# Terms of Reference (ToR) for Needs Assessment & Outcome in Sudan.

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| Purpose | The Sudanese Red Crescent and the Norwegian Red Cross (NoRC) are planning to hire a consultant to conduct a needs assessment and outcome monitoring related to health, cash and protection in Kassala, Gedaref, Sennar, Al Jazirah, White Nile, Khartoum, Zalingi and Nayala. The assessment aims to collect and document data on the needs of the affected population while evaluating the impact of previous interventions in the specified locations. By providing insights into the context, humanitarian needs, and provision of key recommendations, this assessment seeks to promote informed decision-making and contribute to effective programmatic design. |
| Commissioners | This assessment is commissioned jointly by the Norwegian Red Cross and Sudanese Red Crescent. |
| Reports to | Sudan Manager – Norwegian Red Cross |
| Duration | 1.5 Months |
| Timeframe | Mid-April- End of May |
| Methodology summary | Apply a survey with community Members, 2 FGD with community members and three key informant interviews in each of the locations |
| Location | Kassala, Gedaref, Sennar, Al Jazirah, White Nile, Khartoum, Zalingi and Nayala |
| Application requirements | Technical Proposal  Cover Letter  Description of Firm/Institution  Curricula Vitae (CV)  Financial Proposal  Report (previous work) |

## Background:

Sudanese Red Crescent (SRCS) and Norwegian Red Cross (NoRC) are integral components of the Red Cross and Red Crescent Movement (RCRC), the largest humanitarian network globally. The core mission of the Sudanese Red Crescent is to act as auxiliary to the National authorities in preparing and responding to the natural and manmade disasters. Moreover, the core mission of the Norwegian Red Cross is the mitigation of human suffering, the preservation of life and health, and the upholding of human dignity, particularly in times of armed conflicts and other emergencies.

In pursuit of these objectives, the SRCS and NoRC adhere to the seven fundamental humanitarian principles: Impartiality, neutrality, independence, voluntary service, unity, and universality. A bilateral partnership between the two previously mentioned RCRC components was established in 2023. This ongoing partnership was further solidified with the signing of a new three-year bilateral partnership agreement in 2024.

The thematic areas in which SRCS and NoRC have jointly focused their efforts on include the provision of essential healthcare, cash, WASH and protection targeting marginalized communities and regions affected by conflict and/or disasters. Furthermore, NoRC remains dedicated to enhancing its collaborative relationship with SRCS by extending support for the enhancement of its internal systems and organizational structure.

## Purpose and Scope

After conducting a thorough desk review and applying selection criteria to identify locations that will be targeted in the next two years, SRCS and NoRC have selected the areas to be covered in this assessment.

Using multisectoral needs assessment and outcome monitoring tools, the consultants are expected to document the population's needs in health, cash, and protection, and provide recommendations to guide the development of future projects and the adjustment of ongoing activities. Findings and recommendations should be location-specific and tailored to community type and gender.

Furthermore, by utilizing already developed tools, consultants are expected to quantify predefined outcome indicators to report on baseline, midline or endline results of ongoing projects, as well as to establish baseline values for new projects. Reported outcome data should be disaggregated per location, and when possible, by gender.

The outcome indicators that will be reported on are:

* % of targeted people with access to primary health care services
* % of targeted people satisfied with the quality of health care services received
* % of healthcare facilities with climate adaptation measures taken
* % of health care facilities with reliable electricity
* % of people who reported feeling safe when accessing health services
* % of targeted people who are aware of protection services available in their community
* % of people who reported being able to meet their basic needs
* Ratio of visits per beneficiary to the same health care facility.

## Thematic Coverage

The exercise aims to investigate the key thematic areas outlined below in health, cash, and protection. Consultants are encouraged to expand on these predefined topics to provide a more comprehensive and in-depth analysis of the context, the needs of the affected population, and the impact of existing services. This approach will ensure a more nuanced understanding of the situation and support the development of targeted and effective interventions.

