**Plan International Sudan, Wight Nile Area**

**Final Evaluation TOR for**

**“Yes, We Can raise girls free from FGM and CEFM in our communities White Nile, Sudan” Project**

**Consultant Term of Reference for Final Evaluation**

**Plan International – Sudan**

**Wight Nile Program Area**

**Abandonment of FGM in Wight Nile**

**Funded by: JNO**

 **1st of July 2020 to 31st of December 2022.**

**TERMS OF REFERENCE FOR Consultancy for**

**Conducting of FINAL EVALUATION**

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| --- | --- |
| **Organization** | Plan International Sudan |
| **Consultancy Title** | Conduction of final evaluation assessment  |
| **Location** | White Nile States |
| **Task Type** | End Evaluation or Summative Evaluation |
| **Task duration**  | 15 days after signing the contract  |
| **Local Partners engages in the project** | **Authorities:** **Civil Society Organization – CSOs:**1. Plan International Sudan- Program Area
2. HAC
3. Local NGO
4. CBOs
5. Line ministry
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1. **Introduction to Plan International Sudan**

Plan International is an independent development and humanitarian organization that advances children's rights and equality for girls. In Sudan, Plan International has been working for more than 40 years, building powerful partnerships with and for children in over 300 communities in White Nile, Kassala, North Kordofan and North Darfur. In South Kordofan, Gedarif, East and West Darfur, projects are implemented through partner organizations.

Plan International Sudan is implementing its new Country Strategy which covers the five-year period from June 2018 to May 2022. The strategy will guide Plan’s work for the 5 years in line with the government of Sudan’s development, the Sustainable Development Goals, and the child rights agenda with specific focus on the rights of girls and excluded groups. Our overarching ***goal*** is to ensure that “Vulnerable children and youth are able to realize their full potential within protective and resilient communities which respect and promote girls’ equality”. This will be achieved through five strategic

1. Vulnerable Children 6-14 years particularly girls and young women complete quality gender responsive and inclusive formal and non-formal basic education to succeed in life.
2. Vulnerable Young people particularly young women (15-35 years old) are able to decide on their lives and lead in economic, social and civic life of their communities.
3. Vulnerable children particularly girls and young women live in communities free from all forms of violence, traditional harmful practices and gender discrimination and are able to take decisions on their lives.
4. Vulnerable children particularly girls 0- 5 years grow up equally valued and cared for to thrive in communities and societies that respect child rights and equality.
5. Vulnerable children, especially girls, live in resilient communities and have free and safe access to life-saving services during and after natural disasters and conflicts.

The objectives are utilizing the community and individual level mobilization to promote the attitudinal and behavioral changes which are required to support transformational change for the improvement in the child rights and gender equality situation in Sudan.

We aim to strengthen the capacity of communities, children and youth to lead their own development, and to this end we will support civil society and local organizations to monitor and support the implementation of policies and laws that create a conducive environment for the attainment of child rights, particularly those that pertain to girls and young women.

1. **BACKGROUND INFORMATION**

Children’s protection is one of the major concerns because they face different protection issues related to multi factors: poverty, physical and humiliating punishment at home and school, harmful traditional practices child marriage and Female Genital Mutilation and cutting (FGM/C), harsh living conditions, neglect, dropout of schools, and exclusion. Thus; there was a large-scale shift of population from rural to urban areas particularly youth. Additionally, children and adolescents are mostly excluded and seen as category without genuine choices so that adult should plan on their behalf including their social security protection, they have limited participation in service institutions that provides services for them. There are no established ways of consultation in all decisions concerning their functionality the communities depend on school curriculum too much to inform children attitudes and behaviors which reflect in their daily activities

As mentioned above FGM is deeply rooted in tradition and customs, and it is widely practiced on girls in all states at a significantly high level but variations are more substantial than by area of residence, with the adjusted prevalence wavering significantly from a minimum of 27.8 percent in West Darfur to a maximum of 83.4 percent in White Nile State, that is why the area is prioritized. Migration combined with ethnicity are report to be the main factors of prevalence and practice which played a role in the diffusion of FGM/C practice. However, population movements in the modern days may have had a more significant impact on FGM/C beliefs and practices; but some of migrants or ethnicities highly practice and can influence the practice than others and White Nile continued to be a boarder state for migrations from and to the south.

