

## TERMS OF REFERENCE FOR MID-TERM REVIEW

**Project Title:** Sustaining Risk Communication and Community Engagement through "Integrated Community Mobilization and Engagement" to Empower Communities with Lifesaving Knowledge for Improved Behaviors and Practices in Central and Western Equatoria States.

### I. Context

According to UNICEF South Sudan thematic briefing notes, one in four children die before the age five. High maternal deaths at 789 deaths per 100,000 live births. About 44% of children are fully vaccinated. Poor health-seeking behaviours contribute to low health outcomes. On nutrition, more than 1.4 million children under five suffer from acute malnutrition, 15.6% of children suffer from chronic malnutrition (stunting), and only 68.1% of infants are exclusively breastfed for six months. To the lower end, about 7% of children received an adequate diet. The mothers and guardians of malnourished children lack access to clean water and basic hygiene skills, which puts the benefits achieved from nutrition programs at risk.

The WASH situation is not good either, as a thin 40% of the population has access to safe water. 10% of the population have access to improved sanitation, while 61% practice open defecation. Inadequate access to WASH services and supplies has led to an increase in the prevalence of water-borne diseases and malnutrition. 74% of households have reported that members of their household had been affected by water or vector-borne disease. In 2020, there was a sharp increase in the number of acute watery diarrhoea and acute bloody diarrhoea that were reported.

Education indicators are far lower than regional or global standards, as 2.8 million children are out of school. 63% of teachers do not have formal teacher training. In addition, getting access to education has been difficult in South Sudan for various reasons, including service and demand. Most children in South Sudan, especially those belonging to the most marginalized and vulnerable groups, are not receiving an education that allows them to learn to their full potential and acquire the skills necessary to prepare them for their future lives.

On child protection, hundreds of children need family tracing and reunification services, and 50% of women have suffered from intimate partner violence.

These staggering figures are just the tip of the iceberg, as multiple sub-national violence, flooding, cattle raiding, and the Sudan crises have added to the already dire situation. Reports from UNOCHA, UNHCR, IOM and UNICEF indicate that 169,069 persons from 38,697 households have arrived in South Sudan from Sudan. The number of arrivals is anticipated to increase as long as the conflict in Sudan remains active. 91% of these new arrivals are originally from South Sudan, 6.6% are from Sudan, and 2.3% are from other countries. Women and children are more frequently becoming malnourished, necessitating rapid nutrition assistance that could save their lives.



In addition to this, South Sudan has been impacted by significant flooding throughout the past two years. National data indicate that more than 900,000 people, including women and children, have been directly affected, and the destruction of their homes, cattle, and other means of subsistence has impacted their ability to make a living. The contamination of water supplies and the disease outbreak are the direct results of the submersion of latrines and boreholes. The demand for necessary goods such as food, shelter, water, and sanitation increase while essential supplies run out. The situation has increased the population's susceptibility to health-ever vaccine-preventable diseases epidemics, malaria, diarrhoea, and cholera outbreaks due to inadequate Water, Sanitation, and Hygiene (WASH) infrastructure and practices. Because of the floods, access to health services has been hampered; consequently, communities in the affected areas continue to bear the burden of the flooding and have restricted access to integrated health services and information that can save lives.

In Central Equatoria State, Water, Sanitation, and Hygiene (WASH), indicators show that the proportion of households in which most people washed their hands with soap, remained low at 18%. Findings for health suggest that, while access to healthcare facilities remained stable, distance, lack of access to medicine, and lack of healthcare staff across CES likely impacted people's ability to access medical facilities, care, and appropriate medicine. The protection findings show that due to localized conflict and violence, protection concerns continued to vary across CES. Women's main safety concern was conflict-related sexual and gender-based violence (SGBV), which, findings suggest, remained prevalent and consistent throughout the reporting period. Incidents of sexual violence have also risen (from 44% of informants reporting it in April to 60% in May 2023), and child Labor violations flagged by informants increased from 58% in April to 78% in May. Although educational facilities increased across CES, access was limited to junior classes. Less than 30% of children had been enrolled in the senior classes. Among the settlements, school enrolments were low, and the inability to pay school fees was reported as the main concern, affecting the enrollment of both boys and girls (REACH, 2022 & Protection cluster, 2023)

In Western Equatoria State (WES); Health findings indicate that access to a hospital was low across WES due to barriers such as poor road conditions and long distances. Less than a quarter of the people had access to secondary health care. About 32% of the people reported that it took them more than an hour to reach a healthcare facility. Similarly, the most prominent barriers to accessing health care services across the proportion of assessed settlements were lack of medication (90%), distance to a health facility (24%), and lack of health care workers at the facility (17%). The water, Sanitation, and Hygiene (WASH) situation suggests that, while access to a functional borehole remained consistent across most of the counties in WES, it increased in Mundri West, Yambio, and Tambura counties. The increased access might be related to seasonal rains and the subsequent increase in groundwater levels. However, about 58% to 75% use unprotected water sources as their main source of drinking. On the other hand, protection findings indicate that feelings of safety varied across WES. 91% of the people felt safe most of the time overall; this proportion was considerably lower in Tambura County (33%), in line with tensions. In Ibba, Mundri East, and Mundri West counties, over 85% of the people reported sexual and gender-based violence (SGBV) to be the main protection concern for women. For Education, with the resumption of school curricula, the assessed settlements reported that children's access to educational services increased from 43% to 93%. Despite the reported increase, lack of teachers (58%) and insecurity (38%) remained commonly reported challenges that hampered access to educational services across WES.





