Terms of Reference for the preparation of the baseline study for the project:

"Net-Care: Innovation in nursing and palliative care – Port Sudan" Funded by:

Valencian Regional Government (Generalitat Valenciana)

Concept	Details
Issuing body	Mainel Foundation
Local partners	Comboni College of Science and Technology and Bitagdiry
Geographical scope	Port Sudan
Type of assignment	Consultancy Individual or institutional (local specialist preferred)
Maximum duration	52 calendar days from the date of signing the contract
Budget	€4,700

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1. Background and rationale

1.1 The education and health sectors

On 15 April 2023, war broke out in Sudan, displacing more than 14 million people. According to the United Nations Development Programme (UNDP), 75% of health centres in Sudan were rendered inoperable as a result of the armed conflict. The outbreak of war in the country displaced 87% of university students and led to the emigration of hundreds of university lecturers and healthcare professionals.

One of the few states in the country that was not the scene of fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) is the Red Sea State, located in the north-east of the country. This state, traditionally marginalised and less developed than the states along the Nile, was home to the army headquarters and became the country's de facto capital until January 2026, when the government returned to Khartoum.

Seventy per cent of healthcare staff working in health centres in the Red Sea State are neither qualified nor registered with the National Council of Medical and Health Professions (NCMHP).

People with chronic and terminal illnesses are those who suffer most from the strain on the healthcare system and endure their suffering in silence at home.

The Comboni College of Science and Technology (CCST), a non-profit university, was based in Khartoum, the country's capital, where it launched the Bachelor's Degree in Nursing Sciences in June 2022. As a result of the war, the CCST relocated to Port Sudan, the capital of Red Sea State, an area controlled by the Sudanese Armed Forces (SAF) that has remained safe throughout the conflict. From this city, the CCST manages academic activities online combined with face-to-face activities, such as clinical placements for nursing students and a nursing and palliative care clinic.

Mohamed Tahir Aila was governor of the Red Sea State between 2005 and 2015. The region's largest tribe, the Beya, felt marginalised by the central government. This governor provided employment for hundreds of people from this tribe as healthcare workers in local hospitals that were short-staffed. The problem was that most lacked qualifications. Furthermore, many had not completed secondary education and were therefore unable to access university studies.

The war also led to the emigration of qualified nurses.

1.2 Project Summary

The Mainel Foundation, in collaboration with the Catholic University of Valencia, IVADE Clinical Group, the Comboni College of Science and Technology (CCST) and the NGO Bitagdiry, is implementing a project funded by the Valencian Regional Government (Generalitat Valenciana, Spain) to support the training of nurses and the development of palliative care services in Port Sudan, in north-eastern Sudan. The project will run for approximately 14 months and its activities are mainly carried out at the CCST facilities in Port Sudan.

The overall objective is to contribute to strengthening healthcare to improve the quality of life of low-income people with chronic or serious illnesses in Port Sudan, by promoting healthcare development, the right to health, gender equality and the sustainability of the local healthcare system.

The specific objective is to improve the quality of healthcare in nursing and palliative care in Port Sudan through open innovation, by means of multi-stakeholder partnerships that strengthen the capacities of the local healthcare community and promote new tools and

frameworks for the management and sustainability of services for people with limited resources, from an intersectional and gender-based rights approach.

75% of CCST nursing students are women, which gives an idea of the impact the project is expected to have on women's empowerment. The location of the training programme in a traditionally marginalised region ensures that the project will also contribute to the country's social cohesion.

The project is structured around four outcomes:

• **Outcome 1**: New opportunities for practical innovation through remote clinical simulation secured for the training of nursing and palliative care staff, primarily low-income individuals, women and displaced persons, in Port Sudan

• **Outcome 2**: Enhanced management, coverage and sustainability of home-based palliative care services for people on low incomes, through a gender-sensitive approach, open innovation, partnerships with healthcare providers and engagement with the local community.

• **Outcome 3**: Pilot plans and strategies for environmental and financial efficiency designed and implemented to strengthen the sustainability of palliative care through open innovation, partnership and the active participation of women and under-represented groups

Outcome 4: A diverse multi-stakeholder network consolidated for collaboration, monitoring, scalability and knowledge exchange, linking open innovation and shared intercultural learning between the local healthcare community and the international consortium on palliative care and nursing

A train-of-trainers (ToT) model is fundamental to the project's sustainability strategy. Indeed, nursing teaching staff at the CCST and the Ministry of Health and Social Development of Red Sea State are the main beneficiaries of the training activities delivered by the Catholic University of Valencia. The project also supports the development of a nursing skills laboratory at the CCST.

The approach is participatory and rights-based, co-designed from the outset with local stakeholders, including the CCST and the local NGO Bitagdiry.

A Human Rights-Based Gender Approach (HRBG-A) is applied throughout the project, with a minimum gender balance of 60/40% required in all activities. The project is aligned with the Strategic Plan of the Ministry of Health and Social Development of the Red Sea State and with SDGs 3, 4, 5, 8 and 17.

