

Research Terms of Reference

Qualitative Food Security Assessment in Areas Experiencing Catastrophic Hunger
SSD2410
South Sudan

November 2024
V1

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	South Sudan				
Type of Emergency	<input checked="" type="checkbox"/>	Natural hazard	<input checked="" type="checkbox"/>	Conflict	<input type="checkbox"/> Other (<i>specify</i>)
Type of Crisis	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/> Protracted
Mandating Body/ Agency	BHA				
IMPACT Project Code	32AZW				
Overall Research Timeframe (<i>from research design to final outputs / M&E</i>)	13/11/2024 to 20/12/2024				
Research Timeframe	1. Pilot/ training: NA		6. Preliminary presentation: 13/12/2024		
	2. Start collect data: 02/12/2024		7. Outputs sent for validation: 13/12/2024		
	3. Data collected: 06/12/2024		8. Outputs published: 20/12/2024		
	4. Data analysed: 11/12/2024		9. Final presentation: 20/12/2024 onwards		
	5. Data sent for validation: 11/12/2024				
Number of assessments	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi assessment (more than one cycle) <i>[Describe here the frequency of the cycle]</i>			
Humanitarian milestones <i>Specify what will the assessment inform and when</i> <i>e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;</i>	Milestone		Deadline (can be tentative)		
	<input type="checkbox"/>	Donor plan/strategy	_ _ / _ _ / _ _ _ _		
	<input checked="" type="checkbox"/>	Inter-cluster plan/strategy	ASAP		
	<input checked="" type="checkbox"/>	Cluster plan/strategy	ASAP		
	<input type="checkbox"/>	NGO platform plan/strategy	_ _ / _ _ / _ _ _ _		
	<input type="checkbox"/>	Other (Specify):	_ _ / _ _ / _ _ _ _		
Audience Type & Dissemination <i>Specify who will the assessment inform and how you will disseminate to inform the audience</i>	Audience type		Dissemination		
	<input type="checkbox"/> Strategic		X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)		
	<input checked="" type="checkbox"/> Programmatic		X Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting		
	<input type="checkbox"/> Operational		X Presentation of findings (e.g. at HCT meeting; Cluster meeting)		
	<input type="checkbox"/> [Other, Specify]		X Website Dissemination (Relief Web & REACH Resource Centre)		

			<input type="checkbox"/> [Other, Specify]	
Stakeholder mapping <i>Has a detailed stakeholder mapping been conducted during research design to identify all actors that could contribute to and/or benefit from the research?</i>	<input type="checkbox"/>	Yes	X	No
General Objective	To provide an update on the public health situation in Malakal County, complement the analysis conducted at the October 2024 Integrated Phase Classification (IPC) workshop (including assumptions and risk factors identified for the first and second projection periods), and enable a more informed humanitarian response in 2025.			
Specific Objective(s)	<ul style="list-style-type: none"> To complement recent IPC analysis that says pockets of catastrophic hunger (IPC AFI Phase 5) have developed in rural areas of Malakal County. To update and/or verify IPC assumptions regarding public health conditions, including the availability, accessibility and utilisation of food, between September 2024 and July 2025. To outline the coverage and scale of life-saving humanitarian services planned for December 2024 and July 2025 – including potential gaps and disruptions – and how different groups or geographic areas will be impacted. To identify risk factors that could impact public health conditions between December 2024 and July 2025. To identify especially high risk areas or population groups. 			
Research Questions	<ol style="list-style-type: none"> How has households' access to food and public health services changed over the prior 6-month period? <ol style="list-style-type: none"> Which events and/or processes (seasonal <i>and</i> atypical) have impacted food security and public health services (both positively and negatively)? What food sources and public health services are available to households currently, and what are the challenges in accessing them? Which communities and/or demographic groups are at highest risk of acutely severe public health outcomes, and why? How will the coverage and scale of humanitarian services change in the coming 3- to 6-month period? <ol style="list-style-type: none"> What is the current level of humanitarian food assistance and public health services in Malakal, and how has this changed over the past 6 months? What events and factors have obstructed and supported the delivery of humanitarian food assistance and public health services? How are public health conditions, including food security, in assessed areas likely to evolve between December 2024 and July 2025? <ol style="list-style-type: none"> How will the coverage and scale of humanitarian food assistance and public health services evolve between December 2024 and July 2025, and what challenges and gaps are anticipated by humanitarian service providers? Which factors should humanitarian partners monitor to understand and anticipate the food security and public health situation? 			
Geographic Coverage	Malakal County, Upper Nile State. Specific locations will include:: Lelo Payam:			

