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**TERMS OF REFERENCE**

**FOR**

**HIRING A CONSULTANT TO CONDUCT TWO SMART SURVEYS IN MAYENDIT COUNTY,**

**UNITY STATE, SOUTH SUDAN**

 **10th November 2015**

**Overview**
This is an open and competitive selection process. The successful candidate will be selected following the review of each bidding consultant’s proposal documents. These must be submitted to Samaritan’s Purse[[1]](#footnote-1) no later than **17th November 2015** and are to include the following:

1. A cost analysis bid broken out by cost per line item
2. A short 1-2 page proposal that briefly outlines methodology, logistics plan and work schedule at a high level
3. A summary document that outlines the proposed methodology and plan for conducting the SMART surveys.
4. **Program/Project Description**

In October 2015, under the financial assistance of USAID/OFDA, Samaritan’s Purse International Relief will begin the implementation of its “Humanitarian Response for Conflict-Affected Populations in Unity State (URCAP)” program with nutrition being a component in Mayendit County. The objective of this component is to reduce nutrition related morbidity and mortality through the promotion of Infant and Young Child Feeding (IYCF) practices and behavior change services to women of reproductive age (WRA) between 15-49 years in the population of 21,500[[2]](#footnote-2). The project will reach 4,945 beneficiaries. All WRA between 15-49 years living in Mayendit will be targeted.

Back in April 2014, the World Food Programme (WFP) and UNICEF conducted a rapid assessment which identified a population of 20,500 in southern Mayendit with a proxy Global Acute Malnutrition (GAM) rate of 29.2% and Severe Acute Malnutrition (SAM) rate of 1.9%. In August 2014, Samaritans Purse (SP) conducted mass Mid Upper Arm Circumference (MUAC) screening which registered a children under five (U5) proxy GAM of 9.9% and a Pregnant and Lactating Women (PLW) undernutrition rate of 26.2%. While Mayendit saw an improvement in malnutrition prevalence in 2014, recent mass MUAC screening conducted by SP in March 2015 registered a proxy GAM of 20.24% in children U5.Due to its more secure location, it is likely that southern Mayendit will receive an influx of Internally Displaced Persons (IDPs) as fighting resumes during the dry season. This will put additional pressure on already limited food resources and increase the likelihood of a deterioration of U5 and PLW’s nutritional status.

Samaritan’s Purse is already implementing WFP food assistance and nutrition programming in Mayendit which includes general food distribution (GFD), a blanket supplementary feeding programme (BSFP) and a therapeutic supplementary feeding programme (TSFP). However, these services only serve to treat malnutrition, rather than address the systematic root causes of undernutrition. In order to save lives, the OFDA URCAP Nutrition project aims to promote optimal IYCF practices as a means to preventing undernutrition in boys and girls. Samaritan’s Purse will implement the IYCF intervention to complement ongoing nutrition programming in Mayendit. It will also closely coordinate with Universal Intervention Development Organization (UNIDO) which will be delivering an Outpatient Therapeutic Feeding Programme (OTP), to ensure adequate geographical coverage, establish referral mechanisms, and appropriately target beneficiaries for IYCF interventions. No IYCF programming has been initiated in Mayendit, leaving gaps in the full package of nutrition activities.

Samaritan’s Purse International Relief is seeking to hire a consultant to carry out two Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys for the OFDA URCAP Nutrition program in Mayendit County. These surveys will supplement Knowledge, Attitude and Practices (KAP) surveys, at baseline and endline and will collect and measure anthropometric data along with mortality rate data for the project required by OFDA guidelines.

Samaritan’s Purse (SP) has worked in Sudan and South Sudan since 1993, providing spiritual and physical assistance to communities and churches affected by decades of strife. Samaritan’s Purse continues this legacy of faithful service and commitment to the South Sudanese people and currently has operations in Northern Bahr el Ghazal, Unity State, and Upper Nile State. The country office is in Juba, Juba Road, Hai Cinema, Central Equatoria State.

1. **Purpose/Reason for the Evaluation**

Two SMART surveys were proposed in the agreement between SP and OFDA. The intention of these surveys was to be supplemental to the nutrition component of the project as well as providing information for other nutrition programs of SP and UNIDO operating in the same geographical area. Because of its isolated location, southern Mayendit County has previously been excluded from assessments, leading to gaps in nutrition data and surveillance. As a standard for nutrition survey methodology, these surveys will provide robust data for these two partners, as well as the Nutrition Cluster. The surveys should be conducted at the pre-harvest (October – December 2015) and/or post-harvest (April – July 2016) intervals suggested by the Nutrition Information Working Group (NIWG).