2. Project summary

Item	Description
Project title	Net-Care: Innovation in nursing and palliative care – Port Sudan
Applicant	Mainel Foundation (Valencia, Spain)
Local partners	Comboni College of Science and Technology (Port Sudan), Bitagdiry NGO (Sudan)
Other partners	Catholic University of Valencia (UCV); IVADE Clinical Group
Funding body	Valencian Regional Government (Generalitat Valenciana)

Duration	14 months
Main location	CCST campus, Port Sudan, Sudan
General scope	Red Sea State
Overall objective	To contribute to strengthening healthcare provision to improve the quality of life of low-income people with chronic or serious illnesses in Port Sudan, by promoting healthcare development, the right to health, gender equality and the sustainability of the local healthcare system
Specific objective	To improve the quality of healthcare in nursing and palliative care in Port Sudan through open innovation, by means of multi-stakeholder partnerships that strengthen the capacities of the local healthcare community and promote new tools and frameworks for the management and sustainability of services for people on low incomes, from an intersectional and gender-based rights approach
Direct beneficiaries	200 students on the Bachelor's Degree in Nursing Sciences at the CCST; 60 palliative care volunteers; 30 healthcare trainers and mentors from the Comboni Palliative Care Hospice – Nursing Clinic and the CCST; 50 healthcare professionals and 60 carers.

3. Objectives, Outcomes and Indicators

3.1 Overall Objective

To contribute to strengthening healthcare provision to improve the quality of life of low-income people with chronic or serious illnesses in Port Sudan, promoting healthcare development, the right to health, gender equality and the sustainability of the local healthcare system.

3.2 Specific Objective

To improve the quality of healthcare in nursing and palliative care in Port Sudan through open innovation, by means of multi-stakeholder partnerships that strengthen the capacities of the local healthcare community and promote new tools and frameworks for the management and sustainability of services for people with limited resources, from an intersectional and gender-based rights approach

Indicators for the specific objective: Progress towards the specific objective will be measured using five indicators:

IOV.OE.1: By the end of the project, at least 83 healthcare professionals (nurses, palliative care workers, trainers) will have received training in the use of remote clinical simulation and open innovation tools, of whom at least 80% will be women.

IOV.OE.2: During the project, home-based palliative care services will achieve a 30% increase in coverage of low-income patients, including women and displaced persons, compared to the baseline.

IOV.OE.3: The consortium and local partners will implement and validate at least one pilot energy-efficiency system using solar power and a financial sustainability plan by month 12 of the project, with the active participation of female healthcare professionals.

IOV.OE.4: At least one multi-stakeholder network working group will be established,

comprising representatives from health institutions, academia, NGOs, the local community and women leaders. This working group will organise a minimum of four knowledge-sharing sessions and more than 13 case reviews of low-income patients with serious or chronic illnesses over the course of the project.

IOV.OE.5: At least 75% of participating women and people from under-represented or vulnerable groups will report having strengthened their capacities, their voice and their participation in training, management or decision-making processes in nursing and/or palliative care.

3.3 Outcomes and Outcome-level Indicators

Outcome 1: New spaces for practical innovation with remote clinical simulation secured for the training of nursing and palliative care staff, primarily low-income individuals, women and displaced persons, in Port Sudan

- IR1.1 A fully installed and operational remote simulation laboratory, in collaboration with the first local palliative care clinic, by the sixth month of the project, with functional materials and equipment validated by the consortium.
- IR1.2 At least 3 pilot sessions conducted with trained healthcare staff, using the simulation laboratory for the diagnosis or management of 3 cases during the first 10 months of the project.
- IR1.3 By the end of the project, at least 83 people, including trainers, students and healthcare staff in general, will have received training in the use of remote clinical simulation in Port Sudan. Of these, at least 75% are women and 20% are displaced persons.

Outcome 2. Enhanced management, coverage and sustainability of home-based palliative care services for people of limited means, through a gender-sensitive approach, open innovation, partnerships with healthcare providers and engagement with the local community

- IR2.1 A participatory assessment developed and validated by at least three key sectors (Ministry of Health, consortium, Beya community leaders and/or families) that includes women and displaced persons in the surveyed population by the seventh month of the project.
- IR2.1 During the project's implementation, at least 90 low-income patients receive home care with a telemonitoring component as part of the palliative care pilot programme, of whom at least 80% are women and 30% are displaced persons.
- IR2.3 At least 70% of participants in the pilot programme report an improvement in access to or continuity of care in Port Sudan.
- IR2.4 At least 50 healthcare professionals and 60 carers in Port Sudan receive the guide and participate in a familiarisation and basic application session during the project.

