

## **Terms of Reference (ToR)**

### **Baseline Study for “The Primary Healthcare NGO Consortium” Project**

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## **1. Introduction**

### **1.1 NGO Development Center (NDC)**

Established in 2006, the NGO Development Center (NDC) is a Palestinian non-profit, non-governmental organization that supports Palestinian civil society organizations (CSOs) to effectively contribute to equitable, inclusive, and rights-based development outcomes. NDC’s work is guided by results-based management (RBM), accountability, transparency, and participation.

NDC supports CSOs to act as duty bearers and rights holders within their respective sectors, strengthening institutional capacity, service quality, evidence-based programming, and learning.

### **1.2 Goal**

NGOs contribute to the development of Palestinian society and meet its needs.

### **1.3 Strategic Objectives**

1. NDC is a main mechanism for supporting and developing NGOs to respond to the community’s most pressing needs.
2. NGOs are better able to carry out their tasks effectively.
3. Sufficient and suitable resources are available to the NGO sector, cultivating best practices, enhancing performance, and increasing impact.

## **2. Background**

The Palestinian health sector faces persistent challenges due to political conflict, economic instability, restrictions on movement, and shortages of personnel and resources. Both Gaza and the West Bank experience underfunded facilities, limited access to medications and equipment, and fragmented service delivery. The health system is divided geographically and administratively, with services provided by the Ministry of Health (MoH), UNRWA, NGOs, and the private sector.

NGOs play a critical role in reaching underserved and vulnerable communities, providing essential PHC services, mobile clinics, specialized care, mental health and psychosocial support (MHPSS), early childhood development (ECD), and advocacy. They are flexible, innovative, and often pilot new approaches to healthcare delivery. Strengthening NGO capacity and coordination is therefore essential to ensure equitable access to PHC.

### **3. The Primary Healthcare NGO Consortium Project**

The Primary Healthcare NGO Consortium Project unites four Palestinian NGOs, in coordination with the Ministry of Health, to improve equitable, inclusive, and integrated primary healthcare services in underserved areas of the West Bank and Gaza. It delivers a comprehensive package of preventive and curative care through clinics, mobile teams, and community outreach, covering SRHR, NCDs, MHPSS, and early childhood development.

The project prioritizes vulnerable groups and applies a rights-based, gender-responsive, community-centered approach, using harmonized standards, referral systems, and shared data to enhance service quality, continuity of care, and health system resilience in line with national priorities. The Project is funded by Sida through NDC.

#### **3.1 Project Goal**

The goal of the project is to support the attainment of primary health care to all those in need with focus on vulnerable communities and groups.

#### **3.2 Main Results**

##### **3.2.1 Result 1**

Resilient primary healthcare system capable to provide preventive and curative care to the Palestinians, including for marginalized communities.

- a) Improved access to and availability of preventive and curative care for women in all health stages, including maternal and reproductive health.
- b) Improved awareness and availability of sexual and reproductive health services (SRHR).
- c) Reduced burden of NCDs, improved awareness on risk factors, and access to NCDs medications and quality services.
- d) Access to and availability of integrated MHPSS with PHCs.

##### **3.2.2 Result 2**

Improved availability and accessibility to early childhood development services and interventions.

## **4. About the Assignment**

NDC, in partnership with Sida, is implementing the Primary Healthcare NGO Consortium Project to improve equitable access to integrated, inclusive, and quality primary healthcare services in Palestine, with a focus on marginalized and vulnerable groups. The project strengthens the performance and integration of PHC services through a human right based approach. To support accountability and learning, a baseline study will be conducted in the first three months to establish benchmarks, inform the M&E system, and define service quality standards. The assignment targets an individual consultant with expertise in monitoring and evaluation, health systems, and baseline studies.

### **4.1 Purpose of the Assignment**

The purpose of this consultancy is to engage an individual consultant to design and conduct a comprehensive baseline study that provides credible, disaggregated, and context-sensitive data to support monitoring, evaluation, accountability, and learning throughout the Project lifecycle.

### **4.2 Objectives of the Baseline Study**

The baseline study aims to generate reliable and harmonized evidence to guide project implementation, monitoring, and learning. Specifically, it will:

1. Establish baseline values for all agreed project outcome and output indicators, ensuring data is disaggregated by sex, age, location, disability, and vulnerability status to enable equity-focused monitoring.
2. Assess the relevance and internal coherence of the project's results framework, including the clarity, feasibility, and measurability of indicators within the Palestinian primary healthcare context.
3. Facilitate consensus among Implementing Partners on unified service quality standards, including the identification of measurable benchmarks aligned with national protocols and best practices.
4. Identify gaps, disparities, and barriers affecting access to, integration of, and inclusiveness of primary healthcare services, particularly for marginalized and vulnerable populations.
5. Strengthen the project's results-based Monitoring and Evaluation framework by validating indicator definitions, data sources, collection methods, and means of verification to ensure consistency across partners.

