue, gender-based violence and leadership. By enhancing the capacity of women’s associations and networks in Pariang and Wau this is contributing to identifying different opportunities that may lead to sustainability.

# **Scope of the project**

The purpose of the project is to promote gender transformative stabilizations and recovery of conflict affected women, men, and youth in Wau and Pariang. This consist of the 3 outcomes areas namely.

**Outcome 1**: Communities transform harmful gender social norms which promotes conflict and militarized notion of masculinity and normalizes the violence into positive norms that promotes peace and gender equality.

**Outcome 2:** Targeted communities have increased availability and access to GBV services and support especially vulnerable women, children, and survivors of GBV.

**Outcome 3**: Women’s participation in, and influence on local level peace building processes (reconciliation, conflict resolution and dialogues) and decision-making is strengthened.

Table 1: Geographic Area and Population Coverage

|  |  |  |  |
| --- | --- | --- | --- |
| **Region** | **District/county** | **Target group** | **Total Households** |
| Unity State | Pariang County |  |  |
| WBG State | Wau County |  |  |

# **Purpose, Objectives, and Rationale**

The midline evaluation will be conducted to determine the level of and achievement of the project against the baseline. The evaluation intends to explain what works and what does not work. This is important because it help the project team makes an informed decision. The midline evaluation is planned to take place in Wau county and Pariang county. The evaluation is looking not only for intended outcomes, but also evidence of unintended outcomes (both positive and negative)

The *objectives* of the evaluation are as follows:

1. To establish the current status of project indicators. This will serve in first tracking the targets and measuring milestones on outcomes.
2. To assess and document new knowledge on positive norms that promote peace, gender equality and peaceful coexistence.
3. To map and document information related to availability and access to GBV services and support especially vulnerable women, children, and survivors of GBV against men and women.
4. To explore the role of women in, and influence on local level peace building processes (reconciliation, conflict resolution and dialogues) and decision-making.
5. To understand and document the millstones in women’s participation in, and influence on local level peace building processes (reconciliation, conflict resolution and dialogues) and decision-making.

**Intended Users and Use**

The evaluation findings and processes will be used and shared by relevant stakeholders, including project staff, other stakeholders like communities, operational and implementing Partners, and donors. The following table outlines the expected communications to be produced from the evaluation findings and processes (i.e. reports, presentations, etc.), the purpose of the communications, as well as the intended users.

Table 2: Communication and Reporting Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Communication Format** | **Purpose of Communication** | **User** | **Person Responsible** | **Timing/Dates** | **Notes** |
| Emails and Telephone | Keep informed about evaluation progress | Project teams+ | Project Manager/Consultant |  |  |
| Meeting with the project teams | Present preliminary findings | Project teams | Consultant |  |  |
| Validation workshop | Present completed/final findings | Project teams/community  | Consultant |  |  |
| Share point or hard drive | Document the evaluation and its findings | Program teams | Consultant |  |  |
| Library and follow-up communications | Document actions taken because of the evaluation | Program teams | MEAL Manager |  |  |

# **Evaluation Criteria and Questions**

1. How is the project being implemented and what has been achieved so far?
2. How appropriate is the process compared to what was planned and quality standards?
3. Is the project being implemented correctly as stipulated in the project Plan?
4. Are participants being reached as intended?
5. What has been done in an innovative way and how can this be replicated in other projects?

# **Approach and Methodology**

The Midline evaluation will take a mixed method approach which integrates Quantitative and qualitative data collection techniques.

1. **Quantitative:** It is important to be able to acquire data that permits the consortium to compare changes over time in different locations (such as counties) as per the indicators. Household surveys will be conducted to measure the selected indicators. This data should be collected through face-to-face interactions.
2. **Qualitative:** The consultant is expected to conduct Focus Group Discussions (FGDs), 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.

The consultant will be responsible for defining and carrying out the entire exercise, with guidance from the CARE team on required metrics based on the Logical framework as well as the Baseline methodology used. He/She will be responsible for adopting the existing or developing data collection tools such as: Questionnaires, FGD, KII guides, and observation tools to capture data from the respondents above. Enumerators will be recruited by CARE and trained by the consultant to collect data during household surveys, FGDs and KIIs. Cognizant of the changing context, data will be captured electronically to expedite the data collection process, minimize data entry errors, and improve overall data quality. The consultant is expected to design a safety protocol for achieving data collection cognizant of context in securities. Evaluation tools, methodology and findings should be reviewed and validated with various stakeholders and approved by the Technical Lead, MEAL Manager at CARE.

