***Terms of Reference for Conducting a desk review, needs assessment, Stakeholder Mapping, and documentation of best practices in Berea, Mafeteng Mohales’ Hoek and Thaba Tseka.***

***Project title*: *“Strengthening community resilience to respond, cope and recover from the socio-economic impacts of the COVID-19 pandemic and persistent food insecurity, through the provision of critical food/nutrition, water, and child protection services in most deprived rural communities in Lesotho.”***

***Activities***

*Act.1.1. Desk review to inform tools development for services monitoring, community feedback and response.*

*Act.2.1. Needs assessment for benchmarking of the project indicators.*

*Act.2.2. Stakeholders mapping and analysis in the project sites for engagement*

***Sub-themes for the assignment***

* Conduct desk review for relevant country WASH, Nutrition, SRHR-HIV services, and child protection to inform, tools development for monitoring the program, assessment and stakeholder mapping and analysis.
* Guide the development of a comprehensive implementation plan and indicator refining in line with country documents, and program to ensure a measurable contribution of the program to the national development strategies.
* Measure the knowledge and attitudes of communities and services providers on the understanding of the humanitarian services, and accountability for the different actors.
* Conduct stakeholders mapping exercise for existing community structures for intergration into the COVID-19 education campaigns (CBOs, Community leaders, youth groups, youth networks etc.)
* Building from results of the mapping exercise, develop and implement actions aimed at strengthening community structures such as youth action clubs, football clubs, community-based protection committees, faith based, sex worker networks, at the community level including district, local councils, and chiefs, youth influencers through targeted training.

**Introduction**

Lesotho, a small landlocked nation surrounded by South Africa, boasts a population exceeding 2 million, with over 70% of Basotho residing in rural regions. Lesotho grapples with persistent, high poverty rates and notable social and regional disparities. Consequently, Lesotho remains highly susceptible to climatic, health-related, and economic crises. In 2022, the count of individuals requiring humanitarian assistance stood at 470,000, constituting 22% of the entire population. To combat food insecurity, there is urgency to address the escalating challenges of malnutrition, household food and water insecurity, violence against children (VAC), and Gender-based violence (GBV), that increases secondary risks of HIV and early and unintended pregnancies amongst adolescents and young people.

### Skillshare and UNICEF have partnered to strengthen the Social Accountability approach to tackles the current humanitarian response in Berea, Mafeteng, Mohales’ Hoek, and Thaba Tseka. Social Accountability in emergencies involves actively engaging affected communities, individuals, and civil society to hold humanitarian actors, governments, and service providers accountable for aid and service delivery during crises. It ensures that assistance is transparent, responsive, and tailored to the unique needs and priorities of the affected population.

### The key components of Social Accountability in emergencies include; Community Engagement and Participation, Transparency and Information Sharing, Feedback Mechanisms, Accountability to Affected Population, Local Capacity Building, Advocacy for Inclusivity, Independent Monitoring and Evaluation, Conflict Resolution, Building Trust, Capacity to Adapt. Social Accountability in emergencies is fundamental to ensuring that the response to crises addresses the needs of the people affected. By promoting transparency, community engagement and accountability, it enables humanitarian actors to gain a deeper understanding of the needs and priorities of affected populations, ultimately leading to a more effective, fair, and sustainable humanitarian response.

**Program strategies/goals/objectives:**

Enhance the resilience and well-being of vulnerable populations in crisis-affected areas of Lesotho by providing accessible and timely critical information related to nutrition, water, hygiene, and child protection throughout the humanitarian cycle, thereby reducing vulnerabilities and improving the overall quality of life for affected individuals and communities.

***Specific Objectives***

1. To enhance capabilities of an interactive mobile (Skillshare app) to consolidate essential information on nutrition, water, hygiene, and child protection in addition to Community Scorecard (CSC) for the social accountability modules.
2. To facilitate the accessible and timely dissemination of accurate and comprehensive Sexual and Reproductive Health (SRH)-Including HIV prevention, treatment and support information, prevention of sexual exploitation and abuse, and/or menstruation health targeting adolescents, to empower them with the knowledge necessary to make informed decisions about their SRH-HIV needs.
3. To reach and actively engage at least 80% of the targeted vulnerable population within the first year, promoting the consistent use of the mobile app and facilitating community participation in decision-making processes related to humanitarian responses.
4. To establish a comprehensive feedback and accountability system that collects and addresses user input and concerns, with a goal of resolving at least 90% of reported issues in a timely and effective manner, thereby contributing to improved resilience and well-being within crisis-affected communities.

**Sustainability & Gender;** The program largely targets adolescent girls and young women given the fact that they are the most affected by food security, and other related humanitarians concerns. It also targets young men/boys for increased access to humanitarian services.