Outcome 3: Pilot plans and strategies for environmental and financial efficiency designed and implemented to strengthen the sustainability of palliative care through open innovation, partnership and the active participation of women and under-represented groups

- IR3.1: A pilot solar panel energy system was installed and made operational for the CCST's nursing and palliative care laboratory by the seventh month of the project.
- IR3.2: At least 90% of the laboratory's temperature-sensitive materials are maintained at a stable temperature using solar energy supplied by the installed panels.
- IR3.3: The project's first hackathon was held in Port Sudan with the active participation of at least 100 people from the local health and innovation community, of whom at least 50% are women and/or belong to under-represented groups.

• IR3.4: At least three innovative solutions in financial efficiency and sustainability were developed during the hackathon, which were evaluated by a technical jury before the tenth month of the project.

• IR3.5: During the project's implementation, at least 15 people from the Comboni Clinic receive guidance on diversification mechanisms, key performance indicators for sustainability and financial efficiency.

• IR3.6: A financial sustainability plan with an intersectional approach is jointly developed for the palliative care clinic, which is validated by at least three consortium entities and health authorities before the 11th month of the project.

Outcome 4. A diverse multi-stakeholder network is established for collaboration, monitoring, scalability and knowledge exchange, linking open innovation and shared intercultural learning between the local healthcare community and the international consortium in palliative care and nursing

• IR4.1. Signing of a letter of commitment to collaboration and participation in the scientific committee meetings and the roadmap, involving at least 5 consortium members, 1 designated representative, 1 specialist healthcare professional from the Ministry of Health, and 2 local or international partners.

• IR4.2. Establishment of a multi-sectoral scientific committee with at least one monthly follow-up meeting from the second month of the project until its conclusion, with the active participation of its members.

• IR4.3. Review and proposals for solutions for at least 13 complex cases of low-income individuals with chronic or serious illnesses by the scientific committee.

• IR4.4: A roadmap for scaling up the strategies employed, validated by the scientific committee and the consortium before the eleventh month of the project, including at least 4 systematised and replicable protocols, plans or tools.

• IR4.5: At least 2 open days with the direct participation of 100 people, including at least representatives of rights holders (interdisciplinary staff and patients), 5 decision-makers and 20 community leaders.

• IR4.6: Dissemination of the project through at least 4 meetings with potential local partners and community leaders, 1 digital channel and 1 community media outlet. The media outlet reached an estimated audience of at least 1,500 people in Port Sudan.

4. Type and size of the intended target population

The project operates in Port Sudan. The city had a population of approximately 400,000 before the war began. This conflict led to the arrival of some 144,000 internally displaced persons in the capital of Red Sea State.

The local health system was already deficient before the war, particularly in terms of the qualifications of nursing staff. The arrival of internally displaced persons and refugees has increased the pressure on this system.

The direct beneficiaries of the project are:

Target group	Profile	Total number	Women	Men
CCST trainers and mentor-guides	Nurses who teach at the CCST or act as tutors to nursing students during their clinical placements at Ministry of Health and Social Development health centres in Port Sudan, or who train palliative care volunteers.	30	20	10
Healthcare staff	Healthcare staff from the Nursing Clinic of the Comboni CCST Palliative Care Hospice and other related institutions that will be involved in the project	120	96	24
Students on the CCST Bachelor's Degree in Nursing	This is the first cohort of nursing students to have started their degree before the war.	53	41	12
Patients	Nursing and palliative care patients who receive visits from clinic staff.	90	72	18
Carers	People, often volunteers, who support those with chronic and terminal illnesses and their families.	60	20	40
Interdisciplinary staff	They activities directly or indirectly linked to the healthcare sector in Port Sudan and will participate in one or more project activities	40	20	20
Administrative staff or Clinic management	Nurses or professionals who carry out administrative tasks in clinic management or are interested in opening their own clinic	15	5	10
Patients with complex cases	The scientific committee assists staff at the Comboni Clinic in managing patients with complex cases	13	10	3
Community community health workers	People from people's committees, schools, health centres, and other organisations who play a leadership role in the community	20	10	10
TOTAL		**441**	**284**	**157**

The indirect recipients are:

Target group	Total number
Patients' relatives	660
Relatives of students	291
General public participating in outreach activities	1,500
Students who, within two years, benefit from the training provided by their mentors. Each trainer would have at least 50 students benefiting from their training.	1,500
External healthcare staff informed through the guidelines and/or dissemination of the project	1,200

5. Objective of the Call for Proposals

The objective of this call is to engage an individual consultant or a team of qualified consultants to prepare the baseline study for the 'Net-Care: Innovation in Nursing and Palliative Care – Port Sudan' project, in accordance with the results and impact indicators set out in the project planning matrix (MML/Logical Framework).

The baseline study corresponds to Activity A1 of the project and must be completed within the first two months of project implementation (M1-M2), with a maximum budget of EUR 4,700. It will serve as the main reference point for assessing the progress and final impact of the project throughout the monitoring, evaluation and learning (MEL) cycle.

