



UNITED NATIONS CHILDREN'S FUND
SUDAN COUNTRY OFFICE

TERMS OF REFERENCE (TOR) FOR INDIVIDUAL CONSULTANTS AND INSTITUTIONAL CONTRACTORS

Project/Program Title: Institutional Consultancy to conduct a Water, Sanitation and Hygiene (WASH) Baseline Survey/Knowledge, Attitudes and Practices (KAP) study in Agig and Algalabat Algharbia Localities, Red Sea and Gedarif states.

Position Title/Services description:

Duration of Contract: Four Months from the date of the contract signature

Duty Station: Agig and Algalabat Algharbia Localities, Red Sea and Gedarif states

Supervisor: Fouad Yassa, WASH Specialist

1. Background:

UNICEF WASH has signed a three-years cooperation agreement with USAID that targeting increase and sustain use of gender sensitive and climate change adaptive basic water and adequate sanitation services and hygienic practices for Agig and Al-Galabat Al-Gharbia localities of Red Sea and Gedarif States and strengthen WASH sector capacity and social and environmental sustainability safeguarding.

As per the project document, an in-depth baseline survey/KAP study needs to be conducted at the project inception phase to understand the exact situation at the ground to refine the programme targets and design and enable evidence-based measurements for the project progress towards achieving the targeted results and impact. It will also guide the approach, methodologies, modalities of implementation and tools to be used to achieve the expected results.

2. Purpose of Assignment:

To assess the exact current situation of access to WASH services at the ground in Agig and Al-Galabat Al-Gharbia localities of Red Sea and Gedarif States to refine the programme targets and design and enable evidence-based measurements for the project progress towards achieving the targeted results and impact. The baseline survey/KAP study will provide comprehensive and critical baseline information to:

- Refining the programme targets, design, and implementation modalities.
- Being able to measure project progress towards the achievements of the project targets against SMART indicators.
- Building evidence and documented lessons learnt and best practices for the measurement of the project outputs, outcomes and impact and for eventual replication/scaling up of the project goals.

The final outcomes will be disseminated to the project management team, USAID Sudan, Red Sea and Gedarif states authorities and relevant WASH sector partners.

3. Basic objectives of consultancy/contractor (assignment) services (2-5 Objectives).

- 1- Assessing and documenting up-to-date geographic, demographic, and administrative information of the two localities and each of their subsequent communities, schools and health centres in terms of information sheets and GPS coordinates.
- 2- Assessing the existing WASH services in each community, school and health centre of the two Localities in terms of type, quantity, GPS location and functionality of the existing WASH services, regulatory and functionality of tariff elements, and management modality in terms of information sheets and GPS coordinates.
- 3- Assessing -at household level- the current population access to WASH services, knowledge, attitude and practices (KAP) on key WASH behaviors and practices, mainly handwashing, water and latrine use and gender equality aspects; and prevalence (%) and type of WASH related diseases, mainly diarrhea in the two Localities.

- 4- Prepare a complete comprehensive datasets and related GIS maps that constitute the base for the GIS based information management system in order to be used for monitoring of the project implementation and progress towards the achievements of the project set targets.

Key Activities/Tasks	Output(s)/ Deliverable(s)	Expected Time frame
Under the general guidance and supervision of the UNICEF WASH Section Chief and in close collaboration with Red Sea and Gedarif State Water Corporation, State ministries of Health, International and National NGOs, the consultancy company will be responsible for the following specific tasks:	1. Inception report approved by UNICEF.	One week
1. Submit an Inception Report with detailed study design for review and approval by UNICEF. The Inception Report will state the consultancy company's understanding of the TOR, time-schedule for completing this assignment, proposed approach (including research techniques to be implemented, data collection methods and tools, sampling methodology including techniques, size and scope, data analysis, GIS mapping, presentation of results and report writing process, including a timetable for fieldwork, and procedures to ensure quality control and quality assurance (QC/QA) on presentation of clear and synthetic results (including visual platforms).	2. Desk review and approved data collection and analysis methods and tools with formal ethical clearance obtained from the Ethical Review Board.	Four weeks
2. Conduct a Thorough desk review for the collection, review and analysis of the existing information including previous assessments and KAP studies at Red Sea and Gedarif States including the available information at both Agig and Algalabat Algharbia Localities.	3. Presentation of the preliminary completed data collection and analysis findings including the GIS interactive maps and final report structure.	Eight weeks
3. Based on the required indicators to be measured (see Annex 1), develop all data collection and analysis methods and tools (quantitative and qualitative) for review and approval by UNICEF and partners including but not limited to: <ul style="list-style-type: none"> Demography and WASH related field surveys for the locality communities, schools and health centres. Questionnaire-based household visits using agreed upon questionnaire. Two-stage communities and households cluster sampling design. Sample size to be designed to generate Locality-level representative estimates for each Locality with 90 per cent confidence level and 5% margin of error. Focus group discussions with disaggregated community groups, mainly overall, women/girls and young people. Interviews with sector partners and communities. 	4. Final Draft report for review and comments by UNICEF.	Two weeks
4. Obtain ethical clearance from the Ethical Review Board and ensure ethical consideration of data collection, privacy and securing agreement of the individuals/HHs/communities who will be targeted in the survey	5. Approved final report including all dataset/microdata, tools and GIS maps in soft copy and three hard copies.	One week
5. Conduct a data/information collection campaign and lead the management of the assessment and the study including full provision of field data collection and research teams, organize their orientation and manage field work and data collection including data/information QC/QA.		
6. Conduct in-depth analysis for the collected data with reference to the indicators to be measured (see Annex 1) including data/information QC/QA.		
7. Prepare and produce the required below interactive GIS maps and related tables (using QGIS 3.22 and Mapbox open-source platforms) in both soft and hard copies:		(Total: 16 weeks)

