



Terms of Reference (TOR)

A. Project: Promoting social cohesion and community stabilization in West and North Darfur States

B. Title of Services: Promoting social cohesion and community stabilization in North Darfur State through improving livelihoods opportunities and primary health services

LOT1	<p>Livelihoods: Reform the women’s group committee previously established in return area of Kuwain return village, El Fashar locality and provide community let Income Generating Activities (IGA).</p> <p>NOTE: The target may possibly extended to Tyklat village.</p>
LOT 2	<p>Health Services: Enhance a quality of health services at Kuwain clinic, El Fasher locality, North Darfur through strengthening capacity of service providers and community participation</p>

B. Scope of Services, Expected Outputs and Target Completion

This project aims to contribute toward creating an enabling environment for community stabilization, social cohesion protection amongst pastoralist, sedentary, Internally Displaced Persons (IDPs) and returnee communities through the implementation of livelihood and capacity building activities.

Objective 1: *To promote self-reliance, economic growth and enhance stability and security through the provision of basic services, livelihood and employment opportunities and capacity building activities.*

Expected outputs:

- *Increased basic services (primary healthcare) and economic opportunities to facilitate sustainable reintegration and strength community stabilization.*
- *To strengthen capacity of local stakeholders (local authorities, CSOs/NGOs, members of community) on community level protection platform and addressing conflicts between communities.*

<p>LOT 1: Livelihoods: Reform the women’s group committee previously established in return area of Kuwain return village, El Fasher locality and provide community let income generating activities.</p> <p>NOTE: The target may possibly extended to Tyklat village.</p>
--



Many of women headed households in the target communities still rely on unstable income sources such as firewood collection and charcoal making with limited ownership of common and productive assets. They also adopt food based coping strategy- such as selling the last remaining female animals to acquire enough food, which leading to irreversible loss of livelihoods. Such negative coping strategy is not only creating health issues such as malnutrition among women and their children but also women continue to be at serious risk of attacks, including sexual violence of women and minors by all parties to the conflict.

Therefore the provision of sustainable income generating activities for women and this can be done by through mitigation of protection risks/threats and addressing possible communal conflicts over limited community livelihood and other resources.

1. Community mobilization.

- 1) Work closely with **IOM, relevant state authorities as well as the local key informants,** the implementing partner (IP) will mobilize the communities to ensure that planned activities and objectives are well informed to the target community and women.
- 2) Accountability for target beneficiaries will be ensured during all phase of interventions. The IP will be requested in closely working with IOM field focal point and community to promote community initiative and leadership in the implementation of community based services.

2. Reform and restructure the existing women committee/group which were established through previous projects.

- 1) Conduct the discussions inviting community members including the members of women groups/committees previously established and women living in Kuwait and possibly Tylylat village.
- 2) Reform and restructure the existing women groups/committee:
 - Nominate members of women's committee with respect for diversity, different tribal, migratory status (IDPs, returnees, etc.). At least 30 women will be included as the member of committee.
 - Draft and determine roles and responsibilities of committee.
 - Identify the most feasible and sustainable Income Generating Activities (IGAs)

3. Design and implement women's prioritized IGAs:

The project will maintain a flexibility to determine the type of livelihoods and it will be according to the results of the aforementioned discussions among the target community and groups of women, while the following **group based** livelihood supports have initial priority and target beneficiaries (women) will be **60 women individuals**:

- a) Provision of IGAs and business start-up kits with vocational/IGAs training. Examples are:
 - The provision of TukTuk for two groups of women as mean for transportation business of a group of women;
 - The provision of noodle making machines and or provision of bread-making kits for at least 30 women.



- b) The establishment of small size vegetable farm for a group of women (10 women) with low cost drip irrigation farm using locally available materials such as hose, valves, bubblers, drum, stand, fittings, etc. The farming intervention will include the provision of improved vegetable seeds and farming tools with farm business training linking with local market and new agricultural related business. **NOTE : Depending on water availability and land access situation, the aforementioned vegetable farm inputs can be modified. As such, alternative irrigation support may be done through the distribution of small motorize pumps.**

NOTE 1: A short-session on development of business plan (one day) will be conducted and one page business plan for a group of women will be submitted and this will outline how the chosen group of women will be utilizing the donated kits and how it will contribute towards economic improvement.

NOTE 2: As the project will maintain a flexibility to decide type of IGAs and according to the results of discussion with community and IOM field staff as part of community mobilization, the planned livelihood interventions can be modified to provide alternative activities.

4. M&E

- 1) Organize and conduct a regular monitoring to the project site during the project implementation in close coordination with IOM field focal point.
- 2) Conduct a post assessment to provide lesson learns and good practices highlighted from the project implementation.