6. Scope

6.1 Timeframe

The consultancy will have a maximum duration of 52 calendar days from the signing of the contract. During this period, the consultant must carry out: document review, methodological design, design and validation of instruments, fieldwork, systematisation of information, data analysis, report writing and presentation of results to the project's technical team. The specific delivery dates for each deliverable will be agreed in the work plan, validated at the start of the project.

6.2 Geographical Scope

The study must be carried out within the geographical area of Port Sudan: CCST facilities, Comboni Palliative Care Hospice – Nursing Clinic, health centres of the Ministry of Health and Social Development of the Red Sea State, etc. The baseline must cover this broader context in order to adequately assess the enabling environment and identify complementary actors and initiatives.

6.3 Institutional and population scope

The study will cover the stakeholders directly involved in the implementation and impact of the project. To estimate the minimum scope of this baseline study, two main approaches are proposed. Based on a quantitative analysis, it is estimated that at least 35% of each profile of

direct project beneficiaries will be reached. However, based on a more qualitative analysis, using criteria of representativeness, methodology, triangulation and contextual appropriateness, the percentage will vary slightly for some beneficiary profiles, ideally reaching as high as 95%. Below, we provide further details on the expected averages:

- Trainers, guides and mentors (10 on average)
- Healthcare staff (42 on average)
- Students (50 on average)
- Patients (31 on average)
- Carers (21 on average)
- Interdisciplinary staff (12 on average)
- Clinic administrative or management staff (5 on average)
- Patients with complex cases (4 on average)
- Community health leaders (7 on average)
- Others: Local authorities (10 on average) and patients' relatives.

6.4 Thematic Scope

The baseline study will adopt a multidimensional, rights-based analytical framework, aligned with the project's Logical Framework Matrix and the principles of the Human Rights and Gender-Based Approach (HR-GBA). The study will generate baseline values for all relevant indicators and provide an in-depth understanding of the context in the following thematic areas:

a) Health system capacity and service delivery (SDG 3)

- Availability, accessibility, acceptability and quality (AAAQ framework) of nursing and palliative care services in Port Sudan.
- Coverage and characteristics of home-based palliative care services, including outreach mechanisms and continuity of care.
- Health human resources: numbers, level of qualification, registration status, gender composition and distribution of nursing and palliative care staff.
- Existing coordination mechanisms between the CCST, health centres and the Ministry of Health and Social Development.

b) Education and training systems (SDG 4)

- Current capacities of the CCST to deliver nursing training (curriculum, teaching methodologies, infrastructure, including simulation-based learning).
- Training needs of students, trainers and health professionals, particularly in palliative care and remote clinical simulation.
- Barriers to accessing and remaining in nursing training, especially for women and displaced populations.

c) Gender equality and intersectionality (SDG 5)

- Gender dynamics in access to education, employment and decision-making in the health sector.
- Specific barriers faced by women, internally displaced persons (IDPs) and marginalised groups in accessing training and health services.
- Women's roles in care (formal and informal) and the level of recognition and support they receive.
- Risks of gender-based violence or discrimination in the context of health and education.

d) Employment, decent work and professionalisation (SDG 8)

- Working conditions of nursing and healthcare staff (formal/informal employment, remuneration, workload).
- Pathways to professionalisation for unskilled or under-skilled health

workers.
- Opportunities and constraints for decent work in the local health system.

e) Innovation, sustainability and system strengthening

- Existing practices and perceptions regarding open innovation in health and education.
- Feasibility and basic conditions for the introduction of remote clinical simulation tools.
- Energy infrastructure and basic conditions for the implementation of solar energy solutions.
- Financial sustainability of palliative care services, including funding sources and cost structures.

f) Community participation and social norms

- Community perceptions and cultural attitudes towards palliative care, chronic illness and end-of-life care.
- Role of families, carers and community leaders in supporting patients.
- Trust in healthcare institutions and perceptions of the quality of care.

g) Governance, partnerships and coordination among multiple stakeholders (SDG 17)

- Institutional roles and capacities of key stakeholders in the health and education sectors.
- Existing partnerships and coordination platforms at the local level.
- Gaps and opportunities to strengthen collaboration between academia, public institutions, civil society and communities.

