**Terms of Reference**

**Knowledge, Attitudes and Practices (KAP) Study TOWARDS CHOLERA RESPONSE IN Swakin Locality - Red Sea State, SUDAN** - **75202838**

# **Context and background**

SC has been working in Sudan since 1984 to deliver programs to children and communities in need. SC Sudan operates across ten states: Khartoum, Blue Nile, South and North Kordofan, North, West & Central Darfur, Red Sea, Gedaref, and Sennar States, covering multiple sectors: Health and Nutrition, WASH, FSL, Child Rights Governance, Child Protection, Education, and humanitarian assistance with 441 staff (134 females, 282 males), of which 419 are national staff while 22 are international. SC has formed and maintained a positive relationship with government actors such as the Humanitarian Aid Commission (HAC) and the Commission of Refugees (COR) at both state and national levels. SC has established positive working relationships and acceptance from all key humanitarian stakeholders and has leveraged these relationships to advocate for IDPs and returnee children in Sudan. SC has solid experience in collaborating with the governments and donors and in building capacity and technical competence of line ministries, departments, and institutions responsible for designing and implementing serval humanitarian and development projects.

On the 4th of December 2023, SCI took charge of the cholera response in Swakin locality, Sudan, after a formal request from the Red Sea government. In Red Sea State, 2,240 suspected cholera cases and 77 associated deaths, with a Case Fatality Rate (CFR) of 3.4 per cent was reported in December 2023. The situation in Swakin locality included 175 admissions with a mortality rate of 8%, which is notably high compared to cholera cases in Red Sea State. This underscored the urgent need for effective and comprehensive interventions to address the cholera outbreak in the in Swakin Locality with swift and coordinated efforts to mitigate the impact of the disease and prevent further loss of life.

# **Response**

SCI responded to the cholera outbreak in Swakin locality in Red Sea State. The project funded by OCHA/ SHF. SCI implements a Cholera Treatment Center (CTC), Water, Sanitation and Hygiene (WASH), Infection Control Precautions (IPC) and Community Interventions (CI) in Swakin locality aim of “reducing mortality and morbidity from Cholera outbreak in Swakin, especially among high-risk groups. The conflict in Sudan jeopardized the capacity of MOH to respond to different catastrophes in Sudan. The fragile health system Red Sea state is not able to face the devastating cholera outbreak in Swakin.

SCI responded through supporting cholera treatment center in Swakin. The CTC was in very poor in IPC measures, equipment, sanitation and medical supplies. The case fatality rate in the CTC is 8 time the accepted limit. While more than 900 patients admitted to the center, SCI system to enable lifesaving intervention in form of meeting urgent need at the CTC meeting supplies, sanitation, provision of water, medical equipment’s. SCI succeeded in provision of necessary personal preventive equipment (PPE), supplies, sanitation, provision of water, medical equipment.

In addition to strengthening core protection measures and ensuring service continuity, the CTC is in highly need to improve the capacity of the MOH staff work on ground. SCI system to enable lifesaving intervention in form of meeting urgent need at the CTC meeting MOH staff capacity building training particularly in case management field and triage the intervention started with strengthening the local capacity of the health cadres for services delivery team through the capacity building trainings and workshops to sustain the continuity of service in Swakin locality - Red Sea State. The intervention covered more than 80,000 people – 25 village (catchment area) of Swakin locality and referred cases from neighboring localities. Also, SCI implement the Risk Communication and Community Engagement (RCCE) activities through campaigns, supplies distribution and volunteers’ participation.

# **PURPOSE of the KAP STUDY**

The purpose of the Knowledge, Attitudes, and Practices (KAP) Study is to explore the level of knowledge, attitudes, and practices of people in Swakin. Specifically, the KAP Study will:

* Provide information on knowledge, attitude and practices towards cholera and cholera prevention
* Identify knowledge gaps, cultural beliefs/norms and practices around cholera prevention to inform future cholera interventions

The KAP survey will also feed into the SCI Sudan 2022-2024 Learning Agenda.

# **Study Methodology**

**Study Design**

The KAP study will use a mixed-methods approach (quantitative and qualitative methods). First, a desk review will be conducted and will consist of extensive review of literature on cholera prevention in Sudan, from both SCI and other sources related to humanitarian and development work, particularly clusters reports and reports from other organizations. The household survey will gather information on the household profiles and community-level knowledge and practices on cholera prevention.

**Data Sources and Data Collection Methods / Tools**

A structured questionnaire will be administered during the household survey. For the qualitative survey, a focus group discussion guide will be utilized. The qualitative methods will include FGDs with community members (girls, boys, men and women), as outlined in Table 1.

**Table 1: Knowledge, Attitudes and Practices towards Cholera and cholera prevention**

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| --- | --- | --- |
| **Topics** | **Subtopics** | **Source** |
| **Knowledge** | * Identifying symptoms of cholera * Understanding the role of contaminated water and sanitation in cholera transmission * Awareness of hygiene practices like handwashing and proper food preparation to prevent infection * Knowledge of appropriate treatment options for cholera | Household survey  FGDs |
| **Attitudes** | * Fear of contracting cholera * Beliefs about the effectiveness of preventive measures * Stigma associated with cholera patients * Willingness to seek medical care for suspected cholera | Household survey  FGDs |
| **Practices** | * Access to clean drinking water sources (e.g., wells, boreholes) * Availability and functionality of toilets and latrines * Frequency and proper techniques for handwashing * Practices related to safe food storage and hygiene | Household survey  FGDs |
| **Community awareness and response mechanisms** | * Assess awareness of communication channels and resources for reporting cholera cases * Trust in healthcare providers and public health information * Willingness to participate in awareness campaigns and community interventions * Beliefs about the effectiveness of government or NGO response efforts | Household survey  FGDs  Observation guide |

**Sampling**

The qualitative study will utilize a non-purposive sampling. For the household survey, simple random sampling will be used. The first stage sampling unit will be Swakin locality. The second sampling units will be the villages. The beneficiary size, beneficiary type (refugees, IDPs, host community), beneficiary category (e.g. female-headed, pregnant & lactating women, households with children under five, etc.) will be among the factors considered for selecting the localities and villages for the KAP survey.

