

CARE International Sudan
Terms of Reference (TOR)

Project Title: Restoring Dignity: Gender Based Violence (GBV) response and Women's Leadership in Sudan 01/01/2026 to 30/06/2027

Required: External Consultant

Duration: 45 days

Starting Date: 1 / 10 / 2026

1. Background

CARE is an international humanitarian organization that has been operating in Sudan since 1979, implementing programs in WASH, health, nutrition, women's economic empowerment, gender-based violence (GBV) response & prevention, and peacebuilding. CARE works to address the root causes of poverty and promote economic transformation, particularly for vulnerable women and girls.

Since April 2023, Sudan has experienced a severe humanitarian crisis driven by ongoing conflict, mass displacement, economic decline, food insecurity, and the collapse of essential services. Women and girls, particularly those who are internally displaced, face disproportionate risks, including gender-based violence (GBV), limited access to sexual and reproductive health (SRH) services, unsafe shelter, restricted mobility, economic hardship, and increased caregiving responsibilities.

The crisis has severely affected Sudan's health and nutrition systems, with many health facilities non-functional, limited reproductive and neonatal care, critical malnutrition levels, and extremely limited mental health services. In Red Sea State, more than 144,000 displaced people face additional challenges, including unsafe shelters, shortages of trained health workers and medical supplies, and inadequate protection services.

The Restoring Dignity: Gender Based Violence (GBV) response and Women's Leadership in Sudan intervention aims to address the critical gaps by providing SRH, mental health, GBV prevention, protection, and safe space services to displaced women and girls, particularly in five gathering points in Red Sea State. A key component of the intervention is the Women Lead in Emergencies (WLiE) approach, which will strengthen the women leadership, voice, and participation in collective actions. Through WLiE, women will be supported to identify and prioritize issues affecting their lives, participate in decision-making, build leadership and negotiation skills, and take collective action to address challenges faced their community. In addition, through WLiE capacity building the capacity, and strengthening community engagement, the project will also promote positive shifts in harmful social and gender norms and strengthen women's meaningful participation in community decision-making and collective action.

The project will address both immediate needs and the underlying social and structural barriers that restrict women's rights, mobility, safety, and participation. It will promote localization and sustainability by strengthening the capacity of local partners and communities to continue providing SRH and safe space services beyond the project period, while using training and community engagement to promote positive changes in harmful social and gender norms. The project Implemented by CARE Sudan in

partnership with the Sudanese Family Planning Association (SFPA) and supported by the Ministry of Health and Social Welfare, the intervention will target 2630 households with 11823 individuals (4005 women, 2208 men, 3525 girls, 2085 boys) of the vulnerable households in IDP settlements in Port Sudan, with a focus on women and girls.

The project will improve access to sexual and reproductive health (SRH) and GBV services, provide safe spaces offering psychosocial support and protection information, and engage men and boys in awareness activities to challenge harmful gender norms and power imbalances. At the same time, leadership initiatives will empower women and girls to participate in decision-making and collective community action, contributing to safer communities, stronger resilience, and increased protection from violence and other protection risks.

The project intended to conduct a baseline survey to establish benchmark indicators across all intervention areas. The survey findings will inform evidence-based planning and provide a basis for measuring progress and impact during the endline evaluation.

The project focuses on the four key areas:

- Improve access to Gender Based Violence (GBV) and Sexual Reproductive Health (SRH) services
- Improved women's leadership by enabling women who are directly affected by crisis to identify priorities and take collective actions by adopting WLiE approach ,
- GBV Prevention and Gender/Social Norm Change through promote positive changes in harmful gender and social norms.
- Community-Based Protection, Safety, and Accountability

The project intends to achieve the following outcomes:

The main Goal
To reduce the risk of violence against women and girls and promote lasting change through greater voice and leadership of women and girls
Higher Outcome /impact: Women have increased and more effective engagement and influence in the humanitarian response addressing their needs and the needs of their community
Outcome 1. Enhanced access to quality gender-based violence (GBV) and sexual and reproductive health (SRH) services.
Output1.1 Output 1.1: Health and protection personnel trained on GBV, PFA case management and SRH service delivery
Output 1.2: Mobile clinic services are established and supported to regularly provided an integrated SRH and primary health care services in targeted communities. particularly women and girls
Output1.3: Safe and inclusive spaces established for women and girls to access protection and support services
Outcome2:

Community members and women have greater voice and leadership in humanitarian response and recovery in their communities.
Output 2.1 : Women Lead in Emergencies (WLiE) groups define priorities and take collective action to influence key aspects of the humanitarian response and recovery.
Output 2.2: Women, men, girls, and boys were engaged in community outreach and GBV awareness activities to enhance women's access to sexual and reproductive health (SRH) services and support their participation in decision-making during emergencies
Outcome 3: Affected populations have equitable access to safe, confidential, and responsive feedback and accountability mechanisms (FAM) and are able to meaningfully participate in influencing project implementation and improving service quality.
Output 1.3 Feedback and accountability mechanisms implemented effectively

2. Purpose of the baseline survey

The objective of the baseline survey is to establish benchmark values for key project indicators and assess the initial conditions, needs, and priorities of the targeted population across the intervention. The findings will inform evidence-based project planning and implementation and provide a reference point for measuring progress, outcomes, and changes over the project period through monitoring and the endline evaluation. The baseline is going to assess the following indicators

Overall Goal: To reduce the risk of violence against women and girls and improve access to quality services while promoting lasting change through greater voice and leadership of women and girls	
Intermediate objectives: Women have increased and more effective engagement and influence in the humanitarian response addressing their needs and the needs of their community	evidence of change in how decision makers / power holders (camp committee supervisors, HAC, INGOs) meaningfully engage with women (and community members
	evidence of changes from WLiE groups and their action plans
Outcome 1: Enhanced access to quality gender-based violence (GBV) and sexual and reproductive health (SRH) services.	% of targeted individuals accessing GBV and SRH services based on MoH standard
	% of individuals who report satisfaction with the quality of services received through the mobile clinic
Output 1.3: Safe and inclusive spaces established for women and girls to access protection and support services	% of women and girls reporting that the safe spaces are accessible, safe, and responsive to their protection and psychosocial needs
Outcome 2: Community members and women have greater voice and leadership in humanitarian response and recovery in their communities.	% of targeted community members reporting meaningful participation in and/or leadership on decisions about the humanitarian response and recovery

	(disaggregate by type of participation space)
	% of targeted community members who report confidence in their own negotiation and communication skills (disaggregated by gender, age and if WG member)
	% of targeted community members reporting that they could work collectively with others in the community to achieve a common goal (disaggregated by gender, age and if WG member)
	% of men with gender equitable attitudes
Outcome 3: Affected populations have equitable access to safe, confidential, and responsive feedback and accountability mechanisms (FAM) and are able to meaningfully participate in influencing project implementation and improving service quality.	% of beneficiaries who know how to access the project's feedback and complaints mechanism.
	% of individuals with special attention to women who reported have access to the feedback and complaint mechanisms and their feedback were responded
	(disaggregated by gender, age, disability and IDP or Host community member)

3. Key Lines of Inquiry

1. Improve access to Gender Based Violence (GBV) and Sexual Reproductive Health (SRH) services

- Availability and utilization: What GBV and SRH services are available, and to what extent are women and girls accessing and utilizing them?
- Knowledge and awareness: To what extent do women and girls know about available GBV/SRH services, referral pathways, and where to safely seek support?
- Barriers and quality: What are the main barriers to accessing services, and how do users perceive their safety, confidentiality, dignity, quality, and responsiveness?

2. Improved Women's leadership by enabling women who directly affected by crisis to identify priorities and take collective actions by adopting WLIE approach.

- Participation and decision-making: To what extent do crisis-affected women participate in household and community decision-making?