7. Benchmark objectives

From the perspective of Management for Development Results (MfDR), the baseline study must meet the following objectives:

- To design the study in such a way that it provides relevant and sufficient information to characterise the initial situation of all indicators and outcomes defined in the Logical Framework Matrix, ensuring a human rights-based approach with a gender and intercultural perspective.
- Validate the coherence of the intervention logic, examining the formulation of the project's objectives, outcomes and indicators to ensure their internal consistency and alignment with the needs of the beneficiary population.
- To ensure the project's evaluability in terms of GRD, reviewing the formulation of key indicators according to the SMART criteria (specific, measurable, achievable, relevant and time-bound) and their respective sources of verification.
- Establish initial reference values (baseline) for all objectively verifiable indicators included in the MML and define clear operational objectives to facilitate monitoring and evaluation of the degree to which results are achieved.
- Provide key information for the development of the project's Monitoring Plan, including the definition of responsibilities, tools, timetable and feedback mechanisms.
- Ensure an appropriate methodological mix of quantitative and qualitative techniques, allowing for cross-validation of the information obtained and incorporating the voices and experiences of all stakeholders.
- Review and refine objectively verifiable indicators and their sources of verification, prioritising those that specifically reflect the situation to be transformed and allow for reliable monitoring of the changes promoted by the project.
- Design and define appropriate data collection techniques and instruments, including surveys, semi-structured interviews, focus groups, observation

guides and document analysis.
- Generate useful information which, if necessary, can serve as a basis for a possible reformulation or adjustment of the project based on the findings and shortcomings identified during the study.
- Establish the final project evaluation methodology, linking it to the defined indicators and the initial baseline measurement to facilitate subsequent comparisons.
- Share and validate the main results of the baseline study with the project's technical team and other relevant stakeholders, promoting the active use of the information generated for decision-making and collective learning.

8. Identification of key stakeholders and informants

The baseline study will include a comprehensive mapping and analysis of stakeholders, following a human rights-based approach. Stakeholders will be classified as rights holders, duty bearers and responsibility bearers, to ensure a structured and inclusive analysis of their roles, capacities and relationships.

8.1 Rights holders

Individuals and groups whose rights are the focus of the intervention and who are expected to benefit directly or indirectly from the project:

- CCST nursing students (with a particular focus on women and displaced students)
- Patients with chronic and terminal illnesses who receive or are eligible for palliative care
- Healthcare professionals (nurses, palliative care staff, trainers and mentors)
- Family members and carers
- Palliative care volunteers
- Low-income and marginalised communities in Port Sudan

Role in the baseline study:

To provide primary data on needs, barriers, access to services, perceptions of quality, and levels of participation and empowerment.

8.2 Obligated parties

Institutions and actors with formal obligations to respect, protect and fulfil the right to health and education:

- Ministry of Health and Social Development of Red Sea State
- Public hospitals and primary healthcare centres
- National Council of Medical and Health Professions (NCMHP)
- Local and state government authorities

Role in the initial assessment:

To provide data on policies, service delivery, human resources, regulatory frameworks and institutional capacities.

8.3 Accountable Parties (Key Actors)

Actors who, although not legally obliged, play a crucial role in facilitating or supporting the realisation of rights:

- Mainel Foundation
- Comboni College of Science and Technology (CCST)

- Bitagdiry NGO
- Catholic University of Valencia (UCV)
- IVADE Clinical Group
- Community leaders (including representatives of the Beya community)
- Local civil society organisations and NGOs
- International organisations present in the area (where applicable)
- Role in the baseline study:

Contribute to contextual analysis, the identification of good practices, innovation potential and collaboration dynamics.

8.4 Key informants and data sources

The consultant will collect data using a combination of primary and secondary sources, including:

- Key informant interviews (KIIs):

Health authorities, CCST management and teaching staff, clinical mentors, NGO representatives and community leaders.

- Focus group discussions (FGDs):

Nursing students, carers, volunteers and healthcare staff (with grouping sensitive to gender and vulnerability).

- Direct observation:

Healthcare facilities, training environments and palliative care service delivery settings.

- Document review: National and state health policies, CCST academic literature, project documents and existing evaluations.

8.5 Requirements for stakeholder analysis

The baseline study must include:

- A stakeholder map (visual or tabular)
- Analysis of the interests, influence and capabilities of each actor
- Identification of capacity gaps between those responsible and those with a duty to act
- An assessment of the levels of participation of rights holders, particularly women and vulnerable groups.

9. Methodological approach

The consultant will design and implement a rigorous, participatory, mixed-methods baseline study, ensuring alignment with the project's Logical Framework Matrix and the Human Rights and Gender Approach (HR-G).

9.1 General approach

The baseline study will combine:

- Quantitative methods to establish measurable baseline values for all indicators
- Qualitative methods to understand perceptions, barriers and systemic dynamics
- Participatory approaches to ensure the meaningful inclusion of rights holders, particularly women and vulnerable groups

The methodology must ensure:

- The disaggregation of data by sex, age, displacement status and other relevant vulnerability criteria
- The integration of the AAAQ framework (Availability, Accessibility, Acceptability,

Quality) for health services
- The application of gender- and conflict-sensitive approaches
- Ethical compliance, including informed consent, confidentiality and the 'do no harm' principles

9.2 Methodological phases

Phase 1: Initiation and literature review

- Review of key project documents (Logical Framework, proposal, indicators, reports)
- Review of relevant national and regional policies (health, education, gender)
- Mapping of existing data sources and identification of information gaps
- Presentation of an initial report, including: Refined methodology
    - Data collection tools (draft)
    - Sampling strategy
    - Work plan and timeline