The project has high demands in terms of the quantity and quality of data to be collected and will require a high level of rigor and investment to meet SP M&E standards. The data collected will primarily be quantitative in nature, and will include information gathered on the specific outcome indicators for the nutrition component of the OFDA grant (refer to Annex 1 below).Qualitative data will also be captured relating to Food security and livelihoods ( FSL) through Focus Group Discussion ( FGDs) and Key Informant Interviews ( KII’s), The SMART surveys will also provide program staff with detailed nutrition,Crude Death Rate and food Security data. The reports generated would assist with implementation and decision making; it will be used to compare with endline results and help in assessing the effectiveness of project activities. The information will also help in future decision making.

1. **Specific Objectives of the Evaluation and Evaluation Questions**

The objective of the OFDA URCAP Nutrition component is:

*To reduce nutrition related morbidity and mortality in children 0-59 months through the promotion of IYCF practices and behavior change services to WRA between 15-49 years in the population of 21,500.*

The objective of the SMART Surveys are:

*To provide anthropometric data along with mortality rates and FSL information using the SMART methodology and Emergency Nutrition Assessment (ENA) software. This will be to supplement baseline information and serve as endline information 7 months later so that progress can be identified and measured for project targets and provide essential information to SP, UNIDO and to the Nutrition Cluster*.

The SMART survey will specifically measure:

The nutritional status of children 0-59 months, mortality rate of children under 5, along with overall death rate of the population. The specific measurements that will be identified are Severe Acute Malnutrition (SAM), Global Acute Malnutrition (GAM), stunting (height-for-age), and underweight (weight-for-age) through measuring height, weight, age, and MUAC of children 0-59 months. For Mortality the Under 5 mortality rate and the Crude Death Rate ( CDR). These measurements will then be used to inform and measure the specific indicators below.

* **Percentage of children aged 6-59 months with SAM (weight-for-height < -3 z-scores, nutritional edema, or MUAC<11.5 mm)**
* **Percentage of children aged 6-59 months with GAM (WFH <-2 Z score and/or MUAC <12.5 cm and/or nutritional edema)**
* **Percentage of children aged 0-<59 months that are underweight (weight-for-age <-2 z-scores)**
* **Percentage of children aged 0-<59 months that are stunted (height-for-age <-2 months z-scores)**
* **Crude Death Rate – number of deaths/1000/per day**
* **Under 5 mortality rate – number of deaths/1000/per day**

For FSL information the SMART survey will identify and analyze how people made their living before the crisis which have affected their livelihoods and what impact it has had. It will then determine how people are currently coping and how peoples access to food is expected to change in the near future. This information will be gathered through FGDs and KII’s

1. **Scope of Evaluation**

The SMART surveys will be conducted in southern Mayendit County, within the population of 21,500 targeting households with caregivers of children 0-59 months. The NIWG of the Nutrition Cluster in Juba has issued guidance that all SMART surveys must be conducted during the periods of April to July and October to December. Therefore the first SMART survey must be conducted in the month of November and or December 2015. The second SMART survey must be conducted during April to July 2016.

During 2015 there have been severe security issues within Mayendit. Although SP has resumed activities within Mayendit there may still be some areas that are restricted for access due to ongoing conflict and insecurity.

1. **Evaluation Methodology**

The assessment must be carried out by a certified SMART trained consultant. Key elements to highlight include:

* *The approved SMART methodology will be used.*
* *Recognised methods and standard templates will be used to collect the data*.
* *ENA software will be used to identify sample size, number of clusters and data entry tables*. All analysis will be completed using the ENA software that will generate information on the standard indicators.
* *The indicators outlined in the TOR must be reported on in addition to other indicators that the SMART survey will disclose including mortality rate information. (see Annex 1).*
* *The consultant will be required to come up with a clear methodology plan for the survey to be conducted. This will be submitted to the Nutrition Cluster for review and approval before hiring has been agreed and the contract has been signed.*
* *The SP IHQ staff will be involved in review and approval of all documents including the survey methodology produced by the consultant. In addition IHQ will provide technical guidance and final approval of the consultant hired.*

All methodology for these surveys will need to be submitted to the South Sudan Nutrition Cluster NIWG for technical review and guidance which should be adopted before the survey is conducted. Two stage sampling will be employed to select the households participating in the surveys. Cluster sampling, using the probability proportional to size (PPS) method, will be used to select clusters. Systematic random sampling or the modified EPI (Expanded Programme on Immunization) method[[3]](#footnote-3) will be employed depending on the context and the availability of household information and set-up at the cluster level.

Following the collection of data, the consultant will submit the survey results to the National M&E manager who will in turn submit to IHQ for review within a week after data collection. The Nutritional Technical Adviser will review the survey as to whether it fits the standard of SMART surveys, that the correct sample size was obtained, and contains all the relevant information in the correct format. Following this review the survey results will be submitted to the NIWG for validation, together with the datasets and preliminary report. Final reports will be submitted to SP IHQ who will review the report again to ensure all the necessary requirements have been met before finally submit these to OFDA (the donor agency)).

