

USAID Lishe Endelevu Activity

Terms of Reference for Baseline Survey Morogoro, Iringa, Dodoma and Rukwa Regions

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1.1 List of Acronyms

ANC	Ante Natal Care
CHV	Community Health Volunteers
CHW	Community Health Workers
GOT	Government of Tanzania
LGA	Local Government Authority
LOE	Level of Effort
MEL	Monitoring, Evaluation, and Learning
MOA	Ministry of Agriculture
MSCN	Multi-Sectoral Steering Committees on Nutrition
NMNAP	National Multi-Sectoral Nutrition Action Plan
PNC	Prenatal Care
PO-RALG	President's Office for Regional Administration and Local Government
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
TFNC	Tanzania Food and Nutrition Centre
TOR	Terms of Reference
WASH	Water, Sanitation and Hygiene

2. Background (Program description, program objectives, and context)

USAID Lishe Endelevu (Sustainable Nutrition) Activity is a 4-year project, that aims at improving nutrition outcomes for women of reproductive age, children under five, and adolescent girls, meaningfully advancing Tanzania along its journey to self-reliance. Lishe Endelevu is a consortium that brings together a team of partners with **Save the Children** leading integrated nutrition and livelihoods programming, monitoring, evaluation, learning, adaptation (MELA) and overall management.

As part of its implementation strategy, the activity aims to actively engage fathers, grandmothers, community and religious leaders, community health workers (CHWs), community health volunteers (CHVs) and other key influencers with targeted activities to promote supportive actions for improved nutrition. The consortium is cognizant that multi-sectoral coordination and governance is critical to ensure a sustainable enabling environment for improved nutrition in Tanzania. At the national and regional level, the consortium will collaborate closely with key stakeholders in nutrition, including the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Ministry of Agriculture (MOA), President's Office for Regional Administration and Local Government (PO-RALG) and Tanzania Food and Nutrition Center (TFNC) to increase synergies for nutrition and avoid duplication. At the ward and district level, the Recipient will work closely with LGA officials, health care providers, agriculture officers, CSOs and the private sector to strengthen the enabling environment for nutrition

Theory of Change

To achieve optimal nutrition for women, USAID's results framework and theory of change hypothesizes that; to achieve optimal nutrition for women young children, and adolescents, three critical three pillars are critical: 1) capacity development that provides the necessary institutional and community know-how for nutrition interventions; 2) an enabling environment that stimulates sustained multi-sectoral coordination and community engagement; and 3) integrated strategies that harness social behavior change (SBC), drive women's empowerment, and embrace learning and adaptive management.

To achieve optimal health, nutrition, and WASH behaviors in the home and community and particularly for adolescents, women of reproductive age and children under 5, strengthening capacity of key delivery mechanism/structures, SBC, and various facets of the enabling environment will influence and impact nutrition-sensitive and nutrition-specific behaviors at all levels. Capacity development will include strengthening nutrition governance (especially at the LGA and ward level), health care providers, agriculture extension officers, CSOs, and private sector stakeholders to improve nutrition outcomes. Similarly, community capacity strengthening will improve nutrition knowledge, skills and practices at the household level through targeted support to village health committees, community health workers and volunteers, community and faith-based leaders, and family members, especially men

B. Target Geographies and Populations

Lishe Endelevu will operate in 493 wards and 1,755 villages in 22 districts of Dodoma, Iringa, Rukwa, and Morogoro and will use implementation plans aligned to the NMNAP. In the Lishe Endelevu districts, the activity will work with 23 hospitals, 105 health centers, and hundreds of dispensaries to improve the quality of nutrition services and counseling. By the end of the 4 years, and using multiplicity of activities, the consortium anticipates to reach over 1.5 million women of reproductive age, 1.1 million children under five, and 330,000 adolescent girls 15-19 years of age in the four regions with improved nutrition services, promotion of optimal IYCF and WASH behaviors, and positive shifts in gender norms and equitable household decision making.

The activity goal is that by 2022, stunting in children under five will decline by 15 percent and the minimal acceptable diet in women of reproductive age and children 6-23 months will increase by 15 percent.

Thus, this terms of reference (TOR) is prepared to outline the purpose/objective, scope, and methodology to undertaking project performance evaluation¹ in accordance to USAID Evaluation Policy (January 2011, Updated October 2016) and automated directives system (ADS) 203-Assesing and Learning. USAID-Lishe Endelevu endeavors to undertake an independent population-based baseline survey by contracting services of a third party through a competitive bidding process. In this respect, Lishe Endelevu would like to request consulting firms or individuals to submit technical and financial proposals (separately) as outlined in this request for proposal and the terms and conditions contained herein.

