



TERMS OF REFERENCE FOR CONSULTANCY

Baseline Assessment for the Enhanced HR for SRH/GBV Project (EHR4SRH/GBV)

TERMS OF REFERENCE (to be completed by Hiring Office)	
Hiring Office:	UNFPA South Sudan Country Office - (Monitoring and Evaluation)
Purpose of consultancy:	<p>1.0 Background/Project Summary</p> <p>UNFPA South Sudan have secured funding from the Department of Foreign Affairs, Trade and Development for a five-year project to strengthen the human resources for improved sexual reproductive health and Gender based violence prevention and management. There is a considerable need to strengthen South Sudan's health sector, which is characterized by a limited availability of basic health services, a shortage of drugs and medical supplies, a critical shortage of functional health facilities with poor access, and a severe shortage of skilled health care workers, as well as entrenched socio-cultural norms that perpetuates gender inequality. These realities combined with decades of conflict have contributed to the country's worst health indicators in the world, especially for women and girls. Women's and girls' poor health outcomes are further exacerbated by a lack of awareness of their sexual and reproductive health and rights (SRHR), a predominantly patriarchal society undermining their autonomy to make informed decisions about their own health care, widespread gender-based violence (GBV), and inadequate SRHI GBV policy and legal frameworks to protect and empower women and girls to timely report and access.</p> <p>This project aims to increase the realization of the health and rights of women and girls in South Sudan by increasing the availability of skilled health care providers, positively changing attitudes toward SRHR and combating GBV, community engagement for positive gender norms and supporting the government to develop and implement related policies and legislative frameworks. It will build on the successes of, and lessons learned from Canada's previous support to UNFPA through the six-year Strengthening Midwifery Services in South Sudan, Phase 2 project and two previous projects targeting midwifery education and deploying midwives across the country.</p> <p>2.0 Expected Results</p> <p>The Project is expected to deliver the following results:</p> <p>Ultimate Outcome: Increased realisation of sexual and reproductive health and rights by women and girls in South Sudan</p> <p>Intermediate outcomes:</p> <ol style="list-style-type: none"> 1) Increased use of gender responsive SRHR and GBV services by women and girls, especially those living in vulnerable situations 2) Strengthened enabling environment at the national, state and local level for women and girls' access to SRHR and GBV services <p>Immediate outcomes:</p> <ol style="list-style-type: none"> 1) Strengthened capacity of targeted national and state-level health facilities to provide quality integrated SRH, GBV, and HIV services 2) Increased awareness among men, boys, women, and girls to use gender responsive SRH, GBV, and HIV services 3) Strengthened capacities of health training institutions to produce quality human resources for SRH, GBV and HIV services

	<p>4) Improved national and state government capacities to develop and implement SRH, GBV and HIV policies, legislation, and coordination mechanisms</p> <p>The project is expected to improve health personnel education of over 5,000 health workers including midwives, nurses, clinical officers, and laboratory technicians, and train and deploy 80 tutors to health training institutes and strengthen targeted practicum sites in South Sudan. It is also expected to reach 7,000 people through the services of One Stop Centres for survivors of GBV, and further reach 500,000 people through information and messaging on SRHR GBV. Overall, four million people are expected to be reached with SRHR services and information through this project.</p> <p>In this regard, a consulting firm is being recruited to collect baseline data and develop a database and frame to track and monitor achievement of the results.</p>
<p>Scope of work:</p> <p><i>(Description of services, activities, or outputs)</i></p>	<p>3. Baseline Study Objectives:</p> <ul style="list-style-type: none"> a) Collect baseline information on output and outcome indicators, which are key to the measurement of achievement of project results as shown in the log frame b) Develop a database and frame (data collection methods and tools) covering all the indicators. <p>4. Methodology and approach</p> <p>The methodology used will be determined by the indicators for which the baselined are being established. The baseline should be based on the OECD DAC criteria of assessment. Data collection will employ a mix of:</p> <ul style="list-style-type: none"> a) Structured facility assessment covering the targeted health facilities and HSIs using facility assessments checklists b) Review and analysis of existing data from DHIS2/HMIS and/or review of facility records c) Review of existing assessment reports and documents from HSIs and targeted health facilities d) Population Based Survey for the few behaviours change related indicators (if data can't be gotten from the routing information systems) e) State and community level assessment particularly for End Child Marriage initiatives f) Observations in the project areas, with observations made on service provision, among others. g) Key informant interview <p>5. Technical and geographical scope</p> <p>Overall, the process will be participatory and consultative with key stakeholders. The consultant's technical scope of work will entail:</p> <ul style="list-style-type: none"> a) Inception phase: The consultant will conduct a review of available documentation and develop an inception including clear baseline methodology, work plan/methodology and data collection tools in consultation with the M&E Unit and relevant project staff. The consultant will pre-test and refine the baseline survey tool b) Field work/Data collection: Field visits will be conducted to collect the necessary data using the agreed upon tools for both primary and secondary data. The fieldwork will be organized based on catchment of the proposed project location,

