TERMS OF REFERENCE FOR MULTI-SECTORAL NEEDS ASSESSMENT (MSNA)

Place of Assignment: Akoka, Nasir, Ulang, Renk and Manyo Counties of Upper Nile State, South Sudan

Duration of Assignment: 21 working days

Tender Deadline: 14th Sept 2026

Consulting period: Between 22nd Sept 2026 to 21st Oct 2026

BACKGROUND AND CONTEXT

Malteser International (MI) is the international humanitarian relief agency of the Sovereign Order of Malta. For over 60 years we provide relief and recovery for people during and following conflicts and disasters around the world. Christian values and humanitarian principles form the foundations of our work. In over 30 countries in Africa, the Americas, Asia, Europe, and the Middle East, we support people in need – regardless of their religion, origin, or political convictions.

MI's Vision: We aspire to a world where all individuals – particularly those in need and those who are displaced – live a life of health and dignity.

MI's Mission Statement: We improve the health and well-being of suffering and displaced people in crises situations around the world. In this way, we especially fulfil the mission of the Sovereign Order of Malta to "serve the poor and the sick".

MI's Approach: We intervene to provide medical and mental health support, clean water, sanitation, and hygiene (WASH), Food and Nutrition Security (FNS), and cash. We take a holistic approach to health in our programming, which includes the protection of nature and the interconnections between environmental, animal and human health (One Health approach). We work with local resources and engage local partners, as well as the Order of Malta's global network, to provide rapid and effective responses in even the most remote locations. People are at the centre of our assistance. Our goal is to provide lifesaving support and sustainably increase the resilience of those worst affected by disasters. We are also committed to contributing to the achievement of the UN Sustainable Development Goals. In doing so, we extend our support to all individuals in need regardless of gender, political belief, origin, or faith.

CURRENT HUMANITARIAN CONTEXT

South Sudan faces severe health challenges, including concurrent outbreaks of cholera, hepatitis E, measles, yellow fever, mpox, and poliovirus. Malaria remains the leading cause of illness and death, exacerbated by flooding and climate shocks. Access to health care is limited, with only 55 per cent of the population able to reach a health facility within one hour, while 43 per cent cite distance as a major barrier (ISNA 2025). Sexual and reproductive health needs are critical, particularly for adolescent girls and women in remote and crisis-affected areas. Immunization coverage is alarmingly low: 83 per cent of counties report 50–85 percent zero-dose children, and dropout rates exceed 10 per cent in over 90 per cent of counties. The November 2025 IPC analysis projects that 7.55 million people (53 per cent of the population) will experience crisis-level or worse conditions (IPC Phase 3+) during the 2026 lean season, including 28,000 in catastrophe (IPC Phase 5). Communities in Jonglei, Unity, Upper Nile, and parts of Warrap and Lakes States are hardest hit. An estimated 5.3 million people including children under five, pregnant and lactating women (PLW) will require urgent treatment and preventive nutrition support. These include 680,000 children with severe acute malnutrition (SAM), 1.44 million with moderate acute malnutrition (MAM), and 1.1 million mothers needing critical care. Critical and extremely critical levels of acute malnutrition are anticipated in 47 counties. The arrival of nearly 1.3 million people from Sudan has compounded pre-existing vulnerabilities and overwhelmed an already under-resourced response system. In 2026, an estimated 12 million people will be affected by hazards, with 10.6 million facing severe and pervasive protection risks. These include attacks on civilians and property, unlawful killings, theft, extortion, forced evictions, GBV such as child and forced marriage, family separation, movement restrictions, and forced displacement. Urgent humanitarian assistance is required for 4.87 million people, including 2.7 million children and caregivers, 2.5 million women and girls at risk of GBV. In 2025, South Sudan recorded over 96,000 cholera cases and nearly 1,600 deaths, with outbreaks continuing since September 2024. Existing WASH facilities are overstretched by limited spare parts, weak accountability and widespread displacement. The cholera crisis highlighted the urgent need for durable, sustainable WASH solutions with greater community engagement, government leadership, and increased investment in development. Humanitarian efforts are constrained by inadequate infrastructure and underfunded urban systems, leaving displaced populations, returnees, and host communities with unmet needs.

