



## TERMS OF REFERENCE

# ***Biotisho* Adolescent Integrated Nutrition Project in Samburu-Central Sub County**

## **BASELINE STUDY CONSULTANT**

### **1.0 Introduction and Overview of the Project**

*Biotisho*<sup>1</sup> Adolescent Integrated Nutrition Project is a recently UNICEF-funded project that will be implemented in Samburu-Central Sub County, Samburu County for 1 ½ years (September 2020 – February 2022). The implementation of the project will be done as a partnership involving CBCC Africa, UNICEF, National and County governments through the Ministries/Departments of Health; Agriculture; Education; Water and Sanitation; and Public Service and Gender.

The *Biotisho* Integrated Project seeks to contribute to improved nutrition status of adolescent girls and boys in Loosuk and Suguta wards, Samburu Central Sub County (SC) by addressing key underlying causes of malnutrition through an evidence-based package of interventions and novel SBC approaches. From various studies and current literature, it is evident that adolescents in Samburu are exposed to multiple risks and challenges that heighten their vulnerability to malnutrition. Some of the issues include food and nutrition insecurity owing to frequent droughts and limited livelihood options that not only limit their dietary diversity, but also increases their malnutrition risk, in particular anaemia among pregnant and lactating adolescents. Minimum Dietary diversity (five food groups) for adolescents is sub-optimal at 40%<sup>2</sup>. Adolescents classified as thin (Body Mass Index (BMI) <18.5 kg/m<sup>2</sup>) are 33.8% compared with 20.3% with moderate thinness and 13.5% with severe thinness. Among adolescents in Samburu, Family Planning access and utilization among adolescents is low resulting in very low contraceptive prevalence (20%)<sup>3</sup>. Early sexual debut (M:59%; F:14%) predisposes them to high HIV/STI exposure and high unintended pregnancies amongst teenagers (25.7%); Cultural practices that adolescent girls are exposed to, and that ultimately affect their well-being are female genital mutilation, beading with associated sexual relations with morans and early marriages. Although the county is considered a low prevalence county for HIV, the mother-to-child-transmission (MTCT) rate is high at 15.4% against the global target of < 5%. In 2019, 37 (51%) out of 73 HIV infected women who sought PMTCT services were adolescent mothers aged between 10-19 years<sup>4</sup>. There however remains paucity of data regarding outcomes of HIV infected teenage mothers and their HIV exposed infants. WASH indicators for the County are poor with only 54.9% households obtaining drinking water from safe sources; 12.6%

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<sup>1</sup> Meaning 'well-being' in Samburu local language

<sup>2</sup> 2019 Kenya Adolescent Health Survey

<sup>3</sup> 2014 Kenya Demographic Health Survey

<sup>4</sup> Kenya Health Information Systems

households treating their drinking water; 11.8% practicing handwashing during the 4 critical times and high proportion of households still practicing open defecation<sup>5</sup>.

In alignment with global, national and organizational policies and guidelines, The *Biotisho* Project will work towards addressing these core issues that predispose the targeted adolescent boys and girls in Loosuk and Suguta wards to malnutrition by reaching them with a package of interventions through multiple platforms (school, facility and community based) which include the following:

- Nutrition education with an emphasis on promoting dietary diversity using locally available foods;
- Food production interventions through establishing kitchen gardens (vegetable and small animals) and promoting Good Agricultural Practices (GAP) within the county context;
- Weekly iron and folic acid supplementation (WIFAS) for all adolescent girls and boys through school and health facility platforms;
- Hygiene and sanitation promotion with an emphasis on menstrual hygiene, appropriate handwashing practices, food safety and hygiene and deworming; and
- Counselling and support services for mental health, substance abuse and child protection.

The project will provide the integrated package of interventions through innovative, context-relevant and adolescent friendly approaches that are sustainable, scalable and that also enhance optimal participation of the targeted adolescents. The project intends to determine the intricacies of the interventions package and design of these approaches through both quantitative and qualitative assessments and processes e.g. Human Centred Design, that ensure deep understanding and immersion into the contextual issues that consider cultural, behavioural and structural factors and learnings from previous adolescent related interventions in Samburu and other counties. The current design of the project is informed by a conviction that if the underlying causes of malnutrition among adolescent girls and boys are well understood and addressed holistically by; (a) ensuring their optimal access to an evidence based package of interventions; (b) empowering providers at community, facility and school levels to provide adolescent focused, friendly and integrated nutrition services and; (c) addressing the behavioural, cultural and environmental issues for optimal adolescent participation and benefit, there will be increased coverage and utilization of integrated nutrition services and improved nutrition practices leading to better nutrition outcomes for the adolescents. The theory of change behind the project also lays emphasis on strengthening foundational pillars including a focus on:

- Evidence generation, synthesis and promotion of the use of evaluation, research data for adolescent programming;
- Gender and risk informed Social and Behaviour Change targeting in and out of school adolescents, key social influencers, caregivers and key decision makers at County level;
- Alignment with already existing evidence informed and integrated capacity development and quality services for facility, community and school-based service providers; and
- Adolescent-led advocacy and leadership for policy development, adoption, implementation and enforcement

Through this project, the following outcomes are expected by the end of project period in the two wards:

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<sup>5</sup>2019 Samburu County SMART Survey

- i. improved knowledge on optimal nutrition, sanitation and water use, sexual reproductive health and life skills among adolescent girls and boys and their social influencers to inform their decisions;
- ii. increased health -seeking behaviour and adoption of desirable practices in nutrition, sanitation and water use, sexual reproductive health and life skills among adolescent girls and boys and their social influencers;
- iii. improved resources and skills in quality care and service provided to adolescents and other social influencers by community and facility health workers, schoolteachers and other service providers;
- iv. strengthened capacity for Samburu County Government to coordinate, design, cost, implement and monitor county-specific policies and programmes to reduce adolescent malnutrition; and
- v. strengthened adolescent evidence generation and information system in Samburu County.

## 2.0 Baseline Study: Purpose and Scope

### 2.1 Purpose of study

The design of *Biotisho* project will be carefully informed by strong evidence/data derived from recent adolescent research studies that have been carried out in Samburu. The 2019 Samburu Adolescent Health Survey, implemented by the Ministry of Health (MoH) and UNICEF as a pilot study provides critical household survey data related to the health status of adolescents in the County. The data was on several health areas including SGBV, nutrition<sup>6</sup>, WASH, FP, mental health, status of substance and drug abuse, disability levels and various morbidities – HIV, anaemia, diarrhea, pneumonia, among others. Another study, the 2018 Formative Research to inform adolescent programming carried out as a partnership between MoH and WFP in Samburu North County (Lesirkan ward) sought to not only understand nutrition needs and priorities of adolescents, but it also pointed at ideal ways of effectively engaging adolescents while reaching them with adolescent-friendly context-specific nutrition interventions. A similar formative study undertaken during the same period in 2018 as part of the USAID-AFYA TIMIZA project providing RMNCAH, Nutrition and WASH services, elucidated evidence on the status of these services, with a focus on SRH/FP issues.

The key findings and recommendations from the studies above will be used and in some cases extrapolated to the regions where *Biotisho* project will be implemented while still respecting the unique context and adolescent needs of the targeted population in Loosuk and Suguta wards.

In addition to using the highlighted studies to strengthen the design and implementation of the project, there is need for a baseline study to be undertaken in the specific implementation sites of Loosuk and Suguta wards within Samburu Central Sub County with the primary objective of obtaining detailed baseline data on key project indicators to be used to establish benchmarks against which achievement of the project milestones will be monitored and evaluated throughout the project life. The baseline will also bridge the research gaps related to quantifying access and availability of key health and nutrition services, coverage of these health/nutrition services and the enablers and barriers to these services. The study will also bring out the facilitating factors/enablers and positive

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<sup>6</sup> Nutrition findings are yet to be validated by Nutrition Information Technical Working Group (NITWG) within MoH, Division of Nutrition and Dietetics

deviance factors contributing to optimal nutrition including factors that build and sustain their resilience and best practices.

## 2.2 Scope of study

The baseline will be conducted in two wards in Samburu Central Sub County (Loosuk and Suguta). A consultant will be contracted to conduct the baseline.

***Baseline Assessment of Project Indicators:*** The baseline study will gather data to inform the project team's understanding of the current status of adolescent girls and boys against the project indicators. The baseline will be designed and implemented in conformity with the project theory of change. Baseline data will be both qualitative and quantitative, depending on the specific nature of the indicators. The baseline data for each project indicators will be collected using a clearly designed data collection methodology that can be easily replicated throughout the life of the project, so that meaningful comparisons can be made at end-line. The selected consultant should provide detailed data collection methods for each indicator to inform future data collection.

***In-Depth Situation and Need Analysis:*** The baseline study should also provide in-depth immersion and co-analysis of the current situation and needs of the target group (adolescent boys and girls aged 10-19 years) in the specified project locations. This analysis should include lifestyle, behavioral, social, cultural, service provision/structural, economic and political issues encountered in the project location that are of relevance to the project. The co-analysis should include participation of adolescents drawn from younger adolescents' cohort (10-14 years) and older adolescents (15-19 years) through Human Centred Designed processes, stage 1 and 2 of empathizing and defining their underlying needs and passion points.

