

**United Nations Children's Fund (UNICEF)  
Phnom Penh, Cambodia**

**Terms of Reference**

**INDIVIDUAL CONSULTANCY TO SUPPORT STATISTICAL ANALYSIS OF UNICEF  
INTERGRATED EARLY CHILD DEVELOPMENT LONGITUDINAL STUDY**

**Closing Date: 1 August 2017**

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**1. Background:**

Over the last decade, Cambodia has made important progresses towards improving the health of status of women and children and a laudable example is the reduction of maternal and child mortality. However, the 2014 Cambodia Demographic and Health Survey (CDHS) showed that for nutrition, Cambodia did not meet all the 2010 Cambodia Millennium Development Goal (CMDG) targets (32.4% of children less than five years of age were stunted, 23.9% underweighted and 9.8% wasted) and that existing efforts must be accelerated and new efforts scaled up, if Cambodia is to achieve the 2030 SDG. In 2015, the Royal Government of Cambodia (RGC) updated the estimation of the economic burden of malnutrition, using 2014 CDHS data. It was estimated that woman and child malnutrition causes annual losses between \$145-266 million to Cambodia's gross domestic product.

Researchers have started to generate evidence about the added value of integrated early child development interventions on children's development. Considering the long-term positive impacts of investing in the early years of a child, UNICEF's latest country program (2016-2018) adopted an Early Childhood Development (IECD) strategy. The IECD program brings together nutrition, WASH, maternal and child health and early childhood education to holistically meet the needs of children so they can develop and reach their full potential.

To better understand the underlying causes of the limited improvements in nutrition indicators and to be able to speed up progresses, UNICEF, in collaboration with its partners (IRD/FiA/MOH) initiated a longitudinal study in 6 districts of 3 provinces (Ratanakiri, Kratie and Phnom Penh), in 2016. This study aims to improve understanding about the determinants of health and disease in those target areas and to give timely feedback to partners on how to improve current programs.

**2. Purposes of the Consultancy:**

The aim of the consultancy is to provide up to date information based on data collected through the UNICEF longitudinal study. The purpose is to conduct at least 5 in-depth analysis on Health, WASH and Nutrition and support the development of scientific, evidence based documents. The consultancy will also assess the three main hypotheses of the longitudinal study based on data collected over 2 years: i) reduced prevalence of diarrhea from 40 to 29 days/child year; ii) reduced prevalence of ARI from 73 to 54 days/child year; and iii) reduced prevalence of stunting from 32% to 26%. Analysis results will be used for the development of the next UNICEF country program.

**3. Scope of the Assessment and methodology**

UNICEF's participation in publications is providing public health practitioners and policy makers, evidence to identify policy and program options that show promise for achieving population changes

in behaviors, thus supporting improvements in Cambodia's health/nutrition indicators. Planning and managing IECD programs that use available evidence to plan strategies and programs, improves the science base of programs and the chance of having a positive impact.

The longitudinal survey is identifying trends in major nutrition, WASH and health related indicators, with particular attention given to women 15-49 years of age and children 0–59 months of age. The survey occurs on a rolling basis throughout the year, since 2016. Multiple indicators are used to classify populations who are most likely to be at risk of nutritional deficiencies. These include the multidimensional poverty index (MPI); the woman's dietary diversity score (DDS); anthropometric status; infant and young child feeding practices (IYCF); and water-sanitation-hygiene (WASH) and water quality. The general premise behind this approach is that the poorest populations with limited dietary diversity and poor IYCF and WASH practices are most likely to be at risk of nutritional deficiencies. Additional indicators are being collected on morbidity. The details of the study are:

- Methodology: The study is being implemented since March 2016 and data are being collected on the same household on a monthly basis for morbidity and every three months on access to facilities, dietary practices, health/nutrition/wash indicators.
- Size: The sample size of a minimum 1,000 children and 1,000 women was calculated to see a reduction of stunting within the next 3-5 years from 32% to 26% with a precision of 3%. Since the baseline, more than 5,000 household were included in the study from 6 districts of 3 provinces.
- Data collection: data is collected on a regular basis, both by commune health volunteers (CHV) and by data collection teams visiting the villages on a regular basis.

#### **4. Work Assignments/TOR:**

The assignment will be carried out by the consultant under the oversight of the Nutrition Specialist and the Chief of Child Survival and Development. The consultant will be responsible for the following activities:

1. Reviews and analysis of relevant health, nutrition, WASH, cognitive and/or gender related data, statistics and information from the longitudinal study to support a more efficient delivery of UNICEF program projects and publications;
2. Support database management: cleaning, maintaining records and updating databases
3. Contributes to the preparation of dissemination documents related to statistical methods used within the longitudinal analysis process;
4. Assists in improving access of users to and the dissemination of UNICEF's longitudinal database;
5. Participates in statistical field monitoring visits to improve data collection within the longitudinal study.

#### **5. Qualifications or Specialized Knowledge/Experience Required:**

Taking into account the skills and expertise required to implement the TOR, the fee is currently estimated at UN reference scale level 1-2. The actual remuneration fee will be negotiated with the individual consultant.

