

TERMS OF REFERENCE

BASELINE STUDY FOR OBLIGATION TO PROTECT AND EMPOWER GIRLS (OPEG) PHASE II IN SUDAN - KASSALA*, WHITE NILE, AND NORTH DARFUR STATES*

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| **Organization** | Plan International Sudan |
| **Project title** | Obligation to Protect and Empower Girls in Sudan (OPEG) |
| **Location** | Kassala, White Nile, and North Kordofan. |
| **Project Duration** | (December 2022 – December 2024) |
| **Task Type** | Baseline Survey |
| **Task duration** | 66 days after contract signing |
| **Local Partners engages in the project** | **Authorities:**  National Council of Child Welfare (NCCW) and it states branches, Family and Child Protection Units (FCPUs) at states, States Ministries of Social Welfare (SMOSW), States Ministries of Education (SOME), States Ministries of Health (SMOH)  **Local Implementing Partner**   1. Tabasheer Voluntary Development Organisation (TVDO), 2. Friends of Peace & Development Organisation (FPDO) 3. Child Rights Society (CRS) |

# 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’s Country Strategy guides the organisation’s work in line with the government of Sudan’s development priorities, 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”.

# Brief overview of Child Early & Forced marriage, and Female Genital Mutilation/Cutting in Sudan

worldwide concern affecting many ethnic groups. Worldwide, over 200 million women are estimated to undergo specifically FGM/C, most of them in Africa, whereas a third underage girls, below 18 years are forced into marriages[[1]](#footnote-1).

Specifically, in Sudan, 87% of girls and women aged 15-49 years face FGM/C, with rates slightly higher in rural areas at 87.2% than in urban areas at 85.5%[[2]](#footnote-2). It is estimated that two thirds of girls aged 0-14 are at risk of facing FGM/C before reaching 15 years of age. In rural areas, 70.9% are at risk of being circumcised, compared to 56.2% in urban areas. Therefore, girls living in rural areas are more likely to be circumcised than girls residing in urban areas.[[3]](#footnote-3)Similarly, Sudan has a high prevalence of child marriage, with 40% of women in the 20-24 age group reporting being married before the age of 18, and 15% of girls who married before the age of 15 (UNICEF Sudan, 2017). About 40% of married women aged 15-19 are married to a man that is at least 10 years older. The practice is slightly more common in rural than in urban areas and varies considerably across the states (Thiam, 2016). In the state of Kassala, White Nile and North Darfur, the percentage of women age 20-49 years who first married or entered a marital union before their 18th birthday are 45, 37 and 47 percent respectively. More significantly, are the gender inequalities and discrimination perpetuated that affect girls and women

A social norms research conducted in 2021 by Plan International Sudan in collaboration with Ahfad University for Women indicates that CEFM and FGM/C are perceived by the community as a practice that links a girl’s sexual activity before marriage with spoiling the family “honor”. Consequently, FGM/C is a cruel and painful way of controlling girl’s sexuality and is believed to reduce a girl’s sexual desire and reduce the likelihood of having sexual affairs prior to marriage. Evidence shows that the practice tends to be a cause of chronic infections; severe pain during urination, menstruation, sexual intercourse, problems of childbirth that may lead to child deaths; psychological trauma; and in some cases, even death. (WHO, 2017). The FGM/C practice in the state of Kassala is 78.7 percent, White Nile 93.7percent, and North Darfur 97.6 percent.

Cognizant that 96% of the majority of women in Sudan aged 14 - 49 years have knowledge about FGM/C, in addition to the efforts put by Government through amendment of the criminal law through an inclusion article (141) that prohibit FGM/C practice, these need to be translated into real gains for many women and girls.

# C) About the Obligation to Protect and Empower Girls (OPEG) Project

Plan International Sudan, with funding from Sida under CIVSAM and in partnership with three Local Implementing partners started implementing the Obligation to Protect and Empower Girls in Sudan (OPEG)” in three states of Kassala, North Darfur and White Nile in 2019.

The **purpose of the OPEG project** is to ensure *“communities, civil society and government structures adopt positive social norms and laws to protect children's rights with a particular focus on tackling FGM/C and CEFM in Kassala, White Nile, and North Darfur*. The **project goal** is that *vulnerable children and youth – in particular 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 own lives*

The project employs holistic programme strategies and approaches to empower and improve the protection mechanism (both formal and informal) of girls and young women at risk of FGM/C and CEFM. OPEG seeks to influence enactment and implementation of legislation that protects children, girls and young women in line with international standards and frameworks, while at the same time ensuring that local initiatives on tackling gender inequality and social norms that sustain negative practices against girls and women are addressed.

