Terms of Reference (ToR)

Baseline Study for
Gender-Responsive Food Security, WASH, GBV and Primary Health Services for Women, Girls and Crisis-Affected Communities Impacted by the Sudan Conflict

1. About CARE International

CARE International (CI) is one of the world's largest international humanitarian and development confederations, working in over 100 countries to save lives, defeat poverty, and achieve social justice. With more than 75 years of experience, CARE places gender equality, diversity, and inclusion at the center of all its work, recognizing that sustainable poverty reduction and social justice cannot be achieved without addressing structural inequalities and power imbalances. CARE prioritizes the rights, leadership, and resilience of women, girls, and marginalized populations, particularly in fragile, conflict, and displacement-affected contexts.

2. About the Project

The project is implemented under the leadership of CARE Deutschland e.V. (Contract Holder), with CARE International in Sudan serving as an Affiliated Entity, together with local partners National Humanitarian Aid (NAHA), Alsalam Organization for Rehabilitation and Development (AORD), CAFA Development Organization (CAFA), Alsawaid Alkhadara Organization (AAO) . The project, titled "Gender-Responsive Food Security, WASH, GBV and Primary Health Services for Women, Girls and Crisis-Affected Communities Impacted by the Sudan Conflict started on 1st July with a duration of 18 months financed by the German Federal Foreign Office (GFFO) .. The project aims to achieve more equitable access to food, WASH services, gender-responsive and survivor-centred SGBV and protection services and primary healthcare services, especially for women and girls. The project adopts an integrated approach that links protection/GBV, HEALTH, WASH and Food Security, multi-sectoral response addressing urgent needs while strengthening community resilience and service systems in Sudan.

Overall Objective: Improvements in food security, hygiene and health of crisis affected populations, esp. women and girls, with particular attention to enhanced GBV prevention and response within communities impacted by the Sudan Crisis

Outcome: Increased and more equitable access to food, WASH services, gender-responsive and survivor-centred SGBV and protection services and primary healthcare services, especially for women and girls, affected by the Sudan crisis and its broader regional impact, including in South Sudan and Chad

Project thematic Areas:

- Food security (core focus): With approximately 38% of the project volume allocated to food security, the intervention directly addresses the critical situation of populations in IPC Phase 3 and above. It prioritizes life-saving assistance and reduction of negative coping strategies.
- Protection and GBV: The project place a strong emphasis on GBV prevention and response (17%), reflecting GFFO's prioritization of protection, particularly for survivors of sexual and gender-based violence. The approach strengthens survivor-centered services, access to care, and community-based prevention.
- WASH (23%) The intervention prioritizes basic service provision in IDP camps and host communities, focusing on safe water, sanitation, hygiene promotion,
- Health (22%): The intervention prioritizes basic service provision in IDP camps and host communities, focusing on gender-responsive primary healthcare and SRH services.

Project will target to following groups:

- Female-headed households
- Households with children under five
- Pregnant and lactating women
- Unaccompanied or separated children
- Older persons
- Persons with disabilities
- Individuals with chronic illness or mental health conditions
- Survivors or those at risk of GBV

3. Purpose and Specific Objectives and Scope

3.1 Purpose: The purpose of the baseline study is to establish baseline values for all **outcome-level indicators with "TBD" baselines in the approved Logical Framework Matrix (Annex I)**, and to generate the minimum contextual evidence required to validate targets, refine implementation sequencing, and inform the inception report. The baseline will serve as the reference point forand endline measurement. Indicators whose sources of verification rely on routine project monitoring systems, administrative records, or activity-based reporting will not be measured through the baseline study, as their baseline values are defined through implementation tracking systems rather than primary baseline measurement.

