CARE International in Sudan

BHA Project: RESPOND-SUD: Responding to Multi Sectoral Emergency and Protection Needs in Sudan
(1st October 2024 – 30th September 2025)

Scope of Work (SoW) of the project Baseline survey

Background:
Water scarcity in South Darfur poses a significant burden, particularly on women, who traditionally manage water collection and usage for domestic tasks. RGA data indicates that women perceive water availability to be low, with 27% reporting long wait times, compared to 21% of men. The issue is more pronounced in camps, where women face even longer queues. In South Darfur 90% of communities lack proximate access to clean water, resulting in women and girls traveling for over an hour, increasing their risk of GBV.
When the current crisis began in April 2023, only 36.9% of the population had access to basic sanitation services, access has only decreased over the past year. Often latrines are inconveniently located far from schools or camps, posing particular challenges for the elderly and people with disabilities. In certain camps and shelters, latrines are altogether absent, forcing occupants, often women, to rely on neighbors' or public facilities during the day and leaving them without access at night. Where latrines are present, overcrowding is a major issue. Consequently, there's an increased incidence of open defecation.
Additionally, there is a severe lack of personal hygiene products available nationwide, including soap, menstrual products, and diapers for babies. Respondents in all states are especially concerned about the unavailability and high price of soap. Where available, the price of menstrual hygiene products has skyrocketed. As such, women have reported using plastic bags or old fabrics to manage their periods. Many women respondents also recognized a need for a hygienic washing and/or disposal facility for the pads, which is currently lacking.
The current crisis has worsened the already struggling WASH infrastructure in Sudan, increasing protection risks for women and girls as they are the primary managers of water within the household. With the increased presence of armed actors and long distances to access water sources, women and girls face increased GBV and harassment during their routes to collect clean water. Furthermore, the lack of gender-segregated WASH facilities with appropriate lighting and locks poses additional protection risks for women and girls.

Project Goal:
To reduce the suffering and build the resilience of the most vulnerable IDPs and host populations in Khartoum, South Kordofan, East and South Darfur through integrated WASH, health, nutrition, protection, shelter and settlements humanitarian assistance.

Theory of Change (ToC) (statement):
IF vulnerable communities and IDPs have access to sustainable, integrated, and high-quality WASH, health, nutrition, protection, shelter and settlements services, **THEN** host communities and IDPs will have reduced suffering and increased resilience and well-being.

The baseline survey should measure and provide benchmarks for the project's specified indicators, which are indicated in the table below. However, the majority of the indicators currently have a baseline value as zero as they measure a unique activity that will be started and implemented under this project.

More information about measuring the indicator can be found in the Indicator_Handbook_March_2021.docx

