

Terms of Reference
Comprehensive Protection Needs Assessment
CARE – (late)-October 2021 to December 2021

Contract Duration	27th of October – 31st of December 2021
Place of Work	North West Syria: <u>Idleb Governorate:</u> Salqin, Kafr Takharim, Armanaz, Idleb, Jsr Ashoghour, Dana, Maaret Masrin <u>Aleppo Governorate:</u> Jarablus, Zoghara Camp, Daret Azza, Azaz, Albab
Deadline for Submission	15th of October
Manner for Submission	Electronic submission of proposal
Clarification and questions	Any time before 20th of September 2021 CoB (Turkey time)
Contact address for requesting clarifications and submitting the proposal	The technical and financial offers should be sent to this email: Tur.xbprocurement@care.org

1. BACKGROUND

CARE International is a multi-sector humanitarian and development agency working in 80 countries to fight social injustice. Focusing on women and girls, we do this by supporting their right to food and nutrition security; sexual, reproductive and maternal health; a life free from violence and access to and control of economic resources.

CARE Turkey is providing humanitarian assistance to conflict affected population inside Syria focusing on Internally Displaced People (IDPs), vulnerable host communities, and supporting Syrian refugees in Turkey. For the inside northwest Syria program, CARE works through Syrian partner organizations as well as through a direct implementation modality to manage a program across six key sectors; WASH, Shelter, Economic Recovery and Livelihoods, Protection, Sexual Reproductive Health (SRH) and Rapid Response support. Under the protection and SRH programs, CARE is providing humanitarian assistance in various locations in northwest Syria, targeting the communities affected by crisis and selecting the most in need households for this assistance. CARE Turkey provides the following activities and services under its protection and SRH programs: information and awareness raising to support the empowerment of women and girls, life skills for women and girls, GBV case management, psychosocial support services, referrals, mobile outreach activities, collaboration with women-led networks, community center GBV prevention and response services, GBV risk mitigation services, protection mainstreaming for health, SRH services within Women and Girls’ Safe Spaces (WGSSs) and community center, Adolescent Mothers Against All Odds (AMAL) initiative at WGSSs and community centers, providing clinical SRH services through supporting maternity and pediatric hospital, primary health care centers build SRH capacity of health system.

2. PURPOSE OF THE COMPREHENSIVE PROTECTION NEEDS ASSESSMENT

The purpose of this comprehensive needs assessment is to support CARE, protection and non-protection actors in planning the humanitarian intervention in response to the complex humanitarian context across

northwest Syria. The assessment is aimed to be conducted from age, gender and diversity approach to better understand critical protection needs of the diverse groups in the targeted communities. This assessment specifically intends to respond to a gap in terms of up-to-date and age, gender, and diversity specific data and analysis for northwest Syria. Particularly, specific protection needs, risks and service access barriers of *adolescents and youth as well as persons with disabilities* are particularly targeted by this assessment to respond to the gap. Specifically, and not outlined/specified elsewhere in this ToR; the need assessment objectives are as follows:

- Develop a better understanding of the protection (including GP, SRH and GBV) situation of the concerned population in northwest Syria factoring in the COVID-19, from age, gender, diversity, location, displacement status and health conditions approaches with a specific focus on adolescents and youth as well as persons with disabilities, both for IDPs and affected host communities, in order to be able to deliver an effective and targeted response based on their profile and location;
- Inform and develop CARE's future protection programming initiatives to address identified GP, GBV and SRH needs and gaps.
- Assist the Protection Cluster and the humanitarian actors in northwest Syria in prioritizing the affected areas needing further protection monitoring and in-depth assessment;
- Assist the Protection Cluster in monitoring the Strategic Response Plan (SRP) and provide evidence for resource allocation.
- Inform advocacy efforts on the local and central level with various stakeholders, including UN agencies, clusters, I/NGOs, public institutions and non-protection actors.

3. NEEDS ASSESSMENT DESIGN AND PROCESS

The needs assessment design will be proposed by the consulting company as part of their bid for contract, based on the information provided in this ToR. This design will be revised in the first stage of the contract after detailed planning. A list of key qualitative questions & sampling method will be developed by the consulting company to refine the design of the needs assessment methodology and to develop the relevant data collection tools. The consulting company will work closely with Knowledge Management and Learning Manager, Gender and Protection Specialist, Protection and SRH Program Manager, Protection Project Managers and other key staff from CARE and partners to complete the contract successfully.

