

Annexure -I

Terms of Reference on End line Survey for Tackling Childhood Malnutrition (TCM) Project

1. Introduction and Background:

In Bangladesh, Millions of children and women suffer from one or more forms of malnutrition including low birth weight, wasting, stunting, underweight, Vitamin A deficiencies, iodine deficiency disorders and anemia (source: *unicef-child & maternal nutrition in BD*). Between 1990 and 2011, Bangladesh made substantial progress in reducing malnutrition, the proportion of underweight children falling from 66.6 % to 36 % and the level of child stunting falling from 65.5 % to 41% (source: *J Health Popul Nutr. 2012 Mar; 30(1): 1-11*). Over the last 20 years, Bangladesh's infant mortality rate has declined by half, from 87 to 43 deaths per 1,000 live births. Despite these accomplishments, challenges remain to ensure adequate provision of health and nutrition services and malnutrition remains a persistent public health problem.

Save the Children has been implementing the Tackling Childhood Malnutrition (TCM) project in Barisal, Chittagong and Sylhet divisions since Nov 2012 and Dhaka division has been included in operation on April 2014. The TCM project has been delivering a full package of National Nutrition Services (NNS) across Muladi, Satkania, Kulaura & Nokla upazillas under Barisal, Chittagong, Moulovibazar & Sherpur districts. The project monitors the delivery mechanism of the National Nutrition Service (NNS) package in the selected four upazila. The project shares learning with other key stakeholders and advocates for an effective national scale up of the nutrition services. The project will be ended on October 2015.

2. Goal of the project:

To reduce childhood malnutrition in Bangladesh by facilitating the scale up of the Government's National Nutrition Service (NNS).

3. Specific objective of this project:

- To train 900 health workers in delivering the NNS package to mothers and children at four upazilas in Barisal, Chittagong, Moulovibazar and Sherpur districts
- To provide access to key nutrition services and counselling to 130,000 children under-five and 21,000 women of reproductive age
- To advocate for the scale up of the NNS package of interventions across Bangladesh and mainstream public support for tackling malnutrition

4. Expected results of this project:

- # of children 0-59 months who are screened at facility for their nutritional status
- # of children 0-59 months screened at health facilities who are underweight
- # of children 0-59 months screened at health facilities who are wasted
- # of children 0-23 months attended GMP sessions

- # of children 6-59 months supplemented with micro-nutrient supplements (Vitamin A, iron, folate, zinc and calcium) and deworming medication to prevent malnutrition from the health facilities
- # of mothers/caregivers with children <2 years received IYCF counseling
- # of pregnant women received micro-nutrient supplements (Vitamin A, iron, folate and calcium) to prevent malnutrition from health facilities during last ANC visits
- # of lactating mothers received micro-nutrient supplements (Vitamin A, iron, folate and calcium) to prevent malnutrition from the health facilities during last PNC visits
- # of health staff received training /refresher on NNS package
- # UHCs having functional SAM/nutrition corner

5. Working Areas of this Project:

Division	District	Upazila	# UHFC	# UHFWC	# CC
Barisal	Barisal	Muladi	1	6	18
Sylhet	Moulavibazar	Kulaura	1	13	34
Chittagong	Chittagong	Satkania	1	17	40
Dhaka	Sherpur	Nokla	1	9	23

6. Objectives of the end line survey:

The purpose of the end line evaluation is to assess the changes of the Tackling Childhood Malnutrition (TCM) Project and in particular the effectiveness of the approaches used to reduce malnutrition from the community. The specific objectives of the evaluation are:

- To assess the availability of nutrition services at community, union and upazila level facilities including IMCI & Nutrition Corners and SAM corner
- To determine the quality of nutrition care provided to children and pregnant & lactating mother in project area

In order to achieve the above mentioned objectives, the consultant team will be expected to measure the following issues:

- To determine the availability of equipment, essential supplies including micronutrient supplementations for treatment of NNS package in the project areas
- To determine the proportion of health service providers who received National Nutrition Service (NNS) package training in the project areas
- To measure the satisfaction of nutrition service recipients and provide information on the status of community participation regarding NNS package specially in Community Clinics
- To determine the existing & functional supervisory and monitoring system including online reporting for CC, FWC and UHC
- To determine the existing SAM referral mechanism/protocol between CC and referral facilities

- To determine the status of IYCF practice, consumption of nutrition-rich, fortified food, Vitamin A supplementation in the intervention and control area
- To measure the reduction of childhood malnutrition including reduction of underweight using anthropometric measuring tools
- To collect opinion of key stakeholders including health manager regarding NNS package on scaled up implementation modality, ways of mainstreaming etc.