Project objective and sectors indicators

Purpose 1: Provision of integrated, sustainable, and lifesaving WASH, health, and nutrition services to crisis-affected and vulnerable host community members and IDPs in South Kordofan Khartoum, East and South Darfur	
Sub Sector: Water Supply	
Indicator W29	Number of individuals directly utilizing improved water services provided with BHA funding.
Indicator W30	Number of individuals gaining access to basic drinking water services as a result of BHA assistance
Indicator W31	Average litters/person/day collected from all sources for drinking, cooking, and hygiene.
Indicator W37	Percent of water points developed, repaired, or rehabilitated with zero (0) faecal coliforms per 100 ml sample.
Indicator W39	Percent of water user committees created and/or trained by the WASH activity that are active at least three (3) months after training
Indicator W40	Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination.
Sub Sector: Sanitation	
Indicator W13	Number of individuals directly utilizing improved sanitation services provided with BHA funding.
Indicator W14	Number of individuals gaining access to a basic sanitation service as a result of BHA assistance
Indicator W17	Number of basic sanitation facilities provided in institutional settings as a result of BHA assistance
Indicator W18	Percent of households targeted by latrine construction/promotion activity whose latrines are completed and clean
Indicator W22	Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional
Sub Sector: Environmental Health	
Indicator W01	Number of individuals receiving improved service quality from solid waste management, drainage, or vector control activities (without double counting)
Indicator W02	Average number of community clean-up/debris removal events conducted per community targeted by the environmental health activity
Indicator W06	Average number of vector control activities conducted per community targeted by the environmental health intervention
Sub Sector: Hygiene promotion	
Indicator W07	Number of individuals receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)
Indicator W10	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 W11	Percent of households targeted by the hygiene promotion activity who store their drinking water safely in clean containers
Sector - HEALTH	
Sub Sector: 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 (CMR training and GBV training)
Sub Sector: 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 of consultations for noncommunicable diseases
Indicator H13	Number of consultations for any mental health condition
Indicator H15	Number and percent of community members who can recall target health education messages.
Sub sector	**Protection**
Indicator P03	Number of individual beneficiaries accessing gender-based violence (GBV) prevention and response services
Indicator P04	Number of dollars allocated for GBV interventions
Indicator C01	Number and Percent of the most vulnerable to GBV increase their protection environment
Indicator P06	Number of individual beneficiaries participating in psychosocial support services
Indicator C02	Percent and number of vulnerable children have improvement in the well-being of those who have been harmed, exploited, or abused Percent and number
Sub Sector: Pharmaceuticals and other medical commodities	
Indicator H23	Number of individuals trained in medical commodity supply chain management
Indicator H24	Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days
Sector - Nutrition	
Indicator N01	Number of children under five (0-59 months) reached with nutrition-specific interventions through BHA
Indicator N02	Number of pregnant women reached with nutrition-specific interventions through BHA.
Sub Sector: Maternal Infant and Young Child Nutrition in Emergencies	
Indicator N08	Percent of infants 0–5 months of age who are fed exclusively with breast milk
Indicator N09	Percent of children 6–23 months of age who receive foods from 5 or more food groups
Indicator N11	Number of individuals receiving behavior change interventions to improve infant and young child feeding practices
Indicator N12	Number of individuals receiving micronutrient supplement
Sub Sector: Management of acute malnutrition	
Indicator N03	Number of health care staff trained in the prevention and management of acute malnutrition
Indicator N04	Number of supported sites managing acute malnutrition
Indicator N05	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 N06	Number of Management of Acute Malnutrition sites rehabilitated
Indicator N07	Number of individuals screened for malnutrition by community outreach workers.

Purpose 2: Provision of multipurpose cash assistance to crisis-affected and vulnerable community members and IDPs in South Kordofan, East and South Darfur	
Sector: Multipurpose Cash Assistance	
Sub Sector: Multipurpose Cash	
Indicator M01	Total number of individuals (beneficiaries) assisted through multipurpose cash activities
Indicator M02	Percent of (beneficiary) households who report being able to meet their basic needs as they define and prioritize them.
Indicator M03	Percent of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner
Indicator M04	Number of dollars allocated for GBV interventions
Indicator M12	Percent of (beneficiary) households reporting that all household members have access to an adequate quantity of safe water for drinking, cooking, personal and domestic hygiene
Indicator M11	Percent of (beneficiary) households that report having minimum household items that allow all the following: comfortable sleeping, water and food storage, food preparation, cooking, eating, lighting, and clothing.
Indicator M13	Percent of (beneficiary) households having access to a functioning handwashing facility with water and soap at home and essential hygiene items including menstrual hygiene products
Indicator K01	Total USD of cash transferred to beneficiaries
Indicator S08	Number of beneficiaries in the settlement receiving support from settlement interventions
Indicator S10	Percent of settlement beneficiaries who believe settlement interventions met or exceeded expectations
Indicator F04	Number of cooked meals distributed
Indicator FS04	Number of individuals (beneficiaries) participating in BHA food security activities
Shelter and Settlement	
S08:	Number of beneficiaries in the settlement receiving support from settlement interventions
S09	Percent of individuals receiving shelter assistance out of the total number of residents in identified settlement(s)
S10	Percent of settlement beneficiaries who believe settlement interventions met or exceeded expectations
K01:	Total USD value of cash transferred to beneficiaries.

Purpose of the baseline survey

CARE Sudan is planning to implement the BHA project in South Kordofan, Khartoum, South Darfur and east Darfur 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 the sectors of: WASH, Health, GBV, Multipurpose Cash Assistance (MPCA) and shelter and settlement.

Audience of the Findings

The main audience of the findings will be BHA, CARE, Sudan line ministries, CARE partners and other humanitarian organizations in Sudan and beyond as well as the targeted communities.