accessibility and ability to mobilize the respondents within a short period of time.
 c) Data analysis and report writing: The consultant will analyse the collected data and consequently generate the baseline survey report.

The project sites, geographical scope and indicators for the baseline survey are indicated below. All sites and locations will have to be covered

Category	Name	
Teaching Hospitals	1. Wau, 2. Malakal, 3. Juba	6 PHCCs (2 per hospital)
State hospitals	4. Yambio, 5. Rumbek, 6. Jonglei, 7. Torit	8 PHCCs (2per Hospital)
Other Hospitals	8. Yei 9. Maridi 10. Kuajok 11. Aweil 12. Bentiu	
Health Sciences Institutes 10 Or 13?	1. JCONAM, 2. Maridi, 3. Kajo Keji 4. Jubek 5. Torit 6. Yambio 7. Yei 8. Rumbek 9. Kuajok 10. Aweil 11. Wau 12. Bor 13. Malakal	
GBV and Child Marriage: GBV One Stop Centre sand State/community CM	Juba Bor Rumbek Yambio Torit	

Annex 1 and 2 provide details of the indicators for which baselines will be collected by locations/program focus areas

Duration and working schedule:

Timeline


The Baseline Study is expected to be conducted over a period of 30 working days.

Study Phase	Number of Days
Inception Phase: Development and presentation of Inception Reports (methodology, workplan, tools)	5 days
Field Phase (Primary and Secondary data collection based on agreed methodology and tools)	20 days



	Data analysis	Project/site specific data will be analyzed as part of the data collection
	Reporting	5 Days
	Total	30 days
Place where services are to be delivered:	The consulting firm members are expected to operate from UNFPA-Juba Office as well as Field locations as highlighted in the geographical scope	
Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	<p>Deliverables</p> <ol style="list-style-type: none"> Baseline Inception Report Draft Baseline Survey Report Final Baseline Survey Project Database A presentation of the baseline survey findings A two-pager briefing Note on the baseline survey findings <p>At inception phase, the consultant will develop detailed baseline work plan</p>	
Monitoring and progress control, including reporting requirements, periodicity format and deadline: Supervisory arrangements:	<p>Survey oversight and management</p> <ul style="list-style-type: none"> An oversight team comprising of UNFPA, Ministry of Health, Gender Child, and Social Welfare will be established to provide oversight for the baseline survey The UNFPA M&E unit will provide technical management and supervision for the survey The consultant will prepare weekly updates to UNFPA and the oversight team 	
Expected travel:	The Consulting firm members are expected to undertake travels in the country during the survey	
Required expertise, qualifications and competencies, including language requirements:	<p>Required Knowledge and Experience:</p> <ol style="list-style-type: none"> The consulting firm should have experience in conducting related baseline surveys including in South Sudan, the regions and in humanitarian contexts Qualification and Skills: The Team leader as well as team members should have degree in Medicine and master's degree in medical related fields like Public Health, Epidemiology, Health Personnel Education etc or Social Sciences General professional experience: Minimum five (5) years of relevant and proven professional experience in Reproductive Health and GBV Specific professional experience: Experience in conducting surveys, facility assessments analytical report writing or large-scale research Language skills: Excellent writing and speaking skills in English. <p>Other desired skills include good diplomatic skills and experience interacting with government agencies, development partners, and civil society organizations.</p>	
Inputs / services to be provided by UNFPA or implementing partner (e.g. support services, office space, equipment), if applicable:	UNFPA will provide support services including transport, telephone airtime and required stationary for consultants based on agreed upon costs estimates	