Phase 2: Design and validation of tools

- Development of data collection tools, including:
    - Structured questionnaires (for quantitative surveys)
    - Semi-structured interview guides (KII)
    - Focus group discussion (FGD) guides
- Validation of the tools with the project team
- Pilot testing and refinement of the tools

Phase 3: Fieldwork and data collection

- Quantitative data collection:

Surveys targeting key beneficiary groups (students, healthcare staff, carers, patients, as appropriate)

- Qualitative data collection:
    - Key informant interviews (KIIs) with managers and decision-makers
    - Focus group discussions (FGDs) with rights holders (grouped by gender and vulnerability)
- Direct observation:

Facilities (CCSTs, health centres, palliative care services) and training settings

Sampling must be representative and feasible, ensuring the inclusion of:

- Women (minimum 60% where applicable)
- Internally displaced persons (IDPs)
- Vulnerable and marginalised groups

Phase 4: Data processing and analysis

- Quantitative data analysis using statistical tools (descriptive statistics, reference values)
- Qualitative data analysis using thematic coding
- Triangulation of findings across data sources
- Analysis structured around:
    - Project indicators (IOV)
    - Thematic areas defined in Section 6.4
    - HRBA categories (rights holders, duty bearers, obligation bearers)

Phase 5: Validation and reporting

- Preparation of a draft baseline report
- Presentation of preliminary findings to the project team and key stakeholders
- Validation workshop (if feasible) to:
  - Verify the findings
  - Incorporate feedback from stakeholders
- Presentation of the final baseline report, incorporating feedback

9.3 Methodological requirements

The consultant must ensure:

- The mainstreaming of a gender perspective throughout all phases
- The inclusion of intersectional analysis (gender, displacement, socio-economic status, age, ethnicity or culture – where applicable)
- The use of participatory techniques to give a voice to rights-holders
- A strong link between the findings and the monitoring indicators
- The identification of baseline values, risks and assumptions relevant to the implementation of the project
- The estimated scope of the baseline and the application of the criteria The holding of at least two coordination meetings with the project's technical team during the fieldwork phase, to validate interim findings and ensure the quality of the process
- The preparation of a preliminary (draft) report for technical review by the project team prior to finalisation, incorporating all comments before final submission.

9.4 Application of the OECD-DAC criteria

The criteria of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) constitute the internationally recognised framework for evaluating the design, implementation and results of development interventions, humanitarian action and international cooperation.

In preparing the Baseline Report, the following criteria should be considered, adapted to the nature of this evaluation exercise:

- **Relevance:** analyses the extent to which the objectives, expected results and design of the intervention adequately respond to the identified needs, the priorities of the target population, the intervention context and the applicable sectoral policies.
- **Coherence:** examines the compatibility and complementarity of the intervention with other initiatives, public policies, institutional strategies and actions carried out by other relevant actors, assessing existing coordination mechanisms.
- **Effectiveness:** assesses the extent to which the intervention logic and planned implementation mechanisms enable the achievement of the formulated outcomes and objectives.
- **Efficiency:** analyses the alignment between the planned resources (human, financial, material and time) and the expected outcomes, taking into account the operational feasibility of the intervention.
- **Impact:** examines the intervention's potential to generate significant changes—direct or indirect, anticipated or unanticipated—among the target population and within the context of the intervention.
- **Sustainability:** assesses the likelihood that the benefits generated by the intervention can be maintained once external financial support has ended.

Although a Baseline does not constitute an outcome or impact evaluation, it must incorporate essential elements of evaluative analysis that allow for:

- review the quality and consistency of the intervention logic;

- validate the causal chain and the underlying theory of change;
- analyse the project's evaluability conditions;
- identify information gaps and methodological risks that may affect future monitoring and evaluation.

Given that these Terms of Reference do not explicitly specify the evaluative dimensions or the guiding questions for the exercise, it is recommended that the baseline report address, at a minimum, the following questions:

- Are the indicators formulated relevant, specific and measurable?
- Are the planned verification sources actually available, accessible and reliable?
- Are the established targets realistic and achievable given the context and available resources?
- Does the theory of change present a consistent and verifiable internal logic?
- What information gaps or methodological limitations exist at the start of the intervention?
- What risk factors might affect the evaluability, monitoring or measurement of results during project implementation?

9.5 Need for adequate operationalisation of indicators

The reviewed documentation shows that the project incorporates monitoring and outcome indicators; however, the development of a technical tool for their operationalisation and measurement is not explicitly established.

In this regard, the Baseline Report should contribute to:

- clarify the technical formulation of the indicators;
- clearly defining the units of measurement;
- establish the frequency of data collection and updating;
- identify the relevant disaggregation variables;
- validate the sources of information and means of verification;
- define the calculation methods and interpretation criteria.