	<ul style="list-style-type: none"> • Makal • Obwa <p>Ogot Payam:</p> <ul style="list-style-type: none"> • Ogot • Padit <p>WauMalakal Town</p>					
Secondary data sources	REACH conducted a rapid secondary data review in preparing this ToR.					
Population(s) <i>Select all that apply</i>	<input type="checkbox"/>	IDPs in camp	<input type="checkbox"/>	IDPs in informal sites		
	X	IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]		
	<input type="checkbox"/>	Refugees in camp	<input type="checkbox"/>	Refugees in informal sites		
	<input type="checkbox"/>	Refugees in host communities	<input type="checkbox"/>	Refugees [Other, Specify]		
	X	Host communities	X	Returnees		
Stratification <i>Select type(s) and enter number of strata</i>	<input type="checkbox"/>	Geographical #: Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	X	Gender #: 2 Population size per strata is known? <input type="checkbox"/> Yes X No	X	Displacement status #: 3 Population size per strata is known? <input type="checkbox"/> Yes X No
Data collection tool(s)	<input type="checkbox"/>	Structured (Quantitative)		X	Semi-structured (Qualitative)	
	Sampling method			Data collection method		
Semi-structured data collection tool (s) # 1 Key Informant Interview Tool – Humanitarian Service Providers	X Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]			X Key informant interview (Target #): 5 (but contingent upon stakeholder mapping once the team arrives in Malakal) <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Focus group discussion (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____		
Semi-structured data collection tool (s) # 2 Focus Group Discussion Tool – FSL & Access to humanitarian assistance	X Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]			<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Individual interview (Target #):_____ X Focus group discussion (Target #): 12 <input type="checkbox"/> [Other, Specify] (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____		
Disaggregation by gender and age <i>Are you planning to conduct sex/age disaggregated analysis?</i>	Gender			Age		
	X	Yes		<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No		X	No	
Data management platform(s)	X	IMPACT		<input type="checkbox"/>	UNHCR	
	<input type="checkbox"/>	[Other, Specify]				
Expected output type(s)	X	Brief #: 1	<input type="checkbox"/>	Report #: __	<input type="checkbox"/>	Profile #: __
	<input type="checkbox"/>	Presentation (Preliminary findings) #: 1	X	Presentation (Final) #: 1	<input type="checkbox"/>	Factsheet #: __
	<input type="checkbox"/>	Interactive dashboard #: __	<input type="checkbox"/>	Webmap #: __	<input type="checkbox"/>	Map #: __
	X	[Other, Specify] #: Preliminary findings document				
Access	X	Public (available on REACH resource center and other humanitarian platforms)				

		A final brief for public dissemination.
	X	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms) Preliminary findings for restricted sharing with key partners, including the World Food Programme (WFP) and the Famine Early Warning Systems Network (FEWS NET).
Visibility Specify which logos should be on outputs	REACH	
	Donor: BHA, FCDO	
	Coordination Framework: NA	
	Partners: NA	

2. Rationale

2.1 Background

According to [the latest IPC analysis](#) in South Sudan – conducted in October 2024 – 47% of the population are expected to face severe acute food insecurity (IPC Phase-3+) between September and November 2024. Following a marginal improvement between December 2024 and March 2025, when the proportion of acutely food insecure households is expected to decrease to 45%, conditions are projected to worsen between April and July 2025, once harvested food stocks exhaust and financial access barriers reach their seasonal peak. During this period, 57% of the population are expected to face severe acute food insecurity, including 63,000 people in catastrophic hunger.

Between September and November 2024, **Malakal is the only county in South Sudan where a pocket of catastrophic hunger (5% of the population) was reported at the area-level by the IPC.** This is the first time that the IPC has reported a pocket of IPC Phase-5 in Malakal County. The situation has deteriorated significantly since 2023, despite notable improvements in perceptions of security, agricultural livelihoods, and households' economic capacity, according to recent FSNMS data collected between July and August 2024. Furthermore, communities in Malakal did not encounter a significant shock in 2024: the proportion of households that were affected by insecurity and erratic weather declined compared to 2023, according to FSNMS data, while the percentage of households that were not affected by a single shock increased from 0% to 30%. Corroborating this, no major internal displacements were recorded in 2024, the number of recorded conflict-related fatalities decreased by 80%, and the maximum number of people exposed to flooding did not surpass 10,000 – as compared with a peak of 35,000 in 2023.

IPC analysis attributes the severity of the situation in Malakal to a considerable IDP and returnee burden. In August 2024, the CCCM Cluster identified 63,000 internally displaced persons in Malakal. Most reside in the Malakal Protection of Civilians (PoC) site administered by the United Nations Mission in South Sudan (UNMISS), and receive Priority 1 food distributions.¹ The remainder live in several informal sites and among the host community. Malakal also serves as a transit point for returnees fleeing the conflict in Sudan, intending to travel to areas of origin elsewhere in South Sudan. As of September 30th, IPC analysis identified 34,000 returnees in Malakal. Returnees most likely reside between Malakal Town, the Bulukat transit center and the host community, given [restrictions](#) on returnees' entry to the Malakal PoC. However, recent [data](#) collected at the Bulukat transit center suggest the majority of returnees intend to leave Malakal, and most have already done so.² Other factors that have contributed to an atypically severe food security situation in Malakal in 2024, according to IPC analysis, include poor agricultural output in 2023. Access to land and rates of planting fell by one-third from 2022; in turn, it is likely that household food stocks exhausted earlier. For example, FSNMS data reveal that households' reliance on markets was atypically high throughout the 2024 lean season. This likely contributed to increasingly severe food security outcomes, given spiraling food prices as a result of dysfunctional supply chains – also identified as drivers of acute food insecurity during IPC analysis.

Between September and November 2024, 70% of the population in Malakal County are expected to face severe acute food insecurity. The situation will improve between December 2024 and March 2025, according to IPC analysis, when 65% of the population are

¹ See [here](#) ("January distributions at the Malakal PoC are expected to begin in the last week of January 2024") and [here](#) ("...aid continues for IDPs in Malakal...").