1. Access to Prehospital, Primary, and Secondary Health Services: Examining the availability and accessibility of healthcare services while identifying disparities in access based on geographic location, socioeconomic status, and other factors affecting healthcare provision.
2. Barriers to Health Services: Understanding the barriers that limit access to healthcare is crucial. This includes financial, geographical, cultural, and systemic challenges such as affordability, distance to health facilities, shortages of medical personnel and supplies, etc.
3. Vaccination Coverage and Accessibility: Assessing immunization rates, focusing on children, and identify gaps in vaccine distribution due to supply chain issues, misinformation, or lack of awareness.
4. Health Expenses and Financial Burden: Understanding financial barriers to healthcare, such as out-of-pocket costs for medications, transportation, consultations, treatments, etc. The assessment will explore the impact of these expenses on household finances and coping mechanisms.
5. Satisfaction with Health Services: Providing insights into healthcare quality, accessibility, and responsiveness.
6. Safe Access to Health Services: Examining the security risks and challenges people face in seeking healthcare, including threats related to conflict, discrimination, or harassment.
7. Public Health Risks and Response Systems: Identifying major public health risks, and the healthcare sector's preparedness to handle outbreaks and public health emergencies.
8. Climate-Related Risks and Health Response Capacity: Understanding the direct impact on public health, increasing risks related to heat stress, waterborne diseases, vector-borne illnesses, etc.
9. Violent Incidents in Facilities: Examining the occurrence of violent incidents within healthcare, aid, or other service facilities, and identify factors contributing to such violence.
10. Capacity of Staff to Deescalate: Assessing the ability of staff to manage and deescalate potentially violent or tense situations, ensuring a safe environment for beneficiaries.
11. Discrimination Against Specific Groups: Identifying any instances of discrimination or marginalization against vulnerable groups within the community, such as women, children, or minority groups.
12. Awareness of Protection Services Provided: Measuring community awareness of available protection services and the extent to which people are informed about these resources.
13. Ability to Access Protection Services: Assessing barriers to accessing protection services, including physical, financial, social obstacles, etc. that may prevent individuals from receiving the support they need.
14. Past or Ongoing Support, in Addition to Source: Evaluating any past or ongoing cash support received by the population, identifying the sources of this aid and how it has affected beneficiaries.
15. Ability to Cover Basic Needs: Assessing the population's ability to meet basic needs and examining the role of cash assistance in fulfilling these needs.
16. Access to Market and Financial Intermediaries: Exploring how well beneficiaries can access local markets and financial services, including banks or mobile money platforms, to use or convert cash assistance.
17. Negative Coping Strategies: Identifying harmful t76ed by households in response to financial distress, such as selling assets or reducing food consumption.
18. Preference in Terms of Service Modality: Investigating the preferred methods of delivering cash support such as direct transfers, vouchers and in-kind to understand the community's needs and preferences for service delivery.
19. Gender Dynamics: Analyzing how cash assistance affects different genders, focusing on disparities in access, control over resources, and decision-making within households.

## Methodology and Data Collection Methods

The needs assessment and outcome monitoring will adopt a mixed-methods approach, integrating both quantitative and qualitative data collection techniques to ensure a comprehensive understanding of the target group’s needs and the impact of ongoing interventions.

The combination of both data types should provide a holistic view of the needs and outcomes. The integration will involve triangulation, where the results from the quantitative data will be compared and validated with the qualitative insights and secondary data. This will ensure the findings are comprehensive, reliable, and contextually grounded.

The data analyzed should be synthesized into a comprehensive report covering at least the following sections:

1. Introduction
2. Purpose of assessment, timeframe, thematic areas covered, target area, and key population groups included in the study.
3. Humanitarian context of the locations targeted
4. The methodology and sampling approach employed in the study
5. Submission of the values of outcome indicators disaggregated according to location, and when possible, gender
6. Presentation of findings based on the outcome structure/thematic areas (Health, Cash and Protection)
   * Key trends and variations across different locations and community groups should be submitted to enable comparative analysis.
   * Where disaggregation is possible, trends and figures should be provided by gender and age groups.
7. Recommendations and Next Steps
   * Evidence-based recommendations should be provided, including potential actions for programmatic adjustments per location, community group and gender.

## Data Collection Tools and Samples

In each location, the assessment will include one survey, three key informant interviews (KIIs), and two focus group discussions grouped per gender (FGD). These tools will cover all relevant thematic areas, providing necessary data for both the needs assessment and outcome monitoring to support informed decision-making. Tools provided by NoRC can be expanded by consultants to further investigate and analyze the context. Noting that some locations, primarily Zalingei and Nyala, are inaccessible, the assessment will be conducted online in close coordination with SRCS branches to ensure accurate data collection.