In order to strengthen the project's evaluability and ensure the quality of the monitoring and evaluation system, it is recommended that the following be explicitly included as an output of the process:

- Indicator Operationalisation Matrix
- This matrix should contain at least some of the following elements:
  - technical and operational definition of the indicator;
  - calculation formula or method;
  - initial baseline value;
  - target or revised target, where applicable;
  - unit of measurement;
  - frequency of measurement;
  - source of verification;
  - actor or unit responsible for data collection and reporting;
  - relevant disaggregation criteria (gender, age, displacement status or other relevant variables).

The incorporation of this tool is essential to ensure the evaluability and methodological consistency of the monitoring system, as well as the future measurement of the intervention's outcomes and impacts.

10. Expected outcomes

The consultancy team will deliver the following outputs:

Deliverable	Concept	Content	Deadline	Day*
Product 1	Work plan and methodological design	Detailed, data collection tools, sectoral mapping plan, work plan and list of key informants for approval by the project team.	Day 10 from the signing of the contract	11 June
Product 2	Data collection tools and databases	Final versions of all surveys, interview guides, focus group protocols and sectoral mapping template; complete and digitised survey databases.	15 days from the signing of the contract	16 June
Product 3	Methodological report and evaluation guide	Report on the methodology used and a guide for the final evaluation of the project, linking the initial measurements with the final evaluation of the project.	20 days from the signing of the contract	21 June
Product 4	Preliminary baseline report	Complete draft of the report submitted for technical review and comments from the project team.	Day 38 from the signing of the contract	9 July
Product 5	Final baseline report	Revised final report incorporating all comments, with all annexes and raw data files.	Day 52 from the signing of the contract	23 July

*Average calculation of dates, which may be adjusted from the final date of the call for proposals

11. Submission of the Reference Report

The Final Baseline Report must reflect the entire process followed in its preparation, including the methodological design, the instrument validation report and the record of data processing. It must be submitted in digital format (Word, PDF, Excel and database files).

The report must contain, at a minimum, the following sections:

1. Cover page (project title, issuing entities, report date, funders).
2. Executive summary (maximum 3 pages).
3. Brief introduction to the consultancy team.
4. Description and objectives of the consultancy.
5. Scope of the study (temporal, geographical, institutional, thematic).
6. Work plan and activities carried out.
7. Methodology: techniques and tools used at each stage of data collection.
8. Processing and analysis of the information (including the triangulation approach).
9. Factors that affected the work carried out.

10. Baseline results: baseline values for all project indicators, disaggregated by gender where applicable, presented in a table linked to the MML.
11. Sectoral map: key actors, institutions and initiatives in the Port Sudan health ecosystem.
12. Review of the project planning matrix (objectives and outcomes) and its evaluability (indicators according to SMART criteria).
13. Database generated for the study (as a separate attached file).
14. Conclusions.
15. Recommendations for project implementation and monitoring.
16. Appendices: all data collection instruments; list of key informants (anonymised where appropriate); secondary sources consulted; all raw data files.

12. Total cost of the service and payment schedule

The maximum budget available for this consultancy is €4,700. Applications exceeding this limit will not be considered. Proposals must include a full breakdown of the budget, covering all professional fees and fieldwork expenses (transport, subsistence, communication equipment).

Payment will be made upon delivery and acceptance of each deliverable, according to the following schedule:

Deliverables	Deadline	% of total	Condition
Product 1: Work plan and methodological design	20 days from the date of signing the contract	50%	Approval by the project team
Product 5: Final baseline report	Day 52 from the signing of the contract	50%	Final acceptance by the project team

13. Consultancy Team Profile

13.1 Essential Requirements

- Advanced university degree (Master's or equivalent) in social sciences, development studies, anthropology, economics, cultural studies or a related field.
- Proven experience in applying mixed research methodologies (quantitative and qualitative), including survey design, semi-structured interviews and focus groups.
- Solid knowledge of results-based management (RBM) and the logical framework methodology, including the formulation of SMART indicators and the assessment of evaluability.
- Demonstrated ability to apply a gender perspective in research design and data analysis, including the collection and use of sex-disaggregated data.
- Fluency in English (written and spoken).
- Strong analytical and writing skills, with a track record of producing accessible, high-quality research reports.

13.2 Desirable Requirements

- Familiarity with the health and education sectors in Port Sudan.
- Experience in designing and conducting baseline studies, mid-term or final evaluations, or impact assessments of development cooperation projects.
- Experience in mapping key stakeholders and ecosystem analysis in cultural or creative industries.
- Knowledge of relevant regulatory frameworks.
- Experience with digital data collection and management tools (e.g. KoboToolbox, ODK, SPSS, NVivo or equivalents).
- Previous experience working with development NGOs or international cooperation agencies.

