

INVITATION TO BID FOR CONSULTANCY

Save the Children International (SCI) Somalia program hereby invites interested consultants to bid for the consultancy assignment detailed below.

1	Title of Consultancy	<i>SEMI-QUANTITATIVE EVALUATION OF ACCESS AND COVERAGE (SQUEAC) IN Kismayo DISTRICT, SOMALIA.</i>
2	SCI Contracting Office	Save the Children Somalia
3	Period of Consultancy	The Assignment will be 30 days including travels
4	Consultant type required	Individual or Firm.
5	Responsibility for Logistics arrangements and Costs	Save the children will pay the assignment cost including consultant fee, enumerators, logistical cost, and any other cost associated with assignment in a lump sum and will not reimburse any incurred costs during the assignment. The consultant will cover their own Logistical arrangements and costs; including food, accommodation and local transport and all cost associated with data collection work and whole activities.
6	Taxation Provisions	Consultant shall be responsible for all Taxes arising from the consultancy in line with the local Tax regulations applicable at the SCI contracting office named above.
7	Travel requirements	The consultant will cover his travel costs (tickets) and arrange local travel to field sites and accommodations.
8	Security requirements	If the consultant is a foreigner, he/she will comply with the standard of Save the Children Security procedures, including the completion of SCI online security training prior to travel to Somalia.
9	Qualification and Experience	<p>The consultant should possess the following qualifications.</p> <ul style="list-style-type: none"> • Extensive experience in nutrition research, SQUEAC surveys, monitoring and evaluation fieldwork (data collection, validation, entry, and analysis) • Experience in leading teams in the field (training, field logistic management, human relations, teamwork) • Prior experience with nutrition, health, and food security programming. • Good knowledge of Somalia/Somaliland and humanitarian operations in fragile contexts. Preferably Familiar with the Somali Language. • Demonstrable ability and experience in working with communities in a survey setup. • Demonstrable ability to facilitate capacity-building sessions for people with different backgrounds. • In addition, the consultant should be willing and able to work under a tight timeframe.
10	Evaluation Criteria	<p>The consultant must meet the above-required qualifications and experience.</p> <ul style="list-style-type: none"> ✓ Technical proposal on how the assignment will be conducted including methodologies, data analyses, and interpretation, reports, and detailed work plan, including software to be used for analysis (30%) ✓ Prior experience in conducting Semi-Quantitative Evaluation of Access and Coverage (SQUEAC). (40%). ✓ Detailed financial proposal with budget breakdown (10%).

- ✓ Update Company or Individual Profiles and Understanding of the TOR. **(10%)**
- ✓ Copies of the previous reports relevant to the subject matter **(20%)**.

Overall rating out of 100%

Note: For the technical analysis, a company has to score **80%** and above to be considered in the financial analysis.

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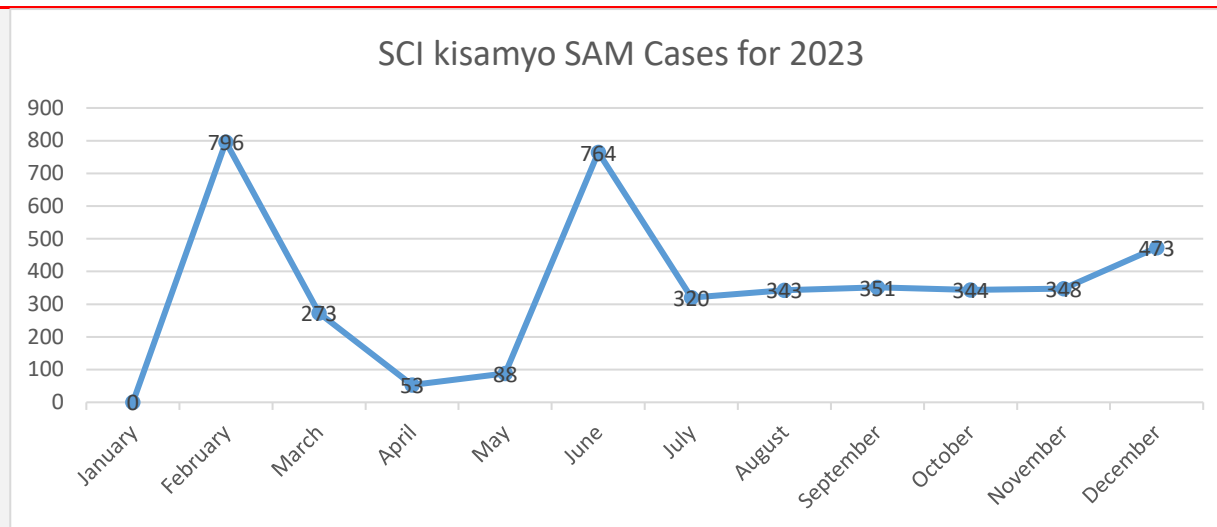
Background Information