3. Rationale and purpose of the baseline study

Knowing the importance of evidence based programming and to contribute to a base of knowledge around nutrition outcomes in the zone of influence (ZOI), Lishe Endelevu is seeking to conduct a baseline survey to benchmark key performance indicators as well as generate information that will help in updating set targets. A baseline survey is necessary in monitoring implementation of project activities, as well as assessing the change in indicators of progress toward the expected results of the project. The survey can also yield information that can inform adaptation of project components, leading appropriate choice of technology and tools in that suits different contexts. The baseline survey will also provide a benchmark for assessing Lishe Endelevu activity at the end of the 4 years with an aim of providing an ‘before’ and ‘after’ scenario.

The baseline survey will collect baseline impact and coverage information on nutrition-sensitive outcomes (improved production, storage, processing, consumption of nutrition-rich food, WASH practices and improved use of household resources), and nutrition-sensitive outcomes (optimal IYCF, quality health and nutrition services, optimal nutrition in adolescence, pregnancy and lactation).

¹ Performance evaluations encompass a broad range of evaluation methods. They often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual. Performance evaluations may address descriptive, normative, and/or cause-and-effect questions (USAID Evaluation Policy 2016)

Scope of work

The scope for this baseline is limited to Lishe Endelevu zone of influence (ZOI) and key selected performance indicators listed below. This baseline will be guided by a number of key questions around performance indicators as follows.

IR1: Strengthened multi-sectoral coordination for improved nutrition at local government level

1. To what extent are LGAs and villages using scorecards to plan and implement nutrition related interventions in their area of jurisdictions?
2. To what extent are existing LGA systems and structures able to support spending of budgetary allocated to nutrition-specific outcomes at the district level? Is the budget analysis tool used to inform spending?
3. In what ways can LGAs effectively engage private sector in supporting nutrition interventions in the jurisdictions?
4. To what extent nutrition interventions included in plans and budgets and are they oriented on NMNAP?

IR 2: Improved health, nutrition, caregiving and WASH behaviors

Child health & Nutrition:

1. How prevalent is stunting ($HAZ < -2$) among children under five (0-59 months) in the zone of influence?
2. How prevalent is wasting (weight for height Z score < -2) among Children 0-59 months in the zone of influence?
3. What proportion of Children 6-5 Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition severe acute malnutrition (SAM) based on weight-for-height (cut-off of -3 z-scores)?
4. What proportion of children under five had diarrhea two weeks before the survey? How many of the sampled children were treated with ORT?

Infant, Young Child Feeding Practices:

1. What proportion of infants 6–60 months of age were fed exclusively with breast milk (received only breast milk) during the previous day?

2. What proportion of children born in the last 24 months were ever breastfed?
3. What proportion of children 20–23 months of age who are fed breast milk during the previous day?
4. What proportion of children born in the last 24 months were put to the breast within one hour of birth?
5. What proportion of children in the sampled households continued breastfeeding at 1 year (12–15 months of age who are fed breast milk who received breast milk during the previous day)?
6. What proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods during the previous preceding the survey?
7. What proportion of children 6–23 months of age who received foods from ≥ 4 food groups (apart from breast milk) during the previous day?
8. What proportion of breastfed and non-breastfed children 6–23 months of age received solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day before the survey?
9. What proportion of children 6–23 months of age received an iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home during the previous day?
10. What proportion of children 0–23 months of age were fed with a bottle during the previous day before the survey?
11. What factors influence infant, and young children feeding practices (IYCF) i.e. dietary diversity and frequency of intake?
12. What percentage of mothers/adolescents in households with children under five (0-59 months) have been exposed to nutrition related messages and/or have received nutrition services/counseling?
13. What is the mean number of food groups consumed by women of reproductive age (Women's dietary diversity, disaggregated by age to address adolescent)? What factors determine consumption patterns among pregnant and lactating mothers?

Caregiving practices:

1. What proportion of pregnant and lactating women received nutrition counselling during ANC, and PNC? Who provided the counselling? How long did the counselling session take?

2. What proportion of households (mothers/caretakers) that reported coming into contact with trained frontline workers and discussed or were counseled on nutrition, hygiene, agriculture in the reporting period?
3. What percentage of husband's report supporting their wife's in caring for their young children?
4. What percentage of husbands/fathers received nutrition counseling, nutrition SBCC or other nutrition interventions in the past?

Wash related practices and behaviours:

5. What percentage of households (observed) have soap and water at the handwashing station commonly used by family members?
6. What percentage of household's caregivers and food preparers practice appropriate handwashing behavior i.e.? Wash during critical moments and use appropriate handwashing technique?
7. What percentage of household reported practicing safe disposal of human feces through latrine use?
8. What percentage of households observed during the survey separate infants and young children from consuming soil and animal feces? What percent of households use improved sanitation facility to dispose infant waste?
9. What percentage of households (observed) practice safe storage and treatment of household drinking water? What percent of sampled households in target areas practice correct use of recommended household water treatment technologies?