SCOPE AND OBJECTIVE OF THE CONSULTANCY

The main purpose of the assessment is to support Malteser International to conduct the MSNA in Akoka, Nasir, Ulang, Renk and Manyo Counties of Upper Nile State, South Sudan.

1. To provide evidence-based information for humanitarian, life-saving Health, WASH, gender-based violence, child protection, and FNS needs, MPCA and Disability inclusion, Climate/environment and AAP.
2. gender and protection as one of the possible modalities to address these needs, and vulnerability situation of IDPs, refugees, returnees and host Communities from Manyo, Ulang, Renk, Nasir and Akoka Counties for better programme planning and prioritization process.

3. To support efforts for future provision of humanitarian life-saving assistance and an early recovery programme for interventions to people in need.
4. To documents the needs, vulnerabilities and capacities of different community groups including women, children, older people, people with disabilities and others who may face additional risks and barriers from the current humanitarian situation in the area.

SCOPE OF THE CONSULTANCY

1. The lead consultant will be working closely with Malteser International MEAL Department on a detailed workplan for the assessment exercise including pre-testing of data collection tools, data analysis and reporting.
2. The lead consultant in collaboration with MEAL Department of Malteser International develops robust methodology and quantitative and qualitative data collection tools that gather reliable and reputable data in the field.
3. The consultant will review inter-clusters reports and triangulate the data with primary data collected during the assessment for validating the report with secondary data from Akoka, Nasir, Ulang, Renk and Manyo counties.
4. The consultant will conduct rigorous data analysis using standard statistical methods such as descriptive and inferential for better understanding of needs variance across and within in the community groups.

The Lead consultant will draft a high-quality assessment report which shall be shares with Malteser International Team for review with the agreed period, before submitting a final report

GEOGRAPHICAL SCOPE AND TARGET POPULATION

The multi-sectoral need assessment sham be conducted in Akoka, Nasir, Ulang, Renk and Manyo Counties in Upper Nile State which were identified with limited access to WASH in the Communities.

County	County Population	Payams	Estimated Average clustered Population Per Payam in 2025
Manyo	72,280 (NBS 2025)	Wad-Kona	14,456
		Kaka,	14,456
		Adhidwai	14,456
		Kwoj	14,456
		Magins	14,456
Akoka	18,998 (NBS 2025)	Akoka	3,799.6
		Akidueng	3,799.6
		Bierything	3,799.6
		Rom	3,799.6
		Wunthow	3,799.6
Renk	265,030	South Renk	53,006

		Chemmedi	53,006
		Gerger	53,006
Nasir	404,027	Doma Ulang	50,503
		Kurmot	50,503
			50,503
Ulang	163,095	Kuerenge	40,773
		Mading	40,773
		Maker	40,773

CORE SECTORS FOR THE MSNA

i. Health: The MSNA shall focus on Health in emergency interventions to address health dire needs.
ii. Nutrition: Nutrition in emergency information required for better response on the nutrition dire needs for Under 5 and PLWs in Akoka, Nasir, Ulang, Renk and Manyo Counties.
iii. Water Sanitation and Hygiene (WASH): The focus shall be in WASH in emergency in the Community and health facilities in Akoka, Nasir, Ulang, Renk and Manyo Counties.
iv. Food and Nutrition Security (FNS): The assessment will focus at gathering information on Emergency Food security to provide food assistance and improved crops breed to capture with urgency food needs in the targeted Counties.
v. Gender-based violence: Major focus shall be put on gender-based violence in emergency (GBV-IE) which shall be aligned to WASH, Health and Food and Nutrition security
vi. Multi-Purpose Cash Assistance (MPCA): The cash assistance shall be mainstreamed into Food security, protection and health and nutrition interventions. This assessment shall gather comprehensive information on MPCA for fit for purpose case assistance responses.

