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 Approved by
 Inspector of Labour
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TERMS OF REFERENCE
KNOWLEDGE, ATTITUDE AND PRACTICES (KAP) SURVEY IN FAMILY
PLANNING- SOUTH SUDAN

Introduction

South Sudan, the world’s youngest nation, gained its independence from Sudan in 2011 and is estimated to host a total population of 11.3 million with a young population, with about 38% aged 10–24 years. The country has been grappling with protracted humanitarian crises, including conflict, displacement, and food insecurity. These crises exacerbate vulnerabilities, particularly for women and girls, by disrupting healthcare services provision and increasing the risk of gender-based violence. The country has one of the highest Maternal Mortality Ratio (MMR) globally standing at 1,223 /100,000 live births, modern contraceptive prevalence of 8% and unmet need for family planning (FP) among married women estimated at 29%. Limited access to reproductive healthcare contributes significantly to these poor indicators. By age 18 years, 52% of young girls are married, contributing to a high adolescent birth rate (158/1,000 girls aged 15–19 years in 2024)¹, posing risks to the health and well-being of young girls and hindering their educational and economic opportunities.

Gender inequalities and cultural resistance to family planning are pervasive in South Sudan, limiting women's autonomy, decision-making power, and access to healthcare services. Cultural norms and practices, such as early and forced marriage, further compound these inequalities and restrict women's reproductive choices. Deep-rooted traditional beliefs and cultural norms often prioritize large families and view modern contraceptive methods with suspicion. These cultural barriers create a challenging environment for the promotion and acceptance of family planning.²

The literacy level in the country is estimated to be as low as 44.1%,³ with substantial disparities between genders and regions, this hinders individual and communities’ ability to access, and comprehend information about family planning. Misinformation and misconceptions around contraception among individuals, health care providers and key stakeholders further undermine trust and uptake of modern contraceptives by women and girls.

South Sudan government has made significant strides in its commitment to advance family planning uptake as demonstrated in various national commitments and legal and policy frameworks. Recent progress includes the development of a promising national family planning policy that aims to reposition FP as a foundation of health, development and economic growth within the context of overall sexual reproductive health (SRH). Similar commitment has been made as part of the FP2030 goals⁴ and this have ambitiously targeted to improve the modern Contraceptive prevalence rate (mCPR) in the country to 30% by 2030. Although these policies and framework provide an opportunity to improve the FP and reproductive

¹ [UNFPA world population Dashboard South Sudan](#)

² South Sudan National Strategic Action Plan (2017-2030) to end child marriages by 2030

³ [World bank Open Data trend 2024](#)

⁴ <https://www.fp2030.org/south-sudan/>



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conditions in the country, implementation gaps and inconsistent enforcement continue to hinder access to services, particularly in rural and conflict-affected areas.

In light of these challenges, understanding the knowledge, attitudes, and practices (KAP) related to family planning is crucial for designing effective interventions. This family planning KAP survey aims to assess current levels of awareness, attitudes, and utilization of family planning services among various populations in South Sudan. The findings will provide valuable insights into barriers to access, gaps in service provision, and opportunities for improving family planning outreach and education. This survey will support the development of targeted strategies to enhance family planning services, ultimately contributing to improved reproductive health and well-being in the country.

Main Objective of the KAP Survey.

To evaluate the existing community Knowledge, Attitudes, and Practices (KAP) concerning family planning and its influence on access to Sexual Reproductive Health and Rights (SRHR) information and services for women and men in South Sudan.

Specific objectives

- a. To determine community's knowledge about FP methods, availability and benefits, identify misconceptions, and gaps in understanding regarding FP and Reproductive Health(RH).
- b. Explore cultural, religious and personal attitudes towards FP, identify barriers and facilitators to family planning adoption.
- c. Analyze current family planning practices and usage rates within the community- to understand decision making processes regarding family planning including gender dynamics and influence of community leaders.
- d. To determine where and how the community receives information about family planning and assess the effectiveness of existing communication channels and educational programs.

Expected outcomes

1. Use the findings to design targeted interventions that address specific knowledge gaps, attitudes, and practices.
2. Provision of data to inform policy making and advocacy efforts aimed at improving family planning services and access- strengthen the case for resource allocation and support for family planning initiatives at local and national levels.
3. Inform on strategies to enhance the accessibility, affordability, acceptability and gender sensitive approaches to increase male and community stakeholders in support for family planning.

Specific Tasks for the consultant.

