

Terms of Reference for Multi-Sectoral Flood Response in Sudan (BHA Flood Response Project)- Learning Workshop

March 2022

INTRODUCTION AND PROJECT BACKGROUND

Save the Children is organizing a learning workshop for BHA Flood Response after completion of the project. The project focused on reducing excess mortality and morbidity and responding to acute humanitarian needs caused by the protracted crisis, the COVID-19 pandemic, and other acute shocks. Save the Children (SC) provided integrated health; nutrition; water, sanitation, and hygiene (WASH); and food security and livelihoods (FSL) assistance through life-saving services safely and ethically targeting the most vulnerable communities in Khartoum, Red Sea (RS), North Darfur (ND), Central Darfur (CD), and South Kordofan (SK) states; to enable affected populations to meet their basic needs and prevent the adoption of harmful coping mechanisms. Through proposed interventions, SC supported BHA's mission to save lives, alleviate human suffering, and reduce the impact of disasters by helping people in need become more self-reliant.

A Learning Workshop has been commissioned to capture the learning from the project so that the collective learning can guide the project team and the management for better implementation and performance management of the project.

Targeted beneficiaries:

The BHA project targeted vulnerable IDPs and host communities in Khartoum, River Nile, Blue Nile, Red Sea and Sinnar

The direct beneficiaries: the project direct targets were 213,675 individuals (54,793 Boys, 58,912 Girls, 49,531 Men, 58,452 Women)



Project Objectives and Outputs

Overall objective

To contribute to reducing excess mortality and morbidity and respond to acute humanitarian needs caused by flooding and reduce the impact of disasters by helping women, men girls and boys in need become more self-reliant among IDPs and host communities in in Khartoum, Red Sea (RS), North Darfur (ND), Central Darfur (CD), and South Kordofan (SK).

	Health	 Number of health facilities supported % of total weekly surveillance reports submitted on time by health facilities Number of CHWs supported (total within activity area and per 10,000 population) Number and % of deliveries attended by a skilled attendant treatment for common childhood illnesses Number of health facilities out of stock of any of the medical commodity tracer products, for longer than one week, seven consecutive days Number of individuals trained in medical commodity supply chain management
Result Area 1- Provide safe, quality life-saving health, nutrition, and WASH services to flood-affected people to address immediate needs of vulnerable people and build their resilience to cope with the future emergencies	Nutrition	 Number of supported sites managing acute malnutrition Number and percent of individuals admitted, rates of recovery, default, death, relapse, and average length of stay for individuals admitted to Management of Acute Malnutrition sites Number of individuals receiving behavior change interventions to improve infant and young child feeding practices % of infants 0-5 months of age who are fed exclusively with breast milk % of children 6-23 months of age who receive foods from 5 of more food groups (MDD)
	WASH	 Number of people directly utilizing improved water services provided with BHA funding Percent of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources. Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional. Percent of handwashing stations built or rehabilitated in health facilities that are functional. Percent of households with soap and water at a handwashing station on premises Total number of people receiving WASH NFIs assistance through all modalities (without double counting)



	Child Protection	• <i># of individual beneficiaries participating in child protection services</i>
Result Area 2- Ensure quality of dignified access		 # dollars allocated for child protection interventions # of vulnerable children received knowledge on risk reduction, threat minimizing
		 % of GoS officials demonstrating skills and awareness of CP prevention and response
		 Number of vulnerable children with a reduced protection risk level
		• # of individual receiving awareness on DDR and CP
to improved CP and SGBV		 # of individuals accessing GBV response services # of dollars allocated for GBV activities
prevention and response services for the flood-	anu	• Number of CBCPN members identifying, addressing and
affected populations	to Gender- Based	 referring SGBV cases with quality Number GoS officials trained on SGBV and CP
	Violence	 # of GoS officials trained and demonstrating skills and awareness of GBV prevention and response including SGBV and case management
		 Number of GBV survivors with an increased protective environment
Result Area 3: Flood- affected households meet immediate basic needs through MPCA and in the long-term recover livelihoods through increased agriculture production and livestock support.	Improved Agriculture	• Number of individuals (beneficiaries) directly benefiting from improving agricultural production
	-	Number of hectares under improved management
		 practices or technologies with BHA assistance Number of individuals who have applied improved
		management practices or technologies with BHA assistance
		 Number of beneficiary households using improved post- harvest storage practices.
		 Total value of vouchers redeemed by beneficiaries
		Number of individuals benefiting from livestock activities
		 Number of animals benefiting from livestock activities Number of animals owned per individual
		• Total value of vouchers redeemed by beneficiaries
	MPC	• Total number of individuals (beneficiaries) assisted through multipurpose cash activities
		 Percent of (beneficiary) households who report being
		able to meet the basic needs of their households
		 (all/most/some/none), according to their priorities Percent of beneficiaries reporting that humanitarian
		assistance is delivered in a safe, accessible,
		accountable, and participatory manner
		 Total USD value of cash transferred to beneficiaries Percent of households with poor, borderline, and
		acceptable Food Consumption Score (FCS)