² 79% of returnees interviewed on October 19th 2024 reported intending to leave Malakal; 42% reported arriving in October 2024, which suggests that most earlier arrivals have departed the Bulukat transit center.

expected to be acutely food insecure. **This marginal improvement is attributed to the main harvest, an increased availability of fish and wild foods, improved market functionality, and an improved security situation.** Between April and July 2025, conditions are projected to deteriorate. In this period, **75% of the population are expected to be acutely food insecure, including 10,000 people in IPC Phase-5 (“Catastrophe”).**

It is possible that the food security situation will deteriorate before April 2025, for the following reasons:

- **The IPC assumes that the harvest will mitigate acute levels of hunger between December 2024 and March 2025:** FSNMS data suggest most households expected to harvest their sorghum (74%) and maize (86%) between September and October. However, crop production in Malakal is extremely low (production has not surpassed 6% of cereal needs since 2014). **It is probable, then, that despite increased access to land and higher rates of planting in 2024, the poorest households will exhaust their food stocks in December/ early-2025.** For example: access to land and rates of planting in 2022 were similar to those reported in 2024, however the harvest was sufficient to meet just 3% of cereal needs in Malakal in 2023.
- **The IPC assumes that the availability of fish will increase and this will mitigate acute levels of hunger between December 2024 and March 2025:** Access to fish was high at the time of FSNMS data collection (95%). However, just 42% of households reported consuming fish in the 24 hours prior to data collection. Furthermore, only 39% of households in IPC Phase-5 reported that they could access fish, according to cross-tabulation analysis. It is unlikely that this figure will increase significantly to mitigate IPC Phase-5 outcomes, for the following reasons: (1) 96% of households in Malakal do not own fishing equipment; (2) most households that access fish (53%) therefore rely on market purchases, which the poorest households with low economic capacity may struggle to afford on a regular basis.
- **The IPC assumes that market functionality will increase and this will mitigate acute levels of hunger between December 2024 and March 2025:** However, **IPC analysis also assumes that market prices will continue to increase, and households' economic capacity will not improve, during the first projection period, due mainly to import taxes, checkpoints, high transportation costs, an unfavourable exchange rate, and continued disruption to critical supply chains,** including that caused by the Sudan crisis. Furthermore, a relative **stabilization in food prices following the harvest is likely to be short-lived as a result of low crop production.** Increased food prices will likely drive higher rates of acute food insecurity, especially once the poorest households exhaust their food stocks and begin to rely increasingly on market purchases in early-2025.
- **The IPC assumes that humanitarian food assistance will mitigate acute levels of hunger between December 2024 and March 2025.** Indeed, distribution plans for 2025 show a marked increase in the number of targeted recipients from 2024. However, disruption along key supply lines in 2024 eroded the mitigative impacts of humanitarian food distributions, according to data shared by a humanitarian partner. Similar challenges could drive an increased number of households in IPC Phases-4 and 5 in 2025, when the poorest households will likely rely heavily on food assistance. It is important, then, to anticipate and monitor these challenges.

2.1 Intended impact

This research will provide a concise update on the food security situation and public health services in Malakal County, in order to complement analysis conducted at the October 2024 Integrated Phase Classification (IPC) workshop. It aims to verify assumptions made at the IPC, in particular, those regarding the first projection period (between December 2024 and March 2025), when food security conditions in Malakal County are expected to improve (most importantly, an increased number of households are expected to move out of IPC Phase-5). The research also aims to corroborate and, if necessary, update assumptions regarding the food security situation in 2024 – when a considerable deterioration was observed despite the absence of a significant shock and an improvement in certain indicators, namely access to land and rates of planting, exposure to erratic weather, and perceptions of insecurity. In doing so, the research also aims to identify groups/ locations where the situation will likely be most severe between December 2024 and March 2025 – with the view to informing humanitarian partners and supporting the humanitarian response in 2025.

3 Methodology

3.1 Methodology overview

This assessment draws on both primary and secondary data. First, the team conducted a rapid secondary data review, which is explained in more detail in Section 3.3. Primary data collection follows a qualitative approach involving Focus Group Discussions

(FGDs) with people living in acutely food insecure communities, and Key Informant Interviews (KII) with humanitarian service providers. The main research questions that we will aim to answer during primary data collection are as follows:

RQ	Sub-RQ	Data Collection Tool
How has households' access to food changed over the previous 6-month period?	Which events (seasonal <i>and</i> atypical) have impacted food security (both positively and negatively)?	FGD
	What food and income sources are available to households currently, and what are the challenges in accessing them?	
How have the coverage and scale of humanitarian assistance changed over the previous 6-month period?	What is the current level of food assistance in Pibor, and how has this changed over the past 6 months?	KII (Humanitarian service providers)
	What events and factors have obstructed/ supported the delivery of humanitarian food assistance?	KII (Humanitarian service providers)
	What challenges and gaps do service providers face in providing humanitarian assistance?	KII (Humanitarian service providers)
	How does access to humanitarian services vary between different areas/ groups of people?	FGD
	How will the coverage and scale of humanitarian assistance evolve in the coming 6-month period, and what challenges and gaps are anticipated by humanitarian service providers?	KII (Humanitarian service providers)
How is food security in assessed areas likely to evolve in the coming 6-month period?	Which food security pillars are most likely to be impacted, and how?	FGD
	Which factors should humanitarian partners monitor to understand and anticipate the food security situation?	