Among girls aged 5-9 years[[1]](#footnote-1), more than half are already circumcised in 5 states among them is White Nile, compared to less than 20 percent in the 5 states, and where the prevalence varies from 25 percent to 44 percent in the other states. The practice is not only carried out by “traditional practitioners”, but also by health care providers, such as midwives and physicians. This practice of “medicalization” is on the rise in Sudan. FGM/C is encouraged by the false link made that it is a requirement in Islam.

Although today there is no law against FGM/C in Sudan, there were on-going efforts to have a law that ban FGM practice across the country, and the transitional government is drafting a law reform which include banning FGM. The national Council of Child Welfare (NCCW) is closely monitoring the progress in this era. Previously, there was a medical committee set up by ministry of health to stop practice from their side through tiding the medical staff to specific code of conduct to be signed and medical staff will be accountable to it. In the meantime.

Along with FGM practice there are other Harmful Traditional practice on girls in Sudan and in WN in particular among them Child Early and Force Marriage (CEFM), which continues to be a common child rights violation; in White Nile 36.9 percent of girls in White Nile are married before the age of 18, with increases to 57% other states as per MICS multiple indicator cluster survey 2014. Despite the Child Act provision that states “anyone below 18 years is a child”; the family code of Sudan allows marriage between individuals who have attained physical signs of puberty as young as 9 and 10 years old. This is in direct contradiction of all child rights articles. Maintaining virginity before marriage, sutra (preservation) and cleanliness are major causes behind the practice among communities, thus in addition to the social and economic reasons benefits through relieving financial burdens on families. This leads to early pregnancy along with FGM that cause difficulties during delivery which can lead to fistula and social isolation. There is little education among girls in a poor vocational training opportunity, while girls were not sufficiently mature to make an informed decision about a life partner.

After the 2019 revolution and the change of the regime, there are a number of youth lead Community Based Organizations (CBOs) who are active at different community affairs and they are eager to create change at their communities, most of those are university graduates who are lacking opportunities and waiting for government support. But those groups lacking guidance and support to implement activities at community and district. The groups started creating god initiatives that change community for better including their activeness in response to COVID-19 through awareness on prevention and dissemination of better protection methodologies. those also used to be active in flood responses every year as the WN is flood prone area. However, most of those youth led CBO activities are limited to communities’ access to lifesaving services such as bread, fuel, transportation, health and social services issue of harmful traditional practices focusing on FGM and CEFM could be included in their agenda.

The Impact of FGM on girls:

Because the final decision on FGM/C families go through a lengthy and complex process which involves not just parents but also different members of the extended family and friends, but it is mostly lies with female members of the family (often the mother and grandmother) while the male members both the father and grandfather can influence in because the preparation, funding and performance of the FGMC procedure is due to his support.

FGM/C has no health benefits as it harms girls and women, and interferes with the natural functions of their bodily integrity and increase risks as far as their tissue damaged both immediately with severe pain, excessive bleeding, genital tissue swelling, fever, infections like (tetanus), urinary and injury and wound healing problems, shock and death. And along lifespan problems related to possibility of fistula, during sexual relations, and problems during delivery.

FGM is a social norm, in some communities in WN there is social pressure to conform to what others do, and the need to be accepted socially without rejects and that means it is universally performed and unquestioned; so, it is necessary as part of raising a girl, and a way to prepare her for adulthood and marriage and it purposed for ensuring premarital virginity and marital fidelity, it is also believed to reduce woman's libido and therefore help them resist extramarital sexual acts. Girls and women face the risk of bias as uncut which is a shame in predominantly practiced communities. There is recent adoption of the practice in some societies, which is linked to copying the traditions of neighboring groups which seen as civilization to avoid bias and discrimination. Communities associated FGM with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male, and communities believe that it has religious scripts prescribe the practice and support it.