<ul style="list-style-type: none"> • Locality and its subsequent communities', schools and health center's GIS maps with all its attributes and layers, including but not limited to: Locality admin boundaries and topography, watersheds and stream network, community names and population, etc. • Locality water services GIS maps with all its attributes and layers, including but not limited to: Location, type, average production (m3/h), functionality, management system (government, community, hybrid), availability of active tariff system, etc. • Open Defecation GIS map with all its attributes and layers, including community name, estimated OD status (in %). • Locality schools GIS maps with all its attributes and layers, including locations, names, type (basic/secondary) student number (boys/girls), staff number, basic (safe) water, sanitation and handwashing facility availability and functionality. • Locality health centres GIS maps with all its attributes and layers, including locations, names, type (hospital, health centre, health unit), estimated daily visitors, staff number, basic (safe) water, sanitation and handwashing facilities availability and functionality. <p>8. Prepare and present the preliminary data collection and analysis findings and the expected structure of the final report for discussion and approval from UNICEF side.</p> <p>9. Produce and submit a draft baseline/KAP report (not exceeding 50 pages with a summary three pagers and detailed findings), tools, data sheets, interactive GIS maps, etc. to UNICEF for review and feedback.</p> <p>10. Produce and submit final report that incorporates revisions and recommendations from UNICEF and other relevant parties including all dataset/microdata, tools and GIS maps and their related data sheets in soft copy and three hard copies.</p>		
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Evaluation Criteria:

The proposals will be evaluated against the Technical Evaluation Criteria (70%) and Price Proposal Evaluation Criteria (30%). The details of the Evaluation Criteria and the minimum content of the technical and financial proposal is as below.

All technical proposals will be evaluated using the evaluation criteria as indicated below. Bidders are advised to devote chapters of their submissions to demonstrate each of the criteria and be consistent with the tasks detailed in the ToR under Section 4 and 5. Bidders are advised to avoid submitting brochures and pamphlet that have no direct bearing on the requirements under this RFP.

Consultancy Firm Technical Evaluation Criteria	Points
1. Organizational capacity and QC/QA (20 marks): A. Credential of the organization in terms of reliability, experience, and capacity for conducting the consultancy in terms of related knowledge and experience in conducting similar Baseline-survey/KAP studies, including the presence of effective mechanisms for recruitment and management of relevant staff, managing logistics and funds. The following documents to be submitted: <ul style="list-style-type: none"> • Two recent audit reports. • Copies of previously conducted similar assignments. • Adequate references on recent assignments. 	15
B. Consultancy firm measures/procedures to ensure QC/QA to determine whether the provided service meets the specified requirements.	5

	2. Submitted Proposal (30 marks):	
	A. Clear understanding of the purpose of the assignments to be conducted and results to be achieved.	5
	B. Sound proposed workplan and approaches including detailed methodology, guidelines, and proposed tools for: <ul style="list-style-type: none"> • Deferent data collection procedures with the required QA/QC • Household's sampling methodology including techniques, size and scope. • GIS mapping. • Data analysis and validation of findings. • Final report structure. • Reliable implementation timetable 	25
	Assignment Dedicated Human Resources (20 marks):	
	A. Sound submitted CVs of the assignment dedicated planning/implementation HR with the required relevant comprehensive educational, knowledge and experience in relation to the respective expected outputs of the assignment that include but not restricted to: <ul style="list-style-type: none"> • Team leader with at least five years of professional experience in leading and managing similar assignments. • Team members with solid education, knowledge, and experiences in conducting similar quantitative and qualitative WASH surveys and KAP studies with mainly water supply, sanitation, hygiene, socioeconomics, statistics, and GIS background and experience. 	20
	Total Marks	70
Minimum score for technical compliance		50
Total Maximum for Financial evaluation (Overall Price)		30
TOTAL POINTS (Total of combined evaluation)		100

The consultancy institution will be paid according to the following schedule:

- 20% of payment on submission of inception report (deliverable 1).
- 40% payment on submission field works, data analysis and preliminary findings including GIS maps (deliverable 3).
- 25% of payment on submission and acceptance of draft final report (deliverable 4).
- 15% of payment on submission of Final Report and handover of all dataset/microdata (deliverable 5).