CROSS-CUTTING THEMES

The cross-cutting areas shall include clime change, gender sensitive and conflict sensitive programming which ned to be included in the assessment tools to guide in the design of the project gender markers and conflict sensitive programming during design of ECHO proposal in 2027.

KEY ASSESSMENT QUESTIONS

a. Health

1. What are the most prevalent diseases and health conditions affecting the community, and what are the barriers to accessing healthcare services?

2. What is the availability, accessibility, functionality, and capacity of existing health facilities and staff to provide essential primary healthcare services?
3. What is the situation regarding maternal, newborn, and child health (MNCH), including immunization coverage and antenatal and postnatal care attendance?
4. What is the level of availability and access to essential medicines, vaccines, and medical supplies?
5. What are the community's knowledge, attitudes, and practices regarding key health issues and disease prevention?

b. WASH

1. What are the main sources of water for drinking and domestic use, and what is the availability, quality, and safety of these sources?
2. What is the access to and use of improved sanitation facilities, and what are the common hygiene practices and critical handwashing behaviors?
3. What is the capacity and willingness of the community to operate and maintain existing WASH infrastructure (e.g., water points, latrines)?
4. How is solid and liquid waste management handled within households and the community at large?

c. Food and Nutrition Security

1. What are the main sources of food and income for households, and what is the current level of food consumption and dietary diversity?
2. What is the nutritional status of children under five and pregnant and lactating women (e.g., rates of acute malnutrition) and how accessible are nutrition services for this target group?
3. What are the primary shocks and stressors (e.g., climate, conflict, economic) affecting food availability, access, utilization and stability?
4. What are the existing agricultural practices, assets, and potential for supporting livelihood recovery and resilience?
5. What are the infant and young child feeding (IYCF) practices and maternal nutrition practices and do people have access to nutrition-specific services?
6. What are barriers and supporting aspects of good infant and young child feeding practices?

d. Multi-Purposes Cash Assistance

1. To what extent are local markets functional and able to meet the demand for essential goods (food, WASH, health items)?
2. Are existing markets accessible for everyone? What are barriers for accessing markets?
3. What are the preferred modalities for receiving assistance among different community groups, and what are their levels of financial access and literacy?
4. For which specific needs (e.g., food, shelter, healthcare, agricultural inputs) would CVA be the most appropriate and efficient modality?
5. What are the perceived risks and community preferences regarding safety, security, and social dynamics related to cash distributions?

6. What existing financial service providers (e.g., mobile money, banks, hawala) are operational and accessible to the target population?

e. Protection (GBV and CP)

1. What are the main protection risks and incidents faced by the community, including gender-based violence (GBV), child protection issues, and exploitation?
2. What are the community's existing support mechanisms and safe channels for reporting GBV and CP protection concerns and accessing assistance?
3. How do the living conditions, site design, and access to services (like water points and latrines) expose specific groups to safety risks?
4. Are there any specific groups at risk of being excluded from humanitarian assistance, and what are the barriers to their inclusion?

f. Crosscutting Areas (Gender Inclusion and Climate Change)

1. How do gender, age, and disability shape access to and control over resources, assets, and humanitarian assistance?
2. What are the distinct roles, responsibilities, and decision-making power of women, men, boys, and girls within the household and community?
3. What are the specific barriers faced by women, girls, older persons, and Persons with disabilities in accessing Health, WASH, and FNS services?
4. How has the crisis impacted the specific needs and vulnerabilities of different gender and age groups?
5. How does the climate change shock affect livelihood of crisis affected population in Akoka, Nasir, Ulang, Renk and Manyo Counties?
6. How does the disaster risk management mechanism support in converting climate change negative effects in Akoka, Nasir, Ulang, Renk and Manyo Counties?
7. What are the existing capacities and coping mechanisms of different groups, and how can they be leveraged in programme design?

