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CARE International in Sudan

Terms of Reference (TOR) baseline survey

Required: National Consultant

Project Title: Multi-sectoral and integrated humanitarian assistance for the conflict displaced and most vulnerable populations in East and South Darfur

Duration of Appointment: 40 days

Expected Start Date: 1st October 2022

Context:

Approximately 14.3 million people in Sudan will need humanitarian assistance in 2022, 30% of the entire population[1]. As of November 2021, there were over 3 million IDPs in Sudan, most of them (~1.75 million) in the Darfur region as a result of the conflict that started in nearly two decades ago in 2003. Despite substantial assistance in the Darfur region over the past decade, there continues to be a significant need as many areas remain prone to conflict and climate shocks. This proposed intervention will provide integrated, sustainable, and lifesaving WASH, health, and nutrition services to crisis-affected and vulnerable host community members and IDPs in East and South Darfur.

WASH: East and South Darfur have chronic WASH needs due to the protracted nature of the crisis and the high number of IDPs and refugees. The key drivers of WASH needs are the deepening economic crisis; lack of investment in already-weak and aging WASH services; poor knowledge, attitude, and practices related to WASH; lack of community governance of WASH infrastructure in rural areas; huge disparities amongst the rich and poor; and climate change. Additionally, high rates of undernutrition in both states are associated with poor WASH services.

Health: Sudan remains prone to disease outbreaks, including cholera, chikungunya, dengue, malaria, and measles. Childhood immunization rates are in decline across the country. Additionally, during 2021, the availability of emergency medicines declined steadily, reaching 43% compared to 57% during 2020.

Nutrition: The overall number of people in need of nutrition support in Sudan has increased by 8.8% from 2021 to 2022 (3.9 million people), mainly children under-five and pregnant and lactating women.

East Darfur and South Darfur have catastrophic levels of acute malnutrition. The overall number of people in need of nutrition support in Sudan has increased, as shown by the S3M (2018-2023) survey conducted on 2018, the survey shows high prevalence on malnutrition in Sudan as general. In South Darfur Global Acute Malnutrition (GAM) is estimated at 23.8%, SAM is estimated at 6.2% and in Kass child GAM is estimated at 12.6%, SAM at 2.4%. In East Darfur GAM is estimated at 39.8%, and SAM is estimated at 17.9 : in Bahar Al Arab GAM 35.1% and SAM at 16.5% and in Sheria GAM at 39.0%; and SM is estimated at 22.6%.

Impact from the current phase of the project in the areas covered by CARE are noticeable. Based on the capacity building of mother support groups under the current grant, in complement to other UNICEF interventions, the number of admissions in the stabilization centers have reduced by 15%. In east Darfur, the awareness raising by Mother support groups and community nutrition volunteers increased the knowledge of PLWs and mothers on early detection of malnutrition through visiting the nutrition unit during the pregnancy. Now the cases arriving at the centers are less severe than they used to be thanks to earlier detection, both for children and PLWs.

[1] Data for this section comes from OCHA. December 2021. *Humanitarian Needs Overview Sudan 2022.*

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Background to the project:

CARE received fund from BHA to implement the project *"**Multi-sectoral and integrated humanitarian assistance for the conflict displaced and most vulnerable populations in East and South Darfur**"*. The project's duration is 24 months started at 15th September 2022.

CARE and partner approaches involve needs-based interventions that respect humanitarian principles and human rights of all affected women, girls, men, boys, elderly, and people with disabilities.

Goal: To contribute to a reduction in human suffering through integrated humanitarian assistance for the most vulnerable populations in East and South Darfur.

Theory of Change (ToC) (statement): The project's Theory of Change (ToC) draws on evidence from CARE's long-term experience in East and South Darfur implementing humanitarian and development programs, as well as promising practices and lessons learned from recent interventions in the target areas.

IF vulnerable communities and IDPs have access to sustainable, integrated, and high-quality WASH, health, and nutrition services **THEN** host communities and IDPs will have reduced suffering and increased resilience and well-being.

Purpose: Provision of integrated, sustainable, and lifesaving WASH, health, and nutrition services to crisis-affected and vulnerable host community members and IDPs in East and South Darfur. (WASH, Health, Nutrition sectors)

Sector Specific Technical Design – WASH: The designed WASH interventions have been developed to meet the urgent needs of the targeted people in East and South Darfur states to reduce morbidity and mortality associated with WASH-related diseases and environmental health risks resulting from the ongoing protracted humanitarian crisis and exacerbated by the COVID-19 pandemic. CARE will ensure the sustainability of the services beyond the project period by strengthening systems, building capacities, creating an enabling environment, and handing over the services to communities and local authorities. CARE will cover all four complementary sub-sectors as per the USAID/BHA proposal guidelines: water supply, sanitation, environmental health, and hygiene promotion. Gender-sensitive and responsive actions (including capacity building on gender protection, GBV prevention, equity, and equality) will be incorporated into training materials, community messages, and vulnerability assessments.