3.2 Specific Objectives: The baseline study will:

- Establish baseline values for **impact- and outcome-level indicators with TBD baselines in the Logical Framework Matrix**.
- Establish baseline values for the livelihoods, income, and economic stability indicators relevant to Output 1
- Assess baseline access to, awareness of, and perceived quality of protection services relevant to output 3.
- Assess baseline access to, awareness of, and perceived quality of health services relevant to output 3.
- Establish baseline values for safety, knowledge, and gender-related perception indicators required for future comparison.
- Generate operational recommendations strictly limited to validation of targets and sequencing of activities during inception.

3.3 Baseline questions:

Food security:

- What are the current livelihood practices and income sources in the communities?
- What are the current basic needs of the targeted population? And to what extent are families able to meet these needs?
- What is the current status of the food consumption score wothin the targeted population?

Protection and GBV

- What is the percentage of people who received awareness raising and capacity building in GBV and protection?
- What is the level of GBV/SGBV existence in the targeted communities? And who are the most affected groups?
- Level of access to GBV services?
- Availability of psychosocial support, including GBV referrals in targeted health facilities?

Water Sanitation and Hygiene:

- What is the percentage of people who received awareness raising and capacity building in hygiene promotion?
- What are the available water sources? And the level of access to safe water?
- What is the level of HHs access to sanitation facilities?

Health:

- What is the current condition and availability of services in the targeted health facilities (staff capacity, infrastructure, equipment, medicines, etc) ?
- What is the level of communities' access to good quality health and SRH services?

3.4 Scope: The baseline will cover all geographic areas of the Project action across the 4 target states: South Darfur, South Kordofan, East Darfur, North Darfur:

State Name	Locality - Level	Community
South Darfur	Kass, Nyala Shamal	Kass IDPs camp, Kass Rural,SJM (Gorlangbang,Saboon Al Fagoor,Gubo,Kara)-Nyala North (Alsalam,Derieg,Al Nahda, and Al Thawra). Approximate Target population: 30,000
East Darfur	Bahr Al Arab and Assalaya	TBD-Community Identification will happens during the inception phase of baseline Approximate Target population: 30,000
North Darfur	Tawila	TBD Community Identification will happens during the inception phase of baseline Approximate Target population: 30,000
South Kordofan	Abujubeha, and Abbassiya	TBD - Community Identification will happens during the inception phase of baseline Approximate Target population: 30,000

The baseline will assess conditions at individual, household, community levels, as required to establish baseline values for indicators with TBD baselines. Data will be disaggregated by sex, age, disability, and migratory status. Particular attention will be given to populations facing heightened protection and socio-economic risks survivors of SGBV, and persons with disabilities.

The baseline will focus on thematic areas directly linked to the logframe indicators, including:

- Access to Safer Water and Satiation, awareness of hygiene practices
- Access to Health care
- Access to and awareness of protection services
- Household Food Consumption core and economic stability, negative copying strategy
- Functionality of community-based social protection mechanisms

The baseline will not assess implementation performance beyond what is required to establish baseline values and contextualize indicators for inception and future comparison.

4. Key Baseline Indicators

The baseline study will measure, at minimum, the indicators that require baseline measurement as defined in the approved Logical Framework Matrix and their corresponding sources of verification. These indicators will establish baseline values for projects and inform project implementation, monitoring, and learning.

Outcome-Level Indicators

% of people with acceptable Food Consumption Score (FCS)	Information about Food Security and Negative copying mechanism Number of women's groups who have taken forward actions aimed at influencing decision makers. Number and percentage of women who report speaking out in public forums. Number and percentage of women who reported control decisions related to cash spending
# and % of people are able to satisfy their needs for safe water and/or basic sanitation	Target Population: 117, 500 People • Existing hygiene Practices within communities • Condition of safe water supply infrastructure including boreholes, mini-water yards and water distribution systems in target communities (refugee/IDP camps, host communities and rural areas) • Condition of water supply system in Health and Nutrition facilities • Condition of sanitation facilities, including shared emergency latrines in camps, household latrines, and gender-segregated latrines with handwashing facilities in health facilities and schools • What are existing community-based WASH management structures, including WASH and water management committees with equitable gender representation,
# People in target population who use life-saving Gender/Based Violence (GBV) prevention and response services aligned with relevant standards.	• Target popululatin: 3000 People from valnuravle communities