The experience of the consultancy team or individual consultant must be substantiated by one of the following documents: (i) simple copies of contracts and their respective signatures or approvals, (ii) letters of reference, (iii) certificates of completion, or (iv) any other documentation that reliably demonstrates the experience of the proposed staff.

14. Ethical considerations

The consultant must adhere to the highest ethical standards throughout the assignment, in line with the project's explicit commitment to a Human Rights-Based Gender Approach (HRBGA-D). This requires:

- Obtaining the free, prior and informed consent of all research participants prior to data collection, ensuring they understand the purpose of the study and their right to withdraw at any time without consequences.
- Guaranteeing the confidentiality and, where appropriate, the anonymity of participants in all publications.
- Applying a do-no-harm approach in all interactions, with particular attention to participants from vulnerable or marginalised groups (women, young people, people with disabilities or at risk of exclusion).
- Ensure that all data collection instruments and interaction protocols are gender-sensitive and culturally appropriate.
- Collect and report data disaggregated by sex and, where appropriate, by age and disability status.
- Comply with applicable data protection regulations, including the secure storage of personal data and its anonymisation upon delivery of the final outputs.
- Avoid any bias in the initial design or data collection that could artificially inflate the project's results at the evaluation stage.

15. Contracting Process

For the selection of the consultant responsible for preparing the baseline study, the maximum possible number of proposals for the required service will be received and evaluated. The selection report will include a comparative table of all proposals received, the selected consultant, the justification for the selection and the agreed financial cost.

Shortlisted candidates may be invited to a brief interview prior to the final selection decision. Only shortlisted candidates will be contacted.

16. Confidentiality Requirements

The works, intellectual and scientific creations, reports, products, databases and any other material produced during the performance of this consultancy are the property of the Mainel Foundation, the Comboni College of Science and Technology, the NGO Bitagdiry, the IVADE Clinical Group and the Catholic University of Valencia, and are confidential. They may not be disclosed without the express authorisation of the contracting parties. All title, copyright and

other rights of any nature whatsoever in the materials produced during this consultancy are transferred exclusively to the Mainel Foundation and the CCST.

17. Submission of the Proposal

The consultancy team or individual consultant must send the following documents by email to principal@combonikhartoum.com with the subject line: "Net-Care: Innovation in nursing and palliative care – Port Sudan" and copies (cc:) to naranjoalcaide@hotmail.com and droopylee22@gmail.com

1. Technical and Methodological Proposal Document

The proposal must take into account the criteria set out in sections 9.4 and 9.5 and include, as a minimum, the following content:

- Understanding of the brief and its context.
- Objectives of the reference study.
- Scope: temporal, geographical, institutional and thematic.
- Type and quantification of the estimated population of beneficiaries and informants who will participate.
- Objectives, outcomes and indicators to be established as benchmarks, as defined in the project's Methods Matrix.
- Methodology to be used, including:
    - Approach to defining the scope and developing a matrix that is consistent with the project's logical framework and baseline.
    - Identification of primary and secondary sources of information at both geographical levels.
    - Sampling strategy: type of sampling, sample size and representativeness across stakeholder profiles. – Data collection techniques: document analysis, direct observation, structured surveys, semi-structured and open-ended interviews, focus groups with key informants.
    - Triangulation approach and data quality assurance.
    - Gender sensitivity approach and disaggregation throughout the study, ensuring that the number of female respondents represents at least 50% of the total.
- Data collection tools and stakeholders involved in each tool.
- Work plan with a timetable, responsibilities and milestones for each deliverable.
- Budget: full fee structure, including all fieldwork expenses (transport, subsistence, digital tools). The total must not exceed €4,700.
- Team profile.

2. CVs of all members of the consultancy team

CVs must clearly demonstrate the experience and qualifications described in Section 13.

3. Professional references

Contact details of at least two professional references who can attest to the applicant's relevant experience.

18. Deadline

Proposals must be sent by email by 28 May, with "Net-Care: Innovation in nursing and palliative care –Port Sudan" in the subject line.

19. Authorship of the report and dissemination rights

The intellectual property rights to all outputs generated during this consultancy — without

prejudice to the recognition of the consultant's authorship — shall belong to the Mainel Foundation and the Comboni College of Science and Technology. The dissemination of the results and deliverables must be governed by the policies and guidelines established by the Mainel Foundation and the CCST. The consultant may not publish or share any material derived from this consultancy without prior written authorisation.

Annexes available on request

The following reference documents are available to applicants:

- Annex 1: Project Planning Matrix (Logical Framework / MML) – full version
- Annex 2: Narrative description of the project, including the participatory assessment carried out during its formulation
- Annex 3: Diagnostic reports and survey results from the formulation phase
- Annex 4: Organisational profiles of the Mainel Foundation, CCST, the Catholic University of Valencia, the NGO Bitagdiry and IVADE Clinical Group
- Annex 5: Reference matrix template (in accordance with the MML)

— End of the Terms of Reference —