IR3: Increased access and availability of diverse, safe, and nutritious foods

1. To what extent are household producing diversified livelihoods? What is the productivity (yield) of each of the livelihoods by type?
2. What factors substantially contribute to application of agricultural technologies and practices? What are the most effective approaches and interventions that result in improved women's application of agricultural technologies and practices?
3. How are the differences and similarities between women and men in the application of technologies and practices influencing nutrition sensitive outcomes?
4. What percentage of households does own produced food meet annual food needs? To what extent are households able to obtain food from their own production, stocks/storage, purchases, gathering, or food transfers from relatives, members of the community, the government or donors?

5. What percentage of household's food items/stuff comes from livestock/aquatic sources? What factors hinder household's ability to meet own food needs? What proportion of children 6-23 months consume targeted nutrient-rich food items?
6. What months are characterized as months of inadequate household food provisioning? During the last 12 months, which months did the sampled households not have access to sufficient food to meet their household need?
7. What storage practices are used by households in anticipation for dietary needs during lean months and months of inadequate food provisioning? How safe are these storage practices in respect to aflatoxin and other food toxicity?

Cross-cutting/Gender/Inclusivity

1. What percentage of women are able to make decisions on the use of household income on their own/joint?
2. What percentage of women are able to make decisions on purchase of food, goods and services for their household on their own/joint?
3. Who decides what food should be grown, sold, purchased or consumed at the household level?
4. Are there gendered differences in the application of good agricultural/farming practices impacting on nutritional-sensitive agriculture? i.e. yields, diversification, incomes, access to inputs etc.?

4. Study design and methodology

Lishe Endelevu population based survey (PBS) will be conducted among a representative, random sample of the target population living in the project ZOI. To ascertain the status of key performance, an independent consultant is expected to under a cross-sectional survey to collect both quantitative and qualitative data using a mixed method approach. It is anticipated that qualitative data will be limited to a few thematic areas that will include cross-cutting, institutional capacity and social behavior change. Quantitative survey will be used to collect quantitative data at the household level with a specific focus on performance measures around nutrition sensitive and nutrition specific outcomes. Besides collection of primary data, the consultant is expected to undertake relevant desk review.

4.1 Sample size determination and sampling strategy

Sample size: The aim of Lishe Endelevu Baseline Survey is to produce sample-weighted estimates of indicators, including their standard errors and confidence intervals, to enable a statistical test of differences to detect changes in indicators over time at the level of the ZOI. The sample size for the three goal-level indicators collected in the survey was calculated which require disaggregation by age, gender and location. The largest sample size resulting from the sample sizes computed will

be chosen as the overall sample size for the survey and should be sufficient for generalization to be made along gender, age and location.

For the Lishe Endelevu Baseline Survey, three outcome level indicators will be used as a basis for calculating the sample size i.e.:

- a) Prevalence of stunted (HAZ < -2) children under five (0-59 months)²
- b) Prevalence of children aged 6-23 months who receive a minimum acceptable diet and
- c) Prevalence of women of reproductive age (15-49) consuming a diet of minimum diversity

In addition, the proportion of change desired (15%) for both indicators, level of precision at 95% confidence level and sample power (80%) will be factored in determining a representative sample size bearing in mind to have a representation that can render generalization to the 4 regions targeted by the project. The final sample size will be determined using the following formula.

$$D \left[\frac{(Z\alpha + Z\beta)^2 * (P1 (1 - P1) + P2 (1 - P2))}{(P2 - P1)^2} \right]$$

In the event that the three indicators do not yield the minimal required sample size due to the amount of targeted change (P2), the consultant is expected to use other Lishe Endelevu indicators to generate a sample that should be large enough to capture statistically significant changes in lower-level Lishe Endelevu ZOI PBS indicators. The consultant is expected to adjust the initial sample size based on the average number of children under 5 years of age per household.

Sampling strategy: The survey will use a multi-stage cluster sampling design. In the first stage, enumeration areas (EAs) will be selected using probability proportional to size (PPS); in the second stage, segments will be selected with PPS (if EA size requires it); in the third stage, households will be selected in each EA/segment using fractional interval systematic sampling, and in the fourth stage, eligible individuals are selected within the households using a “take all” approach, i.e., all eligible individuals are selected into the sample i.e. women of reproductive age (15-49), children or mothers of children aged 0-59 mothers, Pregnant mothers, adolescents (14-19).