The project outcomes are;

1. *Communities are empowered to bring about positive change in attitudes and behaviours on gender equality*
2. *Civil society has strengthened capacity to promote gender equality, social accountability and advocacy on gender equality to combat CEFM and FGM*
3. *Strengthened government systems and capacities to promote gender equality, prevention and protection from child marriage and FGM*
4. *Strategic interventions to social norms transformation are identified/implemented*

OPEG Phase I was implemented from December 2019 to May 2022. Phase II of the project that runs from December 2022 to December 2024 is a continuation and builds on the strong foundation laid under Phase I so as to have a saturated impact and sustainable change to attain gender equality and ending of FGM/C and child marriage.

To achieve this, Plan International will work together with long-term local partners that have a proven track record of delivering results for children's rights. The project also aims to strengthen the partners in areas identified as important for the action where they might be weaker. It will scale up methodologies that have demonstrated success and combine such interventions with the testing of innovative methods. To promote change, the project is multi-levelled (engage at individual, community, state, nationwide) and multi-layered (target groups will benefit from multiple activities) and furthermore builds connections and alliances across different types of stakeholders and across community, state and national stages. Continuous learning and adaptation set the stage for a flexible project capable of adapting to changes in the context and feed lessons learned into the project implementation cycle.

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| **Outcomes** | **Outcome indicators** | **Output** |
| **OUTCOME 1**: Communities (Children Adolescents and Youth (CAY), women and men are empowered to bring about positive change in attitudes and behaviors to end CEFM and FGM/C including promoting gender equality. | *OCI: 1.1: % of community members (guardians /parents, CAY 15 – 24) taking collective and individual action to end FGM/C and CEFM*  *in their communities*   * 1. *% of adolescent girls and young women and men aged 15 - 24 who do not intend to have any of their (future) daughters undergo FGM/C* ***SRHO1.2.6***   2. *% of unmarried CAY who express that the best time for both women/men to get married is when they are adults* ***SRHO1.2.2***   3. *% of CAY parents/guardians participating in community measures to end CEFM and FGM/C through the community actions plans or saleema, community meetings, VSLA, Champions of Change*   4. *% of CAY who know where and how to report and/or seek support, if a peer is at risk of CEFM or FGM/C* ***SRHO 1.2***   5. *% of REFLECT/ VSLA group members with individual or group income generation ongoing*   6. *% of adults who think most people in their community approve of CEFMU* ***SRHO3.2.9***   7. *% of adults who think most people in their community approve of FGM/C* ***SRHO3.2.6*** | * 1. Communities, women and men have organized around REFLECT (Regenerated Freirean Literacy Through Empowering Community Techniques) and VS&L (Village saving and loan) groups to gain economic capacity and knowledge on positive social norms, attitudes and behaviors on gender equality and girls rights |
| * 1. Community level institutions including schools and Parent Teacher Associations (PTAs) and child protection committees, religious/community leaders, have integrated community action plans to end CEFM and FGM/C. |
| * 1. CAY have knowledge of gender equality and have mobilised to champion gender equality and to end CEFM & FGM/C |
| **OUTCOME 2**: Civil society has strengthened capacity to promote gender equality, social accountability and advocacy to combat CEFM and FGM. | *OCI: 2.1: % of active CSOs and CBOs trained in gender equality who include ending CEFM and FGM/C in their programming activities*  *OCI:2.2 % of active CSOs and CBOs participating in ending CEFM and FGM/C alliance advocacy activities* | 2.1 CSOs and CBOs acquire organisational, technical skills, and knowledge to coordinate and build functional alliances to combat CEFM and FGM/C. |
| 2.2 implementing Partners have required institutional capacities to manage project activities and operate as democratic organisations with relevant policies and transparent procedures |
| **OUTCOME 3**: Strengthened government systems and capacities to prevent child marriage and FGM, ensure adequate protection, and influence policies, strategies and legal frameworks on FGM and child marriage | *OCI 3.1: The CPMIS+ is functioning per agreed standards in the SOP uphold protection especially for child marriage and FGM/C cases.*  *3.2 of trained facility health workers/CHWs who have adequate practical knowledge of laws and referral pathways for CEFM and FGM/C and other forms of GBV* ***SRHO6.2.5*** | **3.1** Cases of FGM/C and CEFM are successfully managed by community child protection committees through locality and state level referral system, and under CPIMS + where this has been rolled out |
| **3.2** State and national level legislators and parliamentarians have capacities to conduct policy analysis from child rights point of view to amend legal frameworks pertaining to FGM and child marriage at state and national levels (depending of political context) |
| **OUTCOME 4**: Strategic interventions to social norms transformation are identified and implemented | OCI 4.1 # of Level of achievement of the milestones for the desired policy changes that in favor of ending FGM/C and child marriage  **Alternative OCI 4.1**: % of Parents, caregivers, CAY, community leaders who support abandoning of identified negative social norms driving CEFM and FGM/C | **4.1** Community leaders advocate implementation of laws and policies criminalizing FGM and CEFM |
| **4.2** Media, youth and medical alliances/movements advocate against FGM/CEFM through media engagements including on social media |
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**D) Target groups**