## **Sampling**

The consultant will implement a sampling procedure which is representative of the consortium life of project target population. It is important that the midline achieves a statistically acceptable sample size for the respective project participant categories.

The consultant will develop and abide to 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, clear, and unambiguous proposal on sampling methodology and sample size is expected from the consultant. Sampling method should attain representative and generalizable results for all project participant categories.

## **Primary Data**

The collection of primary data will involve mostly,

1. female and male youth (18 – 25 years)
2. female and male (25 years and above) community members
3. female and male community leaders
4. Government representatives at state or county level or both?
5. Women’s rights organizations

## **Secondary Data**

The secondary data sources include but are not limited to studies from South Sudan’s GBV Sub-Cluster, FSL Sub-Cluster, UNFPA, UN Women, FAO, WFP, German MoFA, IPC latest findings and other bilateral donors, project documents. The consultant is expected to undertake review of existing documents using appropriate document review tools and methods.

## **Comparability of data**

As this is a midline Evaluation, CARE will provide all the necessary documentation from the baseline. This includes the sample size, report, questionnaires etc thus the consultant result will be compared against the baseline information.

## **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. The data analysis plan, all data collection tools and syntax for qualitative data as well as procedures for summarizing and analyzing qualitative data needs to be made available.

## **Data quality issues**

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 midline evaluation process. Some techniques such as, but not limited to, the following will be applied:

1. Before data collection:Pilot testing the data, collection tool will be required in order to verify the reliability and validity of the tool. This includes both face to face and remote approaches.
2. During field data collection: For household surveys, data entry will be on the spot using an electronic questionnaire. Monitoring enumerators for accuracy in doing the interview and in capturing data will be necessary. Checking through all completed responses (on a daily basis) to ensure any mistakes or inconsistencies are corrected on time will add value to the quality of data.
3. Data analysis: Perform iterative data analysis which involves continuously analyzing key variables as part of data quality checks using various methods such as: frequencies or cross-tabulations or any forms of regressions.

# **Expectations**

There will key deliverables of this process:

* 1. An inception report clearly outlining the approach, indicators, methodology and tools applied for the achieved result using the existing baseline information.
	2. Final survey tools and inclusive gender sensitive sampling design where appropriate
	3. Enumerator training, tool pre- testing and data collection
	4. A comprehensive and well-organized final midline report in electronic version word and PDF based in the template structure in as seen in the next page below. (Not more than 30 pages)
	5. Supporting files, original and cleaned datasets, syntax statistical output files, photos, etc.
	6. Fact sheet or abstract and power point presentations to be used for dissemination of results to stakeholders.

# **Management of the consultant**

CARE will support the consultant remotely throughout the midline. Whenever the consultant is identified, the consultant will work with the Project Manager and Area Managers/MEAL Manager. The team will commence the inception process to:

1. Review midline protocols, sampling design and data collection plan.
2. Finalize tools and approve final plan prior to commencing data collection.
3. Providing technical support and oversight during data collection process

# **Lesion Learned Documentations**

The lessons learnt through the entire midline shall be documented and shared with the Project team and CARE Quality Control Department so that they may be taken into consideration for reflection, growth and continued improvement.

# **Limitations of the study**

This midline survey will be undertaken with some limitations. These may include:

1. **Security:** Given the context in the country, the midline measurement may be affected by the volatile security condition in some areas.
2. **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.
3. **Statistics:** Country demographics may not be readily up-to date hence the consultant may have to undertake preliminary data additional data corroboration

# **Logistic**

Air tickets, airport pickup and drop off, ground transport while in Juba and field locations will be provided. Accommodation will only be provided in Juba for international consultants. However, accommodation at field level will be provided for improving indicator performance. International travellers are advised to obtain visas in countries where they reside. An introduction letter may be provided on request to support processing of visas.

# **Payment terms and conditions**

100% of the Payment will be affected upon completion and approval of the final report. Additional information on payment terms and conditions will be included in the contract.

# **Additional information**

Consultants shall be required to sign and abide to CARE Safeguarding Policy (which includes prevention of sexual exploitation and abuse, and behavior protocols)

Consultants shall abide to CARE beneficiary data privacy/management policies.

# **Ethical considerations, confidentiality, and proprietary interest**

The Consultancy Firm holder needs to apply standard ethical principles during the course of 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.

## **Final Report Requirements**

The external Consultant is accountable for maintaining the requirements for the content, format, or length of the final report, overall quality, and approved timelines. They will produce a comprehensive report that assesses the achievements, relevance, coherence, coverage, effectiveness, efficiency, outputs, and early outcomes of addressing violence against women and girls as a catalyst for peace so far and provide prioritized recommendations to maximize results. To simplify this process, CARE has an evaluation report template that can be modified to meet the needs of all projects.

