

| Title of Consultancy: | | Type of Engagement | Place of Recruitment | Workplace of Consultant (duty station, ICT equipment) |
|--|--|--|------------------------|---|
| Consultant for Assessing the Nutritional Situation of Children under-five (U5), adolescents and women of reproductive age during the period of Covid-19 outbreak in Sierra Leone using the Standardised Monitoring and Assessment for Relief and Transition (SMART) | | <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> TA <input type="checkbox"/> Individual Contractor | Freetown, Sierra Leone | Freetown, Sierra Leone with some initial remote work outside of Sierra Leone and field work to districts nationwide |
| WBS 3900/A0/08/881/001/004 (Grant is TBD– Government of Japan 2021 Supplementary Budget) | | | | |
| Budget Year: 2021 | Requesting Section/ Issuing Office Health & Nutrition Section, UNICEF Sierra Leone | Reasons why the assignment cannot be done by a staff member: A specialized qualification and experience on national nutrition surveys using SMART methodology is required which is not readily available for UNICEF. The work is for short term and deliverables are specific and required specialised expertise that may not be easily available. | | |
| <u>Purpose of Activity/Assignment:</u> Background <p>The nutrition situation in Sierra Leone has greatly improved in the last decade and a half with less children suffering from any forms of malnutrition. This is evidenced by the overall decreasing trends in malnutrition from various national surveys.</p> <p>According to the Sierra Leone Demographic Health Survey (DHS), malnutrition rates in the country have improved significantly in the past 10 years with a 7-percentage point reduction in childhood stunting from 36 per cent in 2013 to 29 per cent in 2019, a 5-percentage point reduction in childhood wasting from 10 per cent in 2013 to 5 per cent in 2019, and a 4-percentage point reduction in childhood overweight from 8 per cent in 2013 to 4 per cent in 2019.^{1 2}</p> <p>The National Nutrition Survey using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey revealed similar trends in the past 15 years with a 14-percentage point reduction in childhood stunting from 40 per cent in 2005 to 26 per cent in 2017, and a 4-percentage point reduction in childhood wasting from 9 per cent in 2005 to 5 per cent in 2017.^{3 4}</p> <p>With the onset of COVID-19 outbreak, national containment measures to prevent and control the spread of infection such as travel restrictions, curfew, community quarantine, and physical distancing have inadvertently affected economic and development activities leading to intermittent disruptions in delivery of essential services, poor access and utilization of basic social services, and retardation of economic and agricultural activities. This precarious situation has resulted to an increase in the proportion of food insecure Sierra Leoneans from 44 per cent in August 2019 to 63 per cent (approximately 5.1 million people) in June 2020 based on the findings of the June 2020 emergency food security monitoring system (E-FSMS). While efforts are being made to reduce the impact of COVID-19 to the health and nutrition of the Sierra Leonean population, it is assumed that the nutrition conditions of the most vulnerable population in the country especially children and women will deteriorate but the extent in which the outbreak has led to deterioration in nutritional status of children and women is unknown to date.</p> | | | | |

¹ Statistics Sierra Leone (Stats SL) and ICF. 2020. *Sierra Leone Demographic and Health Survey 2019*. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF.

² Statistics Sierra Leone (SSL) and ICF Macro. 2009. *Sierra Leone Demographic and Health Survey 2008*. Calverton, Maryland, USA: Statistics Sierra Leone (SSL) and ICF Macro.

³ Ministry of Health and Sanitation (MoHS) and Action against Hunger. 2017. *Sierra Leone National Nutrition Survey 2017*. Freetown, Sierra Leone: MoHS and Action against Hunger.

⁴ Tolla, A., Cassard, F. and Johnston, R. 2010. *Report on the Nutritional Situation of Sierra Leone: Nutrition Survey using SMART Methods*. Freetown, Sierra Leone: MoHS and UNICEF.

Justification

With the next DHS scheduled to happen in another four years combined with the absence of reliable nutrition surveillance system in the country to provide real-time data, planning, implementing and monitoring an effective humanitarian nutrition response during the period of the outbreak has been challenging. It is therefore, critical to organize a national nutrition survey following a SMART methodology to support evidence-based planning and response to the humanitarian crisis.

Purpose and objectives

The purpose of the consultancy is to support evidence-based humanitarian response in planning, prioritization, and implementation. This will be achieved through collaboration of the consultant with the Ministry of Health and Sanitation and UNICEF to manage the design, conduct, validation, and completion of the National Nutrition Survey using the SMART methodology which will determine and evaluate the current nutrition status of children 0 – 59 months old, adolescents aged 10 – 14 years, and women of reproductive age (15 – 49 years of age) in the context of COVID-19 outbreak as well as major contextual factors contributing to malnutrition such as infant and young child feeding (IYCF), and maternal and child health situation.