**Rights holders:**

In Phase II the project will target: 112,222 children and youth aged 13 to 24 years (60,765 girls, and 51,457 boys) across the three project states. In line with the project's gender transformative approach, the project will target 327 young men and 375 young women engaged with activism to challenge gender inequality, FGM/C and CEFM. In addition, media professionals, medical fraternity and other professionals, will be reached and empowered with advocacy skills to be part of wider actors engaging with communities and influential leaders to change the negative social norms that impact girls and women negatively

**Duty bearers:**

The primary duty bearers of the project include community, state and national level decision makers all of which are responsible for the fulfillment of children's and girls' rights. The project will

train, and advocate for legislators as well as ministries across sectors at state and

national level to promote the establishment of systems and laws required for protection, prevention

and responding to child protection issues with a particular focus on CEFM and FGM/C.

**The secondary duty bearers** of the project include targeted actors with a potential to influence

the formulation and implementation of decisions. Community actors engaged in developing

integrated action plans constitute one key target group of the project. The composition and

structure of such actors can differ somewhat from community to community. CSOs and CBOs –

with particular focus on women and youth including youth led CSOs and CBOs will be strengthened with a view to increase their capability of mainstreaming gender equality, CEFM and FGM/C into services (visà-vis the beneficiaries) as well as to develop knowledge, information and evidence that can feed into state and national-level policy dialogues (vis-à-vis primary duty bearers).

Champions of Change clubs will be supported to provide and monitor implementation of community action plans and participate in social accountability mechanisms. Finally, community members at large, including e.g. caregivers, will take part in awareness activities and the development of community action plans ( public declarations ) to combat CEFM and FGM.

**E) Overview of the baseline survey**

**Objective of the baseline survey**

The objectives of the baseline survey are as follows**:**

1. To establish a fixed baseline data or starting points against which project outcomes and progress will be measured throughout the result framework.
2. To map out existing community child protection structures/committees and provide recommendations for strengthening available structures or establishing new community-based child protection committees
3. Capture lessons from phase I and provide information to reinforce implementation of Phase II

**Scope of the Study** shall cover all three states mentioned above where the project will be implemented. It has to be within the 67 communities targeted by the project, which will be selected based on pre-established criteria at local level and will include areas where Plan International and its local partners have established relationships with existing community organizations and structures and/or have ongoing initiatives to leverage on synergies of the engagement.

The data should be collected from respondents in accordance with indicator definitions and ways of measurements. Generally, these include girls and boys age 12-18 years (in school and out of school); Parents, school teacher, midwives, community leaders and local community structures; relevant duty bearers and local government and relevant CSOs working in gender equality and women empowerments issues.

The mapping exercise will include information gathering on existing community child protection structure and referral mechanisms in place.

**Approach and Methodology:** The expectation is that this assignment will involve multi-site data collection activities, exercise cultural sensitivity, and apply both quantitative and qualitative methods for data collection. The consultant must demonstrate capacity to use participatory tools including but not limited to desk review, in-depth interviews, key informant interviews, focus group discussion, and participatory rural appraisal with CSOs, government stakeholders and other project beneficiaries (including children and youth groups). Plan International is 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 our Global Policy on Safeguarding Children and Young People.

The researchers (s) are encouraged to present a baseline framework and plan and as well define the baseline methodology and survey methods to be used. These should be rigorous yet at all times proportionate and appropriate to the context of the project intervention. Participatory methodologies are preferred. Sources of data should be properly documented and data disaggregated by sex, age and disability during collection and analysis. The consultant should clearly state appropriate analytical tools including integrated qualitative-quantitative analysis. Plan International Sudan retains intellectual property rights to the data, materials, and deliverables produced under this assignment and the consultant will do everything necessary to give effect to this assignment.