The consultant will be responsible for managing the entire process of the SMART surveys including data collection, data entry, analysis and write up of the reports. The consultant will also be responsible for both hiring and training the enumerators. Samaritan’s Purse South Sudan will maintain oversight. The SP field staff (Area Coordinator and M&E Officer and Nutrition PM) can provide guidance where possible such as help with identifying the population, potential enumerators, any security issues and awareness of the area. The consultant will be expected to arrange his/her own transport arrangements and accommodation while in Mayendit and for the survey team to the field sites. Due to the nature of the terrain in Mayendit, the consultant and survey team will need to be prepared to walk wherever they need to go as a vehicle and a driver cannot be provided by SP. The consultant will be expected to meet with the M&E Manager in Juba before travelling to Mayendit where they will be briefed on expectations. The consultant will then travel to Mayendit County to hire enumerators in coordination with Samaritan’s Purse and to conduct the survey.

1. **Stakeholder Involvement**

Key stakeholders in this survey include:

Samaritan’s Purse IHQ (Nutrition Technical Advisor), donor agency staff (OFDA), SP field staff (Grants Team, National M&E Manager, Mayendit Area Coordinator, Mayendit M&E Officer), other nutrition actors.

1. **Deliverables**

Two SMART surveys will be conducted in the period of November 2015 – August 2016. The first survey will be conducted in November – December 2015 and this will supplement any baseline information that was gathered through a KAP survey. The second SMART survey will be conducted in April – July 2016 alongside a KAP survey which will serve as the endline survey. For each SMART survey the deliverables are outlined below:

* *A Survey Methodology report must be submitted to SP and to NIWG before data collection*
* *An official SMART survey report along with full data set to be submitted to Samaritan’s Purse, the Nutrition Cluster, and OFDA.* The report will be submitted to Samaritan’s Purse who will then share with other relevant stakeholders.
* *Data sets and a preliminary report must be submitted and presented to SP and the NIWG within a week of data collection. All recommendations, comments, and questions from the NIWG must be addressed in order for the final report and dataset to be considered finalized.*
* *For the first SMART survey the Final Report and full data set must be submitted to Samaritan’s Purse no later than* ***31st December 2015****.*
* *For the second SMART survey the Final Report must be submitted no later than the* ***31st August2016.***
* *The report submitted will be in the recognised SMART survey report format which includes analysis of the standardization test conducted during the training as well as interpretation of the Plausibility Report.*
* *The report will be submitted in English.*
* *The consultant will meet with the M&E Manager before the survey commences. During implementation, the consultant will keep in regular contact and will meet with the M&E Manager once the report has been submitted.*
* *The consultant will respond to questions/comments on the report and datasets from the M&E Manager.*
* *The report and the complete data set should be submitted electronically to the M&E Manager.*

Standard products for an SP Survey include:

1. Data collection and analysis tools
2. Data entry templates with data included (including types of flags used, number of entries excluded, with detailed analysis of the Plausibility Report)
3. A standard and acknowledged SMART Report
4. Indicator table with results clearly shown for each indicator measured
5. Sample sizes, design effect and confidence intervals must be included and considered
6. **Evaluator Qualifications and Competencies**

These standard requirements should be included, plus additional evaluation specific requirements.

* Demonstrable expertise in the SMART methodology.
* Certified and trained in SMART methodology, including knowledge on how to do a standardization test and how to interpret the Plausibility Report.
* Track record in training, designing, conducting and reporting on at least two SMART surveys.
* Experience in statistical analysis of complex datasets using ENA.
* Strong oral and written communication skills with an ability to respond to comments and questions in a timely, appropriate manner.
* Fluent in English.
* Fully acquainted with the specific donor requirements.
* Experience in the region/sector of programming – Nutrition.
1. **Evaluation Budget and Payment Schedule**

The consultant will need to submit a clear bid in USD ($) indicating the costs for both SMART surveys to be conducted. A budget should be drawn up detailing the expenses for each SMART survey so it is clear how much each one is will cost. The overall and total figure for both surveys should also be included. For each survey the budget should include ALL related expenses and costs that the consultant should incur including consultant fee, accommodation, transport and food for him/her self and any other support staff/ enumerators. Lodging and food can be provided at the SP base in Mayendit. If the consultant needs to charter a flight to Mayendit this should be included in this amount. In the bid proposal, the consultant must clearly breakdown the relevant costs so it’s clear how the total cost/budget has been determined. Once an agreement has been made any additional costs that the consultant should incur above and beyond what was stipulated in the bid will need to be covered by the consultant.

