

**United Nations Children’s Fund TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

HUMAN RESOURCES

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| **Title**Technical Assistance to Kakamega County to develop a Proxy Means test/ PCA cut off points for the Imarisha Afya ya Mama na Mtoto Programme | **Funding Code** | **Type of engagement**☒ Consultant* Individual Contractor
 | **Duty Station:**Home Based with 2 travels to Kakamega |
| **Purpose of Activity/Assignment:**Kakamega contributes a high burden of child deprivation in the country. It also contributes significantly to national under five mortality. To curb this the Kakamega County rolled out ‘Setting the Foundation in the First 1000 Days of Life – Accelerating Maternal and Child Survival in Kakamega County’ – Imarisha Afya mama na Mtoto programme in 2013.The 2018 MIS audit evaluation conducted provided key findings and recommendations to improve the delivery of the Imarisha programme MIS. Notably, a redesign and MIS upgrade was recommended to improve effectiveness and efficiency of Imarisha Afya ya Mama na Mtoto program. In a bid to improve the Imarisha program MIS, a review of the targeting mechanism is required to revise the Proxy Means Test to ensure inclusivity and address the inclusion and exclusion errors. As part of the on-going technical support, UNICEF Kenya, is seeking an individual consultant to support Kakamega County Imarisha Program to construct a Proxy Means test and principal component analysis cut off points for the targeting module. |

Scope of Work:

# Background and justification

Kakamega County in western Kenya is the second most populous county nationwide (second only to Nairobi) and as such, contributes to a high burden of child deprivation in the country. Kakamega County is located in the former Western Province of Kenya. It borders Vihiga County to the south, Busia and Siaya Counties to the west, Bungoma and Trans Nzoia counties to the north, Uasin Gishu county to the northeast and Nandi County to the east. The area of the county is around 3,050 square kilometres, divided administratively into 12 sub- counties and 60 wards.

A 2014 economic survey indicated that Kakamega County contributes 4.8% to national poverty, making it the highest contributing county. In 2013, the maternal mortality ratio in Kakamega County was more than twice the national average (880 vs 400). Kakamega also experiences above average under five mortality (U5MR), with over half being concentrated in the neonatal and infancy period (birth to 1 year) demonstrating the fragility of this life stage. In order to address the very low rate of skilled delivery, the county sought to develop a programme which would support women to come for facility-based deliveries.

Kakamega contributes to a high burden of child deprivation in the country. It also contributes significantly to national under five mortality. In response to the high maternal and child mortality rates, building on the national and regional social protection experiences, and considering the national and international evidence from wide and specific CTs, the County Government of Kakamega, with technical support from UNICEF, initiated in 2013, Imarisha Afya Ya Mama Na Mtoto Programme. After reflection, the programme concept was designed to address the first 1,000 days of life. Appropriate health and nutrition during the critical window of the first 1,000 days (conception to 2 years) has a profound impact and provides the essential building blocks for brain development, healthy growth and a strong immune system. A bottleneck analysis revealed that a key reason mothers do not access necessary health and nutrition services was financial constraint and providing cash transfers would enable them to access Maternal Child Health Clinics.

# The design elements

The delays in payment delivery impacts negatively on the programme´s credibility and timeliness delivery mechanisms, these not only with the beneficiary, but also with the communities and other potential target population that contribute to the maternal health indicators in the county.

Key recommendations that were provided for in the design and MIS adjustments

− Review the entry points for eligible pregnant women to focus on the 1st and 4th ANC points of care this is aimed at increasing the window of opportunity and facilitate the inclusion of the poorest and most vulnerable experiencing multiple deprivation and barrier of access.

− Utilize the Harmonized Targeting Methodology (HTM) from the National Safety Net Programme (NSNP) and define a cut-off point specifically for the Kakamega County to identify the percentage of the poorest PW&M to be identified and included in the Imarisha Programme and create a linkage to the referral mechanisms to other social services and utilization of the enhanced single registry in future

− Simplify and harmonize the verification mechanism to ensure the information provided by the PW&M in relation to the HTM indicators is applied correctly in the MIS to ensure the process produces the expected results in a timely manner and reduce the skewness in registration.

− Develop a clear step-by-step protocol for the targeting, registration, enrolment, verification and validation processes to improve the processes, utilizing instruments and systems in a homogeneous way.