1. Submit an inception report which will include interpretation of the tasks and methodologies which will be used in the KAP Survey
2. Develop appropriate tools and instruments for gathering information.
3. Propose sampling strategy for the beneficiaries to be included in the survey in the identified counties and states – showcasing good representation of the target population.
4. Conduct desk review relevant to the survey.
5. Conduct field visit for primary data collection (train enumerators, ensure quality of data being collected)
6. Undertake consultations with key stakeholders
7. Process and analyze data, write and submit a draft report of the survey.



8. Present preliminary findings to the relevant technical team at the MOH, UNFPA and IRC, and in the stakeholder forums (TWGs) for comments and feedback.
9. Revise and submit a final copy of the survey report including recommendations.

Calendar proposed for the consultant.

Estimated starting date in End of August- beginning September.

ACTIVITIES	WEEKS
A detailed draft report on how the consultant seeks to undertake the survey. The report will include a clear methodology and data collection tool, analysis reporting and detailed workplan	1 week
Conduct desk review relevant to the survey	2 weeks
Organizing for the survey team, conduct field visit for data collection	8 weeks
Process and analyze data, write and submit a draft report of the survey.	2 weeks
Present preliminary findings to the relevant technical team at the MOH, UNFPA and IRC, and in the stakeholder forums (TWGs) for comments and feedback.	1 week
Revise and submit a final copy of the survey report including recommendations.	1 week

Key Deliverables:

1. Consultant will produce and submit an inception report detailing survey design and methodology, tools, and instruments to be used in this survey within 1 week after the signing of the contract/agreement. The inception report will be reviewed and approved by MOH, IRC and UNFPA within 2 days after submission before allowing any survey activities to continue.
2. Consultant will produce and submit first draft KAP survey report for review and comments to IRC, UNFPA and MOH - the outline for this delivery could be as agreed in the inception report, but it should meet the scope of works as indicated in this TOR.
3. Consultant will develop a final report- the consultant is accountable to maintain the requirements for the content, format, and length of the final report, overall quality and agreed timelines. Final report should incorporate all comments from the MOH in South Sudan- RH directorate, the UNFPA and IRC.

IRC Responsibility:

1. Work closely with the MCH coordinator in planning, coordination, and execution of the assignment.
2. Induction on the IRC safeguarding policy for the consultant and enumerators before undertaking any business bearing the IRC
3. Responsible for organizing meetings with the different stakeholders during the survey (if required).
4. Introducing the consultant to the Ministry of Health, key contact persons in UNFPA for easy execution of the evaluation.
5. The IRC will also facilitate the consultant to work in close collaboration with UNFPA and the Ministry of Health throughout the survey.

Consultant Responsibility:



1. Participate in the induction to the safeguarding policy and sign the safeguarding statement.
2. Ensure the survey is conducted as per the TOR and contract.
3. Ensure the highest ethical standards and transparency are upheld during the survey.
4. Ensure that the time scheduled is adhered to.
5. Responsible for his or her stationery and other items needed for evaluation.
6. National flights/travel will be at the Consultant's responsibility (per the consultant submitted consultancy fee).
7. Consultancy fee is expected to cover the consultant's subsistence needs (food, accommodation, security/allowances, enumerator fees, training). All costs related to the survey should be included in the consultation fee.
8. Consultant will be responsible to train the enumerators which are agreed as per inception report, and test the tools agreed (if needed) Refinement will be checked by MOH after field testing.

Data Disclosure:

Stakeholders with access to this document will be limited and defined in collaboration with IRC during evaluation inception. This will only include key designated focal persons in the Ministry of Health in South Sudan and UNFPA. The Consultant is not allowed to use other than for this evaluation purpose or share data, findings, reports etc of this survey, except with the written approval from IRC.

Duration of Assignment:

The estimated duration of the evaluation is 45 working days within the month of September and November 2024 which includes field work and report compilation. The consultant is required to submit a workplan of activities in the TOR based on the proposed timeline.

Payment:

Payment upon receipt of invoice and completion of deliverables (first tranche 30%: inception report, second tranche 30%: draft report and third tranche 40%: final report). All costs of deployment to Juba and field locations in the target locations are to be covered under the fee. The consultant is expected to arrange for his/her own accommodation and transportation in Juba. IRC will support in booking UNHAS flights to the study sites (if needed) and coordinate field ground transport – However, the responsibility of payment of the flights should be charged to consultation fee by the Consultant. Consultant is required to submit a detailed budget for this activity in his/her proposal.

The final 40% payment will be based upon satisfactorily answering the assignment objective(s) as detailed below.