	• protection risks, high-risk locations and priority mitigation actions in refugee, IDP and host communities • Women- and Girls-Friendly Spaces (WGFS)/Safe Spaces providing safe, confidential and inclusive environments for psychosocial support, group counselling, structured healing activities, and life-skills and livelihoods-related activities for women and adolescent girls • Access to Survivor-centred GBV case management services, including psychosocial support, medical care, legal assistance, referrals to justice, SRH services and linkages with other sectors,
# and % of people are able to access gender-responsive and inclusive primary healthcare (PHC) and SRH/FP services	• Target popululatin: 84,218 People from valnuravle communities (IDP camps and Host Communities) • Including family planning, reproductive health, antenatal care (ANC), skilled deliveries, postnatal care (PNC), newborn care and adolescent-friendly services, • priority health issues, disease outbreaks, menstrual hygiene management, SRH, and harmful gender and social norms limiting women's and girls' access to healthcare

The baseline study will focus on indicators requiring baseline measurement as defined by the Logical Framework Matrix and their sources of verification. All baseline indicators will be disaggregated by sex, age, disability, and migratory status.

The baseline will focus on collecting additional background information, beyond the logframe indicators on the following thematic areas:

- , awareness of hygiene practices
- Access to good quality health and SRHiE services
- Access to and awareness of protection services
- Household economic stability, negative copying strategy
- Functionality of community-based social protection mechanisms

5. Intended Users and Use of Findings

The baseline findings will be used by CARE Sudan, local partners, CARE International members, and GFFO to inform implementation, monitoring, learning, and reporting under the project action. Findings may also be used to support evidence-based coordination and planning with relevant government counterparts, local partners, and community stakeholders, as appropriate.

6. Communication and Dissemination Plan

Communication Format	Purpose	Users	Responsible	Timing
Inception Report	Confirm scope, methodology, tools, and sampling	CARE	Consultant	Early inception phase
Study progress updates	Ensure process transparency and coordination	CARE	Consultant	Ongoing during data collection
Preliminary findings presentation	Present initial findings for factual verification	CARE	Consultant	Post-analysis
Validation workshop and slide deck	Validate findings and baseline values	CARE,Partners	Consultant	Draft report stage
Final Baseline Report	Present approved baseline values aligned with the Logframe	CARE, GFFO	Consultant	End of assignment

7. Methodology and Sampling Framework

7.1. Overall Methodological Approach: The baseline will apply a mixed-methods approach, combining quantitative and qualitative data collection to establish statistically valid baseline values for indicators with TBD baselines in the approved project Logical Framework Matrix. The methodology will be strictly aligned with the logframe and designed to ensure internal consistency and comparability with future endline assessments.
Specific localities within each state will be finalized during inception, in coordination with CARE Sudan and partners, taking into account access constraints, security conditions, displacement patterns, and population concentrations.

The consultant will review all relevant project documentation and secondary data sources, including the Logical Framework Matrix, Guidance note of CARE Global standard indicatorsand other inception-phase analytical products. Primary data collection will constitute the principal source of evidence and will be used to establish baseline values. Qualitative methods will be used strictly to contextualize findings and support interpretation.

All data collection will be conducted in line with do-no-harm principles, conflict sensitivity standards, CARE safeguarding and accountability frameworks, and GFFO requirements.

7.2. Quantitative Methods: Quantitative data collection will focus on generating baseline values for indicators related to WASH, HEALTH service access, Food Security and economic stability, social protection participation, and perceptions of safety, dignity, and inclusion.

Primary quantitative methods will include household surveys targeting project-eligible households in displacement-affected communities, individual surveys with women, adolescents, youth, and other vulnerable groups including persons with disabilities, and service-user surveys where applicable. Survey instruments will include structured modules aligned directly to log frame indicators and will collect data disaggregated by sex, age, disability, migratory status, and location.