The proposed sampling strategy will largely depend on the selected study design, and the type of data to be collected to answer the study questions. The consulting firm is therefore expected to apply the propose design or propose amendments to the design with strong justification (statistical and methodological) based on industry standards particularly best practices from FANTA, WHO,

² the current age of the child and other information for the day preceding the survey, rather than on retrospective data

FAO Feed the Future (FTF) guidelines. The consulting firm is expected to propose procedures that will be used to recruit study participants.

5. Data collection methods and data sources

Quantitative data collection: will be conducted at the household level using standard questionnaire. Quantitative data will focus on nutrition sensitive and specific outcomes such as dietary diversity, IYCF practices, anthropometric measures, WASH behaviors, adolescent health and nutrition, health and agricultural behaviors and practices, health seeking behaviors. Data will be collected both at the household and at the health facility level. At the household level, quantitative data on health, nutrition, WASH and caregiving related indicators will be collected while at the facility level, qualitative data on facility including staff capacity to provide necessary nutritional and health related counselling services will be collected. The consulting firm should identify appropriate data collection tools and identify data sources for the study. The consultant is encouraged to use computer-assisted personal interviewing (CAPI) such as ODK, KoBoToolbox or CommCare depending on its strengths to manage data collection process as well as minimize data collection and entry errors. All data collection tools to be used in this survey **MUST** be pre-tested and adjusted accordingly before commencing of the actual survey.

Enumerators: Besides speaking local language, data collectors should have experience in collecting large scale nutrition and health related surveys which include anthropometric measurements of children.

6. Data management and analysis procedures

Data management and processing should strictly adhere to data confidentiality procedures, keeping the data secure & confidential as per industry standards. The consulting firm will be required to prepare a data analysis plan aligned to evaluation questions. The statistical methods proposed to be used for the analysis of data should be clearly outlined, defining confidence intervals, selection of statistical tests, procedures for accounting for any missing or spurious data, etc. If qualitative design is to be used, the consulting firm should specify how the data will be transcribed, analyzed and integrated into quantitative data. Triangulation of data should also be part of the data analysis plan. In line with USAID ADS 205, where applicable, data analysis plan should include sex and age disaggregation or any other type of disaggregation as per the indicator reference sheets (PIRS).

The consultant is expected to generate both descriptive (frequency distribution, mean, median, standard deviation etc.) and where necessary inferential statistics (e.g. measures of association, analysis of variance etc.) All indicator estimates based on 95% confidence should include confidence intervals. Sampled weighting method used should be included in the data analysis.

The consulting firm should provide information on how the data will be managed, including data handling and coding procedures to facilitate data analysis, and the statistical software (the firms should have working

knowledge of STATA or SPSS for quantitative data, and WHO Anthro version 3.2.2, January 2011 for anthropometric analysis) that will be used for the analysis.

7. Data quality assurance plan

The consulting firm should describe their approach to data quality assurance at all phases of the assessment. Lishe Endelevu will check the quality and reliability of the data and reports using appropriate procedures.

8. Key deliverables

Once the consulting firm is identified and signed agreement to carry out the survey, the selected firm will undertake a thorough analysis to understand the program context, the program logic (the relationship of different program components with expected results and impact), and the program impact pathway.

Once the selection of a consultant and signing of the contract is done, the consultant is expected to refine the proposed methodology and budget and submit in the inception report.

1. **NBS board and SCUS ethical review:** The consultant must secure approval from Tanzania National Bureau of Statistics (NBS) and undergo a review by Save the Children US (SCUS) ethical review committee. The approval must be provided before the survey commences
2. **Study protocol:** upon signing of the contract, the consultant will revise study protocol that include sampling design, data collection and analysis plan, data quality assurance plan and a detailed work plan should be submitted no later than the end of first week of mobilization.
3. **Data collection plan:** Besides a detailed work plan, the consultant is expected to provide a detailed data collection plan indicating how data collection will happen in the 4 regions, timelines, distribution of workload in terms of enumerators and supervisors.
4. **Data collection tools:** Household questionnaire (s), interview guides, checklist etc.
5. **Weekly progress report:** the consultant is expected to have weekly calls with MEL Manager to provide weekly updates on the progress, or any issues/challenges, etc.
6. **Data analysis plan:** include data processing methods, inclusion/exclusion analysis criteria for the population, clearly defined analysis matrix mapping data analysis methods to evaluation questions stated above. If covariates are to be included in the statistical analyses, provide brief definitions/derivation rules, describe how missing values will be handled in

the statistical analyses, and justify the methods used, and statistical procedures to be used i.e. methods of stratification/ disaggregation, confidence level calculation etc.