3.2 Population of interest

REACH will visit two locations (Lelo and Ogot Payams) in Malakal County in December 2024. These locations were selected because they are expected to have households in IPC Phase-5 between September and November 2024 – and again between April and July 2025 – according to IPC analysis. REACH will also collect data in Malakal Town, including with returnees and key informants.

3.3 Secondary data review

The team conducted a secondary data review to understand the food security situation in Malakal County. The review focused on the following in particular:

Secondary source	Purpose of source
Integrated Food Security Phase Classification (IPC)	Food security classifications
Food Security & Nutrition Monitoring System (FSNMS) ³	Food security outcome data, including the Household Hunger Scale (HHS), the reduced Coping Strategies Index (rCSI), and the Livelihood Coping Strategies-Food Security (LCS-FS)
Crop and Food Security Assessment Mission (CFSAM) in South Sudan	Food production
Joint Market Monitoring Initiative (JMMI)	Market trends
FEWS NET Food Security Outlooks/ Updates	Information on shocks and stresses that impact food security
Armed Conflict Location & Event Data (ACLED)	Conflict events
Standardised Monitoring and Assessment of Relief and Transitions (SMART) Methodology	Nutrition and health outcomes

³ Datasets on file with REACH.

3.4 Primary Data Collection

Data collection follows a qualitative approach involving Focus Group Discussion (FGDs) with people living in acutely food insecure communities, and Key Informant Interviews (KII) with humanitarian service providers. The main aims for each data collection tool are as follows:

Data Collection Tool	Main aims
Focus Group Discussions (Host community members, Internally Displaced persons, Returnees)	<ul style="list-style-type: none"> Identify events (seasonal <i>and</i> atypical) that have impacted food security and public health services (both positively and negatively) in the previous 6-month period. Identify households' main food sources and public health services, and the challenges to accessing them. Identify the challenges that households in different areas, and from different groups, face in accessing humanitarian food assistance and public health services. To understand how the public health situation could evolve in the subsequent 6-month period, and the events/ processes that will influence this. To identify especially high risk areas or population groups.
Key Informant Interviews (Humanitarian Service Providers)	<ul style="list-style-type: none"> Explore the coverage and scale of humanitarian service provision, and how this evolved over the previous 6-month period. Identify events and factors that have obstructed/ supported the delivery of humanitarian food assistance and public health services. Identify challenges and gaps that undermine humanitarian service provision. Anticipate how humanitarian service provision will evolve in the subsequent 6-month period, as well as the challenges and gaps that will exist.

A qualitative approach was selected for two main reasons: First, this assessment is intended as a rapid food security update. Data collection will take place over 5 days in early December, and the team aims to disseminate an output shortly thereafter. Time and resourcing constraints do not enable a quantitative approach. Second, a large amount of quantitative data, including on household vulnerability and food consumption, was collected between July and August 2024 as part of the Food Security & Nutrition Monitoring System. While the data was collected four months prior to this assessment, there is not an urgent need to collect additional quantitative data. As such, our questions are primarily descriptive and relational in nature. This considered, findings from this assessment can combine with FSNMS results to provide an overview and update of contributing factors and food security outcomes in Malakal County.

The data collection team includes the Food Security & Livelihoods Senior Assessment Officer (FSL SAO) and one Field Officer (FO). The SAO will lead data collection (e.g., conducting FGDs and KIIs), while the FO will support primarily with logistical aspects (e.g., facilitating introductions to authorities and humanitarian partners, and translating interviews). **Data collection is scheduled to take place between Monday 2nd December and Friday 6th December, 2024.**

REACH will interview one type of Key Informant: Humanitarian Service Providers. KII participants will be sampled purposively based on consultation with key stakeholders and a stakeholder mapping exercise undertaken before the start of data collection. KIIs with humanitarian service providers will be conducted mostly in Malakal Town; ad-hoc interviews with field staff operating in assessed locations will be conducted, if appropriate. The research team will aim to conduct **a minimum of five key informant interviews with humanitarian service providers** with the following backgrounds:

- Humanitarian food assistance
- Health
- Nutrition
- Conflict analysis
- Humanitarian Coordination/ Camp Management

FGD participants will be sampled purposively based on consultation with key stakeholders, mainly community leaders and the county-level Relief and Rehabilitation (RRC) office. Participants include community members residing in each location. The research team will target heads of households, or, failing that, adults with a firm understanding of the food security situation in each community. **FGDs will be conducted separately with men and women** to reflect standard practice, enable an open environment for discussion, overcome cultural barriers, and capture varied perspectives on the food security situation. Previous research in South Sudan suggests that someone's gender shapes their behaviours and the options available to them during periods of severe food insecurity. Women and men may hold different decision-making responsibilities⁴ and aspirations⁵ for household resources and livelihood activities. Disaggregating FGDs by gender, we can begin to understand how this impacts households' access to food. During data collection, **FGDs will also be conducted separately with members of the host community, IDPs and returnees residing among the host community.**

Most KIIs with humanitarian service providers will be conducted in Malakal Town. The team aims to conduct a minimum of five KIIs with humanitarian service providers. **During our time in Malakal, the team aims to conduct a minimum of four FGDs per day;** this reflects the time available in the field, and the number of available research staff. This number will be adjusted based on the time taken to complete each exercise. Assuming that the team spend three days in total in Malakal, it is possible to conduct at least 12 FGDs. Each FGD should not take longer than ninety minutes in order to mitigate fatigue and/or frustration among participants. FGDs will comprise of between four and six people who are of the same gender.