There is limited civil society organization CSOs and CBOs actions aimed at strengthening the broader child protection environment particularly response to FGM and CEFM. Whilst many CBOs are implementing good initiatives, programming tends to focus on service delivery for the victims of child protection incidents and awareness raising in communities’ adolescents are losing opportunities that empower their organization and leadership capacities to discuss their own affairs and provide platform to discuss the social issues that affected their lives

Religious leaders take varying positions with regard to FGM some promote it, some consider it irrelevant to religion, and others keep calm. medical personnel particularly Midwives are the major contributors to continuation of the practice. Likewise, community leaders and local structures of power does not have it in their agenda, and they are not very effective on the abandonment. Sometimes FGM has high scale because it started as part of a wider religious or traditional revival movement.

**2. Project Information & Description**

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| --- | --- |
| Organization | Plan International Sudan |
| Project title | FAD# 100319 “Yes, We Can Raise Girls Free from FGM and CEFM in our Communities, White Nile, Sudan.” |
| Location | White Nile Program Area 21 communities in (Umrimta, Guli and Elddewim localities) |
| Funded by | Japanese National Office |
| Total Budget  | 81,052,639.59 Yen |
| Project Duration  | Start Date  | 1st July 2020 | End Date | 31st December 2022 |
| Local Partners  | * Cafa for Development Organization will be responsible for the implementation of activities under outcome 1 and 2
* State Ministry of Health and social development Monitoring of the project implementation and provision of technical guidance.
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**Project Target beneficiaries:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Targets** | **Girls** | **Boys** | **Total** | **Women** | **Men** | **Sub total** | **Grant Total**  |
| Direct | 878  | 271  | 1,149  | 469  | 666  | 1,135  | 2,284  |
| Indirect | 1,575  | 1,575  | 3,150  | 4,535  | 2,165  | 6,700  | 9,850  |

**Project Objectives and Expected Results:**

Overall Objective: Vulnerable girls and young women in 21 Sponsorship communities in WN exercise their right to live free from FGM/C, CEFM and traditional harmful practices with support of CBOs, community & religious leaders and peer groups.

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| --- | --- |
| **Results**  | **Indicators**  |
| **Expected Outcome 1:** At risk Girls age (10-17) and young women (18-24) increase capacities, skills and opportunities/spaces to participate and have information that help them to determine their own futures choices. | * 1. By the end of the project 3 advocacy forums established and functional (at least 2 out of 3)
	2. By EoP 457 vulnerable target girls age (10-17) and young women (18-24) access to established advocacy centers (20% of M/F/age/disability)
	3. By EoP 150 targeted girls age (10-17) and young women (18-24) who are aware of negative impact of FGM & harmful practices on girls, intimate partner violence, and areas to access required support and services (at least 80% attendance benchmark) (M/F/age/disability)
	4. By EOP adolescent girls age (14-17) and youth age (19-24) who gained the desired knowledge on entrepreneurial skills.
	5. By EOP 150 trained adolescents’ girls received start-up kits and linked with available marker opportunities.
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| **Expected Outcome 2:** Policy makers, Religion/traditional leaders, midwives and CBOs actively protect girls from FGM and CEFM due to positive roles performed on implementation of laws by the end of the project. | * 1. By the EoP at least 50 traditional/religious leaders and midwives identified, supported and trained on the negative impact of FGM and CEFM on girls’ rights
	2. By the EoP 5 communities events organized to ban and stop FGM and CEFM free communities.
	3. By the EOP at lest 70% of people reached by awareness sessions on the negative impact of FGM and CEFM.
	4. By EOP 60% of community members who can recite at least 3 negative impact of both FGM and CFEM.
	5. ByEOP 3 CBOs who promoted social protection /inclusion services in targeted communities
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1. **FINAL EVALUATION OBJECTIVES**

 The main purpose of this final project evaluation is to facilitate a process, which will document project outputs and impact. Eventually, the process should also mobilize the various stakeholders to act based on this documentation.