**Guidance on Sampling**

The consultant is expected to develop and suggest a sampling strategy including a description of:

1. Sample size (or expectations of the consultant (s) in calculating it)
2. Necessary respondent disaggregation
3. Number and type of locations
4. Sampling approach

**Note:** The strategy should aim to be statistically valid and cost effective.

**Timelines:** During the whole period of the assignment, follow up meetings will be held between the consultant firm and Plan International Sudan focal point persons to tackle any field problems timely. The baseline survey and mapping exercise is expected to be conducted within 66 days including ethical application process (with Plan Global Ethical Committee) and final report writing. However, the consultant shall provide a detailed workplan to undertake this baseline based on a tentative guidance below;

**Consultancy Approach**: International consultant/s must have a local (Sudan) team that will be responsible for field work. No international air travel will be facilitated by Plan International Sudan therefore, remote working arrangements must be made by the consultant team.

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| **issue** | **Timeframe** |
| An inception report highlighting operational  methodology and detailed work plan | 5 days after contract signature. |
| Development of data collection tools and field work | 30 days after inception report approval |
| First draft report with two rounds of feedbacks | 10 days after completing field work |
| Power point presentation on methodology, key results and recommendation of the baseline survey for validation workshop | 10 days after receiving all feedback  responses |
| validation workshop | 1 days after agreement on the PPT  shared |
| Final comprehensive baseline assessment  report | 7 day from validation workshop with  incorporation of all feedbacks |
| A summary report (4-5 pages) hard & soft copy both in Arabic and English. | 3 days after submission of final  comprehensive report |
| **Total** | **66 days** |

**Plan International Sudan’s responsibility to the consultant:**

* Provision of project documents (the project proposal and result framework, M&E plan, indicator frameworks, and risk assessment).
* Provide linkages to relevant resources and information available.
* Facilitate the approval of the survey with local authorities in the three states.
* Conduct start-up meeting with the survey team before the mission to the fields.
* Meet financial obligations 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.
* Provide transport logistics during data collection process
* Mobilise survey respondents as will beprescribed

**Intended Users of the Baseline Study Report**

The primary users of the report will be Plan International, and implementing partners. Secondary users are the Swedish International Development Agency (Sida), relevant government line ministries such as Ministry of Social Welfare as well as relevant national and state institutions e.g.

the National/State Council of Child Welfare, CSOs/CBOs, and communities.

**E) Deliverables and Outputs:**

Below are the expected deliverables by the consultant based on close consultation with the M&E Specialist and Project Manager:

* An inception report highlighting operational methodology and detailed work plan (indicating process, timelines and data gathering instruments (survey questionnaires, etc.) as well as the budget to be reviewed and approved by Plan International Sudan in dialogue with Plan international Sweden. This should be according to Plan International inception report template.
* Conduct a desk review of key relevant documents and literature (both internal and external) to have clear understanding of the project activities design and contextual framework,
* A draft report in English with two rounds of feedbacks from Plan, should be expected. Please refer to (Annex 1) for the structure of the baseline report.
* Final comprehensive baseline assessment report submitted in electronic version incorporating the main benchmarks, findings and recommendations
* Ensure disability inclusion
* Ensure systematic baseline database produced and delivered with final report along with recommendation of targets for performance evaluation including submission of annex of baseline findings against the project log-frame
* Power point presentation of the methodology, key results/findings and recommendation of the baseline survey (to be presented in a validation workshop with key stakeholders).
* A summary report (4-5 pages) hard & soft copy in English and Arabic
* Design tools/questionnaire, sampling and methodology for data collection of both qualitative and quantitative data and ensure translation into Arabic
* Convey training to data collectors with close monitoring and supervision to ensure quality data collection process at field level.
* Carry out and administer data collection and analysis for reporting
* Provide final version of data collection tools

**F) Required competencies and experience for the consultancy**

The consultancy team should be multi-disciplinary with competencies below among others;

* Track-record of undertaking international assignments particularly in conducting high-quality project baseline-line, evaluation surveys and research studies using participatory approaches in the field of child protection, ending Child Marriage, ending FGM/C, social norms, and Sexual Reproductive Health Rights (SRHR).
* Proven ability and outstanding experience in conducting similar surveys/ research assignment by sharing samples of previous works undertaken.
* Familiar with participatory approaches and having strong participatory methodology and experience,
* Experience in carrying out research with children and adolescents will be an added advantage,
* Have a minimum of a BSC degree in the fields of Social Sciences or any other related fields,
* Technical competence in child protection, empowerment of girls and young women, gender transformation, ending CEFM and ending FGM/C,
* Has good understanding of international and national child protection instruments,
* 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.
* Strong programmatic understanding particularly monitoring and evaluation skills, statistics, including experience developing indicators and carrying out baselines.
* Proven ability to publish concise, focused, and easily understandable research/studies and assessment reports.