The consultant will be expected to:

- Participate in briefing and consultation meetings to discuss the assignment, become familiar with the *Biotisho* Adolescent Integrated Nutrition Project and to collaborate with the project and partner staff on the development of the baseline study design and implementation plan.
- Develop in collaboration with CBCC Africa and partners a detailed research protocol with research and analysis plan, including plans for pre-testing tools and procedures, recruitment and training of research assistants, meaningful participation of partners and community, sampling methodology, implementation of data collection in the field; qualitative and quantitative data analysis and reporting.
- Share for approval, the research protocol with the Nutrition Information Technical Working Group (NITWG) within the Division of Nutrition and Dietetics at the Ministry of Health, before submitting the necessary documentation for ethical approval by the agreed upon Ethical Research Body.
- Develop in collaboration with CBCC Africa and partners, rigorous and robust, qualitative and quantitative data collection tools that can gather reliable and replicable data on each of the project indicators (sample tools to be developed, shared and approved by project partners prior to data collection). Provide detailed indicator protocols describing the data collection methodology for each indicator.
- Lead data collection in the field including: designing and leading key informant interviews and focus group discussions; designing and leading surveys of Knowledge, Attitudes and Practices (KAP); training research assistants/enumerators; monitoring and ensuring data quality and research ethics of research assistants.
- Analyze data in a rigorous, robust manner using appropriate statistical and qualitative analysis techniques.
- Draft a high-quality baseline study report and Power Point Presentation. The report must be written in good quality English and discussed using available literature.

- Identify challenges and weaknesses/shortcomings with the project MEL log-frame/framework, data collection protocols and present recommendations for improved implementation and monitoring during the life of the project.
- Provide specific recommendations on targeted interventions based on the variations among the younger adolescents and older adolescents, my take is the interventions cannot be similar, the consultant should be able to tease out these differences

### **3.0 Methodology**

#### **3.1 Analysis of secondary documentation**

The consultant will be expected to collect and analyze all secondary data that is relevant to the implementation of the project. These will include but not limited to: Project documents of CBCC Africa and partners (proposal, log frame, previous situation reports etc.); Relevant documents published at global level and County or National Government Ministries (policies, guidelines, County Integrated Development Plans, County Nutrition Action Plan, research reports etc.) and; Relevant documents published by national or international NGOs or research institutions (Adolescent nutrition research reports e.g. by Nutrition International, WFP, Christian AID, AMREF-USAID AFYA TIMIZA, etc.)

#### **3.2 Field Data Collection of Qualitative Data**

Some key aspects of the baseline study will require use of qualitative research methods. In particular, the consultant must demonstrate experience and skill at implementation of surveys to understand the nutrition perceptions and experiences of adolescent girls and boys and their key social influencers (parents, spouses, close family members – mothers in law, community leaders and service providers including health facility/community based health workers, teachers, etc.). The exploratory research should also elucidate the different aspects of the adolescents’ life, their lifestyle, environment context, their underlying needs and passion points that can be leveraged to aid in behavior change. The consultant should use unique qualitative approaches to gather data on such matters, including but not restricted to Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and Participatory Workshops with adolescents in different cohort groups (e.g. 10-14, 15-19 years, HIV teenage mothers, HIV positive adolescents, etc.). The consultant will be required to organize gender and age disaggregated focus groups for adolescent girls, boys, men, women, service providers, etc.

#### **3.3 Field Collection of Quantitative Data**

A number of project indicators will be expressed in terms of percentage/proportion and require the use of statistically robust quantitative data collection methods, in particular the consultant must be experienced and skilled in the design and implementation of Knowledge, Attitudes and Practices (KAP) surveys. The baseline study will involve the use of KAP survey to gather data on the existing KAP on recommended health and nutrition behaviours and services among target communities on issues relating to adolescent boys’ and girls’ nutrition and their drivers.

Triangulation of information gathered during the quantitative and qualitative research will be a critical aspect of this study. The analysis must provide a clear explanation of how the different data sets relate to one another and how they relate to the findings in the secondary documentation including the key related studies highlighted earlier in the ToR and routine data in County level KHIS/LMIS

#### **3.4 Baseline Study Objectives, Research Questions and Key indicators**

The main objective of this baseline study is to document baseline information on key nutrition and health indicators for adolescent girls and boys aged 10-19 years in Loosuk and Suguta wards, Samburu Central Sub County of Samburu County.