Modality of payment	Upon completion of Inception phase 40% Submission of draft report 30% Final submission 20%
Other relevant information or special conditions, if any:	The proposed lead consultant of the firm will be recruited at P3 UNFPA level for International and national at NOC.
<p>How to Apply</p> <p>Applicants are kindly requested to send their application to southsudan.procurement@unfpa.org by COB 14th October 2022. Applications received after this date will not be taken into consideration. All applications should be clearly marked with Subject Line “Baseline Survey Consultant</p> <p>The application should include</p> <ul style="list-style-type: none">- Summary Inception report/proposal of maximum 5 pages plus CVs and draft tools as annexes. <p>Applicants will be short-listed based on their qualifications and work experience. Only the short-listed candidates will be invited for interviews.</p> <p>IMPORTANT: There is NO application processing or other fee at any stage of UNFPA application processes</p> <p>Signature of Requesting Officer in Hiring Office: </p> <p>Date: <u>4/10/2022</u></p>	



Annex 1: Locations and Indicators for Baseline Survey

Category	Name	6 PHCCs (2 per hospital)	8 PHCCs (2 per Hospital)	Indicators for which the baselines should be established
Teaching Hospitals	Wau, Malakal, Juba			Proportion of Births attended by skilled personnel (as per targeted locations) Proportion of women age 15-49 who receive 4 or more antenatal visits (as per targeted locations) Proportion of women in targeted areas that use modern FP (as per targeted locations) Number of visits for family planning services (in targeted locations) Number of visits for ANC (in targeted locations) Number deliveries by skilled birth attendants (in targeted locations) Proportion of HFs in the targeted locations without stock out of essential MH/FP/SGBV medicines Number health workers trained on provision of EmoNC disaggregated by gender Number of health care workers trained on SGBV disaggregated by gender Number of health care workers trained on AYFS disaggregated by gender Number of targeted HFs with functional MPDSR system Percentage of Maternal and Perinatal Deaths notified and reviewed at targeted health facilities
State hospitals	Yambio, Rumbek, Jonglei, Torit			
Other Hospitals	Yei Maridi Kuajok Aweil Bentiu			
Health Sciences Institutes	JCONAM, Maridi, Kajo Keji, Jubek, Torit, Yambio, Yei, Rumbek, Kuajok, Aweil, Wau, Bor, Malakal			Proportion of targeted health sciences Institutions that meet the minimum educational standard for training health professionals Proportion of targeted Health Training Institutions that have MoU signed with targeted Practicum sites Number of Health Training Institutions (HSIs and Colleges) that have functional internal quality assurance system Number of targeted HSIs that received technical assistance by expert over a period of 3 months/year Proportion of faculty staff at targeted HSIs that receive support by expert tutor during their interventions Number of tutors at the targeted Health Training Institution trained in Health Personnel Education Number of tutors at targeted HSIs that undertake CPD on SRH/GBV/HIV
GBV and Child Marriage: GBV One Stop Centre sand State/community CM	Juba, Bor, Rumbek, Yambio, Torit			Number of women and girls that report being optimistic about rebuilding their life after the GBV incident Number of communities with functional Community action groups that prevent and respond to GBV and Child Marriage Number of states with functional GBV/ECM multi sectoral coordination mechanisms Number of service providers trained on SRH and GBV prevention and response



indicators

Annex 2: Project Results Matrix - Full list of

INTERMEDIATE OUTCOMES		Methodology	Tool
1100 Increased use of gender-responsive SRHR and SGBV services by women and girls, especially those living in vulnerable situations	Proportion of Births attended by skilled personnel (as per targeted locations)	TBD (Baseline will be conducted in targeted areas)	20% increase
	Proportion of women age 15-49 who receive 4 or more antenatal visits (as per targeted locations)	TBD (Baseline will be conducted in targeted areas)	20% increase
	Proportion of women in targeted areas that use modern FP (as per targeted locations)	TBD (Baseline will be conducted in targeted areas)	10% increase
	Proportion of targeted health sciences Institutions that meet the minimum educational standard for training health professionals	TBD (Baseline will be derived from assessment)	80%
1200 Strengthened enabling environment at the national, state and local level for women and girls' access to SRHR and GBV services.	Number of gender-sensitive legal and policy frameworks approved/ enacted, with clear implementation frameworks	0	2
	IMMEDIATE OUTCOMES		
1110 Strengthened capacity of targeted national and state level health facilities to provide quality integrated SRHR/GBV /HIV services	Number of visits for family planning services (in targeted locations)	TBD (Baseline will be derived from assessment)	10%
	Number of visits for ANC (in targeted locations)	TBD (Baseline will be derived from assessment)	20%
	Number deliveries by skilled birth attendants (in targeted locations)	TBD (Baseline will be derived from assessment)	20%
1120 Increased awareness among men, boys, women and girls to utilise gender responsive SRH/GBV/HIV services	Number of women and men, from targeted communities, reached with community based sexual health information and services disaggregated by gender and age	TBD (Baseline will be conducted in targeted areas)	50% increase
	Proportion of women/girls from targeted communities who report making their own decision for seeking sexual health services disaggregated by age	TBD (Baseline will be conducted in targeted areas)	25% increase
1210 Strengthened capacities of health Training institutions to produce quality human resources for SRHR/GBV and HIV services	Proportion of targeted Health Training Institutions that have MoU signed with targeted Practicum sites -	0	60%
	Number of supportive supervision visits conducted at HSIs	0	10
1220 Improved national and	Number of policy recommendations to Government and	0	3