**G) Application Process & Requirements**

Interested consultants must submit the following documents:

**a)** **Cover Letter**,

**b)** **CVs of all team members** including those from Sudan involved in the survey process with reference to previous similar assignments

**c)** **Sample of previous assignment** in similar consultancy work (assessment/survey/baseline assessment). This can be included in CVs alternatively,

**d)** **Technical proposal** to conduct the baseline survey based on the project background, project logic and results framework: The detailed technical proposal should;

* show a thorough understanding of this term of reference,
* plan for the baseline 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 on data gathering methods and how sampling will be conducted
* demonstrate understanding of quantitative and qualitative methods will be used in this assignment
* highlight approaches that will be used to ensure child protection and ethics and principles will be applied throughout the design and data collection phases of the study, and how targeted people will be included

**e) 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 requirements for the proper conduction of the survey,
* Plan will cover cost of the validation workshop should this be physical.
* In case the consultancy firm is required to pay VAT this must be include in the budget.
* Plan International Sudan shall pay consultancy fees in US dollars only up on final submission of satisfactory final baseline report

**Applications**

If you have experience of working in a similar capacity, meet the above profile and want to make an active and lasting contribution to promoting of gender equality in Sudan, please submit your proposal including your financial proposal and documents in a sealed envelope on or **before 4:30 pm of 2nd January 2023** to operations Department at: Plan International Sudan, Block 12, Building #26, Street 27 Al Amarat, East Khartoum PO Box 528, SUDAN. The envelop must be marked with the title of the assignment.

You can also submit your detailed proposal via email to [Sudan.Procurement@plan-international.org](mailto:Sudan.Procurement@plan-international.org)

**H) Ethical Considerations**

* The consultants will be required to sign Plan’s policy on safeguarding and ethics, and should also develop a risk assessment and mitigation matrix
* The baseline 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.

**I) 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.

**J) Binding**

All documents, papers and data produced during the assessment are to be treated as Plan International’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

**K) Disclaimer**

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

**Annex 1**

**Baseline Report Component**

The report should be learning oriented and take a strong gender sensitive approach. The report must contain:

1. **Executive summary**

Focus on the key results, based on the project indicators. Briefly highlight the objectives, methodology and processes of the study, lessons learnt and recommendations to the study. The summary as a whole should not exceed two pages.

**2. Context of the baseline study**

* Should answer questions such as:   
  Who requested/commissioned the baseline?
* Why was the study commissioned?
* Which project and future planning exercises are likely to be affected by the results of this study?
* Who carried out the study?
* When was the study carried out?
* Who will use, be affected by, and influenced by the results of the study?
* Who will answer/respond to the questions?

**3.** **Background, project description.**

**4. Objectives and limitations of the baseline study**

**5. Methodology (study design, tools, sampling and sample size, data collection procedure, data analysis)**

**6. Baseline findings (**ensuring data segregation by sex, age, group, ethnicity, disability and other exclusion criteria), focusing on the project indicator results. With inclusion of reflections regarding existing programs like REFECT, VSLA and champion of change approaches in visited areas.

**7. Analysis/discussion on the findings with some qoutes from respondents**

**8. Conclusions**

**9. Recommendations** (actions, which should be taken on during the project as well lessons to be drawn from the baseline survey)

**10. References**

**Ownership of information**

It is understood and agreed that the Consultant shall during and after the effective period of the contract, treat as confidential and not divulge, unless authorized in writing by the Plan, any information obtained in the course of the performance of the Contract. Plan and its partners will be the sole owners of all information collected in this study.

**Annex 2:**

Plan International’s Safeguarding Children and Youth People Policy

**Annex 3:**

Plan International’s Research Policy and Standard

**Annex 4**

Project Management Evaluation Research and Learning Standards

**Annex 5**

Research Risk Assessment and Mitigation Measures

**Annex 6**

Project Log-frame

1. Evidence to combat FGM/C: Exploring the association between FGM/C and early/child marriage: a review of the evidence, 2017 [↑](#footnote-ref-1)
2. UNICEF 2016: Female Genital Mutilation/Cutting (FGM/C) and Child Marriage in Sudan [↑](#footnote-ref-2)
3. UNICEF 2016: Female Genital Mutilation/Cutting (FGM/C) and Child Marriage in Sudan [↑](#footnote-ref-3)