7. Clean datasets, summary tables, code book, transcripts and syntax
8. **Draft report** –a well written draft at least 30-40 pages excluding the annexes/tables/questionnaires/interview guides
9. **Final report:** The evaluation report should represent a thoughtful, well-researched, and well-organized effort to objectively provide the status of the selected indicators and project context. The report should be readily understood and should identify key points clearly, distinctly, and succinctly with the following being the outline.
 - a. **Executive summary:** should present a concise and accurate statement of the most critical elements of the report.
 - b. **Introduction and background:** Contextual information around MCH, Adolescence and zone of influence information.
 - c. **Evaluation methodology:** should be explained in detail and all sources of information properly identified.
 - d. **Limitations to the baseline:** should be adequately disclosed in the report, with attention to the limitations
 - e. **Evaluation findings:** should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people’s opinions. It should include analysis of data disaggregated by gender and/age as well as region/location.
 - f. **Conclusion:** should be specific, concise, and supported by strong quantitative or qualitative evidence.
 - g. **Recommendations:** they should be supported by a specific set of findings and should be action-oriented, practical and specific.
10. **Dissemination plan:** The consultant should develop PowerPoint presentation, summary of the findings, dissemination goals, target audience, venue,

9. Consent process

The consultant is expected to follow a number of procedures to ensure that survey work undertaken on the contract adheres to ethical research standards, which will include the following provisions.

Approval required: National Bureau Statistics (NBS) and Save the Children internal ethics committee will review and approve the survey. The consulting firm is expected to obtain consent from national bureau of statistics (NBS) before embarking on the assignment. Save the Children internal ethics committee will also review survey protocols before data collection commences.

Staff training in child protection and protection of human subjects. All field supervisors and interviewers will receive training in protection of human subjects. Save the Children Protection unit will provide orientation to the consulting firm and team on child protection before the survey kicks off.

Informed consent and vulnerable populations (children): A detailed informed consent statement must be provided to supervisors and enumerators. The statement addresses all of the major elements of informed consent. Interviewers will be trained to understand the purpose and content of informed consent, to read the informed consent statement to respondents, and to answer respondents' questions about the survey or informed consent. Only household members who have provided informed consent will be asked questions or measured. These household members will indicate consent orally, which will be documented by the interviewer. A copy of the informed consent statement, translated as appropriate, will be left with the household.

Children are considered a vulnerable population, requiring special consideration in any study protocol. By regulatory definition, children are persons who have not attained the legal age for consent to treatments or procedures involved in the research, under applicable law of the jurisdiction in which the research will be conducted. International law considers any person under 18 years old to be a child. For this study, children age 15-17 may be eligible for interview, and children under age 6 are eligible for anthropometric measurement. Any household members aged 15-17 who are eligible for interview (either as the oldest responsible member of the household, as a respondent to the adolescent questionnaire/women of reproductive age, or as a respondent to any components of the survey) will have the opportunity to provide informed assent; a parent will also be asked to provide informed consent for these household members. Children under age 6 are eligible for collection of anthropometry data (height and weight measurement); a parent will be asked to provide informed consent for children under 5 years.

1. Adhere to the SCI's Child Safe Guarding Policy and Code of Conduct.
2. The consulting firm shall sign the SCI's code of conduct.

Confidentiality protections. Respect for the confidentiality of respondent information will be maintained throughout the survey process. Interviewers will not be allowed to interview anyone they know or to discuss any identified respondent's information with anyone other than the field team member or field supervisor. All data transmitted to the servers will be encrypted. Datasets for use will retain only personally identifiable information (PII) that are essential to analysis (household GPS coordinates and plot perimeter polygons); these data will not be shared publicly. All PII and other information that would allow deduction of respondent identities will be stripped from data sets before they are analyzed or shared. All staff working with survey data both

contractor's local offices or otherwise will sign confidentiality statements before working with the survey.

10. Roles and responsibilities

Specific roles and responsibilities of consulting firm in implementing the study:

- 1) Desk review of relevant background documents, study protocols such as WHO and FANTA, DHS reports, etc.
- 2) Reviewing and understanding the project technical proposal and other relevant project documents, such as MEL plans etc.
- 3) Develop study design/protocol, that includes data collection tools, a data quality assurance plan, a data analysis plan, a work plan/timeline for study, and the sampling frame
- 4) Conduct pre-testing and refine the data collection tools to collect the required data.
- 5) Recruit, train, and supervise enumerators to implement survey and anthropometric measurements
- 6) Collect, collate and analyze the data from the field
- 7) Undertake data quality management by coordinating and supervising the whole process of the baseline study with regular checks i.e. weekly or where necessary daily with Lishe Endelevu MEL Manager.
- 8) Review feedback and incorporate feedback provided Save the Children on study protocol, data collection tools, data management and analysis plan, reports and presentations
- 9) Prepare and submit comprehensive, well-structured draft report of the baseline survey to Save the Children and address all feedback received
- 10) Produce and submit the final baseline report in hard and soft copies to Save the Children.
- 11) Develop presentation of the baseline findings and participate in the dissemination of the findings at a venue to be identified