Item No.	Item Description
LOT 2	Health Services: Enhance a quality of health services at Kuwain clinic, El Fasher locality, North Darfur through strengthening capacity of service providers and community participation

A total population in Kuwain return village is about 3,400 with 624 U5 children. There is an absence of PHC in the capital village and services affected deeply upon the massive and influence of return displacement. Mortality and morbidity profile shows that common prevalence diseases are: (bloody diarrhea, STIs, diarrhea, skin conditions, eye infections, worms, malnutrition, malaria, acute jaundice syndrome (AJS) and others) and considered high risk of diarrhea due to water contamination during rainy seasons. EPI service coverage and performance charts are not displayed in all the villages. **Reproductive health services (RH) is one of the service area to be strengthen.** There is inadequate antenatal care(ANC), delivery service by skilled midwives, postnatal care (PNC), and family planning services. Addressing these challenges (including urgent needs), the planned project is especially focused **on enhancing community based health and nutrition services by strengthening capacity of key stakeholders such as community members with a special attention to enhance women and youth's empowerment, local healthcare providers and local authorities. This would lead the promotion of community stabilization, security and social cohesion for facilitating durable solutions.**



1. Community mobilization including coordination meeting with SMOH.

- 1) Work closely with **IOM, State Ministry of Health (SMOH) and the Sector leads in health and nutrition as well as the local key informants**, the implementing partner (IP) will mobilize the communities to ensure that planned activities and objectives are well informed to the target community.
- 2) Accountability for target beneficiaries will be ensured during all phase of interventions. The IP will be requested in closely working with IOM field focal point and community to promote community initiative and leadership in the implementation of community based services

2. A light structural rehabilitation of the target clinic:

- 1) Very minor rehabilitation will be required based on the joint assessment with IOM field team and support may include but limit to: provision of at least hygiene and sanitation equipment and supplies, clinic furniture (screening table, chair, etc.) and provision of water facilities including COVID-19 prevention response.

3. Support sustainable primary health and nutrition services through on-job training.

There is a need to ensure access to sustainable health and nutrition services through capacity building for the clinic staff, community health workers (CHWs) including nutrition workers and volunteers. Hence under this LOT, the following refresher training/on-job trainings will be carried out.

3.1. On the job training for clinic staff through on-job training:

- 1) In close coordination with **IOM field health advisor and SMOH**, the IP will continue to monitor and assess health services provided by the clinic staff.
- 2) If and as needed, 1-2 days refresher training may be organized and the support will include: logistic preparation, transportation to the training site, preparation of training materials such as stationaries for clinic recording, etc. The training will also focus on strengthening capacity of screening, infection and emergency control procedures including COVID-19 response and effective health consultations and life-saving information including the response to GBV and reproductive health and other protection issues.
- 3) A kind of incentive for 2-3 months for clinic staff shall be provided.

IMPORTANT! The selected implanting partner will be requested to provide weekly based reports to the relevant local authorities or MOH.

3.2. Refresher training/on-the job training for Community midwives (CMs):

A refresher training for the existing community midwives (CMs)-at least five will be conducted and the IP will be requested to support in organizing the refresher training as follows:

- 1) Support the facilitators/technical advisors assigned from MoH where conducting the refresher training (2-3 days) for the identified CWs. e.g. logistic preparation including: transportation cost where the facilitators/IOM are organizing the training; essential delivery kits for Medical Staff and CWs, etc.



- 2) The refresher training topic will be determined based on technical advices from SMOH and it may include but not limit to: supporting maternal and child health such as promotion of immunization, referral support, antenatal and postnatal care (ANC based on minimum 4 visits, PNC 1 visit), family planning, etc.
- 3) A kind of incentive for 2-3 months for CMs shall be provided.
- 4) On-job training for the CMs will be delivered through:
 - Identify catchment areas of each CMs to promote the continuity of their services.
 - Support the trained CMs for their continuous services such as delivery services, antenatal and postnatal services through home-visits.
 - Support the trained CMs to participate community-let health, nutrition and protection campaigns.
 - Monitor each CM's services and report to IOM.

3-3. On-job training for at least 5 CHWs (including volunteers, health promoters, nutrition workers to facilitate community based health & nutrition services.