7.3. Qualitative Methods: Qualitative methods will be used to contextualize and explain quantitative findings and to support interpretation of baseline indicator values. **Qualitative methods will contextualize findings and may support measurements where required by indicator definitions.** Data collection will include focus group discussions with selected community groups and key informant interviews with relevant service providers, community leaders, authorities, health Facility representatives, Schools

7.4. Sampling Framework: The sampling framework will ensure adequate geographic and population coverage while remaining feasible in insecure and displacement-affected contexts. Sampling will cover all 4 target states, with locations selected to reflect urban, peri-urban, and displacement-affected settings.

Quantitative sampling will apply a stratified approach based on state, displacement status, and vulnerability category. Sample sizes will be calculated to achieve acceptable confidence levels (95%) and margins of error (5%), considering population estimates, access constraints, and operational feasibility. Oversampling of key vulnerable groups, including women-headed households, persons with disabilities, and households hosting unaccompanied or separated children, will be applied where required to ensure adequate representation.

Qualitative sampling will be purposive, based on relevance to the baseline indicators rather than statistical representativeness.

7.5. Data Collection Teams and Documentation: Data collection teams will include both female and male enumerators to mitigate cultural barriers, and local language capacity will be prioritized where possible. Respondent selection will ensure inclusive representation of women, men, adolescents, youth, persons with disabilities, internally displaced persons, returnees, and host community members.

Comprehensive documentation of baseline activities will be required, including field implementation records, qualitative discussion notes, and structured observation records where applicable. Documentation will support data quality assurance, transparency, and auditability in line with CARE and GFFO standards.

8. Safeguarding, Ethics, and Data Management

Safeguarding and ethical considerations will be central to the baseline study. All activities will comply with CARE safeguarding and accountability frameworks, and internationally recognized ethical research standards.
Informed consent will be obtained from all participants, confidentiality will be strictly maintained, and secure data storage protocols will be applied throughout the assignment. Data will be collected and managed in a manner that protects participants' privacy and minimizes risk, in line with do-no-harm and conflict sensitivity principles.
Appropriate referral pathways will be in place for participants requiring protection, psychosocial, or other support services. No personally identifiable or case-sensitive data will be collected beyond what is strictly necessary for baseline analysis.

9. Accountability and Responsibilities

Given access constraints, security considerations, and the geographic spread of the Project action, the consultant might work remotely, in close coordination with CARE Sudan and partners at national, state, and field levels. The consultant holds overall technical responsibility for the baseline study. All baseline design, preparation, methodology, quality assurance, analytical work, and reporting will be led by the consultant.

Remote supervision arrangements: Remote supervision will include structured coordination and quality-assurance mechanisms throughout the data collection phase. These will include daily or regular virtual check-ins with CARE field coordination teams during active data collection periods; real-time or near-real-time monitoring of incoming data through the agreed digital data collection platform (e.g., Kobo Toolbox); periodic data quality reviews and feedback to field teams; and clearly defined review and approval checkpoints for tools, training completion, pilot testing, and data collection progress. The consultant is expected to maintain availability during agreed working hours aligned with Sudan time to support field teams, troubleshoot methodological issues, and ensure adherence to agreed data quality standards.

The consultant will design all quantitative and qualitative data collection tools, including household and individual survey questionnaires, and submit them to CARE Sudan for technical review and approval. Approved quantitative tools will be uploaded to the agreed digital data collection platform, including Kobo Toolbox where applicable. The consultant will also be responsible for developing enumerator training tools and delivering enumerator training, as well as for data quality assurance, data cleaning, analysis, triangulation of quantitative and qualitative findings, and production of baseline outputs aligned with the Project Logical Framework Matrix.