Save the Children International (SCI) has worked in Somalia/Somaliland since 1951. For nearly 65 years, Save the Children has provided humanitarian assistance in programmes to include Health; Nutrition; Water, Sanitation and Hygiene (WASH); Food Security & livelihoods, Child protection and child rights Governance programmes. SCI is currently supporting Community Management of Acute Malnutrition (CMAM) programs in a number of sites in Baidoa District. The CMAM is a methodology for treating acute malnutrition in young children using a case finding and triage approach. Using the CMAM method, malnourished children receive treatment suited to their nutritional and medical needs. Acute malnourished children are rehabilitated at home with only a small number needing to travel for in-patient care. The CMAM model was developed by Valid International and has been endorsed by World Health Organization (WHO) and United Nation's Children Fund (UNICEF). CMAM was originally designed for the emergency context, as an alternative to the traditional model of rehabilitating all severely malnourished children through in-patient care at Therapeutic Feeding Centers. However, it is increasingly being implemented in the context of long-term development programming, with several Ministries of Health including components of CMAM in their routine services. Through the CMAM program, children who are severely malnourished are managed through the outpatient therapeutic care (OTP), while children with complications are treated through the in-patient program (Stabilization Centres-SC). Coverage surveys for example SQUEAC methodology are therefore an approach to identify the uptake of the program among the communities being served by the existing CMAM activities.

Nutrition situation

The humanitarian situation in Somalia is among the most complex and protracted emergencies globally. The population of these two regions is exposed to multiple hazards and shocks, particularly recurrent droughts, and floods, endless conflict, and isolation of the districts which have increased in frequency and severity because of seasonal climate variability and the desert locust. In addition, there are economic shocks, forced displacement, conflict, insecurity, and inter-communal violence which collectively continue to restrict livelihoods, trade, and market functioning while contributing to population displacements, a vicious cycle of poverty, and vulnerability to food and nutrition insecurity. Moreover, inadequate enforcement of disaster risk management and mitigation policies aimed at addressing climate change impacts to help build household and community resilience remains a critical gap. Furthermore, Kismayo district has a GAM rate of 14.6% a serious level of malnutrition, In addition to that, Kismayo hosts the largest number of IDPs which means that these people need urgent support for the treatment and prevention of malnutrition among children 6 to 59 months.

According to the FSNAU post-Deyr 2023 SMART Survey conducted in Somalia between October-December 2023, an estimated 1.7 million children aged 6 – 59 months are projected to suffer from acute malnutrition and be in urgent need of nutrition services from January - December 2024. The total number of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases are estimated at 430,000 and 1.23 million respectively. An estimated 64% of the acute malnutrition burden is concentrated in South Somalia. Malnutrition in Somalia has three main underlying causes: (i) inadequate access to food or poor use of available food; (ii) inadequate childcare practices; and (iii) poor water, sanitation, and health services. Likewise, results from 50 SMART nutrition surveys conducted between October-December 2023 indicate that the national level median Global Acute Malnutrition prevalence has slightly increased - from a median GAM of 12.4 % to a GAM rate of 12.9% when compared both seasons of post-Gu' and Post Deyr SMART Survey in 2023. Contributing factors to acute malnutrition include high disease burden, with a total of 31 assessed areas recording a high morbidity prevalence above 20% with the highest at 48.8% in Galkayo IDPs among children two weeks prior to the assessment. Fever, Acute Respiratory Infections/cough, and diarrhea were the most prevalent childhood illnesses reported. There were also disease outbreaks of acute watery diarrhea and measles.