state government capacities to develop and implement SRH/GBV/HIV policies, legislation and coordination mechanisms	key stakeholders on health and GBV	0	5	Reports
OUTPUTS				
1111 Targeted health facilities supported to have minimum low cost sustainable power and water supply for provision of quality integrated SRH/GBV/HIV services:	Number of maternity units of the targeted HFs provided with low cost infrastructure (solar power and water supply)	0	4	
	Number of staff trained to maintain and repair solar panels and water supply system disaggregated by gender	0	8 (4m; 4f)	
1112 Health care service providers deployed at targeted health facilities for the provision of gender responsive SRHR/GBV/HIV services	Number of targeted HFs staffed with the 15 essential health workers	0	4	
	Number of essential Health workers that provide gender responsive SRHR (EmONC)/GBV/HIV services disaggregated by gender	0	60 (30f; 30m)	
1113 Targeted health facilities provided with essential SRH supplies, medical equipment and commodities	Number of Health Facilities provided with supplies, medical equipment and commodities for MH	0	4	
	Proportion of HFs in the targeted locations without stock out of essential MH/FP/SGBV medicines	TBD (Baseline will be derived from assessment)	80%	Facility Assessment HF Checklist
1114 Health care workers at the targeted facilities trained to provide gender-sensitive SRHR/GBV/ HIV services	Number of health workers trained on provision of EmONC disaggregated by gender	TBD (Baseline will be derived from assessment)	150 (90f; 50m)	Facility Assessment HF Checklist
	Number of health care workers trained on SGBV disaggregated by gender	TBD (Baseline will be derived from assessment)	150 (90f; 50m)	Facility Assessment HF Checklist
	Number of health care workers trained on AYFS disaggregated by gender	TBD (Baseline will be derived from assessment)	150 (90f; 50m)	Facility Assessment HF Checklist
1115 A functional Maternal and Perinatal Death	Number of targeted HFs with functional MPDSR system ¹	TBD (Baseline will be derived from assessment)	4	Facility Assessment HF Checklist

¹ Have staff trained on MPDSR, Conduct regular Maternal and Neonatal Death notification and reviews, develop and implement action plans



Surveillance and Response (MPDSR) system implemented at targeted health facilities	Percentage of Maternal and Perinatal Deaths notified and reviewed at targeted health facilities	TBD (Baseline will be derived from assessment)	80%	Facility Assessment	HF Checklist
1121 Technical and financial support provided to One-Stop Centres (Family Protection centres) for delivery of information and services to survivors of gender-based violence	Number of women and girls provided with GBV services at the targeted OSC disaggregated by age	TBD (Baseline will be conducted in targeted areas)	7,000	Project reports	
1122 Women, girls, men, and boys sensitized on the availability and importance of utilising SRHR/GBV/HIV services	Proportion of cases taken to court through the OSC resulting in a conviction of the perpetrators	TBD (Baseline will be conducted in targeted areas)	40%	Project reports	
1123: Community structures mobilized to take actions to prevent and respond to GBV and other harmful practices	Number of women and girls that report being optimistic about rebuilding their life after the GBV incident	TBD (Baseline will be conducted in targeted areas)	25% increase	Client interview	OSC- Client interview checklist
1124 Men and boys oriented on their roles in prevention of and response to GBV and other harmful practices	Number of women and girls reached with messages on availability and importance of utilisation of SRH/GBV services	TBD (Baseline will be conducted in targeted areas)	100,000	Project reports	
1125 Service providers, national and state level coordination bodies trained on GBV prevention and response	Number of communities with functional Community action groups that prevent and respond to GBV and Child Marriage	0	5	Community Assessment	Community Assessment checklist
	Number of traditional, religious, and civic leaders who receive messages to promote women 's' utilisation of SRH/GBV services	TBD (Baseline will be conducted in targeted areas)	500	Project reports	
	Number of men/boys-oriented women and girls rights to access SRH services and on their roles in prevention of and response to GBV and other harmful practices	0	100,000		
	Number of male champions promoting women and girls' access and utilisation of SRH/GBV services	0	50		
	Number of states with functional GBV/ECM multi sectoral coordination mechanisms	TBD (Baseline will be conducted in targeted areas)	5	State Assessment	State checklist
	Number of service providers trained on SRH and GBV prevention and response	TBD (Baseline to be derived)	20	Assessment	Facility Assessment
1211 Tutors in the targeted institutions are provided with skills to train health	Number of tutors at the targeted Health Training Institution trained in Health Personnel Education	TBD (Baseline will be conducted)	80 (50f; 30m)	HSI Assessment	HSI Checklist
	Number of tutors at targeted HSI that undertake CPD on	TBD (Baseline will be	125 (70f; 55m)	HSI Assessment	HSI