 PERFORMANCE ASSESSMENT: to assess the project’s performance and achievements vis-à-vis the project’s overall objectives and to conduct impact assessment on the beneficiaries. Each of the detailed key questions and issues will be analyzed in a participatory, collaborative and systems-based approach using appropriate key review criteria. This assessment will also include an analysis of the capacity of the management structures of the implementing agency(ies) and target communities to implement the project activities as well as the monitoring and evaluation system.

* Assist the beneficiaries, Plan International, JNO, and, as appropriate, the concerned stakeholders, to reflect the efficiency, effectiveness, relevance and impact of the project
* Provide feedback to all parties to see the effectiveness of the strategy, planning, project formulation, appraisal and implementation phases;

LESSONS LEARNED: To generate lessons learned from the implementation of the project’s activities and the outcomes achieved that will be useful for similar projects in the future for the same sector. Based on the findings and conclusions from the assessment of the project’s achievements, the review will identify lessons learned.

* Ensure accountability for results to the project’s donor(s), stakeholders and beneficiaries.

RECOMMENDATIONS: To develop specific recommendations for major stakeholder groups anchored on the conclusions the different stakeholder groups will develop based on their own recommendations and insights. An action plan for major stakeholder groups shall be developed to promote sustainability and long-term impact to the beneficiary communities.

**Scope of the Study**

1. SCOPE OF WORK

Plan International Sudan, started project implementation since 1/7/2020 with a view to achieve the set results and will be ended in 31/12/2022 After two years and half of implementation of the project Plan International Sudan is intended to evaluate the process and outcomes level performance of the project through this final evaluation. This can provide an opportunity to assess the project components, exploring the impact of each component has had on the beneficiaries involved, the wider community, and at the catchment level. Hence it was crucial to evaluate the project progress against its set targets. Also, the evaluation is expected to help identify strengths as well as impact of the project and lesson learnt. However, and through a consultative and participatory process, the consultant will work with Plan International Sudan Monitoring Evaluation, Learning & Research (MERL) team to achieve the following outcomes:

* Determine and measure progress against outcomes/results, planned activities, budget, and beneficiaries by assessing the level of achievement of indicators as per log framework.
* Help plan and stakeholders identify and understand (a) successes, (b) weaknesses and (c) problems that need to be addressed, and provide stakeholders with an external, objective view on the project status, its relevance, efficiency, how effectively it is being managed and implemented, and whether the project is likely to achieve its development and immediate objectives, and whether Plan International is effectively positioned and partnered to achieve maximum impact and assuring its sustainability.
* Provide project management and stakeholders with initial lessons about project design, planning, and implementation; and offer responsible recommendations that (a) capturing lessons learned.
* Comply with the requirement of the Project Document/Funding Approval Agreement as well as Plan International monitoring, evaluation, learning and research (MERL) policy.

The following specific questions will guide the evaluation process:

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| --- | --- |
| **Criterion** | **Key Evaluation Questions** |
| Relevance | To what extent are the objectives of the project still valid for the donor, the partner organization and the beneficiaries? |
| Are the expected results/outputs of the project consistent with the outcome, immediate impact and overall goal/impact (as part of the analysis of the log frame matrix, theory of change and its underlying assumptions)?  |
| Effectiveness | To what extent has the project already achieved its outcome(s) or will be likely to achieve it/them? |
| To what extent has the project already achieved its expected results/outputs or will be likely to achieve them? |
| What were the major factors influencing the achievement or non-achievement of the outcome(s)/expected results/outputs? (Also consider any which were possibly beyond the control of the project) |
| Is the project managed as planned? If not, what issues occurred and why? |
| To what extent have all project stakeholders collaborated as planned? |
| If applicable, did the project contribute to capacity building as planned? |
| To what extent was gender mainstreaming included in the project and to what extent were recommendations from the ADA gender-assessment considered and implemented?  |
| To what extent was environmental mainstreaming included in the project?  |
| To what extent were the core humanitarian standards and accountability to affected population monitored and applied by project management relevant partners? Have any issues emerged, if so which ones and why? |
| Efficiency | If applicable, to what extent were all items/equipment purchased and used as planned under this project?  |
| Was the project implemented in the most efficient way (time, personnel resources)? Have any issues emerged, if so which ones and why? |
| Impact | How many women, men, girls, boys and people in total have already benefited from the project (immediate impact)?  |
| What exactly has already changed in the lives of women, men, girls, boys (immediate impact)? |
| Which positive and/or negative effects/impacts in terms of gender and environment can be possibly be attributed to the project? |
| Which institutions have already benefitted from the project and how? What has changed for whom (immediate impact)? |
| If applicable, Are there any other important aspects regarding impact? |
| Sustainability | If applicable, to what extent will the benefits of the project continue after the withdrawal of the donor? |
| If applicable, if the project continues will it be integrated in local structures and/or funded by other sources? |
| What were the major factors which influenced the achievement or non-achievement of sustainability of the project?  |
| If applicable, what needs to be done and/or improved to ensure sustainability? |

**Approach and Methodology:**

The consultant must outline clearly on how the final assessment be conducted. What assessment tools will be used and what stakeholders will consulted/involved. The consultant must demonstrate capacity to use diverse and participatory tools including but not limited to desk review, interviews, key informant interviews, focus group discussions.

The consultant should be committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with Ethical MERL Framework and Plan International Global Policy on Safeguarding Children and Young People.

**Timelines:**

During the whole period of the assignment, follow up meetings will be held between the consultant firm and Plan International Sudan focal points to tackle any field problems anticipated in order addressed it beforehand. The proposed start date is 5th Dec 2022. However detailed workplan to undertake this assessment is based on below tentative schedule: -

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| --- | --- |
| Activity  | Days of Work  |
| Review of relevant documents, Inception report and development of data collection tools | 5 days |
| Field work and data gathering  | 10 days |
| Presentation of key findings and wrap up meeting  | 1 day |
| Data entry, cleaning and analysis  | 3 Days |
| Draft final evaluation report | 7 days |
| Final evaluation report | 5 days |
| Total |  31 days |

**Plan International Sudan provisions to the consultant:**

* Provision of documents related to the assessment that are requested by the consultant.
* Provide linkages to relevant resources and information available.
* Facilitate Any necessary approval of the assessment with relevant local authorities in the state.
* Provide financial support to the consultant on time based on signed contract agreement.
* Ensure the consultant and the working team understand the safeguarding policy and code of conduct.
* Ensure consent forms are available and used by the working teams.
* Ensure the MERL ethics guidelines are in place and considered by the working team.
1. **DELIVERABLES:**

Under this Term of Reference, the consultant is requested to provide the following deliverables:

* Desk review: The evaluation team should study all necessary project documents; re-construct and analyze the intervention logic and theory of change and its assumptions. Existing data needs to be analyzed and interpreted.
* An inception report: In the inception report the consultant will describe the design of the evaluation and will elaborate on how data will be obtained and analyzed, it is important to determine how many samples are needed to perform a reliable analysis, the consultant is requested to provide a comprehensive statement on sample size determination before embark with field work. The consultant should provide an indicative work plan detailing the schedule and number of workdays for the evaluation based on level of efforts highlighted in section (VI). The work plan is based on a six-day work/week. The consultant for the evaluation will make every effort to coordinate this evaluation with the project stakeholders.
* Determination of sampling, development of data collection instruments and field work: Before collecting data, it is important to determine how many samples are needed to perform a reliable analysis, the consultant is requested to provide a comprehensive statement on sample size determination before embark with field work. However, developing set of quantitative and qualitative data collection tools in consultation with MERL team is required, as well as, the consultant will undertake field work with facilitation of Plan International concerned staff to project targets areas and stakeholders.
* Presentation of field work: Presentation of key findings (feedback workshop) at the end of the field trip should be conducted at field level and CO.
* Draft Evaluation Report and Evaluation Summary: The lead consultant is responsible for consolidating the inputs of team members, and taking into consideration comments received at the in-country evaluation wrap-up meeting, to produce a coherent Draft Evaluation Report and Evaluation Summary, according to report structure in section (VII).
* Final Evaluation Report and Evaluation Summary: Based on comments received on the Draft Evaluation Report, and at the Plan international Sudan and GNO, the lead consultant will finalize the evaluation and summary, with input from other evaluation team members, as required, and submit the Final Evaluation Report and Summary to the Plan International Sudan within 5 days of the receipt inputs, or by the agreed date.
1. Deliverables and Outputs:

Below are the expected deliverables by the consultant based on close consultation with the Project Manager:

* An inception report highlighting methodology, detailed work plan, templates for assessment, assessment teams, the sample size, methodologies in both data gathering & analysis, the platforms for delivering the findings and generating the lessons learned and has to be approved by MERL team, as well as the budget to be reviewed and approved by Plan International Sudan.
* Conduct a desk review of key relevant documents and literature (both internal and external) to have clear understanding of the contextual framework (Baseline report).
* Provide final version of data collection tools, methodology and analysis.
* Carry out and administer data collection and analysis for reporting
* A draft report in English with rounds of feedbacks with from Plan International Sudan should be expected.
* Final assessment report should also be submitted in electronic version incorporating the main benchmarks, recommendations and finding on existing programs.
* Provide a copy of the raw data in both soft and hard for documentation or further analysis if needed.
1. Expertise and Experience of the Consultant

The consultancy team should be a multi-disciplinary to ensure covering the following skills:

* Track-record of previous high-quality assessments and mappings experience, including using participatory approaches particular in the areas of protection and social norms.
* Familiar with participatory approaches and having strong participatory methodology and experience,
* Experience in carrying out similar assessment/research.
* Have a minimum of a BSC degree in the fields of Social Sciences or any other related fields,
* Know how to undertake desk reviews, as well as rapid assessments, qualitative and quantitative data collection & or evaluations,
* Technical competence in child protection and community development,
* Have solid understanding of the situation of the country, local context and the ongoing changes.
* Aware of gender equality, gender transformations and responsive programming
* Excellent communication skills (written and oral) in English and Arabic/local language.
* Proven ability to publish concise, focused, and easily understandable research/studies and assessment reports.
1. REPORTING

After the evaluation report has been commented on by GNO and Plan International Sudan team, the final report should be shared within 5 working days with Plan International Sudan. The report should be submitted as follows:

* 3 hard copies and 1 soft copy of the final evaluation report.
* 1 Hard copy and soft copy of a summary report (Maximum 2 pages in English and Arabic)

The final report as well as the summary should include findings, conclusions and recommendations. The Final Evaluation Report should as a minimum include the following elements:

* Front page with title of the evaluation, date and authors of the report.
* A table of basic document information on page 2 (Annex 2 - Attached).
* Executive summary that presents the key points of the different sections.
* Objectives and the intended use of the evaluation.
* Methodology and Limitations of the evaluation.
* Description of the project or programme.
* Findings, recommendations and Conclusions.
* Relevant annexes, which as minimum must include:
* Summary Assessment format on Plan standard questions.
* List of people interviewed or consulted.
* Bibliography of the documents reviewed.
* Terms of Reference for the evaluation.
1. TERMS OF PAYMENT

Plan international Sudan shall pay the consultancy fee to the consultant as agreed between both the parties by contract agreement in USD. All expenses shall also be included in the contract agreement. Initial payment of 30% will be made upon the sign of this agreement with detailed workshop plan approved by Plan international, the remainder being paid upon the delivery of the completion of all previously outlined activities.