9.1. Consultant's Roles and Responsibilities

- Establish and maintain effective remote working relationships with CARE Sudan and partners field teams across all GFFO Sudan target states.
- Review all relevant project documentation, including the Logical Framework Matrix, proposal, and other inception-phase materials.
- Prepare and submit a baseline proposal (inception report), including the detailed methodology, work plan, and budget.
- Define the baseline survey design, including sampling strategy, sample size calculations, and sampling procedures required to achieve the baseline objectives.
- Design all quantitative and qualitative data collection tools and methodologies and submit them to CARE Sudan for review and approval prior to deployment.
- Develop enumerator training tools and materials and deliver enumerator training, including preparation of training agendas, facilitator guides, presentations, practical exercises and role-plays, consent and safeguarding guidance, data quality protocols, and facilitation of training session
- Lead all primary data collection activities in the field and submit complete datasets
- Recruit and manage enumerators and field data collection teams.
- Provide or arrange vehicles and logistical support required for field data collection.
- Ensure inclusive and accurate representation of target populations in both data collection teams and respondents.
- Provide technical oversight and remote supervision of field data collection, including guidance to enumerators and field teams, and review of secondary data where relevant.
- Maintain regular coordination and quality assurance processes during data collection, including periodic virtual check-ins with CARE field teams, monitoring of incoming data through the digital data collection platform, and timely feedback to ensure adherence to agreed methodology and data quality standards.
- Analyze and synthesize quantitative and qualitative data, ensuring triangulation and alignment with the project indicator framework.
- Submit draft data analysis outputs and the draft baseline report to CARE Sudan and partners for review and feedback.
- Incorporate feedback and submit the final baseline report and all associated deliverables.

9.2. CARE International's Roles and Responsibilities

CARE Sudan, in coordination with consortium partners, will:

- Review and approve the proposed baseline methodology, sampling approach, and data collection tools.
- Brief relevant stakeholders on the purpose and scope of the baseline study.
- Coordinate with relevant authorities, including State-level HAC and security actors, to facilitate access and approvals.
- Support consultant for enumerators recruitment and arrange vehicles.
- Support the organization of meetings, briefings, and validation sessions related to the baseline.
- Process payment to the consultant upon satisfactory completion of the assignment and formal acceptance of the final baseline deliverables.
- Provide the consultant with all relevant supporting documentation and contextual information required for the assignment.

10. Expected Deliverables

The consultant will deliver the following:
• **Inception Report**, including the finalized methodology, sampling approach, detailed work plan and timeline, team structure and roles, and all data collection tools annexed (survey questionnaires, FGD and KII guides), **as well as enumerator training tools and materials** (training agenda, facilitator guide, presentations, practical exercises, and data quality and safeguarding protocols).
• **Enumerator Training Delivery**, including facilitation of enumerator training (remote or hybrid as required) using the approved training tools, and provision of training outputs such as attendance records and training materials.
• **Draft Baseline Report**, presenting preliminary findings, baseline values, and initial analysis aligned with the GFFO Sudan Logical Framework Matrix.
• **Final Baseline Report**, incorporating feedback from CARE Sudan, CARE Germany, consortium partners, , and presenting validated baseline values, analysis, conclusions, and recommendations limited to target validation and sequencing during inception.
• **Baseline Dataset and Documentation**, including cleaned quantitative datasets, a data dictionary or codebook, and qualitative documentation (FGD and KII notes or summaries) as defined and agreed during the inception phase and reflected in the approved methodology.
• **Baseline Target Recommendations**, where required, to support performance monitoring and future comparison at midline and endline.

11. Work Plan, Finance, Qualifications, and Reporting Format

11.1. Proposed Work Plan and Activity Timeframe: The consultant will submit a detailed work plan and Gantt chart as part of the technical proposal. The work plan will clearly outline all phases of the assignment, including inception and baseline design; development of quantitative and qualitative data collection tools; development of enumerator training tools and delivery of enumerator training; coordination and preparation for field data collection; technical supervision and support during CARE-led data collection; data cleaning, analysis, and triangulation; validation of baseline findings; and preparation and submission of draft and final baseline reports.
The work plan must demonstrate logical sequencing, feasibility within the agreed timeframe, and alignment with GFFO Sudan inception priorities.