Overall, REACH aims to conduct the following exercises:

Data collection tool	Target group	Disaggregation	Number of exercises
Focus Group Discussion	Community members living in Lelo and Ogot Payams	Gender (Male and Female) Displacement status (Host community, IDP, Returnee)	2 x HC female 2 x HC male 2 x IDP female 2 x IDP male 2 x returnee female 2 x returnee male
Key Informant Interview (Humanitarian Service Providers)	Humanitarian service providers based in Malakal Town	Humanitarian food assistance Health Nutrition Conflict analysis Humanitarian Coordination/ Camp Management	5 (1 for each of the categories shown in the Disaggregation column)

⁴ See, for example, Kim *et al.*, 2020: "Women's limited decision making authority over material resources likely impedes their ability to grow and maintain social connections" ... "while men control decisions related to household assets, women have authority over decisions related to a household's food...including whether, and with whom to share small amounts." (Kim, J. J. *et al.* (2020) *The Currency*)

⁵ See, for example, Humphrey *et al.*, 2023: "Gender is especially powerful in shaping livelihood aspirations" [and] "[a]spirations, among other psychosocial factors...are increasingly recognized as critical resilience capacities, and can be accurate predictors of whether households...are able to recover from shocks and stresses without employing distress strategies." (Humphrey, A. (2023) *Dynamism in the Drylands: Evidence from South Sudan for Supporting Pastoral Livelihoods During Protracted Crises*. London: Supporting Pastoralism and Agriculture in Recurrent and Protracted Crises (SPARC).)

3.5 Data Processing & Analysis

During FGDs, the lead researcher will take detailed notes while moderating the discussion through a translator. During KIIs, the researcher will take detailed notes while asking questions in English. Ideally, notes are typed directly onto a laptop – in the Data Collection Exercise tool template – to ensure they are as close to verbatim as possible and they capture additional details such as participants' body language, expressions and non-verbal responses throughout the conversation. Completed transcripts are saved in a dedicated folder space under password protection.

Qualitative data is analysed using a Data Saturation and Analysis Grid (DSAG). Depending on time available, each transcript is entered into the DSAG within 24 hours of data collection – to identify commonalities, key findings, issues worthy of follow-up in the next day's data collection, and opportunities for optimising the data collection tool(s). Any modifications to the data collection tools will be recorded in a clear and structured manner, so as to maintain transparency and track lessons learned. At all times during the analysis, team members will follow the **IMPACT Standards Checklist for Semi-Structured Data Processing and Analysis**.

3.6 Limitations

Due to the qualitative and non-probabilistic nature of this study, findings can be considered indicative only. Furthermore, REACH cannot guarantee that we are not missing a particular (vulnerable) population groups' experience. However, in stratifying the focus groups by gender and displacement status, it is assumed that a wider variety of perspectives and experiences will be captured to provide a good enough understanding of the wider population of interest in Malakal County.

It is unlikely given the sample size and time available for data collection that saturation will be reached for any of the data collection tools. This means that findings should not be interpreted as exhaustive of all themes, but rather exploratory in nature, and intended to dive deeper into the underlying drivers of food insecurity.

Because REACH is unable to record the audio of interviews, it is likely that "transcripts" will more resemble notes. Because responses will be translated from the local language to English during the interview, it is also likely that some details will be lost in translation, or that responses may be abbreviated by the translator.

4 Key ethical considerations and related risks

The proposed research design meets / does not meet the following criteria:

<i>The proposed research design...</i>	<i>Yes/ No</i>	<i>Details if no (including mitigation)</i>
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
... Respects respondents, their rights and dignity (specifically by: seeking informed consent, designing length of survey/discussion while being considerate of participants' time, ensuring accurate reporting of information provided)?	Yes	
... Does not expose data collectors to any risks as a direct result of participation in data collection?	Yes	

... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	
... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatising for research participants (both respondents and data collectors)?	No	<p>This assessment involves collecting data on food security in areas exhibiting IPC Phase-4 and -5. Sensitive findings around food insecurity – including violent events that have restricted access to food – could arise. Furthermore, it is possible that people report on difficult and potentially sensitive decisions that they made in order to deal with food shortages (e.g., child marriage, sexual exploitation, family separation).</p> <p>During data collection, the purpose of the exercise will be explained clearly to all participants – who will be given the opportunity to ask questions and/ or raise concerns. Before each exercise begins, participants will be asked for their informed consent to participate. Those who wish not to participate can refuse to answer any question, without repercussion. So too can they withdraw from the discussion at any time.</p> <p>The data collection team will familiarise themselves with relevant protection partners operating in Malakal – to whom sensitive issues can be raised, provided the participant gives their consent. Facilitators will observe signs of psychological distress and end or pause interviews when necessary.</p>
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	<p>It is possible that participants include survivors of protection incidents. If reported during data collection, these incidents shall not be probed. Should participants raise experiences related to Sexual Exploitation & Abuse (SEA), this will be flagged to in-country coordination.</p>
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