Expected limitations, challenges and mitigations:

Limitation/Challenge	Mitigation measures
The targeted states are currently inaccessible due to the impact of the ongoing war on travel.	• The selected consultant/firm will work remotely, while the MEAL team in South Kordofan, South Darfur East Darfur and Khartoum will assist in collecting data in the field. • Local partner in Khartoum will lead the data collection under supervision of MEAL team. • The team leaders in the states will receive the necessary orientation and training from the consultant before conducting the data collection. • Utilize Kobo toolkit to gather quantitative data in order to improve precision and facilitate prompt data entry into the system.
The challenges in Khartoum state include a lack of communication and unavailability of CAE staff. Additionally, using mobiles for data collection is difficult	• Have good coordination with authorities in the different sites • Assess the situation during data collection and find alternative methods for collecting data in Khartoum state. • Involve local partners and volunteers to collect data using hard copies, which can be transferred to Kobo later.
The absence of the consultant in the field may have a negative impact on the collection of high-quality qualitative data.	• recruiting individuals who are highly skilled and experienced in data collection, specifically for gathering qualitative data using methods such as Focus Group Discussions (FDGs) and Key Informant Interviews (KIIs). • Continuous follow up with team in the field to ensure accuracy of data collected and do required improvement.
The states being targeted are now under the authority of the Rapid Support Forces (RSF)	• Significant level of cooperation across all stages of the survey process, and ensure getting the approval for each stage.

Scope of the survey:

Geographical coverage: The baseline survey will take place in the project implementation areas in eleven localities distributed in three states as below;

State	Locality	Location
South Darfur State	Beliel locality	Kalma camp, Alsalam camp
	Gereida locality	Gereida IDP camp (phasing out water supply activities)
	Jebel Mara	East and South Jebel Mara areas (Feina, Kedineer, Gabra, Gorlanbang, Saboon El Fagour, Dolda)
	Kass locality	Kass IDP camp and Kass rural areas (Alseraif, Hashaba, Kolding, Topafito, Dogo, Touri, Ketaral, Hilat Neel, Kalo)
	Nyala North locality	Nyala Hospital, Nyala area
	Eid Alfursan Locality	Eid al Frasan Hospital
East Darfur State	Abu Karinka locality (	The entire locality (Bakhit, Jadelseed, Al Rayad, and Jalabi)
	Assalaya locality Al-Ferdous locality	(Alsunta, Umda) Igadi and Serareeh, Alriad)
	Bahar Al Arab locality	The entire locality (Umisinana, Sarahan and Umkhair Ban) (
	Ad Du'ayn locality	The entire locality ;
	Yassin locality	Health facility (Khazan Gadid)
	Sheria locality	Health facility (Alnil)
Khartoum	Jabal Awila locality	Bantiue PHC, Mayo PHC
	Karrari locality	Karari Alejija, Al-Iscan 95
South Kordofan	Abu Jubayhah	Malam alkour, Fatatat, Abujuries
	Gadeer	Al Hela, Al Jadeeda

Survey design and methodology

The baseline survey is expected to employ a "mixed methods approach" that combines quantitative and qualitative techniques. The survey is expected to involve boys/girls, men/women, partners and stakeholders, field visits, and review of project document and other relevant reports. Data collection techniques may include desk reviews, key informant interviews, focus group discussions, satisfaction survey and observations. 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, water sources, sanitation services, health facilities, etc.

Any limitations to obtaining and verification of as well as to the methods and analysis should be clearly documented in the report. All efforts should be made to capture gender disaggregated data.

Baseline survey approach

An independent external team leader has responsibility for the baseline survey. Because of challenging travel conditions, the external team leader will be working remotely. The CARE MEAL team will provide support to the leader throughout data collecting. The team leader will prepare data collection tools.

For more accuracy and easy transferring data, quantitative data will be processed digitally using kobo toolbox. Team leader will be responsible from upload the household questionnaire to the Kobo system and provide training to the field team and enumerators. Additionally, he/she will do data analysis and generate the baseline report. The CARE MEAL team will assist in collecting data in the field on behalf of the team leader due to the challenges of traveling to the specific states and localities.

The survey process will involve active participation from the project's local partners, namely; Jabal Mara Charity Organization for Rural Development (JMCO), Alsalam Organization for Rehabilitation and development (AORD), Sudan Assist for Development Organization (SADO) and Al Manar Voluntary Organization (AMVO). The project staff member from each partner in the states will be involved in the data collection process in the field.

Secondary Data Analysis and Desk Review

The selected team leader will do secondary data analysis and a thorough examination of all project documents to provide a foundation for reviewing and developing data gathering tools.