professionals in gender sensitive SRHR/ GBV services	SRH/GBV/HIV	conducted)		Checklist
1212 Targeted health training institutions are equipped with educational materials (skills lab, computer labs and libraries) and solar power	Number of targeted training institutions are equipped with educational materials (incl. skills lab, computer lab and library)	2	10	
1213 Health personnel at the clinical practicum sites supported to have improved capability as mentor and to supervise students from targeted health training institutions	Number of targeted training institutions provided with solar power	2	10	
1214 Health training institutions supported to implement the quality assurance mechanisms	Number of Health Personnel at practicum sites trained in clinical mentoring and student supervision	0	250 (180 f; 70m)	
	Proportion of health personnel at practicum trained in clinical mentoring and student supervision that are performing their clinical mentoring function	0	90%	
	Number of targeted Health Sciences Institutes that have quality assurance regular field supervision visit	0	5 per year	
	Number of Health Training Institutions (HSIs and Colleges) that have functional internal quality assurance system	TBD (Baseline will be conducted)	10	Assessment HSI checklist
1215 Health training institutions provided with technical assistance to develop costed action plan	Number of targeted HSIs that received technical assistance by expert over a period of 3 months/year	0	5 per year	
	Proportion of faculty staff at targeted HSIs that receive support by expert tutor during their interventions	TBD (Baseline will be conducted)	80%	HSI-Assessment HSI Checklist
1221 Gender-responsive SRHR/GBV/HIV laws, policies developed/ revised and enacted	Existence of the Nursing and Midwifery Act	No	Yes	
	Existence of anti-GBV Bill	No	Yes	
1222 Routine age and gender disaggregated data on SRHR/GBV/HIV services collected and analyzed	Number of targeted HFs with at least 80% DHIS2 reporting completeness	0	4	
	Existence of HF key SRH/GBV indicator bulletins (quarterly)	No	Yes	



<p>1223 MoH, MoGC at national and targeted states provided with technical support to coordinate and manage SRHR/GBV programmes and services</p>	<p>Number of functional² national and state SRHR/ GBV coordination mechanisms</p>	<p>1</p>	<p>5</p>	
<p>1224 Health professional associations and Regulatory Council provided with technical and financial support to advocate for and monitor SRHR/ GBV/HIV services</p>	<p>Existence of National and State level action plans and budget³ for SRHR/ GBV</p> <p>Number of national/ state level coordination mechanisms where professional associations are actively engaged</p> <p>Number of successful advocacy initiatives⁴ undertaken by the professional bodies/structures</p>	<p>No</p> <p>1 national</p> <p>TBC</p>	<p>Yes</p> <p>2 national and 5 state level</p> <p>2 per year</p>	

² Functional means the is a SRHR/GBV coordination structure/Working group that meets regularly, there exists a mapping of SRH/GBV partners, SRHR/GBV action plan and budget, regular reports on SRH/GBV performance etc

³ One of the key functions of the coordination mechanism is to the targeted entities (National and States) have specific action plans and budgets/resources to address SRHR/GBV issues

⁴ Key advocacy areas need to be identified in the narrative section of the proposal under the different components