

Summary –Term of Reference (TOR)

Title	Institutional Consultancy for Knowledge Attitudes and Practices (KAP) Survey on Water, Sanitation and Hygiene in Southern Sudan
Purpose	To conduct a KAP survey for the development of hygiene and sanitation strategic framework and action plan that would ensure full involvement and ownership by sector partners.
Expected fee	Budget allocation
Location	Juba, South Sudan with frequent travel to the field
Duration	24 weeks
Start Date	Upon signing the Contract
Reporting to	Chief of Section / OIC- WES
Budget Code/PBA No	SC/2007/0676
Project and activity codes	Project: 3 Sub-Project: 3.1, Activity Code: 403

Background

Due to the prolonged civil war in Southern Sudan, water and sanitation infrastructure is extremely underdeveloped though war has now ended. The war created a situation where WASH infrastructure was largely destroyed, communities displaced and their way of life completely disorganized. This, combined with other aspects of the impact of the war, have conspired to create the current state of affairs where availability of safe drinking water is lowest, poor excreta disposal facilities and poor hygiene practices are a norm other than the exception, resulting in persistent outbreak of diarrhoea, cholera and other water borne diseases. It is important to recognize the fact that the peace brought about by the CPA, heralding the environment under which the KAP survey can now be undertaken.

Improvements in potable water supplies, coverage with basic sanitation and marked hygiene behavioral change will likely take many years to complete. Returnee movements from surrounding countries and from other parts of Sudan have placed an ever increasing demand on existing infrastructure. These large scale population movements into and within Southern Sudan do not only place a burden on existing services but further aggravates the spread of communicable diseases.

Inadequate access to safe drinking water, unsafe disposal of human excreta coupled with poor hygiene behaviour has been found to be the root cause for the prevalence of Acute Watery Diarrhoea across Southern Sudan. This is evidenced by the outbreak of acute watery diarrhoea in the last two years. A cumulative total of 19,227 Acute Watery Diarrhoea cases were reported nationwide with a 2.9% case fatality rate during first three quarters of 2006. The number of cases was halved in 2007 but with a case fatality rate of 3.9%. The prevalence was higher in urban settings (compared with small rural communities) where majority of population are left to draw water from rivers. Even in communities where these facilities have been provided, cultural beliefs and practices remain the biggest obstacle. Waterborne diseases including Acute Watery Diarrhoea, typhoid and hepatitis A are a major source of morbidity in Southern Sudan.

It is therefore likely that large numbers of Southern Sudanese will remain at risk from Acute Watery Diarrhoea and other waterborne diseases in the immediate future. UNICEF and other agencies will need to balance long term development needs in the water and sanitation sector with substantial investment into the behavioral change which requires an integrated approach to programme interventions.

The survey will assess the community's knowledge, attitude, practice and beliefs water, sanitation hygiene behaviour. Findings from the assessment will be used to develop the preferred and the most effective communication strategies for behaviour change to be utilized by the Government and its partners in order to strengthen interventions that impact on child survival and development. It will also assist in the formulation of strategies for scaling-up sanitation improvement.

Justification

The aims of the survey include:-

1. Researching norms, values, beliefs and community practices in relation to water, sanitation, personal hygiene and food hygiene
2. Recommend the most effective ways of promoting hygiene and sanitation in Southern Sudan

The scope of the survey will entail desk review, the preparation of research protocol, data collection tools, pre-testing and translation of questionnaires, training of enumerators; data processing (data entry, verification and analysis), coordinate report writing, dissemination workshop and finalize the survey report.

It is understood that the conduct of specific and specialized actions such as the KAP survey require experts in such fields, which is not always available within UNICEF. Any attempt to conduct this survey using existing regular staff may not only long take to complete but the desired outcome will not be realized within the given time frame. It is from this view point that this one-time external human resources intervention is being sought.