Population-based survey (PBS):

A population-based survey (PBS) will be conducted to collect data on indicators on access to safe drinking water, hygiene practices, access to safe and recommended latrines as well as access to optimum health services as these services are targeting the whole community. The PBS will follow a two staged sampling technique as detailed in the BHA guidance document CARE Sudan RESPOND-SUD Annex 11 M&E Plan IL3.docx. The first stage of sampling will be the selection of villages from a sampling frame of all targeted villages in the catchment areas of targeted HFs that are also receiving WASH services from the program. The first stage will employ probability proportional-to- population size (PPS) sampling to select villages to be enumerated. The second stage of sampling will include the systematic random sampling of households from the selected villages. Focus Group Discussions and Key Informant Interviews. Sample size for the PBS will be based on the proportion of households targeted by the WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources.

Focused group discussions will be conducted with a number of groups to tease out and document community perceptions, areas of strength and areas of improvement in the different interventions under the project. Focused group discussions will be conducted with community members and community structures such as the water management committees and community development committees. Key Informant interviews will be conducted with line ministry management, local authority representatives, cluster-coordinators and community leaders to document the interventions' strengths and gaps in technical designs, coordination and implementation especially considering timeliness, sequencing and soundness of the interventions.

Sample size determination and sample distribution:

A two-stage cluster sampling approach will be used for appropriate sample size for comparing the values of indicators collected at two points in time: at the start of the activity and after the activity is completed. The below formula will be used for calculating the sample;

$$n_{initial} = D_{est} * \left[\frac{Z_{1-\alpha}\sqrt{2\overline{P}(1-\overline{P})} + Z_{1-\beta}\sqrt{P_{1,est}(1-P_{1,est}) + P_{2,est}(1-P_{2,est})}}{\delta} \right]^2$$

Where:

$n_{initial}$ **is the initial sample size required by the surveys for each of the two time points**

$\delta = P_{1,est} - P_{2,est}$ **= minimum effect size to be achieved over the time frame specified by the two surveys**

$P_{1,est}$ **represents a survey estimate of the true population proportion P_1 at baseline [If such an estimate is not available from prior surveys, please use 0.5]**

$P_{2,est}$ **represents a survey estimate of the true population proportion P_2 at endline**

$$\overline{P} = \frac{P_{1,est} + P_{2,est}}{2}$$

$Z_{1-\alpha}$ **is the value from the normal probability distribution corresponding to a confidence level $1-\alpha$. For $1-\alpha=0.95$, the corresponding value is $Z_{0.95}= 1.64$.**

$Z_{1-\beta}$ **is the value from the normal probability distribution corresponding to a power level of $1-\beta$. For $1-\beta = 0.80$, the corresponding value is $Z_{0.80} =0.84$.**

The whole sample will be allocated to the four states in proportion to the distribution of targeted beneficiaries.

Using the parameters showed in the below table, and using two-stage cluster sampling approach, the total samples will be as below:

Two-stage cluster sample	
Estimated baseline proportion	50% (0.5)
Expected end line proportion	40% (0.4)
Effect size (expected change)	10 percentage points
Confidence level (one-sided z-value)	95% (1.64
Power level (z-value)	80% (0.84)
Design effect	2
Initial sample size	610
Expected level of non-response	10%
Final sample size	680

The total sample size will be **680** individuals for the HH survey and will be distributed proportionally to the different locations.

Data Collection Tools and Procedure

The team leader is responsible from designing of the tools, FGDs and KIIs tools will be developed with the guidance of the team leader. All questionnaires and tools will be translated to Arabic and deployed in Arabic. CARE will hire and train enumerators and supervisors for collecting primary data. Quantitative data will be collected digitally through mobile phones using kobo toolbox.

Data Collection and Quality Assurance

The team leader will be responsible for ensuring data quality throughout the collection period. Prior to data collection, training will be provided to enumerators on the tools and field visit procedures. Survey, FGDs and KIIs tools will be pre-tested prior to the actual data collection to identify challenging questions and internalizing the questions. At field site, CARE MEAL team will conduct spot-checks and review completed questionnaires for completeness and accuracy. Every morning before data collection begins, enumerators will be given feedback on issues identified from the submitted or completed questionnaires. The final completed questionnaire will be signed off by the enumerators, supervisors, and MEAL officers.

Data Analysis and Report Writing

Quantitative primary data will be entered onto Kobo-collect online system. The external independent team leader will be responsible for data analysis and compiling the final report. Qualitative data will be analysed following content analysis methods or equivalent approaches.
In general. The methodology should be designed to mitigate against the numerous risks and challenges in the context, which will be discussed in more detail during inception phase, Specifically, and not outlined/specified elsewhere in this scope of work.