Responsibilities of Save the Children:

1. Facilitate induction session on child safeguarding for both consulting firm and data collectors to comply with SCI's child safeguarding policy and code of conduct
2. Provide the necessary project related reference documents for the consulting firm (e.g., Project technical documents, Logical Framework Analysis of the project, MEL plan, reports etc.)
3. Review, provide feedback, and approve study design and tools for data collection
4. Provide oversight for enumerator training
5. Conduct quality assurance during survey implementation with regular check-in with Save the Children conduct person during the survey. A weekly call with MEL manager will be required

6. Review and provide comments/feedback on the comprehensive technical reports and ensure the amendment of comments and approve the study design and tools
7. Ensure that the comments/feedback given on the draft report are fully incorporated in the final report
8. Collaborate and facilitate dissemination of findings. Save the Children will assist the consultant running invitations and working on dissemination logistics including venues. This will more likely happen in Dodoma where most relevant government representatives seat. The consultant is expected to provide a detailed dissemination plan.
9. Facilitate payments for the consulting firm as per the agreed terms and conditions
10. Save the Children MEL Manager will be the secondary investigator whose role will be to validate all technical related deliverables particularly sample design, data collection tools, data quality, data analysis and presentation of findings;

11. Composition of the evaluation team

Lishe Endelevu expects the potential firm (s) to put together a multi-disciplinary and experienced team to undertake this assignment. The persons proposed for this assignments should have the necessary skillset and bandwidth to undertake the survey as planned.

The consulting firm should list the key expert (s)/personnel responsible for each proposed technical area as well as level of effort (LOE) as per table 2 below in addition to attaching detailed curriculum vitae (CVs) for each technical personnel. Desirably, the key personnel should be office bearers / permanent employees of the bidder or have an extended and stable working relationship with the bidder. Save the Children will strictly follow-up the deployment of the experts during the study period and ensures they executed their roles and responsibilities as described on the contract. Once the study commences, any change or modification made on the team composition and qualification against the initial agreement may result in termination of the contractual agreement unless communicated.

In addition, the consulting firm should attach a copy of past evaluation report undertaken by the firm in the last 2 years' period as an example of their work and not what was undertaken by a member of the team as an individual or as a member of a different firm.

Required qualification of the key personnel and their roles in the study:

Table 1: Key personnel qualification

Key Personnel	Qualifications and Experience	Roles and Responsibilities
Team Lead/ Principal Investigator	– Post graduate degree (Masters or Doctoral) in public health/nutritional epidemiology, nutrition, agriculture or related field.	– Lead the preparation process of the study protocol and data collection tool – Ensure technical soundness of evaluation (sampling, validity and

	<ul style="list-style-type: none"> – Experience with studies collecting anthropometric measurements according to WHO standards – At least 10 years’ experience in designing, managing and implementing program or project evaluations and a team leader for at least 3 baseline or end line evaluations. – Worked as a team leader for performance evaluations related nutrition, WASH, SBCC and health or agriculture. – Have a strong technical background in either nutrition, maternal and child health, epidemiology, WASH, or nutrition sensitive agriculture – Understand the country context – Experienced in working with health, agriculture, WASH, education and other sectors of the government – Demonstrated strong communication and writing skill. 	<p>reliability proposed methodologies employed for the survey etc.)</p> <ul style="list-style-type: none"> – Coordinate the overall survey process including team management, coordination and supervision. – Lead the data analysis process – Lead the write up of the survey result as per the guideline – Ensure the quality and timeliness of deliverables – Facilitate meetings with SCI and partners whenever needed and serves as a point of contact throughout the survey period.
Evaluation Specialist/Co-facilitator	<ul style="list-style-type: none"> – Advanced degree (MSC, MPH, PhD) in M&E, statistics, development evaluation, demography or related field – At least 5 years’ experience in qualitative and quantitative researches or evaluations – Experience in evaluation methods – Knowledge of the country context of – Fluency in Kiswahili and English – Strong writing skills in English 	<ul style="list-style-type: none"> – Provide technical guidance on the design of the Evaluation – Participate in the development of data collection tools – Facilitate training for data collectors and field supervisors – Ensure the quality of the data during data collection and analysis – Participate in data analysis and report generation
Gender Expert	<ul style="list-style-type: none"> – Advanced degree in social/behavioral science (Gender studies, Sociology/Anthropology, Rural development or development studies, or related fields) – At least 10 years’ experience in implementing nutrition, SBC, child and maternal health, and related programs. – Experience in working in a multi-sectoral program intervention 	<ul style="list-style-type: none"> – Participate in develop data collection tools and evaluation design – Provide technical guidance during the assessment time – Train and oversee data collectors and provide them technical support when needed – Facilitate and oversee qualitative data collection