- Advanced university degree in statistics, mathematics or economics with quantitative data management training and knowledge on public health;
- One year of relevant experience in the compilation, processing, validation and analysis of statistics;
- Extensive and relevant experience in applying statistical methods for the production of IECD statistics;
- Excellent communication, coordination and facilitation skills;
- Strong analytical and report writing skills;
- Knowledge of kobo toolbox;
- Fluency in English is required;
- Experience in programme evaluation and familiarity with the Cambodian context an asset.

## 6. Estimated Duration of Contract (Dates and period):

It is estimated that the assignment will require 185 person days expected to be completed during August 2017 until end-June 2018. Please refer to the work schedule for the breakdown of days by component.

## 7. Work Schedule (maximum):

Deliverables	Number of Days
1. Familiarization with database and questionnaires	5
2. Development of in-depth analysis plan including 5 main programmatic research topics, with supervisors	5
3. Final Analysis of programmatic research topic 1	25
4. Final Analysis of programmatic research topic 2	25
5. Final Analysis of programmatic research topic 3	25
6. Final Analysis of programmatic research topic 4	25
7. Final Analysis of programmatic research topic 5	25
8. Final Analysis of programmatic research topic 6	25
9. Final Analysis of programmatic research topic 7	25
<b>Total</b>	<b>185</b>

## 8. Payment and payment schedule:

- 20% payment upon completion of deliverables 1, 2, 3
- 20% payment upon completion of deliverables 4, 5
- 20% payment upon submission of deliverable 6
- 20% payment upon completion of deliverables 7,8
- 20% payment upon completion of deliverables 9

## 9. Evaluation Criteria

A two-stage procedure shall be used in evaluating proposals, with evaluation of the technical proposal being completed prior to any price proposal being compared. Applications shall therefore contain the following required documentation:

1. Technical Proposal: Consultants shall prepare a proposal on the basis of the tasks and deliverables (detailed in the ToR). The proposal shall include the approach and methodology with detailed breakdown of proposed activities and methods that will be used by the consultant. The proposal shall also include a brief explanation of data analysis and report writing and a possible dissemination plan. Draft work plan and timeline for the assessment should be included. The Technical Proposal shall also include an updated CV and Personal History Form (P11), and reference to copies of 2 relevant IT developments performed previously by the consultant.

2. Financial Proposal: A locally based consultant will be selected and therefore no budget for travel expenses or daily subsistence allowance should be included. Financial Proposals should include a detailed fee and other detailed costs.

For evaluation and selection method, the Cumulative Analysis Method (weight combined score method) shall be used for this recruitment:

### a) Technical Qualification (max. 70 points)

#### 1.1 Overall Response

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- Understanding of scope, objectives and completeness and coherence of response
- Overall match between the ToR requirements and proposal

1.2	<b>Proposed Methodology and Approach</b>	30
-	Quality of proposed approach/methodology	
-	Quality of proposed Implementation Plan, i.e. how the bidder will undertake each task, and maintenance of project schedules;	
1.3	<b>Technical Capacity</b>	30
-	Strong knowledge on economic, public health and nutrition component	
-	Experience in Cambodia and regional settings	
-	Experience in programme evaluation, including quantitative and qualitative research	
-	Familiarity with the Cambodian government and environment.	
-	Strong analytical and report writing skills.	
-	Knowledge of Cambodian context on nutrition, fortification, maternal and child health, and economic	
-	Range and depth of experience with similar projects/assessments	
-	Language skills	
<b>Total Technical</b>		<b>70</b>

***b) Financial Proposal (max. 30 points)***

The maximum number of points shall be allotted to the lowest Financial Proposal that is opened /evaluated and compared among those technical qualified candidates who have attained a minimum 50 points score in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price. The Contract shall be awarded to candidate obtaining the highest combined technical and financial scores, subject to the satisfactory result of the verification interview. Proposals not complying with the terms and conditions contained in this ToR, including the provision of all required information, may result in the Proposal being deemed non-responsive and therefore not considered further.

**10. Supervision and Management Arrangements**

In UNICEF, the nutrition Specialist will be the contract supervisor. Periodically, he/she may be requested to consult and update with the UNICEF Chief of Child Survival and Development.

**11. Type of Supervision that will be Provided:**

The supervisor will ensure proper briefing at the beginning of the consultancy and technical guidance for the consultant. In addition, compliance with the ToR and timely delivery of the expected outputs/results will be closely monitored. Upon completion of contract assignments, the supervisor will certify relevant documents; evaluate the consultant's work and process/follow-up on the payments.

**12. Consultant's Work Place/Any facilities to be provided by office:**

The Consultant will have a working space at UNICEF office in CSD section during its assignment.

**13. Official Travel Involved (specify if yes):**

Kratie and Ratanakiri based travel is expected to be conducted.

**14. Nature of 'Penalty Clause' to be Stipulated in Contract:**

**Unsatisfactory performance:** In case of unsatisfactory performance the contract will be terminated by notification letter sent 5 days prior to the termination date. In the meantime, UNICEF will initiate another selection in order to identify appropriate candidate.

**Performance indicators:** Consultant's performance will be evaluated against the following criteria: meeting TOR requirements, timeliness and quality of work, work relations, initiative/drive for results, communication, and dependability/reliability in carrying out the assignments.