- 1) Support the selection of CHWs (this includes: volunteers, health promoters, nutrition workers) and identify catchment areas of each CHWs to promote the continuity of their services.
- 2) A kind of incentive for 2-3 months for CHWs shall be provided.
- 3) salary/insensitive for at least 3 months.
 - Support the facilitators/technical advisors assigned from MoH where conducting on-the job training. e.g. logistic preparation including transportation cost where the facilitators/IOM are organizing the training, provision of stationaries, provision of essential services materials as needed (e.g. MUAC screening kit, Information Communication-IC materials)
 - On-job training will prioritize community-based malnutrition management such as MUAC Screening technique, malnutrition follow-up, health and nutrition promotion services through home-visit. It also covering other topics such as: an importance of basic maternal care: prenatal care and postnatal care; STI management; good feminine hygiene practices. On-job training will also focus on enhancing CHWs' skills on community mobilization and linkage with clinic, etc.
 - A short training session (half day) will be conducted by **the facilitators/advisors assigned by SMOH and IOM health advisor** before actual practices.

As part of on-the job training, the following services will be carried out by the trained CHWs:

- a) Organize and conduct community-let health and nutrition promotion campaign. The campaign will cover Kuwain community but also extend to **other IDPs, returnees and tribal communities living close to Kuwain community**. Part of the campaign will include the following topics and activities will be include
 - **MUAC screening** through home-visit or campaign through the trained CHWs' initiative. This include: support on strengthening follow-up services for cases of children and PLWs suffering from malnutrition in coordination with the sector leads, SMOH. Follow-up screening will be conducted by the CHWs and volunteers.



- STI management; good feminine hygiene practices; promotion of a regular prenatal and postnatal check-up, delivery assisted by skilled midwives, infant vaccination and promotion of better infant and young child feeding practices (IYCF), etc. The cover topic will be determined having the technical advices from SMOH as well as the key informants in field.
- **Special protection needs and concerns such as limited reproductive health services, gender based violence (GBV), HIV, child protection of marginalized groups** such as women, children, refugees, IDPs and returnees.
- **Risk Communication and Community Engagement (RCCE) activities** will be included in an effort to understand risks, perceptions, behaviours and existing barriers, knowledge gaps, misinformation or stigma associated with the infection diseases and provide the identified communities/groups with accurate information related to common infection disease including COVID-19.

4. Establish the community health management committee (CHMC):

- 1) Under the supervision of IOM health officer, the IP will support on the establishment of community health management committee and this will be done through the community meetings to:

Nominate members of committee from key stakeholders such community leaders, women/mother's representatives and SMOH.

Draft and determine roles and responsibilities of committee.

The committee will take a major role on management and monitoring of Kuwait clinic in terms of financial management and quality of service control, as well as taking initiatives of community-led health and nutrition activities in future.

NOTE: Establishment of CHMC from community members to strengthen community mobilization and participation of community-led health and nutrition services on the ground. IOM and the selected IP will create linkage with SMOH. In addition, IOM is currently strengthening the conducting coordination mechanism with National Health Insurance Fund for their investment.

5. M&E

- 3) Organize and conduct a regular monitoring to the project site during the project implementation in close coordination with IOM field focal point.
- 4) Conduct a post assessment to provide lesson learns and good practices highlighted from the project implementation.



D. Deliveries:

October 2020	October- November 2020	December 2020
Community mobilization Material mobilization	Conduct planned services of livelihood and health interventions on grand.	M&E
M&E NOTE: The selected implementing partner will be requested to conduct a joint monitoring and evaluation mission with IOM after the completion of project. The timing of M & E mission will be discussed. Key challenges, good practices and lesson learns should be captured through the mission.		
		Submission of final report: 29 November 2020

E. Institutional Arrangement

The selected implementing partner should compose a team of experts in area of health and nutrition. The implementing partner shall work with close cooperation with IOM sub-office of Blue Nile, as well as IOM Khartoum office. The implementing partner will be responsible for implementation of the project per this TOR, IOM Khartoum and Blue Nile offices will provide guidance to the implementing partner during this process.

The selected implanting partner will be requested to provide progress report using IOM report format (every two week). IOM will share the reporting format upon finalization of the implementation agreement.

F. Duration of the Work

The Implementing Partner shall commence the activities **as soon as signing** the agreement and fully and satisfactorily complete them including the submission of final report by **29 November, 2021**.

G. Eligible applicants:

The International Organization for Migration (IOM) is pleased to invite interested local NGOs/CSOs registered in Sudan which **have previously access to the project target areas**. The interested agencies also have a valid proof of registration from a relevant authority (Accreditation and registration documents must be attached to the proposal).

Applying organizations must **present proof of the following requirements to be eligible:**

- Have access to target location.
- Valid proof of registration from a relevant authority: Accreditation and registration documents must be attached to the proposal.
- Demonstrated Operational presence in the target areas, with having permanent staff, office and adequate equipment for their proposed operation.



- At least 3-4 years of relevant professional work experience in related to the planned interventions- a strong experiences in areas of community stabilization, durable solutions through livelihoods and primary health services for communities will considered as advantage.
- Quality of services and experience in in related to the planned interventions: having experiences supporting the target communities, considered an advantage.
- Financial capacity to deliver the planned interventions: Letter of credit to confirm availability of funds of minimum \$20,000 or in equivalent SDGs

NOTE: The maximum amount paid in advance should not exceed USD 5,000.