Survey with Community Members

* Each location should include a minimum sample of 200 community members.
* All other participants should be selected randomly to ensure the sample represents the broader community rather than focusing solely on program beneficiaries. It is also essential to achieve a diverse representation in terms of age, gender, and geographical locations to capture the input of different community groups. This will help ensure that the data reflects the diverse perspectives and needs within the affected population.
* It is worth to mention that the SRCS volunteers are the ones responsible for the Kobo data collection while the consultant is responsible for training them, designing the questionnaires with NoRC IM team and testing the questionnaires.

Focus Group Discussions (FGDs) with the Community Members

* Two FGD should be conducted per location disaggregated per gender. This is particularly important for topics involving protection-related topics, as separate groups allow for more open discussions and a comprehensive understanding of different perspectives.
* Participants for FGDs should be selected randomly and should not be limited to actual program beneficiaries to ensure the findings reflect the broader community’s experiences.
* SRCS volunteers will facilitate communication with the local community.

Key Informant Interviews (KIIs)

* Three KIIs should be conducted in each location with the following key stakeholders: 1) Head of the health facility; 2) A community leader; 3) A national society focal point on public health in the targeted location (direct or indirect involvement)
* These individuals are crucial for providing valuable insights into the dynamics observed in the community, facilities and community overall.
* SRCS volunteers will facilitate communication with the interlocutors.

## Deliverables:

* 1. **Inception report:** An inception report with a detailed description of the methodology to be used, a data collection plan, the tools to be applied, an overview of information sources, a timeline for deliverables and solutions to identified challenges.
  2. **Debriefing:** Following the fieldwork phase, the preliminary results of the evaluation will be presented in the form of a Word document and a PowerPoint (or other types of presentation) and shared with the SRCS, NoRC and other relevant stakeholder for presentation, discussion, and recommendation in preparation of the draft report.
  3. **Draft and final report:** A provisional final report will be produced and shared with the steering committee/team for review and feedback. The definitive final report should consider these comments, feedback, and discussion. Several versions of the final report may be exchanged between the consultant and steering committee, as well as various exchanges and discussions may take place before the validation of the definitive final report by NoRC.
  4. **Abridged version:** An abridged version of the report for distribution to stakeholders: this will present a summary of the evaluation context, findings, and recommendations, and will be submitted by the consultant based on the definitive final report, to the committee for feedback and approval. This version should be no longer than 5 pages, submitted in Word, 12-point font, and single spacing.

## Evaluator(s) Qualifications

The competency requirements for the evaluator(s) are:

* University degree(s) at post-graduate level in relevant fields of study (health in humanitarian settings and organizational development or equivalent) and relevant work experience in health/organizational development/ humanitarian/ development programme.
* Familiarity with trends and developments in humanitarian work in areas of health, cash and protection and organizational development preferred.
* Minimum of 7 years of experience in evaluation and social science, or similar methodology required.
* Demonstrated experience in planning and implementing in needs assessment, outcome monitoring and/or final project evaluations required, inclusive of competency and track record in managing quantitative and qualitative data collection methods and analysis.
* Preference is given to candidates with a background in working in geographical areas of focus, possessing knowledge of relevant context, security, and culture, and demonstrating experience in implementing programs in high-security contexts.
* Knowledge and experience of working with the Red Cross Red Crescent Movement preferred.
* Excellent written and spoken English along with communication skills required.
* Demonstrated capacity to work both independently and as part of a team.

## Application procedure:

Proposals will be ranked according to how they fulfill the three following requirements:

* Team qualifications (50%)
* Methodological approach (25%)
* Price (25%)

Interested candidates should submit their application material by 07.04.2025 to:

* Sudan Manager, (name of Sudan) with a copy to NoRC Country Manager(CM), ayoub.ayoub@redcross.org.
* If you have questions related to the ToR, please contact NoRC CM using the same email address.

Application materials should include:

* 1. Technical proposal not exceeding five pages that a) demonstrates an understanding and interpretation of the ToR), b) outlines a methodology to meet the requirements in the ToR) and c) proposes a timeline for deliverables, including time for NoRC and partners to comment on deliverables.
  2. Cover letter summarizing your experience as it pertains to this assignment, your daily rate, and three professional references.
  3. A brief description of your firm or institution (for applicants other than individual consultants)
  4. Curricula Vitae (CV) for all members of the team applying for consideration.
  5. Financial proposal itemizing estimated costs for services rendered (daily consultancy fees), accommodation and living costs, transport costs, stationery costs, and any other related supplies or services required for the evaluation.
  6. At least one example of an evaluation report most like that described in this TOR.
  7. Application materials are non-returnable, and we thank you in advance for understanding that only short-listed candidates will be contacted for the next step in the application process.