APPROACH AND METHODOLOGY

The consultant will use a combination of primary and secondary sources and use mixed method approaches. Households survey questionnaires will be used for collecting quantitative data and key informant interviews, focus group discussions and desk reviews will be mining qualitative data. The consultant will work closely with Malteser International Monitoring Evaluation Accountability and Learning (MEAL) Manager to ensure that the data collection tools designed meet the standards for collecting high-quality data for informing programming and for decision making processes. The following methodologies will be used:

1. Desk review and scoping: including a thorough review of baseline information gathered from OCHA, Health, WASH and FNS programme report from the relevant ministries and key partners in Upper Nile region.

2. Stakeholders mapping of all partners implementing Health, Gender-Based Violence, and Child protection, multi-purpose cash assistance, Water sanitation and hygiene, Food Nutrition Security programmes in Akoka, Nasir, Ulang, Renk and Manyo Counties.
3. Quantitative data collection from household's survey questionnaires, supported by secondary information from WASH Cluster dashboard, Health cluster District Health Information System two (DHIS2), and Nutrition information system (NIS) data, Gender Based Violence information management system (GBVIMS), child protection information management system Plus (CPIMS+) and Food Security and Livelihood Cluster data for Manyo and Akoka Counties respectively.
4. Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) will complement the quantitative findings by providing in-depth insights during needs identification for Health, WASH, FNS Child protection, GBV programme and MPCA.
5. Conduct expert consultation meetings with strategic partners in Jonglei and Upper Nile State for better understanding of the key humanitarian needs linked to ECHO priorities in the region.
6. Integrate Conflict-Sensitive & Peacebuilding Programming (CSP) in food nutrition security, WASH, gender, protection (GBV and CP) and health programmes.

7. Incorporate eenvironment, Climate & DRR (ECHO Resilience Marker and gender markers) in the data collections tools All data must be collected, disaggregates and analysed by sex, age, and disability. The consultant may be disaggregated by further characteristics as deemed fit.

The consultant will ensure that data collection will be carried out simultaneously in the target areas to immediately compare the results of the assessments with security data from Health, WASH, Nutrition and Food security, GBV, CP and MPCA clusters report for Manyo and Akoka Counties respectively.

The consultant must ensure that all data collection adheres to ethical standards, including obtaining prior informed consent from all participants. Special attention must be paid to the safety, dignity, and confidentiality of respondents, particularly vulnerable groups such as children, women, and persons with disabilities. All data shall be handled in compliance with applicable data protection laws and MI's safeguarding policies.

SAMPLING STRATEGY

The consultant is required to use standard statistical techniques with marginal error of less than 0.5%. The sample should cover the area of the study extensively and capture minor groups e.g. Person with disability which 15% of the total population and 19% if under 5 children and 25% of women of reproductive age based on South Sudan population modelling 2025.

DATA QUALITY ASSURANCE

Pre-Testing and Piloting Data Collection Tools: The consultant must pretest the tools during the training before deployment of the data collectors into the field. It will ensure reliability and validity of the data collection tools.

Flexibility: The sampling strategy should remain flexible to adapt to field realities (security, seasonal migration, flooding, access constraints) while maintaining statistical integrity for

quantitative components and thematic saturation for qualitative components. Any deviation will be documented and explained in the final endline report.

Documentation: The complete sampling methodology, including final weights (for quantitative data), selection lists, and any substitutions, will be thoroughly documented in the endline report annex for transparency and replicability for future programming.

Dependability: Maintaining a clear audit trail of all analytical decisions (coding framework, theme development, interpretation choices).

Confirmability: Consultant should use team consensus in coding to minimize individual bias and ensuring findings are firmly rooted in the data (supported by verbatim quotes, impact stories, and workshop outputs).

DATA ANALYSIS AND TRIANGULATION

The consultant is expected to provide clear data analysis plan for quantitative and qualitative data to be collected from the MSNA in Manyo and Akoka Counties. This plan must be aligned with ECHO indicators references for the sectors of Health, WASH, Nutrition and Food security, GBV, CP and MPCA as indicated in this term of reference (ToR) for better alignment of the sector's gap needs and ECHO proposal development process.