5 Roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Food Security & Livelihoods SAO (FSL SAO)	FSL SAO	Food Security & Emergencies Specialist (FSE Specialist) IMPACT HQ	REACH Country Coordinator (CC)

Supervising data collection	FSL SAO, Field Officer (FO)	FSL SAO	DCC FSE Specialist	CC
Data processing (checking, cleaning)	FSL SAO	FSL SAO	DCC FSE Specialist	CC
Data analysis	FSL SAO	FSL SAO	IMPACT HQ	CC
Output production	FSL SAO	FSL SAO	FSE Specialist DCC IMPACT HQ	CC
Dissemination	FSL SAO	DCC	CC	WFP, FEWS NET, IPC TWG
Monitoring & Evaluation	FSL SAO	DCC	CC	IMPACT HQ
Lessons learned	FSL SAO	DCC	CC	IMPACT HQ

Responsible: the person(s) who executes the task

Accountable: the person who validates the completion of the task and is accountable of the final output or milestone

Consulted: the person(s) who must be consulted when the task is implemented

Informed: the person(s) who need to be informed when the task is completed

6 Data Management Plan

Administrative Data			
Research Cycle name	Qualitative Food Security Update in Areas Experiencing Catastrophic Hunger		
Project Code	32AZW		
Donor	BHA		
Project partners	N/A		
Research Contacts	Spencer Robinson – spencer.robinson@impact-initiatives.org		
Data Management Plan Version	Date: 15/11/2024	Version: 01	
Related Policies	IMPACT Data Protection Policy and IMPACT SOPs for Management of Personally Identifiable Information		
Documentation and Metadata			
What documentation and metadata will accompany the data? Select all that apply	<input checked="" type="checkbox"/>	Data analysis plan	<input type="checkbox"/> Data Cleaning Log, including: <input type="checkbox"/> Deletion Log <input type="checkbox"/> Value Change Log
	<input type="checkbox"/>	Code book	<input type="checkbox"/> Data Dictionary
	<input type="checkbox"/>	Metadata based on HDX Standards	<input type="checkbox"/> [Other, Specify]
Ethics and Legal Compliance			
Which ethical and legal measures will be taken?	<input checked="" type="checkbox"/>	Consent of participants to participate	<input type="checkbox"/> Consent of participants to share personal information with other agencies
	<input checked="" type="checkbox"/>	No collection of personally identifiable data will take place	<input checked="" type="checkbox"/> Gender, child protection and other protection issues are taken into account
	<input checked="" type="checkbox"/>	All participants reached age of majority	<input type="checkbox"/> [Other, Specify]
Who will own the copyright and Intellectual Property	IMPACT Initiatives		

Rights for the data that is collected?			
Storage and Backup			
Where will data be stored and backed up during the research?	<input type="checkbox"/>	IMPACT/REACH Kobo Server	<input type="checkbox"/> Other Kobo Server: <i>[specify]</i>
	<input checked="" type="checkbox"/>	IMPACT Global Physical / Cloud Server	<input type="checkbox"/> Country/Internal Server
	<input checked="" type="checkbox"/>	On devices held by REACH staff	<input type="checkbox"/> Physical location <i>[specify]</i>
	<input type="checkbox"/>	[Other, Specify]	
Which data access and security measures have been taken?	<input checked="" type="checkbox"/>	Password protection on devices/servers	<input checked="" type="checkbox"/> Data access is limited to <i>REACH staff</i>
	<input type="checkbox"/>	Form and data encryption on data collection server	<input type="checkbox"/> Partners signed an MoU if accessing raw data
	<input type="checkbox"/>	[Other, Specify]	
Preservation			
Where will data be stored for long-term preservation?	<input type="checkbox"/>	IMPACT / REACH Global Cloud / Physical Server	<input type="checkbox"/> OCHA HDX
	<input checked="" type="checkbox"/>	REACH Country Server	<input type="checkbox"/> [Other, Specify]
Data Sharing			
Will the data be shared publicly?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No, only with mandating agency / body
Will all data be shared?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/>	No, [Other, Specify]	
Where will you share the data?	<input type="checkbox"/>	REACH Resource Centre	<input type="checkbox"/> OCHA HDX
	<input type="checkbox"/>	HumanitarianResponse	<input type="checkbox"/> [Other, Specify]
Data protection risk assessment			
Have you completed the Indicators Risk Assessment table below?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No, no information that potentially allows identification of individuals is to be collected.

Risk indicator (including direct and indirect identifiers)	Type of identification risk	Disclosure implications	Benefits	Class	Required mitigation
Collection of Personally Identifiable Information among Humanitarian Service Providers	Identification risk (direct identity of humanitarian service providers)	Loss of privacy among humanitarian service providers	Understand varied perspectives on the food security situation, based on providers' main responsibilities	B1	To be deleted permanently during data cleaning processes.