Survey location

The SQUEAC survey study will be conducted in the Kismayo District of the Lower Jubba region of Somalia respectively. Kismayo district as indicated is in the lower Jubba region with urban, rural, and IDP. Kismayo district hosts one of the largest IDPS in Somalia and currently experiencing frequent and massive movements of returnees from conflict in the region, while in addition, El Nino has also increased the number of influxes from the riverine area to inside and outside of Kismayo town. This puts additional pressure on already insufficient and over-stretched nutrition services in the district.

Objectives

General objectives of the assessment and ToT training

The main objective of this assignment is to evaluate access and coverage of the Integrated Management of Acute Malnutrition (IMAM) program using SQUEAC methodology in Kismayo districts.

Specific objectives

- To develop the skills of key nutrition staff in conducting access and coverage surveys using Semi Qualitative Evaluation of Access and Coverage (SQUEAC) methodology.
- To provide TOT & Enumerator training for Kismayo while Enumerators training will be provided in Baidoa.
- Analyzing & utilizing available routine program data and other anecdotal data, identify probable low and high coverage areas and reasons for coverage failure.
- Confirm the location of high and low coverage areas and the factors affecting coverage failure identified.
- Map out the program's single Coverage estimate for the targeted areas.
- To conduct a community assessment to understand dynamics and its impact on the access to care and the coverage of OTP/SC services in the targeted district.
- In collaboration with the SCI Somalia team, develop specific recommendations to improve acceptance and coverage of the nutrition program.

Methodology

The coverage assessment will adopt Semi -Quantitative Evaluation of Access & Coverage (SQUEAC) methodology, which is specifically designed to evaluate the access and coverage of CMAM programs and focuses on a detailed investigation of factors influencing coverage¹.

All the three stages of SQUEAC will be applied namely.

¹ FANTA, 2012: SQUEAC SLEAC technical reference guideline.

Stage 1: Building prior.

It will involve a semi-quantitative investigation categorized into factors promoting or affecting CMAM coverage. It will involve analysis of qualitative (contextual data) and quantitative (routine program monitoring data) data, which is compared with SPHERE minimum standards² and at the same time identifying program boosters and barriers. Quantitative data collection methods to be adopted; analysis of routine program data (monthly nutrition program reports, stock bins, stock cards, beneficiaries' registers, screening data, seasonal calendar, contextual data and ration cards), observation checklist. For qualitative methods will include: Focus Group Discussions (FGDs), Key Informant Interviews (KII), Semi-Structured Interviews (SSI), In-depth Interviews, Observation, among others. The qualitative investigation will target Caregivers of children in program, caregivers of children not in program, caregivers of defaulted children, sheikh/religious elders, nutrition program staff, Community Health/Nutrition Volunteers, Nurse, Traditional birth attendants, women groups, men groups among others.

Stage 2: Small area survey/studies

It will involve confirmation of areas of high and low coverage and other hypotheses relating to coverage identified in stage 1 using small-area studies, small surveys, and small-area surveys. In this case, based on findings of stage 1 if small area studies or surveys will be applied, then health catchment areas will be purposively chosen based on perception or assumption or hypothesis from thorough analysis of factors in stage 1 to confirm or reject if the areas have high or low coverage. The hypothesis will be tested using the Lot Quality Assurance Sampling (LQAS) formula: $d = \lfloor N/2 \rfloor$ and will be compared with 50% SPHERE threshold.