Methodology and technical approach

The overall management of the survey will be led by the Ministry of Health and Sanitation (MoHS) with technical guidance, advice and support from the consultant and UNICEF to ensure effective management of information, resources, and networks according to international and national standards. The survey planning will be done in collaboration with UNICEF Sierra Leone, UNICEF West and Central Africa Regional Office, and the Ministry of Health and Sanitation (MoHS) and in consultation with the National Nutrition Coordination Committee to determine the relevance and specific timing of the survey, gather existing and contextual information, and validate pre-defined survey objectives, geographic scope and population group to be surveyed. The national nutrition survey protocol will be designed through the leadership of the consultant with assistance from MoHS, and in alignment with SMART methodology standards including the adherence to global and national ethics standards and guidance on household surveys during COVID-19. The survey team selection will be led by MoHS with guidance, advice and support from the consultant while the survey team training will be a collaborative effort of MoHS, UNICEF, and the consultant with special focus on rigorous standardization test procedures and analysis and pilot testing. The field data collection using mobile devices, monitoring and supervision including strict application of daily plausibility checks and inclusion of plausibility check reports in the full survey report will be led by the consultant with support from MoHS. Data analysis and report generation will also be led by the consultant with assistance from MoHS while technical validation of preliminary results will be organized by MoHS with support from the consultant and UNICEF. PowerPoint presentation of the survey results and final report development will be led by the consultant in collaboration with MoHS and UNICEF.

Activities, tasks, outputs and deliverables

| Activities | Purpose | Deliverable |
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| Administrative planning of the survey with MoHS and UNICEF* (Remote work) | Allow key stakeholders to process the administrative and logistics needs for the survey | Deliverable 1: Survey plan specifying: (1) the roles and responsibilities of key team members from MoHS, UNICEF and consultant; (2) outline of survey events; (3) list of survey resources including supplies for international and local procurement, and; (4) budget |
| Desk review, consultative meeting with National Nutrition Coordination Committee members, and formation of a | Contextualize the survey design based on the situation and needs of the country | Deliverable 2: Approved copy of the survey protocol and tools including Certification of Approval from Sierra Leone Ethics and |

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| technical working group, if needed* (Remote work) | | Scientific Review Committee) |
| Development and finalisation of survey protocol, training materials and data collection tools* (Remote work) | | |
| Logistics coordination, recruitment and training for enumerators and supervisors | Ensure competent survey field team members have sufficient knowledge and skills to support data collection according to survey standards | Deliverable 3: Training report describing: (1) initial recruitment procedures; (2) training proceedings; (3) knowledge and skills assessment including standardization test results; (4) list of recommended survey team members who qualified in assessments and their recommended roles, and; (5) pilot testing observations and recommendations |
| Field data collection, monitoring and supervision | Collect survey data according to survey protocol and standards | Deliverable 4: Field report describing: (1) composition of survey team and logistics plan and arrangements; (2) team deployment plan; (3) supervision plan; (4) continuous and daily check of collected data; (5) best practices observed based on feedback from supervisors and monitors; (6) challenges encountered and mitigation measures applied, if any; (7) recommendations |
| Data review, cleaning and analysis including preparation and coordination for technical validation | Process data collected | Deliverable 5: Powerpoint presentation and excel sheet of the methodology and preliminary results |
| Technical validation meeting with key stakeholders including report writing | Review preliminary results, discuss factors affecting results, and agree on recommended actions to support survey report finalization as well as overall nutrition programming | Deliverable 6: Validation report describing: (1) the technical review process; (2) key discussion points and feedback from meeting participants; (3) recommendations |
| Survey report finalization including review of editorial draft and graphic design (Remote work) | Describe in detail the survey methodology, events, and results | Deliverable 7: Powerpoint presentation of survey results to be used during launching of the report |
| | | Deliverable 8: The final draft of survey report approved by MoHS |

*Can be done virtually but consultant is required to organize regular update meeting with UNICEF and MoHS

• **Management, organization and timeframe**

The consultant will operate under the technical supervision, guidance and support from the M&E and Nutrition Specialists, the management of the Nutrition Specialist (P3), and overall guidance of the Chief of Health and Nutrition.

| NO | KEY ACTIVITIES | WEEKS |
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| 1 | Administrative planning of the survey with MoHS and UNICEF | Weeks 1 – 2 |
| 2 | Desk review, consultative meeting with National Nutrition Coordination Committee members, and formation of a technical working group, if needed | Weeks 2 – 3 |
| 3 | Development and finalisation of survey protocol, training materials and data collection tools | Weeks 2 – 4 |
| 4 | Logistics coordination, recruitment and training for enumerators and supervisors | Weeks 1 – 5 |
| 5 | Field data collection, monitoring and supervision | Weeks 6 – 9 |
| 6 | Data review, cleaning and analysis including preparation and coordination for technical validation | Weeks 6 – 10 |
| 7 | Technical validation meeting with key stakeholders including report writing | Week 11 |
| 8 | Survey report finalization including review of editorial draft and graphic design | Week 11 - 12 |