6. Generate actionable findings and recommendations to support adaptive management, institutional learning, and evidence-informed decision-making throughout the project lifecycle.

## **5. Scope of Work**

The **individual consultant** will be responsible for the following tasks:

### **5.1 Inception Phase**

- Conduct a desk review of relevant project documents, national strategies, donor requirements, and existing assessments.
- Review the Project's logframe/results framework and proposed indicators.
- Develop an Inception Report detailing:
  - a) Study methodology and design
  - b) Sampling framework
  - c) Data collection tools and instruments
  - d) Ethical considerations
  - e) Data quality assurance measures
  - f) Detailed workplan and timeline

### **5.2 Methodology and Data Collection**

- Design a mixed-methods methodology (quantitative and qualitative), as appropriate.
- Develop, adapt, and pilot data collection tools aligned with Project indicators and service quality criteria.
- Ensure data disaggregation by sex, age, location, and other relevant vulnerability dimensions.
- Conduct field data collection in coordination with Implementing Partners.
- Ensure ethical standards, informed consent, confidentiality, and protection of participants.

### **5.3 Service Quality Standards**

- Facilitate a participatory process with Implementing Partners to:
  - a) Define baseline service quality criteria and benchmarks to be used for monitoring and improvement during project implementation.
  - b) Align quality standards with national protocols and international best practices.

### **5.4 Data Analysis and Interpretation**

- Clean, analyze, and validate quantitative and qualitative data.
- Establish baseline values for all relevant indicators.
- Establish annual target values for relevant indicators after discussion with the IPs (Final annual

targets will be validated by NDC in consultation with Sida).

- Identify key gaps, disparities, strengths, and risks related to service access, integration, and inclusiveness.
- Assess the coherence and feasibility of the existing results framework and indicators.

## **5.5 Reporting and Validation**

- Prepare a draft Baseline Study Report and present the findings to key stakeholders and Implementing Partners.
- Facilitate a validation meeting/workshop with Implementing Partners to review baseline findings, agree on indicator definitions, data sources, and assumptions, and jointly set realistic annual targets.
- Document the agreed annual targets, milestones, and any refinements to indicators or the results framework, and incorporate them into the project's Results Matrix / M&E Framework.
- Incorporate feedback from the validation process and submit the final Baseline Study Report.

## **6. Key Deliverables**

1. Inception Report (including methodology, tools, and workplan)
2. Validated data collection tools
3. Baseline dataset with annual targets (cleaned and anonymized)
4. Draft Baseline Study Report
5. Final Baseline Study Report

## **7. Duration and Level of Effort**

- Expected duration: 8–10 weeks (timeline to be finalized in the Inception Report).
- The estimated level of effort for the individual consultant is approximately 30–40 working days, covering inception, tool development, field coordination and oversight, data analysis, validation, and reporting.

## **8. Management and Coordination**

- The individual consultant will report to the project health advisor and M&E manager.
- Close coordination is required with Implementing Partners and relevant stakeholders.
- All deliverables will be subject to review and approval by NDC.

## **9. Required Qualifications and Experience**

- Advanced university degree (Master's or higher) in public health, social sciences, development studies, or a related field.
- At least 7–10 years of demonstrated experience in baseline studies, evaluations, or M&E assignments.
- Proven experience with results-based management, logframes, and donor-funded projects.
- Strong experience in health systems, primary healthcare, or social sector programmes.
- Experience working in fragile, conflict-affected, or humanitarian settings is a strong asset.
- Familiarity with the Palestinian context is highly desirable.
- Strong expertise in quantitative and qualitative research methods.
- Proven ability to develop indicators, data collection tools, and service quality standards.
- Excellent analytical and report-writing skills in English.

## **10. Ethical Considerations**

The consultant must adhere to:

- International ethical standards for research and evaluation.
- Principles of confidentiality, informed consent, and data protection.
- Do-no-harm and safeguarding principles, particularly when engaging vulnerable populations.

## **11. Application Process**

- Interested individual consultants must provide information indicating that they are qualified to perform the services (Curriculum vitae, description of similar assignments, experience in similar conditions, availability of appropriate skills, etc.).
- NDC will undertake an evaluation of submitted applications based solely on qualifications, experience, and relevant expertise.
- The successful applicant will be invited to submit a financial proposal, which will be considered during contract negotiations.