## Specific objectives

The specific objectives for this baseline study in Loosuk ward and Suguta wards in Samburu Central Sub-county are to:

1. Determine the nutrition status of adolescent girls and boys
2. Establish dietary practices among adolescent girls and boys
3. Determine nutrition and health seeking behaviors among adolescent girls and boys
4. Assess the provision (availability and quality) of youth friendly nutrition and health services to adolescents
5. Determine the coverage of nutrition and health services to the adolescents in the targeted wards
6. Determine the barriers and enablers in provision of nutrition and health services to the adolescents
7. Identify interventions that can be successfully implemented for adolescent nutrition, SRH, and life skills

Project Outputs	Performance indicator/s
<b>Output 1:</b> Samburu County has strengthened capacity in coordination, design and implementation and monitoring of adolescent nutrition programs	Number of IEC materials developed
	Proportion of adolescents and key social influencers reached through various SBCC channels and materials
	Number of SBCC approaches used through school, community, facility platforms to effectively reach adolescents with key nutrition and health messages
	Number of coordination meetings held to discuss and coordinate adolescent related issues
	Proportion of County-level adolescent health and nutrition coordination meetings held with participation of adolescents
	Number of adolescent-sensitive and specific policies and protocols that have been disseminated at County level
<b>Output 2:</b> Service providers in Samburu County have improved knowledge and skills on adolescent friendly services (including provision of quality integrated nutrition services)	Number of targeted service providers who receive training on adolescent friendly services
	Proportion of targeted service providers who register improved knowledge and skills on adolescent friendly services
	Number of adolescents who receive minimum package of integrated adolescent and nutrition services
<b>Output 3:</b> Adolescent boys and girls in Samburu Central Sub County have improved knowledge and practices in integrated nutrition interventions	Percentage of the targeted adolescents receiving iron and folic acid supplementation
	Number of adolescents trained on nutrition and WASH (Dietary diversity, iron supplementation, key hygiene and sanitation practices)
	Proportion of adolescents with improved knowledge on nutrition and WASH (Dietary diversity, Iron supplementation, key hygiene and sanitation practices)

Project Outputs	Performance indicator/s
	Number of school, community/household and facility based gardens that have been established, are existing and actively managed
<b>Output 4:</b> Samburu County has strengthened adolescent evidence generation and information system	Number of policy briefs developed on adolescent nutrition at National/County level
	Nutrition information system established and tested for adolescents

### Research Questions

1. What is the nutrition status of adolescent girls and boys in Loosuk and Suguta ward?
2. What are the dietary practices of the adolescent boys and girls in the targeted wards?
3. What are the health and nutrition seeking behaviours among adolescent boys and girls?
4. What is the status of availability and quality of key nutrition and health services to the adolescent boys and girls in the two wards?
5. What is the status of youth friendly services in Loosuk and Suguta wards within facilities, community and school platforms?
6. What is the coverage of key nutrition and health services to adolescent boys and girls in Loosuk and Suguta wards?
7. What are the critical barriers and enablers (at different levels, individual, cultural, structural, service provision) to provision of key nutrition and health services to the adolescent boys and girls in the targeted wards?

### 4.0 Time frame and Payment Plan

The consultant is expected to carry out the exercise from **October 2020** and conclude not later than end of **January 2021**. The exact period of the consultancy will be finalized with the consultant prior to the finalization of the contract.

Key Deliverables	Timeline
Inception Report (to include detailed budgeted activity-plan)	By 14 <sup>th</sup> October, 2020
Summary Literature review report (max. 10 pages)	By 16 <sup>th</sup> October, 2020
Draft research protocol	By 21 <sup>st</sup> October, 2020
Final approved research protocol	By 28 <sup>th</sup> October, 2020
Final ethical approval (AMREF ERC)	By 21 <sup>st</sup> November, 2020
Training of enumerators	By 21 <sup>st</sup> November, 2020
Data collection	23 <sup>rd</sup> November – 4 <sup>th</sup> December, 2020
Data management (entry, transcription, cleaning and analysis)	By 18 <sup>th</sup> December, 2020
Initial draft report of study findings	By 28 <sup>th</sup> December, 2020
Final report of study findings	By 8 <sup>th</sup> January, 2021

Consultancy payment for level of effort (LOE) will be determined by achievement of the key deliverables, with **30% payment** after approval of the inception report, **30% payment** upon completion of data collection process and the final **40% payment** upon submission of final report of the study findings.