Sector Specific Technical Design – Health: The health intervention has been designed to provide integrated and quality primary healthcare services, with a focus on communicable diseases and reproductive, maternal, neonatal and child health, to reduce morbidity and mortality of the affected women, girls, men, and boys among the targeted communities and to reduce the secondary impact of the COVID-19 pandemic. In addition to providing clinical health services through 22 targeted health facilities (14 in South Darfur and 8 in East Darfur) and 7 mobile clinics, CARE focuses on raising communities' awareness of critical public health issues to enhance their self-protection and resilience, and to better understand and address community behaviors, social norms and contextual factors that may impact health-seeking behavior. CARE has been building community-based networks headed by village committees and the head sheikh to rapidly identify and address health risks and disease outbreaks, including COVID-19. The planned services are provided according to the SMOH and WHO guidelines and standards, and they are entirely in line with the 2022 HRP.

Sector Specific Technical Design – Nutrition: The nutrition intervention has been designed to provide integrated and high-quality curative and preventative nutrition services to vulnerable and malnourished children under the age of five and pregnant and lactating women (PLW) in East and South Darfur based on the community-based management of acute malnutrition (CMAM) protocol.

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Project targeted beneficiaries:

Total Number of People Affected in the Target Area: 1,700,000 [2]
Total Number of People Targeted (Individuals): **714,510**
Total Number of IDPs Targeted (Individuals) as subset of total beneficiaries: 293,525

Baseline purpose and objectives:

CARE in Sudan is planning to implement the project in the targeted two States, the project performance will be assessed against the targeted results in regular bases and at the end, the objective of the project baseline survey is to provide a reference point for assessing changes and impact by establishing a basis for comparison before interventions take place. The data will be collected in three sectors: WASH, health, and nutrition.

The BHA project baseline study will focus on establishing a baseline for the indicators listed below:

WASH sector:
Water supply:
- Number of people utilizing improved water services
- Average liters/person/day collected from all sources for drinking, cooking, and hygiene.

Sanitation:
- Number of individuals directly utilizing improved sanitation services.
- Percent of households targeted by latrine construction/promotion activity whose latrines are completed and clean

Environmental health:
- Number of individuals receiving improved service quality from solid waste management, drainage, or vector control activities (without double counting)

Hygiene promotion.
- Number of individuals receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)
- Percent of individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands
- Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers

Health sector:
- Number of outpatient consultations
- Number and percent of deliveries attended by a skilled attendant
- Number and percent of pregnant women who have attended at least two complete antenatal clinics
- Number and percent of newborns that receive postnatal care within 3 days of delivery
- Number of cases of sexual violence treated.
- Number of consultations for communicable disease
- Number and percent of community members who can recall target health education messages.
- Number of mothers with children under-five who can identify three or more health danger signs, that need an urgent referral of the children to the nearest health facility.
- Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days

Nutrition Sector:

- Percent of infants 0-5 months of age who are fed exclusively with breast milk.
- Percent of children 6–23 months of age who receive foods from 5 or more food groups.
- Number of individuals receiving behavior change interventions to improve infant and young child feeding practices.
- Number of individuals receiving micronutrient supplements.
- Number and percent of individuals admitted, rates of recovery, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites.

[2] OCHA. December 2021. *Humanitarian Needs Overview Sudan 2022.*

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Some projects indicators are directly related to project intervention and will be measured at the end of project, however, baseline survey expected to provide information about these indicators to support assessing the progress, the below table show all indicators listed for the project.