Given the potential differences in KAP between communities in remote locations versus communities closer to resources such as health facilities, respondents will be selected in both remote areas and more central areas of Swakin locality. The participating communities will be chosen by random selection within two strata criteria:

* Peripheral communities (defined as more than 5 km from SCI-supported health facilities)
* Central communities (defined as less than 5 km from SCI-supported health facilities)

Respondents for the household survey in these villages will be selected using simple random sample. Respondents for the qualitative survey will be selected purposively.

**Data collection**

All research tools will be submitted to HAC offices in Port Sudan before any data collection commences. All data will be collected using KOBO/ODK. A gender-balanced team of enumerators will be recruited, trained, supervised and guided by SCI MEAL staff in Port Sudan. Prior to field data collection, all the enumerators will be trained on the basics of data collection, including objectives of the study, structure of the questionnaires, observation guide and FGD guides, and how to collect data using tablets/ODK. This will be followed by field pre-testing to familiarize the enumerators with the eventual field work. Any scripting error and/or unclear questions will be corrected at this point. The MEAL Manager will supervise the entire data collection and help resolve minor field difficulties. All data will be uploaded to the SCI KOBO server and cleaned before any analysis.

**Data analysis and reporting**

The quantitative data will be downloaded from KOBO and basic data analysis will be performed using MS Excel. The data will be presented in form of tables, graphs, charts and figures where appropriate. The qualitative data will also be analyzed using MS Excel and will be triangulated with all other information gathered through desk reviews. A draft KAP report will be produced, shared and reviewed by SCI Sudan and SCI Canada staff. The final report will be disseminated at regional and global level.

**Ethical Considerations**

This study will adhere to SCI ethical considerations:

* ***Child participatory****. Children will be supported to participate in the study beyond simply being respondents. If appropriate and safe, children will be supported to collect some of the data required for the study themselves or involving children in the validation of findings.*
* ***Inclusive****. Children from different ethnic, social and religious backgrounds will have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.*
* ***Ethical****: The study will be guided by ethical considerations such as informed consent, safeguarding, sensitivity, openness, confidentiality and data protection, public access, broad participation, reliability and independence.*

# **Expected Deliverables**

The study deliverables and tentative timeline are outlined below.

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| --- |
| **Deliverable / Milestones** |
| Preparation of TORs |
| Design of data collection tools |
| Study Approvals from HAC in Port Sudan |
| **Data collection**   * Conduct observations in Swakin CTC and local community * Conduct Household surveys in the selected villages * Conduct FGDs |
| A Draft Report |
| A Final StudyReport |

# **Consultant Profile**

The following are the main requirements for the consultant:

* Proven record in research and evaluations of humanitarian projects in the NGO sector.
* Broad knowledge of humanitarian and development issues, specifically in health, education, gender, livelihoods, and child protection.
* Proven experience in quantitative and qualitative analysis.
* Skills and experience in conducting ethical and inclusive studies involving children and vulnerable groups and in using child participatory techniques and using relevant tools to determine disability status of respondents (Washington group questions/child-functioning module)
* Fluency in Arabic and English is a requirement.
* Excellent verbal/written communication skills and strong report writing skills.
* Awareness of cultural sensitivities and local context, ideally with working experience in Red Sea
* Ability to work with team and under pressure to meet deadlines and produce agreed deliverables.

To apply for this baseline, applicants are expected to share the following documents:

* A proposal showing your understanding of the assignment and how you will conclude the work, including proposed methodologies, mode of analysis, and the number of personnel to be involved, detailed timelines, budget, and any foreseen challenges.
* Up to date organizational/individual Consultant CVs and CVs for relevant staff.
* Cover letter.
* Traceable and contactable referees for each.
* Two sample reports from previous most recent education consulting projects (all samples will be kept confidential) or links to website where reports can be retrieved (highly recommended).

Once a candidate/firm has been selected the following documents will be made available (at a minimum):

* Project proposals
* MEAL Plan
* Project reports and Learning Briefs
* Indicator Performance Tracking Tables

**Days**

The baseline is expected to take 21 days including weekends

**Payment Schedule**

The payment shall be **30%** upon submission of a satisfactory inception report, **30%** upon submission of first draft report and **40%** upon submission of a satisfactory final report.

**INSTRUCTIONS ON PROPOSAL SUBMISSION**

The offer, comprising of a Technical and Financial Proposal, should be submitted and addressed as follows: Sudan CO procurement [SudanCO.procurement@savethechildren.org](mailto:SudanCO.procurement@savethechildren.org) and cc [mugo.janet@savethechildren.org](mailto:mugo.janet@savethechildren.org). For any question/query relating to the proposal, please email [mugo.janet@savethechildren.org](mailto:mugo.janet@savethechildren.org).

Bidders are required to prepare and submit the following documents:

* Completed Bidder Response Document (BRD).
* Technical Proposal (1. Company/Organization profile and expertise; 2. Proposed Methodology and Implementation Plan 3. Management Structure and Key Personnel (CVs)
* Financial Proposal (Detailed budget in **USD**)

Deadline for Proposals submission is 6th of June 2024, 11.30pm, Khartoum Time.

Any Proposal received by SCI after the deadline shall be declared late and will not be considered.