



## CARE INTERNATIONAL IN UGANDA

### Access Protection Empowerment Accountability and Leadership (APEAL) Project

#### TERMS OF REFERENCE FOR CONDUCTING A BASELINE STUDY

##### 1. Background

A new refugee influx to Uganda from the Democratic Republic of Congo (DRC) began in mid-December 2017, following the eruption of inter-ethnic violence in the country. Since 31st December 2018, Uganda hosts over 312,699 refugees arriving from DRC of whom 92% are settlement based. This has led to almost a doubling of the population in Kyangwali, putting a heavy strain on existing services. Despite Uganda having one of the world's progressive refugee policies, many have been subjected to or witnessed gross human rights violations and arrive with immediate protection needs. Vulnerable refugees are exposed to further insecurity and protection risks upon arrival at border points and en-route to settlements and in the settlements of whom 87,906 have settled in the Kyangwali settlement in Kikuube District. Within settlements, GBV remains a significant threat and trust in response services, police and security forces is low.

Funded by EU humanitarian aid, APEAL project is designed to deliver a comprehensive, evidence-based and people-centred Protection & Gender-Based Violence (GBV) sector response for recent and newly-arrived refugees from DRC settling in Western Uganda. A consortium led by CARE (lead) as technical lead in Protection mainstreaming, GBV prevention, Women lead in emergencies and Gender in Emergencies, in partnership with International Rescue Committee (IRC) as technical lead in GBV case management, GBV referral pathways, legal assistance and Adolescents Girls Programming; Save the Children as technical lead in Child Protection and nutrition; Kabarole Resource and Research Centre (KRC) as technical lead in Village Savings and Loans Associations; Uganda Law Society as technical lead in Legal Representation and capacity building in Refugee Rights and Ugandan Law; and WoMena Uganda as technical lead in Menstrual Health Management.

The consortium will deliver a harmonized intervention package of targeted protection and GBV life-saving assistance with a particular focus on extremely vulnerable individuals, such as unaccompanied and separated children and adolescent girls from the point of entry into Uganda and across refugee settlements and host communities in Western Uganda (Kyangwali and Kyaka II), targeting a total of 80,000 direct beneficiaries. As well as enhancing access to timely, quality protection/GBV services (result 1), APEAL intends to improve protection mainstreaming across state and non-state actors (result 2), provide extra capacity in nutrition screening for young children and pregnant and lactating women during peak influxes (result 3), and support the setting of standards and harmonized approaches to refugee protection at the national level (result 4). The implementation period of APEAL spans from 1<sup>st</sup> February 2019 to 31<sup>st</sup> January 2020. More details about APEAL i.e. log frame, budget and results to date will be availed at a later stage.

CARE, as the lead partner of APEAL consortium, is therefore seeking for consultancy services to conduct a baseline line survey in Kyaka II and Kyangwali settlements focusing on more recently displaced populations. These TORs present the specific objectives, deliverables and expectations of the baseline study.

##### 2. Objectives of the Consultancy & responsibilities of the consultant

The consultant is expected to conduct the baseline study for APEAL and collect values against all outcome and key output level indicators as per the approved Log Frame of the proposal.

- Based on the Log Frame of APEAL, the consultant will review the outcome and output indicators against objectives and activities, and ensure that:
  - S/he develops operational definitions of each indicator to be collected at baseline, clearly unpacking how each indicator is defined and will be measured to ensure all consortium partners as well as UNHCR, Office of the Prime Minister (OPM) and other contextual partners have a similar



understanding of the indicators.

- All baseline findings on indicators should be gender sensitive and disaggregated by sex, age, country of origin (refugee or national);
- All outcome and output level indicator data to be collected at the baseline level have a clear calculation method (numerator, denominator clearly specified) and sources of information identified so that they can be calculated exactly the same way at base and end line stages.
- The consultant will be responsible for developing a baseline data collection strategy for all baseline indicators which should:
  - Include all the necessary data collection forms, tools and related guidance and protocols (who does what, when, and where) for indicators' collection, reporting and quality assurance and methods of verification, aggregation, data entry, analysis and use.
  - Combine quantitative and qualitative data collection methods to ensure data is triangulated and truly reflects the actual situation. It should be participatory and ensure the voice of participants and relevant key stakeholders (Local Authorities, IPs, Refugee Welfare Committees, UN agencies, etc.) are captured.
- Once the baseline data collection strategy and related tools and protocols are approved by CARE, the consultant will develop a calendar and logistics plan for the actual data collection, in collaboration with APEAL project staff; This will include identifying needs for transport, accommodation, per diems, additional temporary staff as enumerators or data entry personnel, etc.

*During data collection, the consultant will:*

- Participate and supervise a team of data collectors / enumerators (to be recruited from the local communities with assistance from CARE and APEAL partners) and take full responsibility for data quality;
- Train and prepare data collectors to be able to conduct the baseline in the field, including pre-testing of tools; Please note that data collection will need to be administered in local languages, including different languages for refugees (several tribes are present in the targeted settlements) and for host communities;
- For any potential focus group discussions (FGDs), ensure they are disaggregated by age, sex and origin (refugee community versus host community). This is to ensure full representation of all categories of interest and enable presentation of disaggregated findings.