Sector I	**WASH**
Sub-sector Name	**Water supply**
Indicator W01	Number of individuals directly utilizing improved water services provided with BHA funding
Indicator W02	Number of individuals gaining access to basic drinking water services as a result of BHA assistance
Indicator W03	Average liters/person/day collected from all sources for drinking, cooking, and hygiene
Indicator W04	Percent of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training
Indicator W05	Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination
Sub-sector Name	**Sanitation**
Indicator W06	Number of individuals directly utilizing improved sanitation services provided with BHA funding
Indicator W07	Number of individuals gaining access to a basic sanitation service as a result of BHA assistance
Indicator W08	Number of basic sanitation facilities provided in institutional settings as a result of BHA assistance
Indicator W09	Percent of households targeted by latrine construction/promotion activity whose latrines are completed and clean
Indicator W10	Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional
Sub-sector Name	**Environmental Health**
Indicator W11	Number of individuals receiving improved service quality from solid waste management, drainage, or vector control activities (without double counting)
Indicator W12	Average number of community cleanup/debris removal events conducted per community targeted by the environmental health activity
Indicator W13	Average number of vector control activities conducted per community targeted by the environmental health intervention
Sub-sector Name	**Hygiene promotion**
Indicator W14	Number of individuals receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)
Indicator W15	Percent of individuals targeted by the hygiene promotion activity who know at least three (3) of the five (5) critical times to wash hands
Indicator W16	Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers
Sector II	**Health**
Sub-sector Name	**Health Systems Support**
Indicator H01	Number of health facilities supported
Indicator H02	Percent of total weekly surveillance reports submitted on time by health facilities
Indicator H03	Number of health facilities rehabilitated
Indicator H04	Number of health care staff trained

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Sub-sector Name	Basic Primary Health Care
Indicator H05	Number of outpatient consultations
Indicator H06	Number of Community Health Workers (CHW) supported (total within activity area and per 10,000 population)
Indicator H07	Number and percent of deliveries attended by a skilled attendant
Indicator H08	Number and percent of pregnant women who have attended at least two complete antenatal clinics
Indicator H09	Number and percent of newborns that receive postnatal care within 3 days of delivery
Indicator H10	Number of cases of sexual violence treated
Indicator H11	Number of consultations for communicable disease
Indicator H12	Number and percent of community members who can recall target health education messages
Indicator H13	Number of mothers with children under-five who can identify three or more health danger signs, that need an urgent referral of the children to the nearest health facility
Indicator H14	Number of women health group established and trained on GBV and awareness raising
Sub-sector Name	**Pharmaceuticals and other medical commodities**
Indicator H15	Number of individuals trained in medical commodity supply chain management
Indicator H16	Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days
Sector III	**Nutrition**
Nutrition Sector Indicator 1	Number of children under five (0-59 months) reached with nutrition-specific interventions through BHA
Nutrition Sector Indicator 2	Number of pregnant women reached with nutrition-specific interventions through BHA
Sub-sector Name	**Maternal Infant and Young Child Nutrition in Emergencies**
Indicator N01	Percent of infants 0-5 months of age who are fed exclusively with breast milk
Indicator N02	Percent of children 6–23 months of age who receive foods from 5 or more food groups
Indicator N03	Number of individuals receiving behavior change interventions to improve infant and young child feeding practices
Indicator N04	Number of individuals receiving micronutrient supplements
Sub-sector Name	**Management of acute malnutrition**
Indicator N05	Number of health care staff trained in the prevention and management of acute malnutrition
Indicator N06	Number of supported sites managing acute malnutrition
Indicator N07	Number and percent of individuals admitted, rates of recovery, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites
Indicator N08	Number of Management of Acute Malnutrition sites rehabilitated
Indicator N09	Number of individuals screened for malnutrition by community outreach workers

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Baseline survey methodology

The survey will incorporate both qualitative and quantitative components, using, but not limited to, the following key data collection methods:

1. Desk review of project documents and other background documents like project proposal, log frame, assessment reports, etc

2. Survey to collect quantitative indicators that cannot be assessed through secondary data

3. Semi structured interviews with key informants and other community groups such as women and youth groups

4. Focus group discussions with target women, girls, men, and boys, as well as community leaders.

5. Observations from the field – basic service provision, natural environment, community institutions, livelihoods activities, etc.

The data collection team should include both male and female members to avoid cultural barriers, moreover local languages speakers (if possible) should be considered among the team. When selecting the respondents/interviewees, accuracy in representation should be ensured in terms of women, men, youth and adults, disabled and all others community's sectors.

Geographic coverage:

The survey will take place in the project targeted areas in South Darfur and East Darfur States covering 12 localities (7 in East Darfur and 5 in South Darfur state) as below:

WASH sector:

East Darfur: Ad Du'ayn, Bahr Al Arab, Abu Karinka, El-Ferdous, Assalaya, Sheria, and Yassin localities

South Darfur: Beliel, Gereida, and Kass localities and East and South Jebel Mara areas and Nyala North Locality

Approach to sampling

The survey company/consultants will be required to help finalize the sampling frameworks for both qualitative and quantitative samples, while selecting a relevant and justified survey design with respect to the project being evaluated. The study population should be comprised of project beneficiaries from the operational localities and villages and key informants at the community, localities, and institutional level.