	<ul style="list-style-type: none"> - At least 5 years' experience in conducting qualitative research - Strong communication and writing skills 	<ul style="list-style-type: none"> - Participate in data analysis -
Statistician/Survey methodologist	<ul style="list-style-type: none"> - Advanced University degree in statistics, agricultural economics, economics, or related field - Strong background in research design and methodology - At least five years of relevant experience in: data collection, dissemination and use of nutrition/health/ agricultural data in national or international organizations (i.e., sampling frame building and maintenance, questionnaire development, survey design and implementation, data cleaning, validation and dissemination) - Strong spoken and writing skills in English and Kiswahili 	<ul style="list-style-type: none"> - Provide methodological, technical, statistical, and analytical services and backstop for the implementation of Surveys, including the use of Computer Assisted Personal Interviews (CAPI) methods and the use of information for building sampling frames and for supporting data collection. - Experience in designing mobile data collection using ODK, KoBoToolbox or Magpi. CommCare/Dimagi application - Participate in the development of improved survey methodologies; design and conduct research to support the enhancement of survey standards and instruments - Translate data collection tools form English to Kiswahili/local language
Nutritionist	<ul style="list-style-type: none"> - Advanced degree in Nutrition preferably MSc. - Experienced in carrying out nutrition surveys - At least 5 years implementing nutrition related programs especially at the community or/and health facility level - Fluent in English and Kiswahili 	<ul style="list-style-type: none"> - Provide subject matter expertise on nutrition - Provide in the development of methodology and design - Lead in carrying out Anthropometric measurements - Interpretation of findings and reviewing baseline report

The consulting firm should provide the team composition and tasks assigned using the below table:

Table 2: List of expertise and LOE

Name of staff	Area of expertise	Assigned position	for	Task Assigned	No. of days assigned for

12. Timeframes and level of effort (LOE)

The baseline survey is scheduled to be undertaken between January – March 2019 (3 months). The table below presents tentative timelines.

Table 3: Tentative time frame

Steps	Activities	Output/ Deliverables	No days	Responsibility	Tentative Dates
1	Review the technical and financial proposals and provide feedback to potential candidates	Comments	5	Lishe Endelevu baseline committee	7th-11 January, 2019
2	Select the winning proposal and notify the vendor/firm		1	Lishe Endelevu baseline committee	15 th January 2019
3	Consultant reviews evaluation committee's suggestion on the technical proposal as well as financial and prepare an inception report detailing improvement in the proposed methodology (design, data collection; data collection methods, tools, sampling, sample size, data management plan, analysis and synthesis, presentation report outline /format)	Inception report (assumes technical proposal submitted at solicitation stage)	5	Consulting firm	15-18 January 2019
4	Consultation and signing of contract			Supply Chain	22-25 January 2019

5	Refining data collection tools/instruments and translate to local language/ Script data collection tools into mobile data collection application	Final tools (questionnaire/interview guides) in English and Translated version of the tools / instruments	5	Consulting firm	28 January-February 8 th 2019
5	Select and train enumerators on the survey methodology, ethical issues, child protection, and data collection tools	Data collectors trained	5	Consulting firm	11-15 th February 2019
6	Provide orientation on the SC's Child Safeguarding Policy and Code of Conduct to the data collectors	Study team and data collectors received orientation/training	1	SCI/Child Safe guarding focal person	11-15 th February 2019
8	Pilot the data collection tools/instruments	Final tools and Pilot test report	1	Consulting firm	11-15 th February 2019
9	Submit all final documents to Lische Endelevu evaluation committee for review and approval.	Study protocol	1	Consulting firm	18-19 February 2019
10	Field work (assumes 5 households, in 4 regions and 5 enumerators and sample size of 2,000 households)	Field report/Raw data	25	Consulting firm	25-22 rd March 2019
11	Data analysis, interpretation and writing the first draft report	First draft baseline study report	10	Consulting firm	25 th March-April 5 th 2019
12	Feedback on the first draft report	Draft baseline study report with feedback	5	SCI	April 12 th , 2019
13	Reviewing and incorporating feedback received from SCI	Final baseline study report (one hard copy and soft copy)	2	Consulting firm	April 19 th , 2019
15	Dissemination /debriefing of final results at the regional and district level	Workshop organized	1	Consulting firm/SCI	The week of April 22 nd , 2019

Other requirements

1. Compliance with child protection policy of SCI

Save the Children International is committed to safeguarding children with maximum possible extent from any deliberate or inadvertent actions that come into contact and our contractual agreement reflects our commitment to ensuring that only those who are suited to work with children and to apply strict child safe recruitment practice are considered for this consultancy. Thus, the selected consulting firm is required to receive orientation on our Child Safeguarding Policy, must sign on it and comply with the standards stated in the policy.