Responsibilities	
Data collection	Spencer Robinson – spencer.robinson@impact-initiatives.org
Data cleaning	Spencer Robinson – spencer.robinson@impact-initiatives.org
Data analysis	Spencer Robinson – spencer.robinson@impact-initiatives.org
Data sharing/uploading	Spencer Robinson – spencer.robinson@impact-initiatives.org

7 Toolkit

South Sudan – Qualitative Food Security Assessment

Focus Group Discussion Tool

Moderator name		Assistant moderator name	
Date		Location	
Number of participants		Start time:	End time:

FGD participant details:

County	Gender	Age
1.		
2.		
3.		
4.		
5.		
6.		

Introduction (5 minutes)

Facilitator's welcome, introduction and instructions to participants

Welcome and thank you for agreeing to take part in this Focus Group Discussion. My name is _____. I am part of the REACH Assessment Team.

The information you provide today will inform more effective food security analysis by humanitarian organisations working in South Sudan. Please note that this interview does not have any impact on whether you or your household will receive humanitarian assistance in the future.

You have been asked to participate because your point of view is important, and we want to hear your opinions. In particular, we'd like to ask you about the food security situation in your community, and what people do when they don't have enough food or enough money to buy food. Please note that everything you tell us will be anonymised, and it will not be attributed to you.

Your participation in this discussion is entirely voluntary, and anyone who does not want to participate can leave now or at any time during the discussion. You can decide whether you want to answer questions or not once the discussion starts. If you choose not to take part or to skip any questions, it will have no negative impacts on your ability to access services from any agency. Please feel free to ask me any questions now, or at any point during the discussion. **Do you consent to participate in this discussion?**

This discussion will take no more than one hour and thirty minutes.

Group agreements

Before we begin, it is important that we create a safe environment for this discussion where people feel free to speak openly. Therefore, it will be good if we can make certain agreements among the group. What should we include in these agreements?

Start by suggesting one and wait for people to come up with other agreements. If any of the below agreements are not mentioned by the participants, suggest to also include those.

- The most important rule is that only **one person speaks at a time**. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers.
- You do not have to speak in any particular order.
- When you do have something to say, please do so. There are many of you in the group and it is important that we hear from all of you.
- You do not have to agree with the views of other people in the group.
- All participants must be respectful towards one another.
- Everyone must respect the confidentiality of the discussion and not repeat what is discussed here, or attribute it to participants.
- Does anyone have any questions? (answers)

Please can everyone confirm that you agree with these community agreements? OK, let's begin.

During this conversation, we want you describe **the situation in your community**, rather than the situation in your households.

Questions

Food security [60 mins]

1. **What are the main challenges in your community?**
 - a. *[Probe if necessary]* What can you tell me about the food situation?
 - i. What foods are people consuming currently? How does this compare with the same time last year?
 - ii. When will these foods run out or exhaust?
 - iii. *[If participants have not already addressed this]* Are there any foods that people would usually consume at this time of year, but are currently inaccessible? If yes, which foods and why is this the case?
 - b. What can you tell me about the WASH situation?
 - i. What facilities and services are available?
 - ii. What challenges do people face to accessing WASH facilities and services?
 - c. What can you tell me about the health situation?
 - i. What facilities and services are available?
 - ii. What challenges do people face in accessing health facilities and services?
2. **What can you tell me about the situation in your community over the past 6 months?** *[Focus on the period before the harvest]*
 - a. Which events impacted food security (both positively and negatively) *[Probe until all events/shocks/stressors are covered]*.
 - i. Weather patterns (e.g., drier local conditions reduced the availability of wild foods while driving livestock migration away from the homestead)
 - ii. Insecurity (e.g., violence disrupted households' access to fishing and hunting grounds)
 - iii. Market trends (e.g., increased prices and many households' reduced purchasing power meant few people could afford staple foods)
 - iv. Disruptions to humanitarian assistance (e.g., disruptions forced some households to rely on dangerous and arduous food-gathering activities)
3. **How do you think the situation in your community will change in the next 6 months?** *[Improve, worsen, stay the same]*?
 - a. How do you think the food situation (availability of and access to food) will change in the next 6 months?
 - i. Which events might impact people's access to food?
 - b. How do you think the WASH situation will change in the next 6 months?
 - i. What events might impact people's access to WASH facilities and services?
 - c. How do you think the health situation will change in the next 6 months?
 - i. What events might impact people's access to health facilities and services?

Access to humanitarian assistance [30 mins]

1. **Are people in your community receiving food assistance?**
 - a. Probe for:
 - i. Is everyone in this area receiving assistance?
 - ❖ Which people are receiving assistance, and which are not?
 - ii. Does everyone get the same type/ amount of assistance? Or are there differences?
 - b. Probe for:
 - i. What type of food do people receive?
 - ii. How much food do people receive?
 - iii. How often do people receive food?
 - iv. Where do people go to receive food?
 - v. For how long does the food last most people?
 - vi. How are people using the assistance they receive (e.g., sharing, selling)?
2. **What challenges do people face in accessing humanitarian food assistance?**

3. Have there been any changes to the quantity, type and frequency of food assistance in your community the past 6 months?
- a. If there have been changes, **why do you think these changes occurred?** And what impact did they have on households' access to food?