These should be of a sufficient size and representative of the geographical areas and different community groups to allow statistically significant or acceptable levels of certainty that the findings are representative for each sub-groups of the target population (IDPs, women, youth, etc).

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Proposed work plan and Activity Timeframe

Activity	No. of days
Development of inception report including methodology and tools	5 days
Review of secondary information + finalization of tools by the consultant team	5days
Conduct primary data collections	15 days
Data entering cleaning and analyses	5 days
Draft and submit baseline survey report	5 days
Finalization and submission of the final report	5 days
Total	**40 days**

Key deliverables

a) An inception report outlining the approach and methodology including the sampling approach of the baseline survey (this should include draft survey tools for review and feedback)
b) A draft report that addresses the expectations stipulated in the objectives and key questions of the survey (need to ensure disaggregation of data by subgroups (gender, geography etc)
c) A debriefing presentation for CARE Sudan, where the overview of the findings and the recommendations will be discussed
d) Final evidence-based report as per objectives and questions stipulated in the ToR and following the reporting outline incorporating all feedback, suggestions and recommendations from CARE and other key stakeholders.
e) All datasets and tools are submitted with the baseline survey.
f) All necessary permissions, approvals, etc. required prior to data collection

Report outline:

The final report will contain the following elements:

- Title Page
- Table of Contents and other sections that preface the report
- Executive Summary of findings
- Introduction and Background, project description
- Rational (scope and purpose of the survey)
- Methodology
- Limitations
- Findings focusing on the project indicator results, Analysis and Interpretation
- Conclusion and Recommendations
- References and Appendices, not limited to
    - List of people/organizations consulted and their identifications (including age and sex)
    - All data collection Tools (questionnaires etc.)
    - List of documents consulted
    - Baseline Survey TOR

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Intended Users of the Baseline Study Report

Along with the project team, other staffs of Care International Sudan, Government related partners, community members, local NGOs and the donor will be benefiting from this survey report

Data Disclosure

The 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/initiative and key stakeholders. All documents should be compliant with the following conditions:

- It is understood and agreed that the Consultant shall during and after the effective period of the contract, treat as confidential and not divulge, unless authorized in writing by CARE, any information obtained in the course of the performance of the Contract. Care and its partners will be the sole owners of all information collected in this survey.
- 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.
- 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.

Ethical considerations

The survey's objectives will be clearly explained to all the respondents prior to gathering any form of information from them. Written consent of the respondents will be taken before collecting information where possible. The data collection team will further be required to follow CARE's "Policy on Safeguarding and Protection from Sexual Harassment, Exploitation and Abuse" throughout the baseline survey process. The baseline survey approach must consider the safety of participants at all stages of the survey.

Required qualification and experience of the consultant

- Master's degree in economics, development studies or a related social science field
- 5 years of experience in similar baseline/evaluation/survey in context or similar to Sudan
- Knowledge and demonstrated experience and skills in designing, facilitating and conducting baseline surveys.
- Strong knowledge of qualitative and quantitative research methods and sampling
- Statistical analysis skills and strong proficiency with data analysis packages such as SPSS or STATA and qualitative data analysis software
- Fluency (verbal and written) in English and Arabic
- The proposal should include a team instead of an individual. If a team is proposed, their roles should be clearly specified

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Expression of Interest

Applications should contain:

- A brief cover letter (not exceeding one page), clearly indicating experience in planning, designing and conducting baseline surveys and similar research activities; three references with contact details
- Up to date curriculum Vitae (CV) of the consultant/s that will be involved in the baseline study. A profile of the consulting firm
- Specific roles and responsibilities of the team leader, supervisory chain, and other core members of the evaluation team.
- A technical proposal including:
    i. Research methodology, study design, sampling technique, sample size, data collection instruments, data collection and analysis plan
    ii. Detailed work plan showing the different activities the baseline survey process will comprise – training of enumerators, data collection, reporting, etc.
    iii. Financial proposal covering all costs – professional fees of the key team, flight and vehicle costs, accommodation, communication, cost of enumerators, stationery, etc.

Interested candidates, please send your proposals and the other required documents to the following emails:

Hanadi Awad Osman : Hanadi.Algaali@care.org

Nasreldin Saeed: Nasreldin.Saeed@care.org