1. Application Process & Requirements

Interested Consultant must submit the following documents:

1. Cover Letter,
2. CV of the firm and the survey team members that will be involved in the assessment.
3. Sample of previous work in similar consultancy work (assessment/survey/baseline assessment). It can be a part of the CV.
4. Technical proposal to conduct the assessment which reflects on the following: -
* show a thorough understanding of this term of reference.
* plan for the assessment information to be collected (detailed timeframe, including dates for submission of first draft and final report).
* proposed methodologies appropriate given the objective of the assessment.
* include a description of how to approach the data gathering methods and how to approach sampling.
* How assessment tools will be developed.
* Final report.
1. Tentative financial proposal (budget) containing:
* consultancy fees/costs.
* field data collection expenses broken down by team members, number of days, fees per team member according to the level of involvement and number of days required from each.
* travel, communication (internet, mobile credit) and administrative expenses.
* any other related costs and required for the proper conduction of the survey.
* Plan will cover the cost of meeting for presentation and validation of the results.
* In case of institution paying VAT, you should include it in financial budget.
1. SUBMISSION OF APPLICATION

The interested consultants are requested to submit the following:

* Duly accomplished Letter of Confirmation of Interest and Availability;
* Personal CV, indicating all past experience from similar projects, as well as the contact details (email and telephone number) of the Candidate and at least three (3) professional references;
* Brief description of why the individual considers him/herself as the most suitable for the assignment, and a methodology on how they will approach and complete the assignment.
* Financial proposal. The financial proposal shall specify a total lump sum amount with a clear break down costs. All applications must include, as an attachment, the CV, TOR and the financial proposal.
* The proposal should be submitted in electronic format by December 12, 2022 through email address: co.sudan@plan-international.org Applications without financial proposal will be treated as incomplete and will not be considered for further processing.
1. CONTACT & COORDINATION

For more clarification and coordination, please communicate with Abdelrahman Hassan EMLR coordinator, he will serve as main point of contact and in charge of the approval of instruments and report/data. Abdelrahman be reached through (Hassan.Abdelrahman@plan-international.org),

Tel: 0912755189 - 0918051045 for the full support on any further information.

1. Ethical Considerations
* The study objectives should be clearly explained to all the respondents of the study before gathering data from them.
* No one will be forced to provide information for the study.
* The Study team will be abstained from collecting data from those who will deny or show any kind of disinterest in providing information.
* As a minimum, the interviewer should sign that consent has been provided before collecting data and oral/verbal consent of the respondents would be considered.
* The study team will be highly committed to the respondents to keep the privacy of their information and source of data and put heartiest endeavor to be unbiased in collecting data.
* The study report will not reveal the identity of the respondents.
* The collection and analysis should be in line with the Framework for ethical Monitoring, Evaluation, Research and learning (MERL) guidelines.
1. Safeguarding Children and Young People Policy (SCYPP)

The firm/individual shall sign and comply with Plan’s Safeguarding children and Young People Policy of and any violation /deviation in complying with Plan’s SCYPP will not only result-in termination of the agreement but also Plan will initiate appropriate action in order to make good the damages/losses caused due to non-compliance to the policy.

1. Bindings

All documents, papers and data produced during the assessment are to be treated as Plan’s property and restricted for public use. The contracted agency/consultant will submit all original documents, materials and data to Plan International Sudan in the Country office.

1. Disclaimer

Plan International Sudan reserves the right to accept or reject any or all proposals without assigning any reason what so ever.

Annexes to be given to successful candidate:

1. Plan International’s Safeguarding Children and Youth People Policy – for adherence
2. Plan International’s Research Policy and Standards – as guidance

APPENDIXES

1. Annex 1: Project Proposal
2. Annex 2: Log frame work
3. Annex 3: Fund Approval Document
4. Annex 4: Annual Report
1. [↑](#footnote-ref-1)