The consultancy is requested to commit to follow and focus the below principles from the inception phase of the needs assessment until production of the final report:

- **Independence:** Measures should be put in place to prevent bias.
- **Usefulness:** Findings must be articulated clearly and in a way that maximizes the potential for these findings to inform decision-making. The assessment should describe protection capacities and gaps and inform prioritization of protection parameters (i.e., who, what, when, where and why).
- **Representativeness:** The assessment should strive to include a wide range of beneficiaries, including from different genders, age groups, ethnic groups and locations (e.g. urban and rural) as relevant to CARE's protection programming.
- **Conflict sensitiveness:** The assessment should describe the dynamics of the conflict as they relate to protection programming.
- **Age, gender and diversity:** The assessment must be gender sensitive and provide an analysis from gender, age, diversity, location, displacement status and health conditions approaches.

- **Participatory approach:** Needs assessment must adhere to the principles and practices of participatory and community-based approaches. Actions must be taken to ensure that participation in a needs assessment by diverse women, men, girls, and boys – including persons with disabilities, older persons, youth, and LGBTI persons – is adequately captured.
- **Confidentiality:** The assessment should be mindful of which individuals are used as information sources, ensuring the confidentiality of participants in a needs assessment, being sensitive to who might overhear interviews, and/or not visiting particularly insecure areas.
- **Informed consent:** Assessment teams must specifically ask respondents for their consent to use any information they provide. When interviewing children, parental consent must be sought after receiving the child's assent depending on the age. A respondent can always decline to answer a specific question. Personal information can never be disclosed or transferred for purposes other than those for which it was originally collected and for which consent was explicitly given.
- **Sensitivity:** The assessment team should have referral information available for when immediate mitigation and remedial actions are needed.
- **Integrity:** Assessment teams must treat all informants, interviewees, and co-workers with decency and respect at all times, and carry out their assigned tasks with integrity. Data collection teams should introduce themselves clearly and respectfully to assessment participants, and explain the goals and limitations of the assessment process, how the information will be used, and with whom it will be shared.
- **Safeguard recorded information:** All data and information management activities must adhere to international standards of data protection as well as CARE and Government of Turkey data standards.

3.1. KEY NEEDS ASSESSMENT QUESTIONS

The comprehensive protection needs assessment will focus on;

- *identifying immediate community-level protection concerns* for relevant stakeholders with the goal of having an immediate life-saving or life sustaining impact, including coping mechanisms of the individuals/communities and available social protection community networks in the designated locations,
- *inform the protection* response with particular focus on persons with specific protection needs, including GP, SRH and GBV, as well as to inform subsequent protection monitoring and technical assessments (including GP, SRH and GBV) conducted by specialized interviewers with broader community participation,
- *conduct or update existing service mapping* to ensure up-to-date information on available services and referral pathways, and
- *inform guidance to non-protection humanitarian actors* on how to provide assistance and manage referrals in a particular context in a manner consistent with protection principles.

The following are the key guiding questions including but not limited to the areas regarding population details, access to information, access to services, specialized protection needs and social cohesion for this needs assessment (other questions will be added during the tools development stage and will be informed by CARE's gender approaches and guidelines):

Population details:

- What is the presence of certain vulnerable groups in selected certain locations? What are their protection needs? (children, adolescence, youth, elderly, women, people with chronicle illnesses-disabilities-injuries, minority groups including LGBTI+, IDPs, population hosting displaced individuals, people in access restricted areas, people living in areas contaminated with explosive hazards, people with no documentation, people with socioeconomic hardship, people who are not accessing SRH, GBV and other critical services).

Access to information:

- What are the main sources of critical protection information for the community?
- Does every member of the community (children, adolescence, youth, elderly, women and girls, people with chronicle illnesses-disabilities-injuries, minority groups including LGBTI+, IDPs, population hosting displaced individuals, people in access restricted areas, people living in areas contaminated with explosive hazards, people with no documentation, people with socioeconomic hardship) access to information equally? If not, what are the barriers?

Access to services:

- What main services are available by which actors and where? What are the gaps, challenges and where? (health, nutrition, education, food, child protection, GBV, SRH, persons with disabilities, legal assistance, psychosocial support, etc).
- Are there any specific obstacles or problems in accessing these services? Who is more affected by the obstacles or barriers to assistance? (gender, age, diversity, minority, location, displacement status, health conditions)
- How do families get by? What are their subsistence means/strategies? Are there any negative coping strategies?
- What activities of adolescent boys and girls including youth engage in?
- What are the problems regarding housing, land and property, evictions? What are the shelter conditions?
- Who is aware of where to access and when? (health, nutrition, education, food, child protection, GBV, SRH, persons with disabilities, legal assistance, psychosocial support, etc). E.g., if people were to need a service after experiencing some type of GBV – such as verbal harassment or physical beating from their spouse, family or someone else, is there places that they can go for support?
- What are the main sources and channels of information sharing that the population uses?