Percent of households who have reduced essential WASH related basic needs expenditures
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<u>Stakeholders and Indirect Beneficiaries</u>: State Governments, Humanitarian Aid Commission, Partner Organizations, Locality Heads and Community Leaders, Community Members (men, women, boys and girls).

Implementing Partner: Nabta Charitable Organization for Development (NCOD)

Implementation Challenges:

Flooding, drought and conflict emerged in some of the targeted localities and that impeded project implementation from time to time. In addition, the political unrest in Sudan from early 2020 to mid-2021 affected the project activities, movement and safety of both SC and communities. Another major challenge was the economic situation, coupled with the runaway inflation that forced the CO to revise the contractors' pacts many times and to buy some materials, in particularly, the construction local materials in a higher cost. In addition, to this the COVID 19 caused the schools closure and delayed the activities such as trainings and meetings.

OBJECTIVES AND LEARNING QUESTIONS

Objectives	Learning questions
Achievements of the project	 Were the project targets (objectives and activities) achieved? Why? Why not? What were the major factors influencing the achievement or non-achievement of the objectives and activities? Were objectives achieved on time? Why? Why not?
How project implementation worked	 How did the different components of the intervention (Health, Nutrition, WASH, FSL, and CP) work together without competing? Were the programme or project implementation approaches relevant compared to alternatives? Were the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?



Participation of Affected Populations	 Which stakeholders did you interact with? Government officials? Men? Women? Children? PWDs? IDPs? Did these stakeholders give feedback on the project? Why? Why not? What mechanisms did the community use to report concerns and feedback? What kind of feedback did they give? Did the project act/work on the feedback received? Why? Why not?
Enablers and challenges contributing to / hindering the project's success	 What factors supported/enabled implementation of the above project components (Health, nutrition, WASH, FSL, and CP)? How and why? What challenges were experienced for each of the above project components (Health, nutrition, WASH, FSL, and CP)? How were the challenges dealt with?
Lessons learned and recommendations	 What were lessons that were learnt in the following components of the project? Nutrition Health Food Security Child Protection WASH What were the 3 key best practices you learnt during project implementation? What suggestions would you give in management of similar projects in Sudan in the future?

LEARNING WORKSHOPS METHODOLOGY

A two-day learning workshop will be held to capture the learning in a systematic way. The workshop will be held in Khartoum and will consist of structured sessions of about 20-30 participants. Topics and learning questions have been outlined in the table above. SC staff as well as partner staff (NCOD) will participate in the workshop.

The Learning Workshop will use exercises, activities, and discussions that encourage reflection, organizational learning and uncover tacit knowledge. The workshop will utilize both Arabic and English



language. The Sudan CO will ensure there is simultaneous translation to encourage interactive dialogue and exchange.

ROLES AND RESPONSIBILITIES OF CONSULTANT AND SAVE THE CHILDREN

The consultant will be responsible for overall management of the workshop. This includes:

- Hiring/providing facilitators for the workshop
- Ensuring availability of stationary and training material for the participants
- Capturing/documenting all learning exercises- photos and notes
- Produce workshop report

Save the Children will be responsible for:

- Arranging workshop venue
- Coordination with internal and external stakeholders
- Arranging food and refreshment during the workshops

EXPECTED WORKSHOP DATES

16th and 17th March 2022, Khartoum

CONSULTANT PROFILE

The following are the main requirements for the consultant:

- Advanced university degree in Masters in Social Sciences or Management or related field;
- Proficiency in Arabic and English languages
- Strong facilitation experience
- Excellent report writing skills

Application:

Please submit a brief, 2-pager technical and financial proposal, plus attach a detailed CV showcasing your workshop facilitation experience.