The contract will be a deliverables-based contract, and final payment will be contingent on receiving the agreed deliverables in their final versions at acceptable quality standards.

The report must include:

1. **A Title:** A title that conveys the name of the project, location, implementation period, as well as the main impact or key finding of the report.
2. An **executive summary that focuses** **both on process as well as impact** that *is no more than 2 pages in length and is formatted so that it can be printed as a stand-alone 2-pager about the project.*
3. **A display of impact early in the report, including 3-5 key impacts/findings:**

(*What changed because of the program? What happened in the world, and why did it matter? These are the most significant accomplishments, supported by solid evidence. Each impact should be written as one or two sentences.* ***Talk about impact early on the report*** *so that the audience does not have to read the entire report before seeing evidence of change.*

1. **A clear methodology section:** the methodology should explain the evaluation questions, and how the methodology chose appropriately answers those questions. It should also contain key ethical considerations and a description of how the evaluators protected participants and personally identifiable information.
2. **3-5 key lessons learned:** These should be short, actionable, and the most important aspects of what the program/analysis found. They need to be relevant and new for people outside of the direct program. They should also include highlights of what to improve in the future.
3. **3-5 bullets describing how the project got to impact/3-5 recommendations**: It is important to have non-jargon descriptions of what a project did to get to impact. These are highlights of the most effective, relevant, and scalable approaches and tools. If this is an analysis and not an evaluation, then this section should be 3-5 key recommendations for what the project/program/initiative should do based on your findings.
4. **Shareable Evidence:** Evidence collected by the consultant from the conclusions and recommendations must be submitted along with the final report. All datasets, qualitative interviews, and underlying data are owned by CARE and are included in final deliverables. Sources of all evidence must be identified, and conclusions must be based only on evidence presented in the report, and recommendations must directly correspond to the conclusions.

## **Data Disclosure**

The external Consultant should deliver, at minimum, all files including quantitative data sets (raw and refined products), transcripts of qualitative data and others in an easy to read format and maintain naming conventions and labelling for the use of the project/program and key stakeholders. **NOTE ALL Data will be programmed in CARE CENTRALISED DATABASE**

1. **Data** **must be** **disaggregated by gender**, age, and other relevant diversity, in line with the project’s Theory of Change.
2. Datasets must be anonymized with all identifying information removed. Each individual or household should be assigned a unique identifier. Datasets which have been anonymized will be accompanied by a password protected identifier key document to ensure that we are able to return to households or individuals for follow up. Stakeholders with access to this document will be limited and defined in collaboration with CARE during evaluation inception.
3. In the case of textual variables, textual datasets or transcripts please ensure that the data is suitable for dissemination with no de-anonymizing information.
4. Where there are multiple datasets (for example both tabular and textual datasets) identifiers must be consistent to ensure that cases can be traced across data lines and forms.
5. CARE must be provided with a final template of any surveys, interview guides, or other materials used during data collection. Questions within surveys should be assigned numbers and these should be consistent with variable labelling within final datasets.
6. Formats for transcripts (for example: summary; notes and quotes; or full transcript) should be defined in collaboration between CARE and the consultant at the evaluation inception.
7. In the case of tabular datasets variable names and variable labels should be clear and indicative of the data that sits under them. Additionally, the labelling convention must be internally consistent, and a full codebook/data dictionary must be provided.
8. All temporary or dummy variables created for the purposes of analysis must be removed from the dataset before submission. All output files including calculations, and formulae used in analysis will be provided along with any Syntax developed for the purposes of cleaning.
9. We require that datasets are submitted in one of our acceptable format types.
10. CARE must be informed of and approve the intended format to be delivered at evaluation inception phase. Should this need to be altered during the project CARE will be notified and approval will be needed for the new format.
11. The external evaluator will be responsible for obtaining all necessary permissions, approvals, insurance, and other required permits needed for data collection. These include required permits related to data collection from human subjects, including necessary ethical review board approvals (ERB) and health and accident insurance for evaluation team members.

# **Roles, Responsibilities, and the Evaluation Timeline**

During data collection and analysis, the primary roles of CARE program staff and any implementing partner with direct stake in the project, are as informants and reviewers. They may review and provide comments on data collection tools, instruments, and all other deliverables before they are finalized. They must not collect primary data, or participate in translation, analysis, or interpretation of the data.