Conclusion (1 minute)

- Thank you for participating in our conversation and for sharing your opinions with us. This has been a very helpful discussion and your perspective is very important for us to understand.
- I would like to remind you that any comments featuring in this report will be anonymous.
- Please let us know if you have any questions for us or any feedback.

South Sudan – Qualitative Food Security Assessment

Key Informant Interview Tool – Humanitarian Service Providers

Moderator name		Assistant moderator name	
Date		Location	
Start time:	End time:		

KII participant details:

Organisation	Role	Gender

Introduction (5 minutes)

Facilitator's welcome, introduction and instructions

Thank you for agreeing to take part in this Key Informant Interview. My name is _____. I am part of the REACH Assessment Team.

The information you provide today will inform more effective food security analysis by humanitarian organisations working in South Sudan. Please note that this interview does not have any impact on whether you or your household will receive humanitarian assistance in the future.

You have been asked to participate because your point of view is important, and we want to hear your opinions. In particular, we'd like to ask you about humanitarian service provision in Pibor County. Please note that everything you tell us will be anonymised, and it will not be attributed to you.

Your participation in this discussion is entirely voluntary; can leave now or at any time during the discussion. You can decide whether you want to answer questions or not once the discussion starts. Please feel free to ask me any questions now, or at any point during the discussion. **Do you consent to participate in this discussion?**

This discussion will take no more than one hour.

Questions

Humanitarian food assistance

1. Can you provide an overview of current humanitarian food assistance in Malakal County?
 - a. Probe on:
 - i. Which areas/ households receive food assistance?
 - b. Probe on:
 - i. What type of food do people receive?
 - ii. How much food do people receive?
 - iii. How often do people receive food?
 - iv. Where must people go to receive food?
 - c. In your view, is the current level of food assistance sufficient to meet the level of need in Malakal?

2. What challenges and gaps currently exist to providing humanitarian assistance in Malakal?
 - a. Probe for:
 - i. Challenges in *providing* assistance, including those related to:
 - ❖ Logistics
 - Supplies
 - Storage
 - Staff
 - Mobility
 - ❖ Events
 - Arrivals
 - Weather patterns
 - Insecurity
 - ii. Challenges in *accessing* assistance
 - ❖ Are there particular groups/ households that face greater barriers to accessing food assistance?

3. What humanitarian assistance is planned for communities in Malakal County over the next 3- to 6-month period?
 - a. Probe on:
 - i. Which areas/ households will receive food assistance?
 - b. Probe on:
 - i. What type of food will people receive?
 - ii. How much food will people receive?
 - iii. How often will people receive food?
 - iv. Where must people go to receive food?
 - c. What challenges to the provision of humanitarian assistance could arise?

Nutrition**4. Can you provide an overview of nutrition services in Malakal County?**

- a. Probe for:
 - i. Where are these services (not) available?
 - ii. What services are available?
 - iii. How and how often are facilities stocked?
- b. Probe for:
 - i. What are the main nutrition-related issues that people are reporting, considering:
 - 1. Infants and young children (<2 years)
 - 2. Children (<5 years)
 - 3. Adults
 - ii. Whether these services currently serve a greater caseload, especially in acute malnutrition, than usual?
 - 1. How has the caseload/ level of need changed during this year?
 - 2. How does the caseload/ level of need compare with the same time last year?

5. What challenges and gaps currently exist to providing nutrition services in Malakal?

- a. Probe for:
 - i. Challenges in *providing* services, including those related to:
 - 1. Logistics:
 - Supplies
 - Storage
 - Staffing
 - Mobility
 - 2. Events
 - Arrivals
 - Weather patterns
 - Insecurity
 - ii. Challenges in *accessing* services
 - 1. Are there particular groups/ households that face greater barriers to accessing nutrition services?

6. Are you anticipating any changes in the nutritional needs of people in Pibor in the next 3- to 6-month period?

- a. What challenges to the provision of nutritional services could arise?

Healthcare

1. **Can you provide an overview of current healthcare services in Malakal County?**
 - a. Probe for:
 - i. Where are these services (not) available?
 - ii. What services are available?
 - iii. How and how often are facilities stocked?
 - b. Probe for:
 - i. What are the main health issues that people are reporting?
 - ii. Whether these services currently serve a greater caseload than usual, and what health issues are most common?
 - ❖ How has the caseload/ level of need changed during this year?
 - ❖ How does the caseload/ level of need compare with the same time last year?
2. **What challenges and gaps exist to providing healthcare services in Malakal?**
 - a. Probe for:
 - i. Challenges in *providing* services
 - ❖ Logistics
 - Supplies
 - Storage
 - Staffing
 - Mobility
 - ❖ Events
 - Arrivals
 - Weather patterns
 - Insecurity
 - ii. Challenges in *accessing* services
 - ❖ Are there particular groups/ households that face greater barriers to accessing healthcare services?
3. **Are you anticipating any changes in the healthcare needs of people in Malakal in the next 3- to 6-month period?**
 - a. What challenges to the provision of healthcare services could arise?

Conclusion (1 minute)

- Thank you for participating in our conversation and for sharing your opinions with us. This has been a very helpful discussion and your perspective is very important for us to understand.
- I would like to remind you that any comments featuring in this report will be anonymous.
- Please let us know if you have any questions for us or any feedback.