2. Compliance with NBS/NIMRI/COSTEC requirements

The consultant must abide by the national Research & Evaluation Ethics as well as SCI policy that requires all studies involving interaction particularly with children to be submitted to ethics review committee and obtain “approval” prior to data collection from NBS.

3. Content of the financial proposal (guidance on what should be budgeted)

As part of study proposal, the consulting firm is expected to provide a clear presentation of the budget required to undertake the survey including costs of data collection, personnel costs, and all other administrative costs. Save the Children will provide vehicles to facilitate the field data collection process; hence the vehicle rental cost should be excluded from the budget estimation. The budget breakdown should fulfil the following requirements:

- a. It should be prepared in excel sheet with formulas included
- b. detailed budget breakdown (daily fees of personnel, duration spend by the personnel, and estimated costs for all activities proposed in the application with a unit cost and quantity included)

4. Payment schedule for the consultancy service

The payment for the consultancy service will be carried out as per the organization financial procedures as follows unless otherwise stated:

- i. Submission of inception report (30%) will be provided to the consulting firm before the commencement of the data collection to facilitate the field work activity.
- ii. Submission of draft report- The consulting firm will be granted the second round payment for the consultancy service up on submission of the first draft survey report (40%).
- iii. Final payment - The final payment will be effected up on completion and submission of final survey report and holding presentation on the study findings (30%). The SCI technical team should approve the final report before the consulting firm receive final payment.
- iv. Note that 5% withholding tax will be retained for local firms and 15% for international firms

5. Proposals evaluation criteria

The Lishe Endelevu will form an evaluation committee whose roles will be to review and score all the proposals submitted by consulting firms/firms. The selection committee will evaluate the bidders based on the criteria set below. The consulting firm/firm is expected to provide detailed information based on the given framework to ensure fair and effective comparison. The best value of money will be determined based on the technical and financial proposal. The Lishe Endelevu evaluation committee reserves the right to drop a competitor without giving reasons for doing so. The proposals submitted will be reviewed based on the following criteria.

Segment/content	Rating
Technical Proposal	70%
Appropriateness of the study design and rationale for choosing the specified study design	20%
Rigor and soundness of sampling strategy, data collection methods (including the data collection tools), data analysis plan, and data quality assurance plan	20%

Required expertise (skills) and experience of the personnel of consulting firm/firm to conduct the study. Testimonials will be considered while evaluating the firm.	10%
Experience undertaking similar studies	10%
Capacity of the consulting firm/firm (management, technical and financial capacity)	10%
Financial Proposal	30%
Cost efficiency (budget versus proposed output)	10%
Financial capacity of the firm	5%
Overall budget limit	5%
Consultancy rate	5%
Allocated time for the whole process of the survey	5%
Total	100%

6. Application requirements and proposal submission details

All interested applicants should present valid license and should meet the above competency requirements. The applicant should submit their document in sealed envelopes (separating technical and financial) on or electronically to the following email address; Tanzania.Tenders@savethechildren.org before 21st of December 2018. Any submission after the given date will not be considered. The document should include:

- **Letter of interest:** a cover letter with a maximum of one page introducing the consulting firm with an expression of interest to carry out the work as described in this ToR.
- **Technical proposal:** This should include, but not limited to, understanding of the ToR with critical reflection on the consultancy assignment, methodology (with extremely strong emphasis, should be detailed with clear presentation), tentative work plan, proposed team qualification and experience, others. *NB. Once the consultancy firm has been selected to undertake the study, Lishe Endelevu will accept changes on the team composition through formal communication with acceptable justification.*
- **Financial proposal:** The consulting firm should submit a separate financial proposal, which indicates the budget item, unit cost and total cost and adequate justification should be given to the proposed budget.

7. Disclaimer

Save the Children reserves, the right to accept or reject any or all applications without assigning any reason what so ever.

8. Disclosure of information

The consulting firm shall treat any information obtained in the course of the agreement as confidential and not to reveal, unless authorized in writing by Save the Children, during and after the effective period of the contract. Consulting firms will have access to information relevant to the study whenever needed.

9. Contact Information:

Should applicants need further clarification or need additional information, they can forward their enquiries to the following contact address:

Alex Rutto, Lishe Endelevu MEL Manager-Save the Children Tanzania: alex.rutto@savethechildren.org

Dr.Joyceline Kaganda, Chief of Party Lishe Endelevu, Save the Children Tanzania:
Joyceline.Kaganda@savethechildren.org

Interested applicants can collect the ToR by sending a request to the email below;

tanzania.logsshared@savethechildren.org