



**Terms of Reference
for
Conducting a Baseline Study for ‘Inclusive Market-based Development for Smallholder Farmers in Northern Uganda’ under DINU
Program**

1. Background.

The Development Initiative for Northern Uganda (DINU) a Government of Uganda program with support from the European Union, is aimed at consolidating stability in Northern Uganda, eradicating poverty and under-nutrition and strengthening the foundations for sustainable and inclusive socio-economic development. It is supported by the European Union (EU) under the 11th EDF, implemented in 33 districts of Acholi, Karamoja, Lango, Teso and West Nile sub-regions for a duration of six (6) years 2017-2023). The overall supervision is with the Office of the Prime Minister through local governments in partnership with a wide range of stakeholders. DINU supports interventions in three specific interlinked sectors /lots: (1) Food Security, Nutrition and Livelihoods (2) Transport Infrastructures and (3) Good Governance.

DINU implementation in Karamoja, Teso and Acholi sub regions

The consortium of CARE Denmark (Lead), Catholic Relief Services (CRS), Gulu Agricultural Development Company (GADC), Dynamic Agro-Pastoral Development Organization (DADO) and SORUDA has been awarded a three-year contract (January 2020 to December 2023) to implement ‘Inclusive Market-based Development for Smallholder Farmers in Karamoja, Teso and Acholi sub regions, contributing to DINU specific Objective: ‘Improving livelihoods through increased production of diversified food, enhanced market opportunities and better maternal and child nutrition’ in the Eleven (11) districts of Abim, Kotido, Karenga, Kaabong, Moroto, Amudat, Nakapiripirit, Nabilatuk, Napak, Katakwi, and Kitgum.

Karamoja is particularly targeted by the consortium because it is the poorest sub-region in Uganda with 61 percent of its 1.2 million people, living in absolute poverty and 24 percent experiencing chronic poverty. In Teso, poverty rates are slightly lower than Karamoja, however is the region with the second lowest GDP per capita after Karamoja. Poverty is gendered with rates being higher for women. Hunger, stunting and lack of access to food and food insecurity are major challenges, where 35.2 percent of children under five in Karamoja Sub-region are stunted. According to UDHS (2016); gender based violence is common in both Karamoja and Teso. Both sub regions are characterized by low agricultural productivity and market accessibility with women smallholder farmers being specifically challenged with regard to achieving the agricultural potential.

The CARE consortium interventions is expected to benefit **68,250 (60% women)** smallholder farmer households (2,700 Farmer Groups and 675 Producer Marketing Groups) in the 11 targeted districts. The Intervention will apply Inclusive Market Development approach, as premised in the Economic Empowerment Framework, which fosters equal access to and control over economic resources, assets and opportunities as well as changes in social norms and economic structures that benefit women and men equally. The solutions emphasize district ownership and participation, gender equality and women empowerment, youth engagement and employability, community-based nutrition, the value chain approach, private sector engagement, and linkages between smallholder farmers, producer groups, and agro-processors. Implementation will be fused using multi-stakeholder engagement and building of synergies with existing government and development partners’ initiatives.

2. Project objectives and Results

The main aim of DINU is to contribute to 1% reduction in poverty rates in targeted regions and 2 % change in the prevalence of stunting amongst children under five years of age or change in the number of children under five years of age affected by stunting.

Specific objective 1: To increase food security, improve maternal and child nutrition, and enhance household incomes through support to diversified food production and commercial agriculture and through improving household resilience (notably to climate change) and women empowerment:

- Result 1.1: Increased production of diversified food; through the below activities;
 - 1.1.1: Facilitate adoption and production of diverse food crops and animal product.
 - 1.1.2: Facilitate access to key inputs & output markets for small holder women and men.
 - 1.1.3: Train FGs and small market operators along the value chain in community saving & credit schemes.





OFFICE OF THE PRIME MINISTER

DEVELOPMENT INITIATIVE FOR NORTHERN UGANDA (DINU)



- Result 1.2: Increase market accessibility; through the below activities;
 - 1.2.1: Foster linkages between smallholder farmers, agro-processors and market operators.
 - 1.2.4: Assess and identify market opportunities and product niches along the stages of the value chain and facilitate market exchanges and contractual agreements.
- Result 1.3: Nutrition-specific interventions. Through;
 - 1.3.1: Developing and promoting community-based nutrition initiatives including micronutrient supplementation & deworming, promotion of maternal and young child feeding practices, hygiene and sanitation and child care.
 - 1.3.2: Increase the use of effective family planning methods with the aim of decreasing the number of teenage pregnancies and increasing child spacing which address both nutrition and population growth issues.