Stage 3: Wide area survey

The final stage involves a wide area survey. The sample size and sampling methods for stage 3 will be adopted from the SQUEAC Methodology. The sample size will be determined soon after stage 2 has been finalized upon which the parameters will be extracted. Nevertheless, the equation 1 indicated below will be used to calculate the minimum sample size to be used in the stage 3 wide area survey.

$$n = \frac{\text{mode}(1-\text{mode})}{(\text{precision} \div 1.96)^2} - (\alpha + \beta - 2)$$

The villages to be sampled will be

calculated using the equation 2 indicated below;

$$n \text{ villages} = \frac{n}{\text{average villages population} \times \frac{\% \text{population of 6-59m}}{100} \times \frac{\text{Prevalence}}{100\%}}$$

Provision of an estimate of single program using wide area surveys whereby stratified systematic sampling will be applied in selection of villages based on health catchment areas. Active case finding will be adopted during wide area survey finding unless there will be recommendations to apply adaptive based approaches that are applied in community screening. The single coverage estimator will be used to estimate coverage of the SAM and MAM treatment programmes; however, the team will also calculate period and point estimates.

The equation 3 for calculation of single coverage is indicated below;

$$\text{Single Coverage} = \frac{\# \text{ of current cases} + \# \text{ of recovery cases that attending the programme}}{\# \text{ of current cases} + \# \text{ of recovery cases that attending the programme} + \# \text{ of current cases and recovering cases that NOT attending the programme}}$$

While equation 4 for calculation of recovering out of program cases is indicated below;

$$R_{out} \approx \frac{1}{k} \times [R_{in} \times \left(\frac{C_{in} + C_{out} + 1}{C_{in} + 1} \right) - R_{in}]$$

Summary stages of SQUEAC survey

SQUEAC is a low-resource method that can be used on a regular basis to monitor program performance, identify barriers to service access and uptake and hence evaluate coverage. It is an investigation rather than a survey and uses a mix of quantitative (routine program data and small and wide area surveys) and qualitative data (anecdotal information from various relevant respondents). It equally, employs specific statistical analysis to provide an overall coverage estimate and show areas of poor coverage; and the methodology is action-oriented and practical, highlighting appropriate interventions needed to increase Coverage and access. The survey will adopt stages as indicated in *figure 3* below:

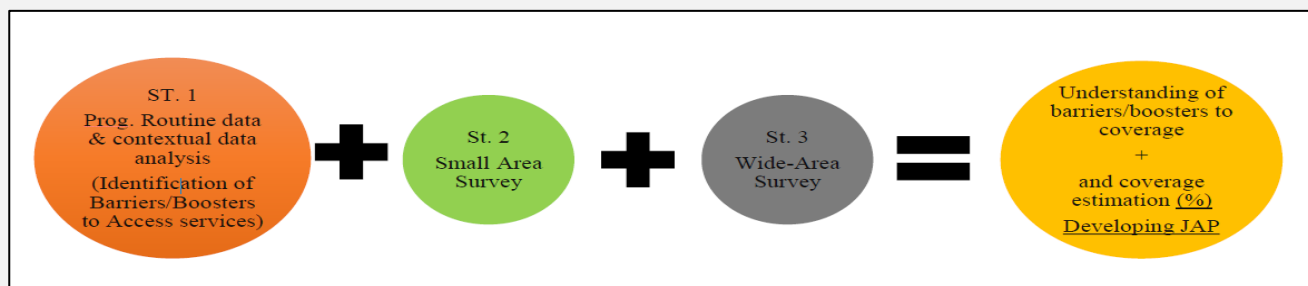


Figure 1: Summary SQUEAC survey stages

Data collection tools

The tools to be used will be adopted from the Global and National platforms including the Coverage Monitoring Network (CMN) and Somalia Assessment Information Management Working Group (AIMWG) guideline. It's important to note that the consultant will work with Save the Children staff and other survey teams to contextualize and enhance the tools in the field in-order to reflect any emerging themes during the implementation phases. The draft data collection tools for stage (1-3) of SQUEAC methodology are attached in the *annex 1* of this document.

Survey teams

The specific number of teams will be agreed upon in close consultation with Save the Children field teams during the inception phase. However, each team will be composed of two (2) enumerators and one (1) team leader. The enumerators will be drawn from communities residing in the survey area. The team leaders will be hired by the consultant through complete, Ministry of Health and other stakeholders located in Kismayo will have supervision role.