- Agency and collective action: To what extent are women able to identify their priorities, express their views, and take collective action to address issues affecting them?
- Barriers and enabling factors: What factors either support or prevent women (diversity of women; for example, women with disabilities, elderly women, pregnant and lactating women, women who are new to the IDP camp, etc) from taking leadership roles and influencing decisions within their communities?
- evidence of existing decision-making platforms women and community members can engagement and influence in the humanitarian response (camp committee supervisors, HAC, INGOs)
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- **3. Government Engagement and Supports**
- The facilities and support of government: What are current existing government structures or platform or mechanisms available through which the women can communicate their concerns and priorities .and support women
- What policies, strategies, or initiatives exist to promote women’s participation in community leadership and crisis response?
- Government perception to WLiE: What is the level of awareness and understanding among government stakeholders of the Women Lead in Emergencies (WLiE) approach? and how they perceive the potential role of WLiE in strengthening women’s leadership and collective action?
- Barriers to women’s leadership: What institutional, social, cultural, or security-related barriers limit women’s participation in leadership and decision-making? And what challenges do the government identify in in promoting meaningful participation of crisis-affected women?
- Coordination and collaboration: What opportunities exist to strengthen collaboration between government authorities and women’s groups?
- Government commitments and Sustainability: What existing government systems or resources could sustain and strengthen women’s leadership initiatives beyond the project period

3. GBV Prevention and Gender/Social Norm Change through promote positive changes in harmful gender and social norms.

- Knowledge and attitudes: What are community members’ knowledge, attitudes, and perceptions regarding GBV, gender equality, and women’s rights and women’s participation in decision making?
- Harmful and positive norms: What harmful gender and social norms contribute to GBV and gender inequality , such as lack of women’s meaningful voice and participation , and what positive norms can be strengthened?
- Readiness for change: To what extent are women, men, girls, and boys willing and able to challenge harmful norms and promote positive changes in their communities?

4. Community-Based Protection, Safety, and Accountability

- Safety and protection risks: What are the main protection risks and safety concerns faced by women, girls, and other vulnerable community members?
- Community protection mechanisms: What formal and informal mechanisms exist to identify, prevent, and respond to protection risks?
- Feedback and accountability: To what extent do community members know, trust, access, and use feedback, complaint, reporting, and referral mechanisms, and feel that their concerns are addressed?

4. Baseline Scope

The baseline survey will be conducted across all targets five IDPs gathering points (Al-Sinaiya (1&2), Al- Heishan A, Al-Heishan (B), Abubakr Al-Siddiq) in Port Sudan. These sites will be strategically selected to provide a representative picture of the humanitarian situation. They capture the realities of communities directly affected by conflict, displacement, and insecurity while also reflecting the pressures faced by host populations who share limited resources and services. This geographic spread ensures that the survey findings will be comprehensive, inclusive, and context-sensitive, offering a balanced understanding of needs across all sites. In addition, the survey will provide a robust baseline

against which project outcomes and impact can be measured during the endline evaluation. The following table shows the project sites and the target for each site.

Indicator	Al-Sinaiya (1&2)	Al-Heishan (A)	Al-Heishan (B)	Abubakr Al-Siddiq	Mus'ab bin Umair	total
Families	1,200	532	727	240	114	2813
Total individuals	4,275	3160	3072	1028	410	11954

5. Baseline Target Group

The survey will target the internal IDPs settlements, and the host communities with a particular focus on gender-specific vulnerabilities, protection risks, and access to services. Ensuring their needs, barriers, and coping mechanisms are adequately captured.

6. Methodology and Sampling

The baseline study will use a **mixed-methods approach**, combining quantitative and qualitative data collection to establish a clear understanding of the baseline situation across the five targeted gathering points around Port Sudan. The study will assess the existing level of access to quality GBV and SRH services, women's voice and leadership, community participation, protection and safety, and access to safe, confidential, and responsive feedback and accountability mechanisms.

The external consultant will be responsible for developing and proposing the most appropriate research methodology, sampling strategy, sample size, data collection tools, and analysis plan based on the project objectives, outcomes, indicators, target population, and context. The proposed methodology and sampling approach will be reviewed and agreed upon with the project and MEAL teams before the commencement of data collection.

The study is expected to include both quantitative and qualitative methods including FGDs, HH questionnaire, and KII. The quantitative component should generate reliable baseline measurements for the project's relevant indicators, while qualitative methods should provide deeper insights into the experiences, barriers, perceptions, social norms, enabling factors, and contextual issues influencing access to services, women's leadership, community protection, and accountability.