EXPECTED TASKS AND DELIVERABLES

Within the 21 days, the consultant is expected to deliver the below tasks without quality compromises on the assessment report.

1. Develop an inception report including detailed assessment methodologies for data collections, detailed sampling approaches for desk review, qualitative and quantitative data collection, realistic work plan, data collection tools ethical approaches, risk management, and table of content of the report as guided in this Terms of Reference.
2. Mainstream gender, climate change, peacebuilding and protection within the 3 pillars of Health, WASH, GBV and CP, MPCA and FNS in the tools design, inception report and final report to ensure integrated data collected in the field.
3. Collect quantitative and qualitative data in the and share raw data with MEAL department for review and references before analysis.
4. Conduct data analysis collectively to iron outliers both qualitatively (positivity paradigms) and quantitatively (extreme values).
5. Conduct triangulation of primary and secondary data
6. Share draft report with Malteser International team for review and further refinement
7. Write final report which covered all sectors, findings with clear limitation and recommendations and prioritization of needs tables, data tables and annexes and share with consortium members within the agreed period.
8. Prepare summary of findings in data infographic for quick sharing of the findings with Malteser International strategic partners on regional and global levels.

Prepare summary report in power point format to key stakeholders Presentation of report during validation workshop with Malteser International strategic partners.

INTENDED TIMEFRAME

S/N	Key Tasks to Accomplish	No of Days
1.	Inception Meeting with Malteser International team	1 day
2.	Inception reports development and sharing of tools	4 days
3.	Data collector training and tool testing	1 day
4.	Field data collection in Manyo and Akoka	7 days
5.	Data Analysis	2 days
6.	Draft Report and Sharing	2 days
7.	Final report writing and sharing including data infographic sheet	3 days
8.	Validation workshop with strategic partners	1 day
	TOTAL	**21 days**

REQUIRED QUALIFICATIONS AND EXPERTISE

Essentials:

- Master's degree in Monitoring and Evaluation, International Development, Global Health or relevant fields **(PhD in any of the above fields is of an added advantage)**
- Demonstrated capacity and experience (at least 10 years) in evaluating development humanitarian programmes or programmes designed with SPHERE Standards, AAP, *Humanitarian Lives Saved Approach (H-LiST)* among others.
- Technical knowledge and experience in one or more of the following fields: Health, WASH, FNS.
- Extensive experience in conducting ECHO needs assessment and writing ECHO proposals is added advantage
- Broad knowledge of evaluation designs such as DAC model, the Core Humanitarian Standards, theory-based evaluation model among others.
- Familiar with Programme quality designs such as HDP, Dia-Praxis, Conflict sensitive programming and gender sensitive programming as well as UN Based- Leaving no one behind aspect of programming.
- High English language proficiency (spoken/written), **Arabic in an added advantage**
- Experience of working with NGOs and UN Agencies in busy environment
- Demonstrated oral and written communication and presentation skills

- Sound understanding of cross-cutting topics (gender, age, disability inclusion, conflict sensitivity, environment/climate change, accountability to affected populations.)
- Familiarity with the response and context of Akoka, Nasir, Ulang, Renk and Manyo Upper Nile State

DESIRABLE

- Familiarity with best practices for implementing Health, WASH and Food and nutrition Security in Fragile environment like South Sudan
- Extensive Experience for evaluating integrated programme of health, Nutrition, WASH, GBV, CP, MPCA and FNS
- Familiar with six blocks of health system strengthening, Nutrition Sensitive and specific programming, Sustainable Food systems, GBV and Child Protection programmes, WASH Hardware and WASH Software approaches,
- Familiar with latest evaluation methods for programme management ecosystems
- Previous experience with refugees, IDPs, returnees and fragile environment
- For international consultant or firm, valid business visa for working in South Sudan is required. National consultant should share their track records of Tax Payment and legal registration with RRC or national ID for individual consultant.