11.2. Finance: The consultant is required to submit a detailed financial proposal indicating a daily professional fee for the duration of the assignment. The financial proposal must be realistic, transparent, and aligned with the proposed work plan and deliverables, including costs associated with tool development, enumerator training design and delivery, analysis, validation, and reporting. All costs must be presented in USD and clearly linked to roles, levels of effort, and outputs.
Financial offers need to include enumerators and all relevant logistical expenses related to data collection.

11.3. Required Qualifications of the Consultant: The consultant or consultancy team must meet the following minimum qualifications.

- Strong technical expertise in mixed-methods research design and implementation, including quantitative baseline surveys and qualitative methods such as FGDs and KIIs, with the ability to integrate do-no-harm, conflict sensitivity, and survivor-centered approaches.
- Demonstrated understanding of the Sudan context, including displacement dynamics, protection risks, gender norms, market disruption, and operational constraints in humanitarian settings.
- Proven experience conducting large-scale, multi-location assessments or evaluations in complex emergencies or displacement contexts, preferably in Sudan or comparable contexts.
- Demonstrated capacity to manage and supervise field teams, ensure data quality assurance, and validate findings across multiple locations.
- Fluency in English and Arabic (spoken and written) is required.
- Demonstrated ability to deliver high-quality analytical outputs within tight timelines, with strong coordination, supervision, and time management skills.
- Prior experience working with international NGOs, consortia, or UN agencies, and familiarity with GFFO requirements, baseline studies, and results frameworks, is a strong advantage.

11.4. Reporting Format: The baseline report will follow a clear and structured format and include, at minimum:

1. Table of Contents
2. List of Abbreviations
3. Executive Summary of Key Findings
4. Introduction
5. Background and Project Description
6. Objectives, Methodology, and Limitations
7. Findings, Analysis, and Interpretation structured around the Project Logical Framework Matrix indicators
8. Conclusions and Recommendations
9. Annexes, including but not limited to:
    - List of individuals and organizations consulted, with basic disaggregation by sex and age where applicable
    - All quantitative and qualitative data collection tools (survey questionnaires, FGD and KII guides)
    - List of documents reviewed
    - Final Terms of Reference for the Baseline Study

12. Proposal Submission Requirements

Interested consultants or consultancy firms are required to submit separate Technical and Financial Proposals in response to this ToR. Proposals must demonstrate a clear understanding of the Project context, and the purpose of a baseline study aligned with the approved Logical Framework Matrix.

Component	Required Content
a. Baseline Study Design and Understanding of the ToR	A clear description of the proposed baseline methodology demonstrating understanding of GFFO Sudan objectives, Outcomes 1 and 2, and the Logical Framework Matrix. The proposal must: (i) explain the mixed-methods approach combining quantitative and qualitative data collection to establish baseline values for indicators with TBD baselines; (ii) describe how data collection tools will align with logframe indicators and ensure comparability with future midline and endline assessments; (iii) specify quantitative tools to establish baseline indicator values and qualitative methods (FGDs, KIIs) used strictly to contextualize findings; (iv) outline the sampling strategy with disaggregation by sex, age, disability, displacement status, and location; and (v) include a brief risk mitigation approach covering conflict sensitivity, safeguarding, access constraints, and ethical considerations.
b. Timeline of Key Activities (Gantt Chart Format)	A visual and narrative workplan covering all phases of the baseline assignment, including inception and tool development; enumerator training and tool piloting; CARE-led data collection under consultant technical supervision; data cleaning and analysis; validation; and final reporting. The Gantt chart must clearly indicate sequencing, dependencies, and the indicative number of working days per activity.
c. Primary Data Collection Action Plan	The proposal must include a Primary Data Collection Action Plan that clearly distinguishes CARE Sudan's responsibility for conducting and managing all field-based data collection and associated logistics from the consultant's responsibility for technical leadership of the baseline study. Consultant will be responsible for enumerator recruitment and management, field deployment, movement planning, CARE will be responsible for access arrangements, coordination with authorities, and application of internal security procedures. The consultant will be responsible for the technical design of the data collection process, including development and delivery of enumerator training, provision of methodological