Specific objective 2: To increase trade of commodities within the region, within the country, and with neighboring countries through the improvement of transport infrastructures:

- Result 2.1: Transport infrastructures in the regions are improved and climate-resilient;
- Result 2.2: Cargo distribution system and storage capacities are improved in Northern Uganda.

Specific objective 3: To strengthen capacity, gender-responsive good governance (core mandate and general broad mandate) and the rule of law at the level of local government authorities and empower communities to participate in improved local service delivery.

- Result 3.1: Capacities of Local governments to manage core public financial processes is strengthened to improve service delivery and local development;
- Result 3.2: Upward accountability of Local Governments increased;
- Result 3.3: Downward accountability of Local Governments to its constituents is strengthened by empowering citizens, civil society, media, NSAs, private sectors in their interaction with Local Government;
- Result 3.4: Capacities of local government to deliver services to communities strengthened.

3. Purpose of the Baseline study

CARE would like to hire a consultant to conduct a baseline study to collect baseline values upon which the Intervention outcomes will be benchmarked in relation to the intervention results according to the Log-frame. The baseline study will capture information / data on the current status of the targeted households regarding food and nutrition security, market access (household income), sexual reproductive health and gender, maternal and child nutrition, youth employability, and youth and women engagement, and establish the baseline values. The baseline will be conducted in selected communities in the Eleven (11) districts of Abim, Kotido, Karenga, Kaabong, Moroto, Amudat, Nakapiripirit, Nabilatuk, Napak, Katakwi, and Kitgum. The findings will inform the Consortium Intervention planning, implementation, and provide a basis for results measurement.

Specific Objectives of the Baseline Study

The specific objectives of the baseline study are:

- To state the current situation and establish the baseline values (benchmarks) related to all outcome level indicators and some key output indicators.
- To articulate the appropriateness of the project indicators and targets, including defining/unpacking/ review the project outcome & output indicators and providing specific and achievable recommendations on the indicators design improvements.
- To provide methods for verifying progress and results along Food Security, household resilience, Market access, Women Empowerment/GBV/ gender-sensitivity/responsiveness nutrition uptake.

4. Approach and Methodology

The baseline study will take a Mixed-methods (qualitative and quantitative data collection and analysis) approach. The methods should be consistent with the purpose, objectives and principles and be the most appropriate to addressing the evaluation objectives. This should be specific and as detailed as possible regarding existing information sources, data collection instruments, protocols and procedures. The consultant will be responsible for defining and carrying out the overall approach. This will include specification of the techniques for data collection and analysis, structured field visits and interactions with beneficiaries and the project team/stakeholders. The consultant must ensure





the meaningful and safe participation of women and girls in the End Line data collection and analysis. Tools, methodology and findings should be reviewed and validated by CARE MEAL team.

5. Deliverables

The Consultant will be expected to deliver the following outputs:

- An inception report detailing the approach and methodology to be used and sample size calculations, a detailed execution plan, data-collection tools for the end line.
- A draft baseline study report with a summary of findings submitted to CARE within an agreed timeline with Consultant (soft-copy); this will also be presented to the Project team for feedback and validation;
- A final baseline report submitted to CARE DINU Consortium Manager
- Collected data (raw) after analysis submitted to CARE alongside the final report, as well as Workshop/meeting presentations, outlines, photos, videos, etc.