Assignment objective(s)	Payment
All four (4) objectives answered satisfactorily	100% of the final 40%
Only (3) objectives answered satisfactorily	75% of the final 40%
Two (2) objectives answered satisfactorily	50% of the final 40%
Just one (1) objective answered satisfactorily	25% of the final 40%
None of the objectives answered satisfactorily and poor quality work	0% of the final 40%

Qualifications:

- Graduate level degree (MA, MPH) in International Health and Development or related program (coursework in Family Planning / Reproductive Health / Population Studies is preferred). Please attach academic documents for the academic qualification(s), have experience working in health



and development in general, and conducting research and surveys in Health, SRH, and/or family planning is preferred.

- Excellent judgment, conceptual and analytical thinking ability.
- Skills (Experience) in advocacy, communication, and interaction with governmental and nongovernmental partners in health.
- Strong skills in MS Word, complex MS Excel documents and PowerPoint.
- Sound knowledge of the context of East African and South Sudan is an advantage.
- Experience in humanitarian context will be an advantage
- Demonstrated publication record of surveys and evaluations on SRHR related topics.
- Demonstrated excellent analytical, writing and reporting skills, with a focus on accessible, actionable, practitioner-focused reporting.
- Familiarity with humanitarian and conflict-affected settings
- Fluency in written and spoken English required.
- Ability and willingness to travel to implementation sites in South Sudan (pending approval from IRC safety and security, based on security situation)

How to apply

Applicants should send:

- Cover letter outlining relevant experience and skills against qualifications listed.
- Brief Technical Proposal (Not more than 5-pages) detailing the methodology on how to carry out a survey and a work plan.
- CVs of proposed consultants and a company profile in case of a consultancy firm.
 - Note: Key personnel whose CVs are submitted in the proposal will undertake the assignment and work directly with MOH in South Sudan, UNFPA and IRC. Any attempt at replacement or substitution of consultancy personnel will be treated as a breach of agreement.
- Detailed budget to complete assignment including:
 - ❖ Use of the estimated total number of days required.
 - ❖ Daily rates for consultant(s); Data collection requirements for enumerators if any.
 - ❖ Travel and accommodation costs during assignment.
 - ❖ The Financial Proposal should include all costs that the consultant envisions and is charging for this assignment, including flights to and from Juba, flights and ground transport in the field and remuneration for enumerators and evaluation staff and procurement of any software, hardware and other materials for the assignment.
- Provide a sample report(s) of similar work conducted previously – the name of the client may be redacted. IRC will only use the sample reports for the purpose of identification of a consultant for this assignment.

NOTE: Only shortlisted candidates will be contacted.

The IRC Core Values and Commitments:

Standards of Professional Conduct: The IRC and IRC workers must adhere to the values and principles outlined in IRC Way Standards for Professional Conduct. These are Integrity, Service, Accountability and Equality. In accordance with these values, the IRC operates and enforces policies on Beneficiary Protection from Exploitation and Abuse, Child Safeguarding, Anti Workplace Harassment, Fiscal Integrity, and Anti-Retaliation the IRC operates and enforces policies on Beneficiary Protection from Exploitation and Abuse, Child Safeguarding, Anti Workplace Harassment, Fiscal Integrity, and Anti-Retaliation.

Safeguarding and PSEA policy: The IRC has a zero-tolerance policy for safeguarding/PSEA violations by staff, incentive workers, visitors, sub-grantees, suppliers/sub-contractors, and implementing partners.



Safeguarding/PSEA at the IRC is an integral to the organizational values and ethics, and staff and associates are expected to take all reasonable steps to prevent the sexual exploitation, abuse, and harassment of any person linked to the program by both its employees and any downstream partner. The successful candidate will be subject to a thorough background check and satisfactory references.

Narrowing the Gender Gap: The International Rescue Committee is committed to narrowing the gender gap in leadership positions. We offer benefits that provide an enabling environment for women to participate in our workforce including a flexible hour (when possible), maternity leave, transportation support, and gender-sensitive security protocols.

Equal Opportunity Employer: IRC is an Equal Opportunity Employer. IRC considers all applicants because of merit without regard to race, sex, color, national origin, religion, sexual orientation, age, marital status, veteran status, disability, or any other characteristic protected by applicable laws.

Juba IRC Country Head Office-Located in APTECH Africa Office Building 3rd Floor, Plot 63 Block AXIII Hai Malakal, Juba, South Sudan or you can e-mail applications to SS-HR@Rescue.org not later than **September 6th, 2024 @ 4:30pm.**

“WOMEN, MINORITIES AND PEOPLE LIVING WITH DISABILITIES ARE ENCOURAGED TO APPLY”.



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