7. Responsibilities of the Consultant:

Specific responsibilities of the consultant will include the following:

- i. Develop and share the framework/plan of end line survey
- ii. Analyze and review relevant literature (strategy/framework/guidelines/operational plan of IPHN/HPNSDP, nutrition related reports available at national/district/upazila level)
- iii. Design the end line survey and develop appropriate tools (e.g. focus group discussion, questionnaires, KIIs) to capture relevant data
- iv. Identify and train enumerators for the field work
- v. Develop database to store data collected and conduct appropriate data analyses
- vi. Identify specific gaps/deficits
- vii. Prepare and present draft report of findings and recommendations
- viii. Prepare and submit final report of end line survey, incorporating feedback from Save the Children

8. Methodology

- a) The end line survey will be comprised both qualitative and quantitative methods
- b) The survey will be both intervention [4 upazila including tea garden] and control [4 adjacent upazila]
- c) Conduct a desk review including an analysis of related national surveys and reports in connection with the project thematic area
- d) Review internal documents related to this project (project proposal, progress report etc)
- e) Conduct interviews with communities, NGOs, local/national health service authorities, who are working/providing service on nutrition, in the selected working areas
- f) Develop a comprehensive data collection tool for the above assignment

9. Deliverables:

A. Survey Tools:

- i) Research tools like Questionnaire, FGD/ KII guidelines, Observation checklist including details plan need to provide before the field work starts

- ii) Raw data, audio-video record, transcripts, field notes should be provided to SCI. Sample filled up questionnaires, FGD/ KII could be checked by SCI
- iii) During the pre-test / study an initial findings should be shared with SCI so that any gaps/changes in the research tools could be incorporated immediately

B. Report and Presentation:

- i) A detail report addressing objectives mentioned above
- ii) The report will be in the form of hard copy and a soft/electronic copy
- iii) The report will be presented initially within the Health and Nutrition sector, Save the Children
- iv) Later, it will be presented with other stakeholders (eg. DGH&FP/IPHN, donor, etc).

The report of the survey will be written in English.

I0. Time Frame:

The End line survey will be conducted during **July-October 2015**. Details time line is described below:

- The selected consultant should commence the assignment not later than **30 July, 2015**
- Preparation, training of enumerators and desk survey should be concluded by – **13 Aug, 2015**. Relevant literature will include project documents.
- Participatory field work in the selected districts, including interviews, and meetings should be concluded by – **15 September, 2015**.
- Report writing and presentation, first draft – by **10 October, 2015**
- Submission of final report – by **15 October, 2015**.

The above timeframe is meant to be used as a reference for the consultant in order to prepare the proposal. The definitive timeframe and organizations will be agreed within the assignment.

I1. Contract:

A contract will be drawn up after sharing this ToR where skills and costs of potential consultants will be assessed and evaluated by the Executive Committee of Health and Nutrition sector. The whole process will be coordinated by the Project Manager-TCM, Health and Nutrition in SC. The contract will be a formal consultancy contract between Save the Children and the consultant. A consultant will be selected in accordance with SC procurement policy guidelines.

I2. Remuneration-Grant/Budget

- Payment will be made through account payee cheques
- The payment will be made according to the schedule as follows:

1. 10 % after signing contract and submitting draft tools and methodology (approved by SCI)
 2. 40% after submitting the draft report
 3. 50% after submitting the final report and approved by Save the Children
- Tax and VAT will be deducted at source according to the Bangladesh Government's regulations

During the study period, the consultant (individual/firm) will have at least three meetings with Save the Children regarding preparatory design, progress sharing and draft report sharing respectively.

17. Ownership of Research Data/Findings

All data collected for this review shall remain the property of Save the Children. Any work products/findings resulting from this review must cite the participating partners and UNILIVER as well as include relevant TCM staff as a primary or contributing author.