# Targeting options to be explored

1. **Categoric geographic and demographic targeting criteria**: the eligible beneficiaries must reside in the Kakamega County and be pregnant women or have a child below 18 months.
2. **Self-selection targeting**: pregnant women present themselves to the Imarisha Health Centers to receive ANC services before skilled delivery (after the 1st ANC during the first trimester of pregnancy -before completing 14 weeks- or after the completion of quality 4 ANC services) and register voluntarily, providing the necessary information to fill-out the HTM form in the Imarisha MIS.
3. **Proxy-Means Test**: the same PMT of the NSNP, the Harmonized Targeting Methodology (HTM), will be applied to align the County Government Social Protection algorithm with the National ones.
4. **Community Based-Targeting:** to verify the information provided by the pregnant woman, the Validation Officers will oversee validating the HTM of the by collecting the data of the HMT during a household visit. The Validation Officer will not have access to the information provided by the pregnant women at the registration phase.

# Payments schedules

The payments schedules were carefully developed with consideration to address the identified bottleneck issues guiding the MNCH points of care for the Imarisha Afya Ya Mama Na Mtoto Programme, providing key interventions of the first 1,000 days of life. The specific priority MNCH services and points of care linked to the payment points are.

1. 1st ANC before completing the first 14 weeks,
2. Completion of 4 focused ANCs services
3. Skilled delivery
4. Postnatal care and child health services at 6 weeks after delivery
5. Postnatal care and child health services 6 months after delivery
6. Postnatal care and child health services 18 months after delivery

# Utilization of the Harmonized Targeting tool (HTT)

The Ministry of Labour, Social Security and Services (MLSSS) developed a Harmonized Targeting tool (HTT) for the consolidated National Safety Net Programme (NSNP) and applying the national cut off data using the Proxy Means Test (PMT). Kakamega MNCH cash transfer

programme is utilizing the HTT not only to improve the coherence of the sub-sector but create linkages to the national social protection programmes.

In general, the PMT questionnaires and formulas of the programmes are based on the micro-data from the KIHBS. The PMT formulas attempt to predict household consumption in order to rank households according to their predicted consumption. It is worth to note that the PMT proposed by the national government is not based on the direct prediction of household consumption but based on the generation of a selection score that denotes the living conditions of all households consistent with the CBT stage of the targeting process. This provides a need to generate a domesticated PMT with Principal Components Analysis (PCA scores) for Kakamega MCNH cash transfer programme.

# Scope of Work

UNICEF in partnership with the County Government of Kakamega is looking for a qualified individual ( a Statistician and Economists) to support Kakamega County to construct a Proxy Means test and principal component analysis cut off points for the Imarisha Afya ya Mama na Mtoto Programme.

The consultancy contributes to Outcome 4 (Social inclusion): An increased number of children from the poorest & most vulnerable households benefit from shock-responsive & integrated social protection interventions, as well as from child-specific policies and more specifically Output 4.1: Social service demand is strengthened through modelling of evidence-based linkages between social protection and social/economic sectors (including health, nutrition, protection, energy, and HIV) in select counties.

# Methodology

The Consultant providing Technical Assistance (TA) is expected to analyse data collected through the HTT to provide wealth ranking for the Imarisha Afya ya mama na Mtoto programme and to produce a set of thresholds that enable the LCS to identify households that fall within different categories, including;

* Threshold corresponding to sub-counties poverty line in reference to the national poverty line,
* Threshold corresponding to sub-counties food poverty line in reference to the Kenya Demographic Household Survey (KDHS) and Kenya Integrated Household Budget Survey (KIHBS) data using the most recent and relevant
* Threshold corresponding to bottom County consumption decile distributed across the 12 sub counties in Kakamega County
* Threshold corresponding to the required eligibility cut-off for the Imarisha Afya ya mama na Mtoto programme

The consultant will then be expected to produce a dataset identifying which categories each household belongs to using HTM Imarisha datasets, ensuring inclusivity and address the skewness experienced during targeting and document the cut off development process for a political buy-in

Additionally, the consultant shall identify a flexible threshold that facilitates on demand beneficiary enrolment into the programme taking in account the expected budget changes. This threshold will be established through consultation with the programme key stakeholders.