Specialized protection needs:

- What are the main risks or challenges faced by women and girls in communities? Men and boys? (children, youth, elderly, women and girls, people with chronicle illnesses-disabilities-injuries, minority groups including LGBTI+, IDPs, population hosting displaced individuals, people in access restricted areas, people living in areas contaminated with explosive hazards, people with no documentation, people with socioeconomic hardship, people who are not accessing SRH, GBV and other critical services)
- Do families have their civil documentation? If not why? What are the barriers preventing them to obtain these documents? Do they know how to get it?

Physical safety:

- What are the causes of death and injury of the population?
- Is the population able to move freely and safely in and out of their locations? Do community members know anyone being restricted in their movement to other places? In which circumstances?
- Have mines or ERWs been found in designated locations?
- In which situations do the communities do not feel safe?
- Do any the community members know anyone personally experienced or witnessed violence recently?

Social Cohesion:

- Are there signs of tensions between groups in the population (i.e. displaced and host)?
- Are there any other points of tension within the community?

4. ASSESSMENT METHODOLOGY:

A mixed method approach for data collection and analysis will be applied whereby methods should be participatory, inclusive, and ensuring the participation of key stakeholders. Where possible, data should be triangulated to ensure a robust assessment. The external consultant, prior to the assessment, will develop and submit an inception report inception report that comprises of assessment matrix (framework), proposed methodologies for data collection tools and analysis plan and other relevant survey documents, ensuring solid representation of community perspectives. An in-depth desk review will be undertaken to understand the context and make analysis of previous related studies. CARE will be supporting the consultant during the collection of available sources for the desk review by sharing internally and externally produced significant documents.

The external consultant is expected to employ a mixed method approach (quantitative and qualitative) using tools and a work plan approved by the KML Manager, Gender and Protection Specialist and Protection and SRH Program Manager. The methodology and the tools should be designed also in consultation with Protection Cluster. Existing assessment methodologies and tools will be gathered, reviewed, and adapted to the specific context in the project location and diverse target groups to be covered. IASC's Different Needs Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men will be utilized as a guidance to ensure age, gender, diversity approach.

Data collection shall involve visits to a sample of project locations, meetings with targeted participants and other key stakeholders. The consultant will lead the qualitative and quantitative data collection, including supervising data collection teams, and completing the debriefing, data cleaning and analysis within the approved timeline. All data collection tools should include CARE standard informed consent, all data have to be in line with CARE and Government of Turkey data. Data collection will involve children as direct informants and the consultancy company will make sure that child-friendly tools are developed based on the age group, with support from CARE team. After the methodology and tools are complete, data collectors should be trained on specific considerations for different groups to be engaged, as needed.

4.1. QUALITATIVE METHOD

The qualitative study must assess and provide thick description on the protection situation including threats, capacities, vulnerabilities providing information on protection risks, protection needs, capacities,

coping strategies, life-saving assistance or immediate support needed from stakeholders' (CARE key program staff, CARE's local partners inside Syria, Protection Cluster, other I/NGOs, community-led organizations, etc.) and communities' perspectives. The impacts of COVID-19 should also be captured as well as the emerging protection needs/risks due to pandemic.

The assessment team will design the overall qualitative study approach and should consider a variety of primary data collection methods, including: semi-structured in-depth interviews, focus group discussions, individual story-telling, observations, community mapping, secondary research and other relevant tools. Qualitative tools will have to be reviewed and approved from the relevant staff from CARE. The consultancy company will be responsible for collecting and analyzing the qualitative data. Data will be collected from key stakeholders through interviews, discussions, consultative processes, and observations. These will include: project staff; community representatives at sub-district/community levels; and other humanitarian actors operating in the project's operational areas; and program beneficiaries (men, women, boys, and girls) from both IDPs and hosting communities.

4.2. QUANTITATIVE METHOD

The needs assessment will include primary data collection and analysis of quantitative survey data. The survey tool will be reviewed and updated by the consultant and must utilize reliable data collection instruments, level of statistical precision, and statistical power. The quantitative side of the study shall be designed to measure statistically the following components:

- Socio-demographic information
- Shelter/housing situation
- Household decision-making
- Vulnerabilities
- Livelihoods and income
- Control of family resources
- Division of labour in the household
- Access to services and assistance
- Protection and community concerns
- Mobility and freedom of movement
- Coping mechanisms
- Priority needs
- Emergency awareness
- Impacts of COVID-19 on the protection concerns and vulnerabilities

More indicators could be added at a later stage of the assessment upon CARE team's revision of the quantitative tools. All key results of the survey should be disaggregated by age, gender, diversity, location, displacement status and health conditions, where relevant.