Component	Required Content
	guidance, technical supervision during CARE-led data collection, data quality assurance, and analytical oversight. The action plan should describe the intended geographic coverage across the 4 GFFO Sudan target states of South Darfur, South Kordofan, North Darfur and East Darfur, the proposed enumerator profiles including gender balance and language capacity, and any translation or transcription requirements. Security, access, and risk mitigation considerations shall be addressed through CARE Sudan's established operational and security systems, with the consultant ensuring that conflict sensitivity, do-no-harm, safeguarding, and survivor-centered principles are fully integrated into data collection tools, training, and guidance and are applied consistently during field implementation.
d. Detailed Budget	The Financial Proposal must include a detailed, line-item budget presented in USD and structured in line with the Budget Responsibilities table provided in this ToR. The budget must be clearly linked to working days, consultant roles, and ToR deliverables, and must be realistic, transparent, and internally consistent with the proposed methodology and work plan.The financial proposal shall **cover all relevant cost** , including professional fees for the Team Leader / Lead Consultant and any required technical support staff, covering baseline design, tool development, enumerator training design and delivery, remote technical supervision of CARE-led data collection, data quality assurance, data cleaning and analysis, triangulation of findings, validation support, and reporting, field-level data collection costs, including enumerator recruitment, enumerator incentives or allowances, local transportation, internet, stationery, printing, and venue hire for enumerator training The budget may include a reasonable contingency not exceeding **5% of the total proposed budget**, with clear justification. All costs must be clearly itemized, justified, and directly attributable to the baseline assignment deliverables. Any budget lines that are inconsistent with the roles and responsibilities defined in this ToR may be disqualified during financial evaluation.
e. Assessment Team Composition	Description of the proposed team structure, including supervision arrangements, quality assurance procedures, and ethical oversight. Roles and responsibilities of core team members must be specified, including Team Leader or Principal Consultant; Gender/Protection Specialist (if separate); Data Collection and Quality Assurance Lead; Local Team Supervisor(s); and Field Enumerators and Translators.
f. Disclosure of Involved Staff (if applicable)	Disclosure of any prior involvement of proposed team members in the design, implementation, or monitoring of GFFO Sudan or related activities, with a clear explanation of how independence and objectivity will be ensured.
g. Consultant or Firm Profile	Organisational profile or individual CVs; demonstrated experience conducting baseline studies or assessments in fragile or conflict-affected contexts (preferably Sudan or comparable settings); thematic expertise in protection, livelihoods, gender equality, and social inclusion; experience working with CARE or similar INGOs (preferred); and at least 2 references from comparable baseline assignments completed within the last 3–5 years
h. Sample Assessment Report (Optional)	A sample baseline or assessment report from a comparable context demonstrating analytical quality, gender sensitivity, and clarity of reporting.

13. Evaluation criteria

a. Administrative and Eligibility Criteria (Pass / Fail)

Criterion	Description
Consultant's operational status with CARE	Confirmation that the consultant or firm is **not on CARE's blacklist** (Yes / No)
Experience with CARE	Previous experience working with CARE (Yes / No)
Legal status	Individual consultant or registered consultancy firm
Tax compliance	Evidence of **Tax Compliance Certificate** for firms or **TIN Certificate** for individual consultants (Yes / No)

Only proposals meeting all administrative and eligibility requirements will proceed to technical evaluation.

b. Technical Evaluation Criteria (Total: 70 marks)