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| **Specific Tasks**1. **Review the weights applied in the MIS**

The consultant will provide an analysis of the PMT application, while documenting for easy review. The consultant to ensure that the weights are distributed based on poverty indexes and the rural and urban areas have been properly marked for all the 12 sub counties. Also, **demonstrate how future adjustments can be calculated.**1. **Assess the PMT Efficiency in application**

Assess the PMT scores for any skewness, **identify and describe the pattern of skewness** for easier understanding of partner, assess inclusion and exclusion errors. Assess/review the effectiveness of the co-efficient provided and adjust accordingly.1. **Develop an enrolment simulation**

Provide alternative options of beneficiary enrolment in the cases where the number of beneficiaries is above or below the cut off and affects the budget. This will be guided by the estimated number of mothers to be enrolled in the program and the annual budget allocation. Consultancy to demonstrate how key stakeholders can calculate alternative options of beneficiaries based on changes with budget.1. **PMT adjustments tool**

Create an evaluation tool that can be used for future adjustment of the weights depending on economic and social factors and ensure capacity enhancement of key stakeholders on how future adjustments can be done.1. **Process Documentation**

Ensure proper documentation of the process of development and construction of the PMT scores in liaison with Kenya National Bureau of Statistics (KNBS) and the National Social Protection Secretariat (NSPS) and the Office of the Governor throughout the consultancy period. As part of participation and involvement of the health management team, meeting with key program and county stakeholders to understand program processes and the need for PMT scores and the development process.1. **Dissemination**

Conduct an initial physical meeting with key stakeholders and a physical dissemination meeting with the key stakeholders as part of validation, approval and close-out |
|  | **Requesting Section/Issuing Office:** Social Policy Department | **Reasons why consultancy cannot be done by staff:** |

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|  |  | Social Policy is sourcing technical expertise of an Economist experienced in developing proxy means test to support social protection targeting. The assignment requires in-depth analysis of the national KIHBS data and Imarisha MIS data. The section does not have this expertise.  |
| **Included in Annual/Rolling Work Plan***:* ☒ Yes ☐ No, please justify: |
| **Consultant sourcing:**☒ National ☐ International ☐ Both**Consultant selection method:*** Competitive Selection (Roster)

☒ Competitive Selection (Advertisement/Desk Review/Interview) | **Request for:**☒ New SSA* Extension/ Amendment
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| **If Extension, Justification for extension:** |  |
| **Supervisor:** |  | **Start Date:** | **End Date:** | **Number of Days (working)** |
| *Susan Momanyi Social Policy Specialist* | *1st February 2022* | *10th March 2022* | *22* |

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| **Work Assignment Overview** |  |  |  |
| Tasks/Milestone: | Deliverables/Outputs: | Timeline | Estimate Budget |
| 1. Preparatory work and review of the approaches of the methodology and review of the existing PMT application inthe MIS | Different reviewed stakeholders | approaches with key | 5 days | 20% of budget |
| 2. PMT cut off using existing MIS data, KNBS data applying both economic and | PMT cut off constructedusing available data | 12 days | 30% of budget |
| geographical factors |  |  |  |
| 3. Development of a PMT simulation forease adjustment to budget and | PMT simulation developed |  |  |
| geographical development |  |  |  |
| 4. the final developed PMTmanagement for validation | to | senior | Comprehensive report andphysical presentation of | 5 days | 50% of budget |
|  |  |  | module to key stakeholders |  |  |
| **Estimated Consultancy fee** |  |  |  |
| Travel International (if applicable) | N/A |  |  |
| Travel Local (please include travel plan) | 6 days total travel to Kakamega |  |  |
| DSA (if applicable) | Inclusive |  |  |
| **Total estimated consultancy costs1** |  |  |  |

1 Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.

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| **Minimum Qualifications required:*** Bachelors ☒ Masters ☐ PhD ☐ Other

Enter Disciplines: * Economics, Statistical expertise and knowledge on Health systems in Kenya.
 | **Knowledge/Expertise/Skills required:***(Consult with HR on this prior to signing off on the TOR)*The individual to undertake the consultancy is expected have a track record in development of mobile and web-based information management systems in Kenya, and should possess the following skill sets:* Survey design and Sampling techniques
* Development of data capture programs using the Cspro software
* Data processing using the Cspro software and statistical softwares (SPSS and STATA)
* Microdata Archiving using the Microdata Management toolkit
* Data analysis using the statistical softwares (SPSS and STATA)
* Knowledge in developing targeting mechanisms that include but not limited to Proxy Means tests approaches, Principal Component Analysis, Linear regression and Living Conditions Score methods
* Data analysis of KIHBS and Census data
* Knowledge of Social Protection, Health and Economic Finance sectors in Kenya
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| **Administrative details:** | ☒ Home Based ☐ Office Based: |