**Required External Response to Terms of Reference**

A technical and cost proposal based on this Terms of Reference (ToR) is requested from the consultant or consulting firm. The proposal should contain:

1. Detailed plan of action for fieldwork indicating staff days required.
2. Specific roles and responsibilities of the team leader, supervisory chain, and other core members of the evaluation team.
3. Schedule of key activities preferably in a format such as an excel tracker or Gantt chart.
4. Detailed budget with justification. The external evaluation proposal should include a reasonable detailed budget to cover all costs associated with the evaluation. This should be submitted by major activities and line items for CARE’s review and decision. This includes a break-down of the cost to contract external evaluation team members, international and local travel, and in-country accommodations **In case the consultant is NOT registered in South Sudan or operating in-country and per diem THIS APPLY ONLY TO INTERNATIONAL CONSULTANT**. Other related costs that might be in the budget include expenditures for hiring local personnel (drivers, translators, enumerators, and other local technical experts), translating reports, and renting meeting rooms for presentations/workshops.
5. Updated CV of Team Leader and other core members of the Evaluation Team
6. A profile of the consulting firm (including a sample report if possible)

# **Additional Qualifications and Competency**

1. A minimum of 5 years or more experience, with the following expertise, experiences, and competency
2. Proven experience analyzing and understanding of gender dynamics in fragile states like South Sudan.
3. At least a master’s degree qualification in any of the following areas: Gender, Protection, Social Sciences, Development Studies, research, or similar qualifications
4. Experience undertaking similar studies in South Sudan
5. Understanding of Gender, food security and livelihoods dynamics in South Sudan
6. Experience leading assessments, feasibility studies or evaluations.
7. Full understanding on cluster and humanitarian architecture in particular of the Global Protection Cluster and GBV Coordination.
8. Excellent analytical, interpersonal, communication and reporting skills.
9. Knowledge and experience in gender and women’s rights issues
10. Excellent command of written and spoken English

# **Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No | Description | No of consultants | Perioddays | Rate per day | Total Cost (US$) | Remarks |
| **Consultancy fee** |  |
| 1 | Consultantany fee (Professional fee) | 1 | 22 |  |  | 20% Government withholding taxes will be deducted. |
| **Logistical/Adminitrative cost** |  |
| 1 | Accommodation  in Wau | 0 | 7 |  |  | CARE Wau ans Yida field offices will provide accomodatiuon to the consultant |
| 1 | Accommodation  in Pariang | 0 | 7 |  |  | CARE Wau ans Yida field offices will provide accomodatiuon to the consultant |
| 2 | Perdiem in Wau | 1 | 8 |  |  | CARE will provide per-diem to the consultant based on the office rate |
| 2 | Perdiem in Pariang | 1 | 8 |  |  | CARE will provide per-diem to the consultant based on the office rate |
| 3 | Flight ticket Juba -Wau  and Wau -Juba, Juba-Yida and Yida-Juba (Non-Wau based vendors) | 1 | 4 |  |  | CARE will cater for flight tickets for to and fro for Juba-Wau, Wau-Juba, Juba-Yida and Yida-Juba |
| 4 | Internet in Wau and Yida | 0 | 1 |  |  | CARE will provide internet to consultant |
| 5 | Stationery / Training materials |  |  |  |  | CARE will procure statinaries for the training |
| 6 | Recruitment of Enumerators in Wau and Yida  |  |  |  |  | CARE will recruit enumerators |
| 7 | Training of Enumerators in Wau and Yida |  |  |  |  | Consultant will train enumerators on data colelction tools |
| 8 | Wages or incentives for the enumerators in Wau and Yida |  |  |  |  | CARE will provide incentives for enumerators in Wau and Pariang |
| 9 | Training expenses during the training of the enumerators in Wau and Yida.  |  |  |  |  | CARE will cover training expenses in both locations |
| 10 | Transportation in the field-Wau and Pariang | 1 | 10 |  |  | CARE will provide on-ground transport to the consultant. |
|  | **Total budget** |  |  |  |  |  |

# **Submission**

If you qualify, please send your CV, Technical and financial proposals detailing survey methodology, work plan, budget, and sample reports. The Technical proposal with budget and CV should be sent to: ssd.procurement@care.org coping Richard.Matale@care.org and Anila.Nakarmi@care.org

The call for expression of interest runs from **14th - 22nd May 2024.**

**These forms must be completed and returned to CARE Along with the CVs, technical and Financial Proposals for review and evaluation the submission timeline.**

1. **Supplier Payee and set-up form**



1. **Vendor questionnaire**