- ***Independence:*** measures should be put in place to prevent bias.
- ***Usefulness:*** final findings must be articulated clearly and in a way that maximizes the potential for these findings to inform decision-making.
- ***Representativeness:*** final should strive to include a wide range of beneficiaries, including from different genders, age groups, ethnic groups, and locations (e.g., urban, and rural, IDP camps) as relevant to the project.
- ***Gender and protection sensitivity:*** final must be gender and protection sensitive and also, where possible, ensure to assess the intended or unintended effects of the project on gender roles and responsibilities and power relations. At the same time, the final must assess the protection risks that faced the target groups from men, women, boys, and girls.

CARE Tasks

In order to make the baseline survey assignment successful and deliver expected activities within the deadline and high quality, the survey shall undertake the following key tasks:

- Facilitate meetings with key project staff of CARE, CARE management, and/or other stakeholders.
- Consolidate feedback on data collection tools from program quality team and finalize draft data collection tools to be tested.
- Facilitate training for the enumerators who will pre-test the data collection tools. If necessary, make final adjustments to data collection tools in consultation with the program quality team.
- Collect data from a representative sample of individuals from the target groups and key project relevant stakeholders using household questionnaires, key informant interviews (KII) and Focus Group Discussions (FGDs).
- Transcribe FGDs/ KIIs interviews.
- Organize and conduct training for enumerators focusing on data collection tools, methods, and overall field data collection process.

Individual Consultant/Firm Tasks

- Write the inception report including finalizing the baseline survey methods and present it to the respective program quality and project team members.
- Prepare the baseline tools and update it as required.
- Upload of the quantitative tool in kobo collect system.
- Orientation of MEAL team in the field on the different tools and data collection strategy.
- Conduct data analysis Report writing and submission of first draft report.
- Presentation of findings and recommendations to and validation by key stakeholders.
- Finalize the report incorporating feedback and submission of final report.

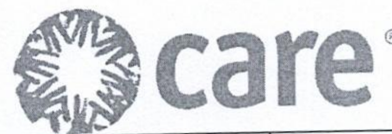
There should be adequate female representation and participation throughout the data collection process. Where necessary, especially in rural areas, focus group discussions should be conducted separately for men and women and by data collectors of the respective genders. This arrangement will provide an opportunity for women to participate and share their insights and ideas freely.

Deliverables and Timeframe

The timing of the baseline survey is expected to start in 10th November 2024 – preparatory activities included and be completed data collection by 30th November 2024 with the delivery of the final report in 25th December 2024. Hence, the duration of the assignment is up to a maximum of 50 days. The important timeline for the key deliverables and milestones presented in the table below:

#	Key Deliverable/Milestones	Expected Level of Effort	Responsible	Deadline
	Preparation Phase			**14th November 2024**
1	• Develop detail SOW. • Share with PQ team and TAs with request for review and feedback. • Develop field plan and share with MEAL officers for implementation. • Identify and appoint a national consultant/firm for developing tools, data analysis and writeup.	10 days	CARE MEAL	
	Inception Phase			**22th November 2024**

2	• Contract signing & Inception meeting
	• Desk review of relevant project documents
	• Development and submission of an inception report for the baseline survey including:
	  o Clear methodology, sample size and sampling strategy.
	  o Tools development, review, translate to Arabic loading into KOBO and testing.
	• Incorporate comments and Final submission of approved inception report.
	• Logistic planning.
	• Hiring of enumerators.
		8 days	Consultant and CARE	



	• process and finalize al required permeations from HAC and other institutions			
3	**Data Collection Phase**			**5th December 2024**
	• Conduct actual data collection. • Data entry, cleaning, and organization • Share clean data with consultant	10 days	CARE MEAL	
4	**Data management, analysis, and interpretation**			**15th December 2024**
	• Review data, share comments with CARE MEAL team for any missing data. • Clean SPSS/ R datasets • Clean FGDs/ KIIs transcripts • Complete data analysis, interpretation for both quantitative and qualitative data • Conduct data visualization.	7 days	Consultant	
4	**Baseline reporting Phase**			**20th December 2024**
	• Draft Baseline Report and submitted for review. • Review report and comments shared with consultant. • Presentation (validation workshop) to baseline Technical working group including Project partners. • Final Report along with clean baseline data submitted	5 days	Consultant	
5	**Dissemination and Documentation**			**25th December 2024**
	• Share the final baseline findings with CARE for documentation as well with USAID for record and reference. • Document management plan for baseline survey recommendations.	NA	CARE Sudan; CARE USA	

The baseline report shall not exceed a maximum of 35 pages (excluding annexes). The baseline report will be in English and submitted as an electronic copy (both PDF and MS Word format). The draft and final reports will have the following structure at a minimum.