**Skillshare Lesotho is looking into hiring a consultant firm/individual Consultants to undertake the following.**

1. ***Measure the knowledge and attitudes of communities and services providers on the understanding of the humanitarian services, and accountability for the different actors.***
* To assess the level of knowledge on SRHR-HIV, WASH, Nutrition and Social Protection services as envisaged under the humanitarian program.
* Assess changes in perception at the community level on the health facility-based services by adolescents and young people as they relate to the humanitarian response.
* To assess the program contribution to change in terms of perceptions, attitudes, and contribution of services uptake through data triangulation.
1. ***Conduct stakeholders mapping exercise for existing community structures for intergration into the humanitarian response and education campaigns (CBOs, Community leaders, youth groups, youth networks etc.)***
* To take stock of the existing youth groups, formal and informal or youth-led grassroots structureless/ informal initiatives in project sites for strengthening the AYP access and uptake of ASRHR-HIV, WASH, Nutrition, and social protection.
* To document the topology, in different areas, overview of the presence of youth-led grassroot organizations, networks and groups; their main sector of intervention, funding/budget size, issues and campaign areas, geographic representation, organizational structure and youth development support provided to young people.
* To examine the leadership, the power dynamic, the management culture, and partnership in the youth-led grassroots networks.
* To identify gaps, barriers in these platforms (gender composition, organizational structures leadership and motives).
* Develop a training guide for different stakeholders AYP/youth groups, youth networks and youth led organization for sustainability of Social Accountability,
1. ***Building from results of the mapping exercise, develop and implement actions aimed at strengthening community structures such as youth action clubs, football clubs, community-based protection committees, faith based, sex worker networks, at the community level including district, local councils, and chiefs, youth influencers through targeted capacity building and training on social accountability and emergency situations.***
2. ***Capturing and documentation of best practices from the program***
* Capture and document best practice among the health facilities exhibiting best social accountability practices that promote involvement and participation- youth friendly services delivery model.
* Document improved health facilities and services within the respective health facilities, provide of evidence of change relating improved services uptake (STIs, ANC, abortion services, etc.)
* identify and document the unintended project outcomes among the participating young people, health services providers and health facilities for learning.

# Methodology

The consultant (s) expected to develop a methodology document, which will include but not limited to:

* Desk/ literature Review
* Individual interviews and focus groups with young people engaged in structureless platforms networks, youth led organizations.
* Individual interviews and focus groups with any relevant stakeholders.
* collect and collate data at community level- in line with ASRHR-HIV, WASH, Nutrition, and social protection services under humanitarian and non-humanitarian conditions.

# Deliverables:

* Summary of the country specific documents, commitments, and strategies for WASH, Nutrition, SRHR-HIV services, and child protection
* A draft work plan outlining timeline, detailed methodology, for the 4 components of the exercise (assessment, mapping, training, and documentation of best practices.)
* An inception report, outlining the methodology for the 3 components of the exercise.
* Clearly articulated methodology for both components, tools (qualitative and quantitative)- including desk review. The methodology should extensively cover the applicable model for the assessment, mapping, and documentation of best practices.
* Draft of the report for input
* Report on best practices- and their application to a wider program replication or expansion
* Final reports (Mapping and assessment with best practices, lessons learnt and a replication/expansion model)

# Timeline

The consultant will work closely with the Skillshare Lesotho Staff (Program Manager, & District Coordinators) to deliver on the assignment within 30 working days.

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| Activities | Dates |
| Work plan and methodology |  |
| Desk review- country documents for WASH, Nutrition etc.  |  |
| Field work- Primary Data Collection  |  |
| Data analysis and Submission of First Draft Report |  |
| Comments and Feedback from SKL/UNICEF |  |
| Submission of Final Version of Report |  |

**Specific requirements for the consultant(s)**

* A higher degree in public health, demography, development studies or any related relevant field. Experience in conducting research, baselines, assessments, SBC qualitative research, and evaluation of community-based project with a bias in health-related programs, and Adolescents, young people, and youth programs. In addition, knowledge of social accountability, policy analysis, and data management and triangulation will be an added advantage.
* A minimum of 7 years’ experience in SRHR -HIV and COVID-19 and youth programme/project evaluation in an international development context, integrated with results-based monitoring and evaluation, and documentation of best practices, lessons learnt for replication and expansion.
* Ability to design and plan assessment at the community level linked to the health facility data to inform program contribution in any setting.
* Demonstrated experience in a variety of research methodologies, including quantitative and qualitative research methods. Where feasible and proportionate, the person or team should include skills and expertise required to design, plan, and conduct impact evaluation, potentially with knowledge in using experimental or quasi-experimental techniques.
* Relevant subject matter knowledge and experience such as health education, gender, Youth programming, non-state actors, community development, WASH, Nutrition, SRHR-HIV services, Child Protection and or human rights-based approaches to ensure the assessment/evaluation design and research methods are as relevant and meaningful as possible given the aims and objectives of the project and the context in which it is being delivered.
* Consultant must have appropriate country knowledge/experience including understanding of the context of the project impact areas.

***Expression of interest***

SKL requests Financial and Technical Proposals from qualified research agencies, project evaluators and individual consultants.

* Please **hand deliver** your application to Skillshare Lesotho Offices located at **42b Old Europa, UN Road, and Opposite Maseru Golf Club.**
* Submission should include application letter, financial proposal, CVs of the individual/team of consultants. Ensure submission in separate envelops for the financial and technical proposals- clearly marked.
* The finance proposal should clearly indicate budget cost per item (desk review, stakeholder’s mapping, program assessment, and documentation and training)
* Address the Applications to the; Executive Director, Skillshare Lesotho,
* Clearly indicate the title on the envelope: **“expression of interest for *Conducting a needs assessment, Stakeholder Mapping, and documentation of best practices in Berea, Mafeteng Mohales’ Hoek and Thaba Tseka”.***
* Skillshare will only contact an entity/person that qualified. If not contacted, consider your application unsuccessful.
* Skillshare reserve the right to call off the offer and or the advert.
* **Deadline for submission – on or before 15th January 2024 at 4:00 Pm Maseru time**