In conditions of severe limitations of infrastructure services and skilled human resource in post-conflict Southern Sudan, developing hygiene and sanitation framework and utilizing affordable community based communication strategies would yield positive results. This would facilitate knowledge base intervention, which includes the following:

- Findings of the KAP Survey will support the development of sound and evidence-based communication strategies and sector specific interventions for behaviour change
- The Survey will support and serve as an instrument for planning for the line ministries of the GoSS and all sector partners for acceleration of outreach and coverage for effective and efficient interventions in the eradication guinea worm, prevention of cholera outbreaks and other water borne diseases.
- The Survey findings will significantly contribute to the development of long term sustainable programme intervention that would influence the Water Supply and Sanitation sector policy at the operational stage.
- The outcomes of the survey will overall contribute towards the 2009-2012 UNDAF outcomes with respect to improved access to basic social services including emergency response and preparedness; and rehabilitation and development of sustainable livelihoods. It will further contributes to the Accelerated Child Survival Initiative (ACSI)

The need for a comprehensive KAP survey is listed in the AWP with the following reference: Project: 3; Sub-Project: 3.1, Activity Code: 403. Since the scope of the work is additional to

existing regular staff responsibilities and outside the capacity of in-house personnel, there is need to hire the services of a consultant to carry out the survey.

Specific Tasks

The in-depth research on behavioural change and their underlying reasons would inform the design of appropriate and sustainable community based communication strategies for social, community mobilization and public education campaigns on hygiene promotion. The specific key tasks that would be expected from this consultancy include:

1. Clarification on the purpose of the survey and develop a detailed work plan for the period of the consultancy

It is important to be absolutely clear and explicit about the purposes at the start with the consent of the government line ministries. Prior to the commencement of the survey, the consultant is expected to develop a detailed work plan for the whole exercise. This plan will be shared with the line ministries, a few nominated sector partners, the Programme, Research, Monitoring and Evaluation (PRME) section, WES and Emergency section in UNICEF.

2. Definition of the study population.

It is prudent to define exactly whom we are interested in studying. It is vital to ensure that this definition corresponds to the purposes of the survey. The study population is Southern Sudan but due to the limited resources and time the study population will be restricted to five high risk states and one or two other states that would serve as control states.

3. Sampling and estimating the sample size

Even though poor hygiene practice is a widespread problem across South Sudan, the focus of the KAP survey will be limited to the states that have been classified as high risk states and a few states that would serve as control states. These states include: Eastern Equatoria, Warrap, Jonglei, Upper Nile, Central Equatoria and Western Equatoria states. In order for the result to be representative of the target population, the sample size will be determined by appropriate sampling techniques and the chosen level of precision agreed by UNICEF and the consultant.

4. Data Collection and analysis

The focus of information collection will be on norms, values, beliefs and community practices in relation to water, sanitation and personal hygiene and food hygiene specifically related to high risk behaviour. The data for this survey will be collected through desk review, questionnaires, face to face interviews and focus group discussions. It is important to ensure that all the enumerators follow the same interview protocol. All interviewers should adopt the same approach in explaining the survey, phrasing particular questions, and recording the responses. This will minimize any observer bias. The results could be easily recorded by hand and analyzed using statistical packages such as, Statistical Package for the Social Sciences (SPSS) and Statistical Analysis System (SAS) for faster, more accurate analysis. The consultant is expected to train the enumerators on data collection, data entry and to some extent train key enumerators on the application of the software

5. Recommendations

Recommend the most effective way of promoting hygiene and sanitation in Southern Sudan

6. Quality Control

Throughout the course of the study, mechanisms have to be in place for ensuring quality of work is maintained and that the end results are reliable.

Methodology

The survey will be conducted in a participatory manner that will enable government counterparts from the MoH and MCRD, the sanitation technical working group, sector partners and beneficiaries to participate. Zonal offices and State authorities or key community leaders within the sample areas will be consulted and they will provide inputs to the survey. The process will entail discussions and orientation on the overall task, to agree on the requirement, scope and added value of the outcome documentation. It will involve a series of planning, consultative meetings and related sessions.

The research methodology will include:

- a) Desk review of existing data
- b) Development and administration of the questionnaire
- c) Focused group discussions (FGD)
- d) Individual in-depth interviews

Consultative sessions will be carried out with stakeholders while participants in the focus group discussions will be identified in collaboration with the respective GoSS ministries, State Ministries and zonal offices. Sessions will be held with international and local NGOs, UN agencies and other partners on the ground. Participatory sessions will be conducted consecutively for each focus group discussion.

A stakeholders' workshop for findings validation will be organized to present the preliminary findings. The conduct of the validation workshop will be on the following key points:

- How to go about identifying and analyzing any information/data and their quality.
- Any limitations pertinent to current study.
- Methods of data collection needs/instruments.
- Types and software to be used for data analysis.
- Linkage with key partners.