The consultant with the support of Save the Children field teams and Jubaland nutrition cluster coordinator will lead this assessment.

SQUEAC Survey implementation

Planning

The consultants will share the necessary checklist with Save the Children that will inform better planning for the survey. This includes sharing relevant information or pre-survey/secondary data analysis for CMAM programs that will inform various stages of the SQUEAC implementation and will be instrumental in validation of technical proposal at Save the Children and AIMWG level.

Also important will be planning on logistics and administrative requirements, engaging key stakeholders at Baidoa in debriefing session prior to training and data collection.

With the consultant's guidance, Save the Children will develop the criteria for recruiting survey teams. The selection process will consider key factors such as the level of education, previous experience in conducting surveys or assessments, the ability to read and communicate in English and undoubted fluency in any major local dialect. This will ensure high-quality research output and cultivate local community confidence and ownership of the assessment process.

Training

There will be a mix of training for SQUEAC ToTs and survey enumerators based on CMN guidelines on capacity building for various participants.

Training of ToTs

The consultant will conduct the SQUEAC manager level training within the first five days. The participants for SQUEAC manager level training will be drawn from Save the Children staff, Ministry Of Health (MOH) and other stakeholders directly or indirectly involved in the implementation of CMAM programmes. Prior to the training the participants will be sent an pre-evaluation tool for their inputs and this will be instrumental in contextualizing training modules to fit the needs of participants and in accordance to CMN capacity building module. The SQUEAC survey manager level training will encompass both classroom and practical sessions covering all SQUEAC modules for the defined three stages of the SQUEAC methodology. Training will be conducted in a central place within Kismayo using the standard SQUEAC manager training modules.

Training of assessment teams

Consultant will engage the assessment/enumerators in practical session at each phase of SQUEAC survey implementation. The consultant will share training modules with ToTs to aid in training the assessment teams/enumerators as part of building capacity and confidence in the implementation phase. The modules to include; translation and back-translation of data collection tools, community assessments using various qualitative approaches as well as small-area and wide area assessment will be encompassed. , the teams will undergo a rigorous training mainly focusing on data collection procedures for each phase (1, 2 & 3) of SQUEAC implementation, survey teams, field procedures data collection tools, analysis, and reporting.

Data collection and supervision

The consultant will coordinate the supervision of the teams, MOH and Save the Children staff will supervise each team.

The field data collection procedures will be conducted under strict adherence to the Save the Children Standard Operating Procedures (SOPs), and SQUEAC protocols to ensure their safety and that of the study population. The data collection timeline is indicated in *Table 1* of this proposal.

Data Quality Control measures

The following measures will be observed to ensure data quality.

- ✓ A five-day comprehensive training for ToTs
- ✓ A day or two debriefing sessions for the survey teams in each phase prior to data collection.
- ✓ Translation and back translation of the data collection tools/ contextualizing survey tools.
- ✓ Field supervision of the assessment teams during data collection, coordinated by the consultant.
- ✓ Distribution of enumerators based on strengths across the survey area.
- ✓ Adequate logistic and administrative planning prior to and during the implementation phase.
- ✓ Provision of tools and other necessary materials to the team for practice prior to data collection.
- ✓ Discussion/ daily feedback with the teams with regards to data/information derived during the assessment

Analysis, reporting and dissemination.

All field notes will be coded on a daily basis. This will enable ongoing analysis and reflection on the purposes and findings of the assessment. The analysis of data will be done using various tools/methods as defined in stage of SQUEAC implementation:

- Mind map/Concepts maps – How factors interact to create low coverage
- Bayes SQUEAC Calculator - The software enables the creation of graphs for the *Prior*, the *Likelihood* and the *Posterior*. The Calculator indicating a point estimate and 95% credibility interval from the resulting Posterior automatically generates the Posterior, representing the coverage estimate.
- Histograms
- Boosters, Barriers and Questions
- scoring (simple and weighting)

The consultant will consolidate the findings into a draft report and will share with Save the Children for technical review ahead of inputs and validation by AIMWG. The consultant will the findings with Save the Children field teams for the inputs and feedback.