H. Criteria and required documents :

Submitted technical and financial proposals will be compared with each other and selected based on the following criteria-therefore the following component should be discussed and included in the proposals:

Criteria for technical proposal	
a.	Understanding of the project concept: (20 points): <ul style="list-style-type: none">• Provide a context analysis and gaps/needs of the project target areas and beneficiaries (10 points).• Clearly define <u>objective</u> to be in lined with the implementation outputs (10 points).
b.	Adequacy and soundness of proposed activities and work plan in response to the Terms of Reference: (20 points): <ul style="list-style-type: none">• Demonstrate impact of proposed interventions on achieving expected outputs/objective (see PP1) for the target communities/beneficiaries: This should be demonstrated through <u>clear description of proposed activities, expected outputs/results (10 points)</u>.• Provide feasible work plan within table (see TPF-7: Activity (Work) Schedule), covering from Oct 2020 to November, 2020. The work plan should include evaluation and monitoring framework (10 points).
c.	Organizational capacity and experiences in the requested activities and locations:(40 points): <ul style="list-style-type: none">▪ Demonstrated experience in related to the planned interventions of livelihoods and primary health services promoting community stabilization, durable solutions.▪ Demonstrated Operational presence in the target area, with having permanent staff, office and adequate equipment for their proposed operation (5 points)▪ At least 3-4 years of relevant professional work experience in related to the planned interventions of livelihoods and primary health services promoting community stabilization, durable solutions, will considered as advantage (10 points)• Quality of services and experience in related to the planned interventions of livelihoods and primary health services promoting community stabilization, durable will considered as advantage, considered an advantage (5 points).• Financial capacity to deliver the planned interventions (10 Points).• Having experiences supporting communities in target areas is considered an advantage (5 points).



D. Key professional staff qualifications and competence for the assignment related to the planned interventions of livelihoods and primary health services promoting community stabilization, durable solutions (20 points).

This section should include the comprehensive curriculum vitae (CVs) of key personnel that will be assigned to support the implementation of the proposed methodology, clearly defining the roles and responsibilities. CVs should establish competence and demonstrate qualifications in areas relevant to the TOR.

- Task Manager/Team leader (5 points)

General Qualification

- Diploma/BA Degree in related fields.
 - 3-5 years' relevant professional work experience in related to the planned interventions of livelihoods and primary health services promoting community stabilization, durable solutions will considered as advantage.
 - Fluency in English; Arabic would be considered an asset.
- Supporting staff (15 points).
 - 2-4 years' relevant professional work experience in related to the planned interventions of livelihoods and primary health services promoting community stabilization, durable solutions through capacity building for communities will considered as advantage.
 - Fluency in English; Arabic would be considered an asset.

Criteria for financial proposal

The Financial Proposal of Service Providers/ Consulting Firms who passed the qualifying score shall be opened, the lowest Financial Proposal (F1) shall be given a financial score (Sf) of 100 points. The financial scores (Sf) of the other Financial Proposals shall be computed based on the formula :

$$Sf = 100 \times FI / F$$

Where:

Sf - is the financial score of the Financial Proposal under consideration,

FI - is the price of the lowest Financial Proposal, and

F - is the price of the Financial Proposal under consideration.

The proposals shall then be ranked according to their combined (Sc) technical (St) and financial (Sf) scores using the weights¹ (T = the weight given to the Technical Proposal = 0.80; F = the weight given to the Financial Proposal = 0.20; T + F = 1)

$$Sc = St \times T\% + Sf \times F\%$$

Required Documents that must be Submitted to Establish Qualification of Proposers

The following shall constitute the Documents to be submitted by the applicants:

- **Technical proposal referring to the following forms:**
- TPF-1: Technical Proposal Submission Form;
- TPF-2: Service Providers/ Consulting Firms Organization;

for the Financial.



- TPF-3: Description of the Approach, Methodology and Work Plan for Performing the Assignment;
- TPF-4: Team Composition and Task Assignments
- TPF-5: Format of Curriculum Vitae (CV) for Proposed Professional Staff;
- TPF-7: Activity (Work) Schedule.

2) Financial proposal referring to the following forms:

- **Budget proposal (see Annex A);**
- FPF-1: Financial Proposal Submission Form

NOTE!

- **All IOM payments are to be made by bank transfer to an account in the name of the Implementing Partner (not in the name of a third party, or an individual).**
- **The language of the budget shall be in English.**
- **USD quotation will only be accepted.**
- **Please do NOT include overhead cost in proposed budget.**