| Schedule of Deliverables | Due Date | Duration (maximum # of working days) |
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| Deliverable 1: (Remote work) Survey plan specifying: (1) the roles and responsibilities of key team members from MoHS, UNICEF and consultant; (2) outline of survey events; (3) list of survey resources including supplies for international and local procurement, and; (4) budget | End of week 2 | 5 |
| Deliverable 2: (Remote work) Approved copy of the survey protocol and tools including Certification of Approval from Sierra Leone Ethics and Scientific Review Committee) | End of week 4 | 10 |
| Deliverable 3: Training report describing: (1) initial recruitment procedures; (2) training proceedings; (3) knowledge and skills assessment including standardization test results; (4) list of recommended survey team members who qualified in assessments and their recommended roles, and (5) pilot testing observations and recommendations | End of week 5 | 15 |
| Deliverable 4: Field report describing: (1) composition of survey team and logistics plan and arrangements; (2) team deployment plan; (3) supervision plan; (4) continuous and daily check of collected data; (5) best practices observed based on feedback from supervisors and monitors; (6) challenges encountered and mitigation measures applied, if any; (7) recommendations | End of week 9 | 25 |
| Deliverable 5: Powerpoint presentation and excel sheet of the methodology and preliminary results | End of week 10 | 22 |
| Deliverable 6: Validation report describing: (1) the technical review process; (2) key discussion points and feedback from meeting participants; (3) recommendations | End of week 11 | 5 |
| Deliverable 7: (Remote work) Powerpoint presentation of survey results to be used during launching of the report | End of week 12 | 3 |

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| Deliverable 8: (Remote work) The final draft of survey report approved by MoHS | End of week 12 | 5 |
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| Duration / Timeframe/ # of working days 12 weeks / 90 working days | Expected Start Date: 01 Jun 2021 | Expected End Date: 30 Nov 2021 |
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| Budget and Remuneration (for planning purpose only). Final fees will be negotiated by HR | | | |
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| Description | Unit Cost (daily/monthly), US\$ | Quantity(ies) | Amount, US\$ |
| Professional Fees | | | |
| DSA for Freetown work | | | |
| DSA for outside of Freetown work | | | |
| Travel cost (return ticket, airfare) | | | |
| COVID-19 test | | | |
| Visa and work Permit | | | |
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UNICEF recourse in case of unsatisfactory performance: Payment will only be made for work satisfactorily completed as per agreed deliverables and accepted by UNICEF.

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| Terms of Payment | <input checked="" type="checkbox"/> Payment, upon completion of each deliverable according to schedule. <input type="checkbox"/> Payment, upon completion of all deliverables at the end of assignment. <input type="checkbox"/> Fee advance, percentage (up to 30% of total fee) |
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Condition of work

- The consultant will work remotely prior to the survey and will be based in Sierra Leone a week before the training of survey team until the validation meeting is completed
- For Sierra Leone, the consultant must secure medical insurance (inclusive of medical evacuation) prior to assuming his/her duties with UNICEF (proof of insurance with med-evac clause is required).
- Basic and Advance Security Certificate of Completion.

Qualifications and Specialized Knowledge/experience required:

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| Minimum Qualifications required: <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: The consultant should have a Certificate on SMART Survey especially SMART Survey Manager Level Training Certificate. Advanced university degree in Nutrition, Public Health, Epidemiology, Biostatistics, Social Sciences, International Development, Monitoring & Evaluation or | Years of Experience and Knowledge/Expertise/Skills required: <ul style="list-style-type: none"> • Extensive experience (5 years or more) in coordinating and managing SMART nutrition surveys is mandatory. Experience in having led a national SMART survey using mobile devices for data collection is a must. • Knowledge in open-source digital toolkit for field data collection (e.g., Kobo Toolbox) is needed. • Candidate must have proven managerial/team lead experience, knowledge of working in pandemic and experience in managing SMART surveys in fragile contexts will be considered a plus. • Excellent facilitation skills. • Excellent analytical and effective communication and people skills; ability to communicate with various stakeholders and to express ideas and concepts concisely and clearly in written |
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| related discipline with the relevant technical knowledge in Survey Methodology, Research Methods etc. | and oral form. <ul style="list-style-type: none"> • Excellent writing and presentation skills in English. • Experience in team working in culturally diverse contexts. |
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Consultant Selection Method:

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| <input checked="" type="checkbox"/> Competitive Selection (Roster) <input type="checkbox"/> Competitive Selection (Advertisement or Desk review or Interview or all) <input type="checkbox"/> Single Sourcing (exceptional, only in emergency situations L2, L3, approval by Head of Office strictly required). | Request for <input checked="" type="checkbox"/> New SSA <input type="checkbox"/> Extension/ Amendment |
| Request Authorised by: (Head of Section) Signature Name | Supervisor: Signature Name |
| Request Verified by HR: (HR Specialist) | |

Approval:

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| Approval of Deputy Representative (Operations) N/A | Approval of Deputy Representative (Programme) |
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