EVALUATION OF THE PROPOSAL

S/N	Standards Criteria's	Score
1	Understanding of TOR	15%
2	Documented MSNA Experience (at least 2 reports for previous evaluation in SSD)	10%
3	Personnel Capacity (A team of qualified staff with relevant qualifications and experience in core sectors Health, WASH, GBV, CP and MPC for ECHO in South Sudan.	15%
4	Proposed methodologies	15%
5	Quality assurance	15%
6	Delivery Lead Time/ Workplan (Well elaborate, realistic, and aligned with team composition)	5%
7	Financial Proposal	25%
	Total scores	**100%**

REPORT FORMAT (35-45 PAGES)

Contents

1. Introduction
2. Context Background
3. Methodology

4. Overview of the Findings and Recommendations
- Health
- WASH
- Food and Nutrition Security
- Gender-Based Violence
- Child Protection
- Multi-Purpose Cash Assistance

5. Cross-Cutting Areas e.g. Gender, Climate Change, Peace, Accountability and Protection
6. Gender and age marker and resilience marker
7. Risk Analysis Matrix,
8. Lesson Learned and Best practices for future Programming
9. Action Plan for future Programme Design
10. Annex- Data Collection Tools, Area Map

ETHICS, SAFEGUARDING AND DATA PROTECTION

Malteser International is committed to respecting the dignity of all staff and beneficiaries. Working with vulnerable people including children, people with disabilities, women, elderly people, and members of minority groups inevitably brings power imbalances Malteser International has adopted the Inter Agency Standing Committee Core Principles for the Prevention of Sexual Abuse and Exploitation (6 IASC Core Principles). These principles form an integral part of the Malteser International Code of Conduct and are binding on all staff and service providers. The consultant must comply with the data protection policy for Meltser International as well as South Sudan statistical bill 2025 guidelines which requires data protection of individuals used during studies in South Sudan. Consultant must ensure that all respondents will sign consent letter, and consultant should inform respondent that information shall be only used for the Mult-sectoral Needs Assessment purpose only. The consultant will be safeguarding regulation guide.

CONFIDENTIALITY

The Consultant shall treat all information obtained during this assignment as strictly confidential and shall not disclose, reproduce, or distribute any information without prior written authorization from Malteser International.
These obligations shall survive termination or expiration of this Agreement.

INTELLECTUAL PROPERTY RIGHTS

All reports, databases, datasets, questionnaires, photographs, presentations, analyses, and materials developed under this Agreement shall remain the exclusive property of Malteser International.
The Consultant shall not publish, distribute, or otherwise use such materials without the prior written consent of MI.

SAFEGUARDING, PSEA AND CODE OF CONDUCT

The Consultant agrees to comply with all Malteser International policies including:

- Safeguarding Policy;
- Protection from Sexual Exploitation and Abuse (PSEA) Policy;
- Anti-Fraud and Anti-Corruption Policies;
- Child Protection Policy;
- Code of Conduct;
- Data Protection and Privacy Policy.
- Violation of these policies shall constitute grounds for immediate termination of this Agreement.

EXPRESSION OF INTEREST

Interested consultants' / consultancy teams must submit an offer / proposal including the following:

The Consultant that meets the requirements should submit their expression of interest, which should include the following:

- Maximum 5 pages outline (technical proposal) covering their a) understanding of the proposed evaluation, b) overall approach and framework proposed for evaluation, c) methodologies that will be applied and d) team composition e) risk analysis and mitigation plan f) sampling approaches that ensure representative findings
- Proposed consultancy fee for entire evaluation team including enumerators, travel, accommodation and food costs, VAT and Tax etc.
- CV and evidence/references of past relevant experiences
- Provide two copies of your previous evaluation reports conducted in South Sudan

Qualified and interested firms should submit their proposals on or before 1600hrs on 14th September 2026 to mb.procurement-juba@malteser-international.org