Ethical considerations

- Informed consent from potential study participants/respondents will be sought.
- If the potential participant cannot read, an impartial witness will be present during the entire consent process.
- After providing information and answering any queries, the participant will be asked if they can give their written consent using a consent form. This will be a voluntary participation in the assessment.
- The identity of the participants will be kept anonymous, and privacy and confidentiality will be embraced.
- Willingness to participate and those who do not wish to participate in the assessment will not be forced but their decision not to participate will be respected.
- No harm

TIME FRAME

The consultancy work will last approximately **30 days** including induction and travel days. The days will start by the date the contract is signed.

TERMS AND CONDITIONS

Consultancy fee: The consultant will come up with his/her own rate which will be subjected to negotiation within the bounds of donor requirements and set standards of SC in Somalia the consultant is expected to estimate all relevant costs for the exercise, including costs for data collectors, vehicle rent, venue, stationary, standardization test and accommodation while undertaking activities related to this assignment.

CODE OF CONDUCT

Save the Children's work is based on deeply held values and principles of child safeguarding, and it is essential that our commitment to children's rights and humanitarian principles is supported and demonstrated by all members of staff and other people working for and with Save the Children. Save the Children's Code of Conduct sets out the standards to which all staff members must adhere, and the consultant is bound to sign and abide by the Save the Children's Code of Conduct.

A contract will be signed by the consultant before the commencement of the action. The contract will detail terms and conditions of service, aspects of inputs, and deliverables. The Consultant will be expected to treat as private and confidential any information disclosed to her/him or with which she/he may come into contact during her/his service. The Consultant will not, therefore, disclose the same or any particulars thereof to any third party or publish it in any paper without the prior written consent of Save the Children. Any sensitive information (particularly concerning individual children) should be treated as confidential.

An agreement with a consultant will be rendered void if Save the Children discovers any corrupt activities have taken place either during the sourcing, preparation, and implementation of the consultancy agreement.

Application Procedure and Requirement

Candidates interested in the position are expected to provide the following documentation:

- ✓ A technical proposal with a detailed response to the TOR, with a specific focus on the scope of work, methodology, and timelines, and how the participation of children and persons and children with disabilities in the evaluation will be ensured.
- ✓ Initial work plan and an indication of availability.
- ✓ A financial proposal detailing the daily rate expected including accommodation, transportation, stationery, data collectors, research assistance, and all other cost related to this assignment. (Operational and consultancy fees).
- ✓ Company profile or CV including a minimum of 3 references.
- ✓ At least two previously conducted similar studies.

Supplier Sustainability Policy and the included mandatory policies: [Click Here to Access](#)

HOW TO APPLY:

Applications can be submitted by either:

Electronic Submission via ProSave (Recommended)

- Submit your response in accordance with the guidance provided in the below document:



Bidding on a
Sourcing Event.pptx

- Bidders are encouraged to apply via Ariba system. Please request the Ariba link via email sending your company profile and Business registration certificate/CV. Please address your request to apply via ProSave to css.logistics@savethechildren.org

Electronic Submission via Protected Email box (Optional)

- Email should be addressed to southcentral.supplychain@savethechildren.org
- Note – this is a sealed tender box which will not be opened until the tender has closed. Therefore, do not send tender related questions to this email address as they will not be answered.
- The subject of the email should be **“PR439485 SEMI-QUANTITATIVE EVALUATION OF ACCESS AND COVERAGE (SQUEAC) IN Kismayo DISTRICT, SOMALIA.** – ‘Bidder Name’, ‘Date’.
- All attached documents should be clearly labelled so it is clear to understand what each file relates to.
- Emails should not exceed 15mb – if the file sizes are large, please split the submission into two emails.
- Do not copy other SCI email addresses into the email when you submit it as this will invalidate your bid.

Your bid must be received, no later than 25th March 2024

Bids must remain valid and open for consideration for a period of no less than 60 days