Likewise, the inability to pay school fees was reported as one of the most prominent reasons for low enrolment among both boys and girls (REACH, 2022)

To address the above-mentioned issue the Rescue Initiative South Sudan developed the proposal entitled ***“Sustaining risk communication and community engagement through “integrated community mobilization and engagement” to empower communities with lifesaving knowledge to improve behaviours and practices in Central and Western Equatoria States”***, which was approved by UNICEF for a duration of 1year, 11 months and 26 days with a total budget of US\$1.62 million. The project will be implemented in the 10 Counties of Western Equatoria State and the 6 Counties of Central Equatoria State. The Project activities will be implemented directly by the Ministry of Health with technical support from the Rescue Initiative South Sudan.

The goal of the project is to empower women, men and adolescents with lifesaving knowledge to improve health, nutrition, WASH, child protection and girl-child education behaviours ad practices.

This program will leverage on results, networks and knowledge built from the existing humanitarian work, UNICEF and Ministry of Health. It aims to contribute to the achievement of the outcome below.

Communities in Central and Western Equatoria State have access to information on positive behaviours and lifesaving practices and an inclusive feedback mechanism for informed decision-making and resilience on health, WASH, Nutrition, Education and Child protection.

## **II. Purpose and Objectives of the Mid-Term Review**

The mid-term review aims to assess the progress, effectiveness, and outcomes of project implementation using both qualitative and quantitative research methods. The specific objectives are as follows:

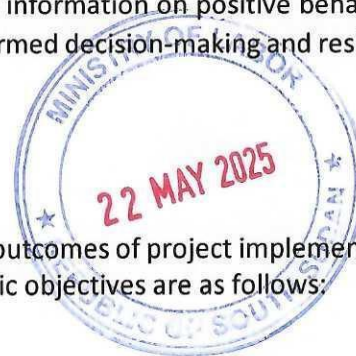
### **Adolescent Girls and Boys (Aged 13-19 Years)**

#### **a) Child Protection**

1. Assess adolescent girls' and boys' knowledge, attitudes, and practices regarding help-seeking for child abuse and neglect in Juba, Yei, Yambio, and Maridi Counties.
2. Explore community perceptions, beliefs, and barriers related to help-seeking for child protection and gender-based concerns through qualitative interviews and focus group discussions (FGDs).

#### **b) Health**

3. Determine adolescent girls' and boys' knowledge, attitudes, and practices regarding the prevention of unintended pregnancies and HIV, as well as the social factors preventing them from seeking care at health facilities in Juba, Yei, Yambio, and Maridi Counties.
4. Investigate socio-cultural and systemic barriers influencing adolescent health-seeking behaviors using qualitative methods.



### **c) Nutrition**

5. Assess adolescent girls' and boys' knowledge, attitudes, and practices regarding adolescent nutrition in Juba, Yei, Yambio, and Maridi Counties.
6. Understand the influence of household and community norms on adolescent nutrition through FGDs.

### **d) WASH**

7. Assess adolescent girls' and boys' knowledge, attitudes, and practices regarding the construction, use, and maintenance of improved toilet facilities, access to safe water, and handwashing practices in Juba, Yei, Yambio, and Maridi Counties.
8. Explore community perspectives on barriers to improved WASH practices.

### **e) Education**

9. Assess adolescent girls' and boys' knowledge, attitudes, and practices regarding girl child education in Juba, Yei, Yambio, and Maridi Counties.
10. Examine gender norms and socio-economic factors influencing education through key informant interviews and FGDs.

### **Pregnant Women (Aged 15-49 Years)**

#### **a) Health**

1. Assess pregnant women's knowledge, attitudes, and practices regarding antenatal care, recognition of pregnancy danger signs, postnatal care, and facility-based delivery in Juba, Yei, Yambio, and Maridi Counties.
2. Explore barriers to health-seeking behaviors using qualitative methods.

#### **b) Nutrition**

3. Determine pregnant women's knowledge, attitudes, and practices regarding recommended nutrition standards during pregnancy.
4. Assess the influence of cultural and economic factors on nutrition choices through FGDs.

#### **c) WASH**

5. Assess pregnant women's knowledge, attitudes, and practices regarding improved toilet facilities, access to safe water, and handwashing.
6. Explore perceptions of hygiene and sanitation practices and challenges within communities using qualitative methods.

### **Caretakers of Children Under Five Years (Men and Women Aged 20+)**





#### **a) Child Protection**

1. Assess caretakers' knowledge, attitudes, and practices regarding child abuse and neglect.
2. Explore community beliefs on child protection and gender-based violence through FGDs.