6. Roles, Responsibilities, and Timeline

During data collection and analysis, the primary roles of CARE DINU staff and any implementing partner with direct stake in the project, are as informants and reviewers. They may review and provide comments on data collection instruments, and all other deliverables before they are finalized. They must not collect primary data, or participate in translation, analysis, or interpretation of the data. The following delineates the key roles and responsibilities of CARE Staff and the consultant during the process:

CARE will be responsible for the following;

- Provide technical oversight to the execution of the assignment to ensure quality of products including approvals of the deliverables
- Share all necessary documents (including project document, log frame, MEAL plan) to the Consultant to finalize the methodology and data collection tools
- Provide input for study methodology, data collection instruments and report
- Provide technical oversight to the execution of the assignment to ensure quality of products including approvals of the deliverables
- Guidance and coordination throughout all the phases of baseline study, keeping communication with Consultant throughout all phases
- Provide support to the technical lead Consultant for the baseline survey field visits processes such as orientation and training of enumerators, FGDs and KIIs
- Closely follow up the data collection process, ensuring quality control, daily debriefing, meeting the timelines set

The Consultant will be responsible for the following;

- Review all relevant documents for baseline study
- Develop baseline study protocols which includes survey methodology and the data collection tools (questionnaires; focus group guides, interview protocol, data entry templates, etc.), as appropriate, including a field manual for training, and has to be approved by CARE MEAL team
- Designing the data collection forms, data entry template, procedures and systems, and training of data collector/enumerators in the use of the template
- Develop the field work schedule in consultation MEAL team
- Supervise the data collection process, give advice and ensure the quality of the data
- Data analysis and report writing, draft the first report and include CARE's feedback and finalize
- The consultant undertaking this baseline survey will recruit competent enumerators for the quantitative survey and field facilitators/note takers for the qualitative study (FGDs and KIIs). The consultant will hire a gender-balanced team of enumerators and field facilitators. All team members must be fluent in the local language of the above-mentioned operational areas.





7. Baseline study duration

The overall process is expected to be executed within 36 days including preparation, data collection, analysis and reporting. The Consultant should be able to undertake some of the tasks concurrently to fit within the planned time-frame, without compromising the quality expected. The assignment is expected to commence on July 6, 2020 and concluded by August 10, 2020. The consultant is required to propose a work schedule as part of the proposal following the template below.

8. Skills and competencies of the consultant

The consultant should have at least 7 years' experience conducting surveys of similar programs of food security, household income and maternal and child nutrition. Notably, demonstrating knowledge in the manyatta and VSLA approaches, working with producer groups in a pastoral set up, value chains and market systems, gender, quantitative and qualitative research, evaluations and development issues and (or) interventions with reputable organizations indicating:

- Academic qualification of a minimum of Master's degree in relevant technical specialties relevant to this assignment. A doctorate degree would be preferred.
- Excellent knowledge in development issues of food security, household income, sexual reproductive health, gender, and maternal and child nutrition, women and youth engagement
- Possess skills (supervisory, timeliness, paying attention to compliance details, among others) in managing a consultancy process
- Excellent knowledge of the political and socio-economic context of Northern Uganda, Karamoja Region, and Katakwi.
- Evidence of availability of appropriate qualifications, manpower and key staff that will constitute the team.
- Description of assignments of similar nature carried out. For each assignment previously executed, the consultant shall provide the name and addresses of the Client, date(s) of execution, names of lead and associate firms, a brief description and value of the services provided by the consultant and financing sources.
- The consultant or firm must explain in the methodology, how they intend to mobilise the professional skills for proper implementation of the assignment within the 36 working days earmarked for assignment as indicated in the timeframe below.

9. The proposal should contain:

1. Any feedback on these Terms of Reference
2. Specific roles and responsibilities of the team leader, supervisory chain and other core members of the team including enumerators.
3. Schedule of key activities preferably in a format such as a Gantt chart.
4. Detailed budget with justification. The baseline study proposal should include a reasonable detailed budget to cover all costs associated with the baseline study. This should be submitted by major activities and line items for CARE's review and decision. This includes a break-down of the cost to contract team members, travel, and lodging and per diem. Other related costs that might be in the budget include expenditures for hiring local personnel (drivers, translators, enumerators and other technical experts), translations, and renting meeting rooms for presentations/workshops.
5. Updated CV of Team Leader and other core members of the Team
6. A profile of the consulting firm/individual (including a sample report)
7. Four relevant references from previous similar work completed

10. Contract Supervision.

The consultant will be reporting to the MEAL Coordinator, with overall oversight and administration of the contract by the Consortium Manager of DINU at CARE.

11. Submission of technical and financial proposals

Interested consultants/firms that meet the requirements should submit letter of interest, technical and financial proposals (**as separate files in a ZIP Folder**) not later than **July 15, 2020 23:59 HRS** to the address UGA.Procurement@care.org