The external consultant will conduct a secondary data review of relevant project documents, including the proposal, log frame, MEAL plan, indicators, project targets, previous assessments such as CARE's Rapid Gender Analysis on Power and Participation , and other relevant contextual information.

The findings from the desk review will help identify information gaps, refine the Key Lines of Inquiry, and inform the development of data collection tools, methodology, sampling, and analysis plan. The consultant will be responsible for determining the most appropriate methodology and sampling approach based on the available information and project requirements and share the developed tools before proceeding to the baseline process .

The consultant should ensure appropriate representation of the five targeted gathering points and relevant population groups, with suitable disaggregation by sex, age, and other relevant characteristics where feasible. The sampling approach should be designed to ensure that findings are sufficiently representative and appropriate for comparison with future monitoring and end-line findings.

The study should also ensure the meaningful inclusion of women, girls, men, boys, and other relevant vulnerable groups. Given the sensitive nature of GBV and SRH, the consultant must apply appropriate ethical, safeguarding, confidentiality, informed consent, and Do No Harm principles throughout the study.

The consultant will be responsible for ensuring the quality of data collection and analysis, including enumerators training, pre-testing of tools, data quality checks, secure data management, and triangulation of quantitative and qualitative findings. The final methodology, sampling plan, and tools will be agreed with the project/MEAL team prior to field implementation.

7. Roles and Responsibilities:

Roles and Responsibilities of the External Consultant

The external consultant will be responsible for the overall design, planning, implementation, analysis, and reporting of the baseline study in close coordination with CARE's Project and MEAL teams. The consultant will ensure that the study is conducted using appropriate, ethical, gender-sensitive, and context-appropriate approaches.

Key responsibilities include:

- Develop and submit an inception report outlining the proposed methodology, sampling approach, sample size, data collection methods, tools, some tools related to WliE will share with the consultant and should adapt to Sudan context analysis plan, ethical considerations, and detailed workplan for CARE's review and approval.
- Develop, adapt, pre-test, and finalize the quantitative and qualitative data collection tools in line with the project objectives, outcomes, indicators, and Key Lines of Inquiry.
- Recruit, train, and supervise qualified enumerators and qualitative data collectors, ensuring they are familiar with ethical, safeguarding, confidentiality, and GBV-sensitive data collection procedures.
- Conduct the baseline data collection across the five targeted gathering points around Port Sudan, ensuring appropriate representation of relevant population groups.
- Ensure robust data quality assurance, including supervision, completeness and consistency checks, secure data management, and appropriate documentation.
- Clean, analyze, and interpret quantitative and qualitative data and establish baseline values for the relevant project indicators.
- Triangulate quantitative and qualitative findings to provide a comprehensive understanding of the baseline situation.
- Present preliminary findings to CARE and facilitate a validation and feedback session with relevant stakeholders.
- Prepare and submit the draft and final baseline report, incorporating feedback from CARE.
- Provide the final cleaned and anonymized datasets, qualitative data, data collection tools, analysis outputs, and other agreed supporting documentation.
- Present the final findings and provide practical recommendations to inform project implementation, monitoring, learning, and the future endline assessment.

The consultant will be expected to maintain regular communication with CARE throughout the assignment and obtain approval of the inception report, methodology, sampling approach, and data collection tools before commencing field data collection.

Roles and Responsibilities of CARE International

CARE International will provide overall technical oversight and coordination of the baseline study and will work closely with the external consultant throughout the assignment. CARE will:

- Provide the consultant with relevant project documents and information, including the proposal, logframe, indicators, MEAL plan, project reports, assessment and other relevant background materials.
- Provide guidance on the project objectives, outcomes, indicators, Key Lines of Inquiry, and information requirements to ensure the baseline is aligned with project needs.
- Review and provide feedback on the consultant's inception report, proposed methodology, sampling approach, data collection tools, and workplan, and provide approval before data collection begins.
- Facilitate coordination with relevant project teams, community representatives, local authorities, service providers, and other stakeholders, as appropriate.
- Support the consultant in obtaining access to the five targeted gathering points and facilitate community entry and engagement.
- Provide technical guidance on gender, GBV, SRH, protection, women's leadership, and Feedback and Accountability Mechanisms (FAM) where required.
- Ensure that appropriate safeguarding, ethical, confidentiality, and Do No Harm requirements are communicated and adhered to throughout the assignment.
- Participate in or oversee the training and preparation of data collectors, where appropriate, and provide technical input on sensitive data collection procedures.
- Monitor the progress and quality of the baseline data collection and provide timely feedback to the consultant.
- Review the quality and completeness of the collected data, analysis, and baseline findings.
- Participate in the validation of preliminary findings and provide consolidated feedback on the draft baseline report.
- Review and approve the final baseline report and deliverables.
- Facilitate dissemination of the final baseline findings to relevant CARE teams and stakeholders and support the integration of recommendations into project implementation, monitoring, learning, and future evaluation processes.

8. Data collection plan

#	Activity	Number of days
1.	Tool development and adaptation	4days
2.	HAC Approval for the questionnaire	3 days
3.	Training of enumerators and pilot test	1 days
4.	Field data collection	10 days
5.	Draft report	8 days
6.	Validation session	1 day
7.	Receiving comments from the relevant department	7 days

8.	Final report	10 days
9.	Dissemination presentation	1 day
	Total days needed	45 days

9. Expected Deliverables

The consultant is required to deliver the following:

- Final Inception report includes details methodology, draft final data collection tools, and plan for baseline process.
- Draft and final baseline reports with clear findings with maximum 30 pages excluding the annexes
- PowerPoint presentation of key findings
- Validation session

Reporting format

Below is the suggested format for the report:

- ☐ Table of Content
- ☐ List of Abbreviations
- ☐ Executive Summary of findings
- ☐ Introduction
- ☐ Background, project description
- ☐ Objective, Methodology & Limitations
- ☐ Findings focusing on the project indicator results, Analysis and Interpretation
- ☐ Conclusion and Recommendations
- ☐ Annexes-not limited to:
 - All data collection Tools (questionnaires, FGD,KII etc.)
 - List of documents consulted

10. Qualifications and Experience Required

The consultant should meet the following minimum qualifications and experience:

- Advanced university degree (Masters or equivalent) in Social Sciences, Development Studies, Gender Studies, Public Health, International Development, Statistics, or a related field.
- At least 7 years of experience in conducting baseline surveys, assessments, evaluations, or similar research assignments, preferably within humanitarian or development contexts.
- Proven experience working on GBV, SRH, gender equality, women's leadership and participation, protection, accountability, or related programming.
- Demonstrated understanding of gender-transformative approaches and Women voice and leadership or similar approaches that promote women's voice, agency, leadership, and collective action.
- Strong knowledge and practical experience in ethical and safeguarding approaches for sensitive research, particularly research involving GBV, SRH, women, girls, and including participatory methods for engaging the community members on sensitive topics and collective and analyzing qualitative data from other vulnerable populations. Experience developing and managing digital data collection tools, preferably using KoboToolbox.

- Excellent report-writing and presentation skills, with the ability to translate complex findings into clear, practical, and actionable recommendations.
- Demonstrated experience conducting research in Sudan or similar humanitarian contexts, with a good understanding of the local context and sensitivity to conflict- and displacement-affected populations.
 - Preferably has female member on the consultancy team to conduct FGD, and KII with women given the sensitivities of the topics and actions
- Fluency in English and Arabic is required. Knowledge of relevant local languages spoken in the target areas will be an advantage.
- Demonstrated ability to work independently, coordinate effectively with project and MEAL teams, and deliver high-quality outputs within agreed timelines.
- Strong 2 references and 2 examples of previous comparable baseline studies or evaluations in the same field of women leadership, GBV and SRH.

Proposal content

Those interested in the consultancy are required to submit a detailed technical and financial proposal as part of their application, outlining the proposed methodology, workplan, and timeframe based on the information provided in the TOR.

The financial proposal should provide a clear and comprehensive budget covering consultancy fees, accommodation, transportation, enumerators' incentives, printing and stationery, data collection, and any other costs required to successfully complete the assignment.

prepared by : Nagat malik



approved by : Natia katsia