- **Introduction:** Describe the award's scope and planned interventions. Please describe the locations and timing of baseline data collection. This should include the objectives of the study and an overview of key findings.
- **Methodology:** Provide an overview of the quantitative and qualitative methodology, including a description of sampling (sample frame, sampling strategy, and sample size calculation) as applicable. Please clearly indicate whether any changes in methodology and/or sampling have been made from the approved application Abbreviated Baseline/Endline Statement of Work and provide justification. Describe limitations and mitigating measures taken. If you are using endline data from your previous award as your baseline, please indicate that here. Describe the informed consent procedures and the standard operating procedures ensure data are secured.

Detailed Findings: Describe the prevailing conditions of the beneficiary population(s) including community and/or household characteristics. Describe key findings by sector and sub-sector. Highlight notable differences in baseline values between different segments of the target population by location, age, sex, disability or IDP status, composition of household (i.e., Female & Male Adults; Female Adult No Male Adult; Male Adult No Female Adult; Child No Adult) or other relevant disaggregates.
Programmatic Implications: Describe any adaptations that you will make to your planned activities as a result of the baseline findings, newly identified humanitarian needs or gaps and/or other relevant findings. Highlight and provide justification for any updates to indicator targets from the original application.
Conclusion
Conclusion: Describe conclusions of the evaluation. Conclusions synthesize and interpret findings and make judgments supported by one or more specific findings. Conclusions should be backed-up by data presented in the evaluation report.

Required Competencies from the Individual Consultant

- Individual national consultancy/firm
- Advanced university degree (Masters / PhD) in International Development, Social Sciences, or any other related field with a minimum of 5 years of professional in international development and program assessments.
- Demonstrated experience in assessments and/or surveys of interventions on WASH, Health, Nutrition and Protection.
- Proven experience in data analysis, interpretation, and visualization
- Previous professional experience in Sudan/Africa is highly desirable.
- Excellent understanding of humanitarian and development issues.
- Advanced analytical and report writing skills.
- Proven and strong writing English language skills, with Arabic as a plus.
- Thorough understanding of different data collection methods.

Management of the consultancy and logistical support

The principal contacts for this consultancy will be the CARE Studies Evaluation Research and Learning coordinator. Under the guidance of the team leader, herein referred to as the consultant, CARE will conduct data collection and meet all costs related to data collection. The consultant will lead the exercise remotely and working closely with CARE MEAL team. During the implementation of this assignment, the survey team shall respect the terms and conditions of CARE policies and procedures on code of conduct, data protection and copyright, etc. The title rights, copyrights and all other rights of whatever nature in any materials used or generated under the provisions of this consultancy will exclusively be vested with CARE Sudan. All products developed under this consultancy belong to the project exclusively, guided by the rules of the grant contract. The consultant will need prior written permission to use any information from this baseline survey for publication or dissemination.

Application process:

The deadline for submission of applications and hiring an individual consultant is **10th November 2024** COB Sudan Time. All applications should include the following:

- **Cover letter** (maximum 1 page) stating the candidate's availability during the task period and **updated CVs** of the main consultant, including **three references** with contact details.
- **Technical proposal**: Which should include **(i)** brief explanation about the consultant with particular emphasis on previous experience in this kind of work; **(ii)** profile of the consultant to be involved in undertaking data analysis and report writing of the baseline, **(iii)** anticipated data analysis and interpretation plan; **(iv)** understanding of the TOR and the task to be accomplished, **(v)** proposed methods and approach to conduct the baseline survey **(vi)** draft

work plan for the assignment(data analysis, interpretation and report writing).

- **Financial Proposal**: Detailed budget that includes cost for data analysis, interpretation, visualization, software used and report write up.
- **One previous similar report,** relevant to the scope of work and deliverables indicated above for Donors like BHA, USAID, EU, ECHO etc. and conducted in Sudan or area.
- **Copy of firm's** legal documents (valid tax ID, commercial registration, etc.) and firm's profile.

Interested consultants should submit their applications through emails to:
Procurement: Wala.Yousif@care.org & Alaaeldin.Saad@care.org
SERL coordinator: Nasreldin.Saeed@care.org

Applications will be evaluated based on the following criteria:

- Technical experience and expertise
- Quality of proposal
- Cost-effectiveness of proposal (best value)
- Sample reports.

Please note: Technical proposal will be rated 60%, and the financial proposal will be rated with 40%.