*Data organization and storage*

- Take full responsibility on following appropriate data management and procedures, in coordination with the APEAL MEAL team;
- Organize and safely store notes taken during all data collection efforts;
- Transcribe, translate, and store audio recording of focus group discussions (FGDs) and Key Informant Interviews (KIIs) ;
- Review and clean quantitative data using standard techniques of running frequencies, examining the data base, using logical relationships to check internal consistency in responses. Data labels, data values, and variable names must be included generated findings. Data labels and variable names need to be renamed properly for easy identification and use. Any corrections to the data set must be documented;
- Securely transmit all quantitative and qualitative data sets to CARE according to instructions provided;
- All consent forms must be submitted and handed over to CARE. The consultant must exercise the highest level of confidentiality and anonymity on the datasets. This is also including the Bio Data of all the respondents.

*Data analysis and reporting*

- Code qualitative data corresponding to the code tree developed by the consultant in agreement with



CARE;

- Complete quantitative and qualitative analysis for community level surveys, FGDs, and FGDs.
- Submit preliminary draft report of baseline results
- Present the draft survey report to the project team and key stakeholders in a validation meeting (one in each district)
- Write and submit final report of findings based on feedback from APEAL partners, key stakeholders and workshop participants.

### 3. Roles and Responsibility of CARE & APEAL Partners

During the consultancy period, CARE in collaboration with APEAL partners will provide the Consultant with the following:

- Assistance in gaining access to the settlements including sharing information with OPM and UNHCR about the base line study and facilitating access with local authorities, community representatives, other humanitarian agencies, etc.
- Providing security briefings which relate to the context and policy adherence concerns applicable at the settlements;
- Background information, briefings and support access to relevant secondary information and data
- Review and approve the various deliverables, including the operationalized indicators, the data collection strategy / protocols and tools, the draft report and the final report;
- Mobilization of stakeholders for dissemination workshops;

### 4. Methodology, steps and deliverables

- Literature review of APEAL project documents and other relevant documents (standard indicators from ECHO, etc.);
- Inception meeting with APEAL members to agree on the final baseline indicators from APEAL logframe and how they should feed into APEAL overall results framework:
  - The Consultant will submit an inception report to CARE within two (2) days following the inception meeting;
- Following approval of the inception report with agreed baseline indicators, the consultant will work on their operationalization and calculations and will present these to CARE for approval, within three (3) days following the approval of the inception report;
- Following approval of the indicators' operational definitions and measures of calculation, the consultant will prepare the data collection strategy (including data collection methods and tools, sampling strategy and size, etc.) to be submitted to CARE within four (4) days following approval of the document with indicators operational definitions and calculation methods;
- Following approval of the data collection strategy, the consultant will lead the field data collection process, recording, analysis and report writing as mentioned above; Note that the consultant will attempt to identify whether some of the baseline indicators may have been recently collected by other actors and whether they could be used for APEAL in order to minimize primary data collection efforts;
- A draft baseline report will then be submitted accompanied by a summary in PowerPoint to be presented at validation workshops (one in each settlement), within ten (10) days following completion of the data collection;
- Following obtained feedback from validation workshops as well as from CARE and APEAL partners:
  - The consultant will proceed to write the final baseline report with clear values for each collected indicator.
  - The report will also include recommendations for the project's strategy that may need to be adapted based on findings;
  - The final report should be submitted within three (3) days following receipt of the feedback from



the validation workshops.

## 5. Proposed duration and calendar

The Consultant should be able to start working as of second week of June 2019, and complete the assignment by second week of July, 2019. A maximum of thirty (30) working days is estimated to complete this assignment. The proposal should contain an elaborate work plan capturing all the activities that need to be undertaken and the lead persons.

## 6. Consultant profile

Individual consultants or consultancy firms meeting the following profile are invited to send a technical and financial offer specifying the following:

- Evidence of official registration in Uganda as a consultancy firm or individual consultant (submit evidence of registration);
- Demonstrated experience (at least 5 years) providing senior level technical advisory to a range of clients (INGOs, UN agencies, Government of Uganda institutions) conducting Base and end line studies; A track record of assessments conducted in the past 5 years, a summary of the scope, the date when it was conducted and the name and details of the client (including contacts of the person who can be contacted for reference checks) must be attached with the application;
- Experience in conducting baseline studies for complex humanitarian interventions and for refugee populations in Uganda is highly preferred;
- Familiarity with key indicators from relevant refugee strategies and frameworks highly preferred, including indicators from the Refugee Response Plan for 2019 & 2020 that CARE and other actors need to report on.
- Availability during mentioned period;
- Evidence of availability of appropriate qualifications, manpower and key staff that will constitute the team.
- Further, to this consultant or firm must indicate how they intend to mobilize the professional skills for the proper implementation of the assignment within a maximum of 30 working days earmarked for the assignment as indicated in the timeframe below.
- In the case of an independent consultant, financial capacity and willingness to pre-fund the work as CARE is not able to pay advances. A payment plan will be drawn based on above deliveries.
- Include the Curriculum Vitae of the key consultants.

Interested persons/firms MUST submit their TECHNICAL and FINANCIAL proposals to [UGACAREUganda@care.org](mailto:UGACAREUganda@care.org). The subject of the email should read **Application to Conduct APEAL Baseline Survey**. No applications shall be received later than June 7<sup>th</sup> 2019 Close of Business (COB).