Technical Criteria	Description	Marks
General understanding of the ToR	Demonstrates a clear and accurate understanding of the ToR, GFFO Sudan objectives, and the purpose of the baseline study aligned with the Logical Framework Matrix. Shows ability to translate baseline requirements into an appropriate and compliant assessment approach.	10
Methodology	Clarity, coherence, and technical quality of the proposed baseline methodology. Appropriateness of the mixed-methods approach, sampling strategy, and sample size justification. Inclusion of relevant quantitative and qualitative data collection methods required to establish baseline indicator values, with appropriate integration of safeguarding, conflict sensitivity, and do-no-harm principles.	15
Team composition	Adequacy of the proposed team structure and competencies. Demonstrated experience of key personnel in conducting baseline studies, protection and livelihoods programming, gender-responsive research, and data quality assurance in fragile or conflict-affected contexts. Clear supervision and quality assurance arrangements.	15
Experience in similar or related baseline studies	Demonstrated experience conducting baseline studies or comparable assessments in Sudan or similar fragile and conflict-affected contexts. Experience with INGOs, consortium programmes, or UN agencies is an added advantage..	10
Quality of previous work	Quality of previously submitted baseline or assessment reports, assessed in terms of analytical rigor, structure, clarity, and presentation.	5
Workplan	Quality and feasibility of the proposed baseline workplan, including logical sequencing of activities, realism of timelines, and ability to deliver required outputs within the agreed timeframe.	10
Budget	Reasonableness and realism of the proposed budget, with clear alignment between costs, activities, team roles, and baseline deliverables.	5

Total Technical Score: 70 mark.

14. Budget Responsibilities

Description	Total Amount	# of consultants	Period / Days	Rate per Day	Total Cost (USD)	Remarks
Consultant's professional fees						Covers professional fees for the consultant team (Team Leader/Lead Consultant and any required technical support) for baseline design, tool development, remote supervision, data quality assurance, data analysis, triangulation, validation support, and reporting. **Does not include enumerator costs.**
International and or national airfare (if applicable)						If travel is exceptionally required and pre-approved by CARE Sudan, airfare will be covered in accordance with CARE travel policies. Otherwise, the assignment is delivered remotely with no travel costs.
Internet during field deployment						
Stationery and printing						
Local transportation during fieldwork						
Identification and selection of enumerators						CARE Sudan will help to identified and recruited by consultant, in consultation with the consultant as needed to align profiles with methodological and safeguarding requirements
Number of enumerators						Indicatively up to 16 **enumerators** (approximately 4 per state), subject to the final sampling plan, access, and geographic coverage.
Venue hire for enumerator training						**CARE Sudan** will support to identify the venue for enumerator training, where an in-person training is required.
Training of enumerators						**Consultant responsible for design and delivery of enumerator training**, including training materials, facilitation, and guidance on data collection tools, ethics, safeguarding, and data quality, delivered remotely or in hybrid format as required.

Description	Total Amount	# of consultants	Period / Days	Rate per Day	Total Cost (USD)	Remarks
Incentives or allowances for enumerators						Enumerators' incentives/allowances will be covered by cinsultant in line with internal standards and applicable procedures.

15. Terms and Conditions

a. Proposals must be submitted as **two separate documents**: Technical Proposal and Financial Proposal, accompanied by all required supporting documentation for this baseline assignment.
b. Technical proposals will be evaluated and scored out of a maximum of **70 marks**. Only consultants or firms that achieve a **minimum technical score of 50 marks** will proceed to the financial evaluation stage.
c. The contract will be **deliverables-based** with a **single payment**. Payment of **100%** will be made upon successful completion of all agreed baseline tasks and formal acceptance of the final baseline report and associated deliverables by CARE Sudan, following signature of a certificate of work completion by both parties and completion of CARE Sudan's consultant performance evaluation requirements.
d. Invoices will be accepted and processed by CARE Sudan Procurement **only after** all conditions outlined in item above have been fulfilled.

16. Submission of Proposals

a. The subject line of the email "**Application to Conduct the GFFO Sudan**".
b. All proposals must be received no later than **20Th August**, by email addressed to Procurement**:** Najat.Ahmed@care.org.
c. Late submissions will not be accepted under any circumstances. Only proposals received by the stated deadline will be evaluated in accordance with the criteria outlined in this ToR.

submission should include: **Baseline Assessment for**