1. Agreement of Terms

The consultant should agree to these specific terms that have been outlined in the TOR above upon signing the contract. Samaritan’s Purse reserves the right to terminate the agreement at any point based on lack of access due to insecurity or non-performance of contract, in which SP would reimburse for the services provided to date.

 For Each SMART Survey conducted the payment schedule will include:

 SMART Survey 1:

25% upon signing of contract

25% after field data is collected

50% once final report has been reviewed and finalized.

SMART Survey 2:

25% upon final agreement of second SMART survey to be conducted

25% after field data is collected

50% once final report has been reviewed and finalized

1. **Data Ownership and Confidentiality**

All datasets and documents passed to the Consultant remain the property of SP and are required to be considered under the strictest confidence. The datasets and documents must not, under any circumstance, be shared with a third party without the prior agreement of the SP Director of Program Development.

**Annex 1**

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| --- | --- |
| Indicator | 3.4: Percentage of children aged 6-59 months with Severe Acute Malnutrition (weight-for-height <-3 z-scores, nutritional edema, or MUAC<11.5 mm) |
| **Definition** | Severe Acute Malnutrition (SAM): WFH <-3 Z-scores or MUAC<11.5 cm or bilateral pitting edema ●Bilateral pitting edema: + mild, only in both feet (can include ankles); ++ moderate, in both feet, lower legs, hands or lower arms; +++ severe, in both feet, legs, hands, arms and face |
| **Calculation** | **Unit of Measure**: Number and %This indicator measures SAM prevalence. Numerator: Confirmed SAM (WFH<-3 Z score and/or MUAC <11.5cm)Denominator: Total number of 6-59 months screened |
| **Frequency** | Baseline and Endline Surveys |
| **Data Collection method** | Admission/ Exit Forms for SAM; Baseline/ Endline surveys KAP & SMART Survey |
| **Data Source** | Treatment sites; survey sites |
| **Respondent** | Child 6 – 59 months |

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| --- | --- |
| Indicator | 3.5: Percentage of children aged 6-59 months with Global Acute Malnutrition (WFH <-2 Z score and/or MUAC <12.5cm and/or nutritional edema |
| **Definition** | This indicator measures GAM prevalence.  |
| **Calculation** | **Unit of Measure**: Number and %*Numerator:* Confirmed GAM (WFH <-2 Z score and/orMUAC <12.5cmand/ornutritional edema )*Denominator:* Total number of 6-59 months screened |
| **Data Collection method** | Admission/ Exit Forms; Baseline/ Endline surveys. KAP and SMART Surveys |
| **Frequency** | Baseline and Endline Surveys |
| **Data Source** | Field/ progress reports Treatment sites; survey sites |
| **Respondent** | Child 6-59 months |

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| --- | --- |
| Indicator | 3.6: Percentage of children aged 0-59 months that are underweight (weight-for-age <-2 z-scores) |
| **Definition** | This indicator measures prevalence of children underweight.  |
| **Calculation** | **Unit of Measure**: Number and %*Numerator:* Number of children 0-59 months that are underweight (weight-for-age <-2 z-scores)*Denominator:* Total number of children 0-59 months screened |
| **Data Collection method** | Admission/ Exit Forms; Baseline/ Endline surveys. KAP and SMART Surveys |
| **Frequency** | Baseline and Endline Surveys |
| **Data Source** | Treatment sites; survey sites |
| **Respondent** | Child 0-59 months |

|  |  |
| --- | --- |
| Indicator | 3.7: Percentage of children aged 0-59 months that are stunted (height-for-age <-2 z-scores) |
| **Definition** | This indicator measures prevalence of stunting.  |
| **Calculation** | **Unit of Measure**: Number and %*Numerator:* Number of children 0-59 months that are stunted (height-for-age <-2 z-scores)*Denominator:* Total number of children 0-59 months screened |
| **Data Collection method** | Admission/ Exit Forms; Baseline/ Endline surveys. KAP and SMART Surveys |
| **Frequency** | Baseline and Endline Surveys |
| **Data Source** | Treatment sites; survey sites |
| **Respondent** | Chid 0 -59 months |

1. Please copy **all** of the following on submission: tcarter@samaritan.org; kostrum@samaritan.org; slasuba@samaritan.org; pkinuthia@samaritan.org; lmcLaughlin@samaritan.org; rsanders@samaritan.org. [↑](#footnote-ref-1)
2. SP-OFDA Proposal Narrative Cost Modification AID-OFDA-G-14-00086 [↑](#footnote-ref-2)
3. The Expanded Programme on Immunization (EPI) method identifies the starting house similarly, but then selects other houses by picking the one nearest to the last one included until the cluster sample size is reached [↑](#footnote-ref-3)