Qualification or specialized knowledge/experience/expertise required for the assignment:

To the maximum extent, the Consultancy firm that will be contracted as the result of UNICEF analysis of different received detailed proposals from the interested firms in response to this Request for Proposal (RFP) needs to be:

- A legally registered consultancy firm established in Sudan
- Specialized in conducting technical/socio-economic/demographic surveys with relevant experience in water supply, public health and WASH KAP assessments.
- With a track record of at least five (5) years of relevant assessment and KAP studies in Sudan.
- Has the required procedures to ensure QC/QA.
- Members of the team should have demonstrated knowledge and experience in both quantitative and qualitative WASH surveys, research, KAP studies and GIS techniques

- Team leader should be fluent in speaking and report writing in both Arabic and English.

Detailed Proposal Evaluation Criteria for selection is given in the above “Evaluation Criteria” subheading

4. General Terms and Conditions of the Contract:

- Under the consultancy agreements, payment is deliverable based as defined in the ToR
- All remuneration must be within the contract agreement.
- No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.
- Consultant team leader will be required to sign the health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
- Mention is it as per the General Terms and Conditions of the Contract.
- Mention “Grace Period” for submission of deliverables, after which payment will not be processed

5. Prepared by Programme Specialist:

Section: WASH **Name and Title:** Fouad Yassa, WASH Specialist **Signature:** **Date**

6. Reviewed by Section Chief:

Section: WASH **Name and Title:** Thewodros Mulugeta, WASH Section Chief **Signature** **Date**

7. Approved by:

“I hereby certify that the output/deliverables are clear and specific”

Dep Representative/OIC (Programme Related TOR) or **Chief of Operations/OIC** (Operations related TOR)

Name and Title: Mary Louise Eagleton, Deputy Representative **Signature** **Date**

Annex-1: Baseline Survey/KAP Study indicators (For each targeted Locality):

1. Impact Indicators:

- 1.1. Percentage of children diarrhoea cases (for overall and under 5 children)
- 1.2. Total time spent for collecting water and coming back
- 1.3. Total time spent for defecation and coming back.

2. Outcome indicators:

- 2.1. Percentage of water insecure households using Household Water Insecurity Experiences (HWISE) Scale.
- 2.2. Percentage of household members using Basic water (from improved sources of drinking water within 30 minutes round trip collection time)
- 2.3. Percentage of household members who are defecating in open areas
- 2.4. Percentage of household members who are using household latrines.
- 2.5. Percentage of household members using basic sanitation facilities (improved and not shared).
- 2.6. Percentage of household members with a handwashing facility (stable or moving) where water and soap or detergent are present.

3. Output Indicators:

- 3.1. Number of people (sex disaggregated) with access to basic water supply.
- 3.2. Improved water schemes numbers and functionality by category (HP, MWY, WY treatment plant, protected wells, etc.) per community and Locality.
- 3.3. Household domestic water monthly cost.
- 3.4. Number of people (sex disaggregated) living in ODF communities.
- 3.5. Number and names of ODF communities.
- 3.6. Number of households with knowledge on handwashing with soap practices at critical times.
- 3.7. Number and names of communities with Active WASH committees.
- 3.8. Number and names of communities with active regular water tariff.
- 3.9. Number of women in decision-making position in community managed WASH Committees.
- 3.10. Number and names of schools with adequate basic water facilities.
- 3.11. Number and names of schools with adequate sanitation facilities.
- 3.12. Number and names of schools with adequate handwashing facilities with water and soap available.
- 3.13. Number and names of schools with knowledge on handwashing with soap practices at critical times.
- 3.14. Number and names of girls' schools with menstrual hygiene management (MHM) measures (toilet sanitary napkins bins with cover/MHM sessions).
- 3.15. Number and names of Health Centres with basic water facilities.
- 3.16. Number and names of Health Centres with adequate sanitation facilities.
- 3.17. Number and names of Health centres with adequate handwashing facilities with water and soap available.
- 3.18. Number and names of health centres with menstrual hygiene management (MHM) measures (toilet sanitary napkins bins).

4. Qualitative Results:

- 4.1. Reasons for using (or not using) improved water sources.
- 4.2. Reasons for using (or not using) latrine.
- 4.3. Reasons for handwashing (or not hand washing) with soap.
- 4.4. Awareness especially of women /girls on causes / preventive methods of diarrhoea.