4.3. SAMPLING

The assessment team with feedback and guidance from CARE will ensure representative sampling to cover the qualitative and quantitative methods. Purposive and convenience sampling is strongly suggested for qualitative methods while probability sampling for the quantitative methods.

5. CONTRACT MANAGEMENT

The KML Manager from CARE will be overall responsible for managing the contract and facilitating the assessment work between CARE, Partners and the selected company. The KML Manager will also oversee, support, and provide ongoing feedback to the needs assessment team with support from the protection program team. In the inception phase, roles and responsibilities will be in place to define what is needed to be done by whom between CARE and selected company.

6. LOGISTICS AND SUPPORT

CARE Turkey will support the work through the following contributions:

- Compilation of background documentation and relevant data sets;
- Contact lists for internal interviewees, cooperation on planning, and help with sampling/beneficiary lists.
- Weekly catch up meetings with the relevant staff from PQ and Programs

7. DELIVERABLES

The consulting company will be responsible for the following key deliverables:

- Detailed inception report with a methodological focus detailing the quantitative and qualitative methods, areas of focus for each data collection method, desk review, COVID-19 impacts and strategies to ensure inclusion of diverse women, men, girls, and boys – including persons with disabilities, older persons, youth, and LGBTI persons.
- Detailed and live assessment plan to be finalized at the inception phase (to be updated regularly).
- Set of data collection tools in English and Arabic with adequate consideration of gender, age and diversity related capture.
- Full set of raw data (in an organized format) as well as a set of assessment photographs with relevant signed consent forms.
- Debrief and presentation of overall findings and recommendations (PPT) preferably provided in person at CARE's office.
- Preliminary rapid analysis of the key findings by November 30th 2021 (4-5 pages).
- Comprehensive needs assessment report with relevant annexes (report structure to be agreed with CARE).
- A summary of the report that can be used as an advocacy document (maximum 4-5 pages).

8. TIME FRAME

Total assignment period is estimated at 9.5 weeks between October and December 2021 (6 days per week). This assignment is expected to be managed from Turkey and conducted in North West Syria.

Estimated start date: October 27th 2021

Estimated end date: December 31st 2021

9. PROPOSAL DETAILS, SELECTION CRITERIA AND SUBMISSION

Interested parties are requested to submit the following documentation to CARE International in Turkey (below address)

- Technical proposal including proposed methodology and approach (maximum 8 pages)
- Short biography of key personnel on the proposed assessment team (maximum 4 pages)
- Detailed cost proposal, with costs broken down to reflect the timing and cost of each activity
- Example of previous relevant work – a needs assessment, protection analysis or survey

- Optional: References or other relevant materials may be attached as annexes

Applications will be assessed against the following selection criteria

- Relevant skills and previous research, monitoring & evaluation experience in Syria, preferably on protection
- Proven track-record in independent research and methodological rigor
- Assessment team with significant relevant technical experience (both operational & research based)
- Evidence of strong evaluative capacity, historically and for this particular contract
- Appropriateness of proposed methodology and its correspondence to these Terms of Reference
- Attention given to gender considerations and the specific needs of diverse women, men, girls, and boys – including persons with disabilities, older persons, youth, and LGBTI persons
- Access to project implementation areas and ability to gain permissions.
- Access to trained enumerators (with relevant backgrounds, particularly for protection) and network inside Northern Syria
- Value for money and demonstrated cost effectiveness
- Evidence of the following within the application:
 - Excellent data collection capacity, with strong analytical skills
 - Strong/in depth knowledge of qualitative and quantitative techniques, including
 - Excellent facilitation and presentation skills
 - Excellent report writing skills, including ability to write clear and well-argued reports
 - Excellent communication skills, with emphasis on diplomacy
 - A high level of written and spoken English
- The capacity and willingness to be extremely flexible and accommodating in difficult and sometimes insecure working circumstances
- Experience or knowledge of working and living in relevant regions/contexts
- Politically and culturally sensitive with qualities of patience, tact and diplomacy
- Extensive knowledge of current literature/ practice around SRH, Protection and GBV in Syria and conflict settings;
- Arabic fluency in the team and be able to develop guidance and training in Arabic on the tools and methodology for data collection;
- Experience in remote management of evaluation
- All applications must be submitted (electronically) no later than 15th of September 2021 to CARE's Procurement Email: Tur.xbprocurement@care.org