#### **b) Health**

3. Assess caretakers' knowledge, attitudes, and practices regarding immunization and healthcare-seeking for children under five years.
4. Explore barriers to accessing immunization and healthcare services using qualitative methods.

#### **c) Nutrition**

5. Assess caretakers' knowledge, attitudes, and practices regarding infant and young child feeding practices, including complementary feeding and continued breastfeeding.
6. Understand the role of cultural beliefs in shaping feeding practices for infants and young children through FGDs.

#### **d) WASH**

7. Assess caretakers' knowledge, attitudes, and practices regarding improved toilet facilities, safe water supply, and handwashing.
8. Explore perceptions of hygiene and sanitation within communities through FGDs.

#### **e) Education**

9. Assess caretakers' knowledge, attitudes, and practices regarding girl child education.
10. Explore the role of household decision-making in education access and retention through qualitative methods.

#### **f) Implementation Progress**

11. Evaluate the intervention's implementation to identify factors influencing program effectiveness, including community engagement strategies, cultural and socioeconomic barriers to behavior change, quality improvement needs, and considerations for scale-up and sustainability.
12. Assess community perceptions regarding child protection, health, nutrition, WASH, and education.

### **III. Scope of Work**

The mid-term review will be conducted in Juba, Yei, Yambio, and Maridi Counties. The consultants will undertake the following key activities over 45 days, spread across June and July 2025:

1. Review and refine quantitative and qualitative data collection tools.
2. Develop data entry templates and coding frameworks for qualitative analysis.



3. Conduct data collection through surveys, in-depth interviews, FGDs, and key informant interview guides.
4. Perform data cleaning, analysis, and triangulation of qualitative and quantitative findings.
5. Prepare a mid-term review report integrating mixed-methods analysis.

#### **IV. Methodology and Approach**

##### **Study Setting**

The mid-term survey, including qualitative research, will be conducted in Juba and Yei (Central Equatoria State) and Yambio and Maridi (Western Equatoria State).

##### **Study Design**

This will be a cross-sectional study utilizing both quantitative and qualitative research techniques. The target respondents include adolescents, pregnant women, and caregivers randomly selected from the four counties where The Rescue Initiative South Sudan (TRI-SS) is implementing the Social and Behavior Change Communication Project.

##### **Sampling Plan**

Quantitative data collection will follow the Lot Quality Assurance Sampling (LQAS) methodology. In parallel, qualitative data collection will employ a purposive sampling approach targeting diverse stakeholders, including adolescents, pregnant women, caregivers, community leaders, and health workers.

##### **Data Collection, Management, and Analysis**

- Quantitative data will be collected using structured surveys administered through face-to-face interviews. Data quality will be ensured via real-time supervision and validation checks.
- Qualitative data will be collected through voice recordings, transcriptions, and thematic coding, analyzed using NVivo or similar software.
- Mixed-methods integration will be used to triangulate findings across both quantitative and qualitative approaches.

#### **V. Work Plan and Indicative Timeline**

The consultant is expected to work for 45 days as follows:

1. Review of mid-term data collection tools – 3 days
2. Development of mid-term evaluation data entry tools – 6 days
3. Mid-term evaluation data cleaning – 12 days
4. Mid-term evaluation data analysis – 12 days
5. Mid-term evaluation preliminary report writing – 12 days





## VI. Required Expertise, Qualifications, and Competencies

### Education:

- Advanced degree in Public Health/ Community Health, Community Health, Epidemiology, Demography, Statistics, Social Sciences, Development Studies, or a related field.

### Knowledge and Experience:

- Minimum of 7 years of experience in research and evaluation, with expertise in quantitative and qualitative data collection, analysis, and reporting.
- Professional experience in social and behavior change communication related to health, WASH, nutrition, child protection, and education.
- Strong knowledge of women's and youth rights in the context of peace, security, gender equality, and SGBV.
- Expertise in qualitative and quantitative research methodologies.
- Strong analytical skills and ability to work independently.
- Excellent written and oral English proficiency.

### Ethical Considerations:

Ethical approval from the local ethics review committee is desirable before data collection. Informed consent will be obtained from all participants, and confidentiality will be maintained.

## VII. Expected Impact of the Mid-Term Review

The findings will inform strategic adjustments in project implementation, enhancing risk communication and community engagement strategies. By integrating qualitative insights, this mid-term review will provide a deeper understanding of social and behavioral drivers influencing program outcomes, ultimately strengthening the project's overall impact.

**VII. Application Process.** Qualified consultants/firms are invited to submit a technical and financial proposal, including:

- A technical and financial proposal including work plan.
- Relevant experience and references.
- CVs of key personnel.

**9. Submission Details** Proposals should be submitted via email to [k.zakaria@therescueinitiatives.org](mailto:k.zakaria@therescueinitiatives.org) by June 9<sup>th</sup>, 2025. Shortlisted applicants will be contacted for further discussions.

Note applications will be reviewed on daily bases