Group consultative sessions will be held with the Senior Programme Officer, Programme Communication, PRME, Education, Health & Nutrition, HIV/AIDS and Child Protection sections to ensure participatory review of findings. In the same vein, bilateral consultative meetings will be organized with Regional Project Officers and WES Specialists/Officers at zonal office level. Though regular updates and briefs will be organized, the consultant will report directly to the Head of WES section. All the survey instruments will be reviewed and approved by PRME.

A steering committee made up of the relevant government ministries, UNICEF and key development partners will steer the cause of the survey.

Time Frame

The duration of the survey will be 24 weeks and starting date will be the date of signature of the contract.

Expected Deliverables

Inception Report: The consultant is expected to submit a detail report on how the survey will be carried from his point of view. The report will outline the tools and detail workplan for the entire exercise. The draft questionnaire will be submitted for review.

Preliminary Report: A stakeholders' workshop for findings validation will be organized to present the preliminary findings. At the end of the workshop a report incorporating the comment from the stakeholders from the workshop will be submitted by the consultant.

Final Report: A detailed report outlining the Knowledge, Attitudes and Practices with regard to hygienic behaviour as it links to norms, values, beliefs and community practices in relation to water, sanitation, personal hygiene and food hygiene. The report should clearly identify the positive attitudes and best practices that need to be enhanced and the negative attitudes and poor practices that need to be addressed for improved behaviours in relation to water, sanitation and hygiene. This report should incorporate specific simple and achievable recommendations, including the most appropriate communication strategies and messages that can be undertaken by GoSS, UNICEF and partner agencies to attempt to address the issues highlighted. A draft of the report will be shared with key stakeholders for review and input a week before the end of the consultancy to allow time for refinement before the preparation and release of the final report. The final copy should be both in hard and electronic copies.

Presentation: A presentation of the key findings and recommendations to a larger group of stakeholders through the WASH Coordination Structures will be carried out by the consultant.

The inception report will be reviewed and approved in consultation with the PRME to ensure that the whole process is in conformity with the UNICEF Evaluation Report Standards.

Reporting

It is proposed that the payment schedule will be as follows: 20% as first Installment, 40% with completion of Inception report and 40% on completion and presentation of final report. Progress reports are required at each payment schedule. The timeline and frequency of the reporting required by the UNICEF on their progress to date will be agreed upon during the drafting of the agreement/contract with the supervisor.

Expected background and Experience

- A reputable consultancy firm or institution with documented experience in conducting knowledge, attitude and practice (KAP) studies relating to WASH, public health or behavioral change and health information management systems.
- The team leader must be a holder of a post graduate degree in public health, sociology, anthropology and related discipline. She/He must have good analytical, negotiating, communication and advocacy skills. Prior work experience in the duty station area would be an advantage.

- The team members should be fluent in spoken and written English. Knowledge of Arabic will be an added advantage. The number of teams should not exceed three for this assignment with two members per team. At least two of the other team members should have a strong background in statistics and data processing, sociology and related discipline.
- Excellent reporting and presentation skills. Must be familiar with Statistical Package for the Social Sciences (SPSS) in particular and all relevant computer applications in general.

General Conditions: Procedures and Logistics

- Accommodation and meals will be fully covered for by the consulting firm. So the price component must contain an overall quotation.
- The team will work from a combination of locations i.e. from UNICEF office, MCRD GoSS and or remote locations depending on the availability office space at UNICEF.
- The consulting firm should provide it team with IT equipment and other office supplies related directly to the task.
- While in the field, the movement of the team will be facilitated by UNICEF thus access to UNICEF transport will be authorized.
- Final payment to the consulting firm will be dependent on the completion of deliverables as well as hand-over notes and submission of a consultancy PER.
- UNICEF will only cover the costs of the economy class from destination to Juba and back. All flight costs within Southern Sudan will also be covered by UNICEF. Unless authorized, UNICEF will buy the tickets of the consultants. In exceptional cases, the consultant may be authorized to buy their travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed to beforehand.

Policy both parties should be aware of:

- The team members of the consulting firm are not entitled to payment of overtime. All remuneration must be within the contract agreement.
- No contract may commence unless the contract is signed by both UNICEF and the consultant firm or contractor.
- For international consultants outside the duty station, signed contracts must be sent by fax or email. Signed contract copy or written agreement must be received by the office the team members are allowed to travel to the field.
- No travel in lieu of the contract will be undertaken by the team members to the duty station without prior submission of insurance cover and waiver in the event of injury while executing the duty.
- Team members of the consulting firm will not have supervisory responsibilities or authority on UNICEF budget.
- Consultant will be required to sign the Health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.