## 5.0 Consultant Profile

The consultant must have the following qualifications and experience to be eligible for this assignment:

- The consultant must have a technical background in nutrition, public health, child rights, social sciences, education or related field (at a minimum of Master's Degree level).
- The consultant must have demonstrated experience and expertise in designing and managing baseline studies for similar projects and in delivering agreed outputs on time and within budget.
- Team members should have a minimum qualification of a Bachelor's degree in nutrition, social sciences or related fields and detailed knowledge and understanding of factors that directly or indirectly affect improved nutrition outcomes for adolescent girls and boys in the project locations.
- Demonstrated experience and expertise in implementing rigorous research using Quantitative and Qualitative evaluation methodologies, including Human Centred Design (HCD) exploratory studies.
- Demonstrated experience and expertise in implementation of KAP Surveys (experience undertaking HCD processes is an added advantage)
- Strong quantitative data collection and analysis skills with demonstrated experience in using statistical analysis software (SPSS, STATA or similar).
- Ability to work with communities in relevant local languages (in this case Samburu will be an added advantage).
- Demonstration of good knowledge of the context in Kenya and Samburu County is an added advantage.
- Evidence of publications and reports on similar assignments.
- A demonstrated high level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
- Strong interpersonal and communication skills (high proficiency in written and spoken English) and capacity to develop high quality reports.

### 5.1 Other tasks/deliverables of the Consultancy

In addition to deliverables outlined in 2.0 and 3.0 above, the consultant is expected to also undertake the following tasks:

1. Develop and submit an acceptable draft report after the analysis of data for project partner feedback following an agreed upon format. The report should be comprehensive and provide detailed specific findings within each result area and considerations/recommendations.
2. Lead the analysis and synthesis of evidence to develop key findings; Discuss findings with project partners (CBCC Africa, MoH [Division of Nutrition and Dietetics (DND)] and UNICEF) and incorporate feedback to generate the final report. The consultant will be expected to make a presentation of the reviewed draft report to the relevant County TWG and also Information TWG, Division of Nutrition and Dietetics, MoH.
3. Prepare and submit to CBCC Africa a soft copy (through email) of the final acceptable report in English of no more than 50 pages (excluding references and annexes) utilizing the format below:
  - A front page with title of the evaluation, date and authors of the report
  - Executive summary that presents the key points of the different sections
  - Objectives and the intended use of the evaluation
  - Methodology and limitations of the evaluation
  - Description of the project
  - Findings and discussions
  - Conclusions and recommendations
  - Relevant annexes which as a minimum must include:



- i. List of people/organizations interviewed and consulted
  - ii. All full versions of the data collection tools
  - iii. Bibliography of the documents reviewed (using APA format)
  - iv. Evaluation work-plan
  - v. These Terms of Reference for the evaluation
4. Summary of the findings in (MS PowerPoint) to be used for subsequent dissemination.
  5. The final cleaned data set used for analysis and production of the final report in an acceptable electronic format (Excel, SPSS, STATA). All raw data (quantitative data files, transcripts from In-depth Interviews, FGDs etc. should also be submitted to CBCC Africa offices in Nairobi for reference and future use. UNICEF has sole ownership of all final data and any findings shall only be shared or reproduced with the permission of UNICEF.

## 6.0 Management of Consultancy

The consultant will primarily be guided on key tasks and deliverables by focal management staff within CBCC Africa. The outputs from the consultancy will initially be shared for quality checks and approval by CBCC Africa before submission for review by key stakeholders (UNICEF and MoH-Division of Nutrition and Dietetics)

## 7.0 Guidance on Submission of Proposals

CBCC Africa invites interested individuals to submit the following application documents:

1. Expression of interest outlining how the consultant meets the selection criteria and their understanding of the ToR and methodology
2. A detailed technical proposal clearly outlining the proposed methods for the baseline evaluation and examples of tools to be used
3. Names and Curriculum Vitae (CVs) of individuals or team members and their roles in the achievement of the assignment
4. A financial proposal detailing the consultant's itemized fees, data collection and administrative costs
5. A proposed Gantt Chart/Workplan detailing the activities and timeframe in line with the timeframes provided in this Terms of Reference (ToR) and with consideration for the time it will take to CBCC Africa and key project partners to review documents (Data Collection Tools, Draft Report, etc.) before finalization
6. Names and contact information of three references who can be contacted regarding relevant experience
7. A consulting firm profile (including all details of the firm) – where applicable
8. A copy of a report for previous work conducted/ sample of previous work related to this assignment

All applications received by the submission date will be reviewed internally at CBCC Africa. Upon selection, the consultant will be invited for a discussion and requested to submit a detailed inception report and work-plan prior to starting any data collection exercise.

**Applicants should submit Technical and Financial proposals with subject line clearly marked "Consultancy for Baseline Study: Samburu Adolescent Integrated Nutrition Project" on or before 12<sup>th</sup> October, 2020 via email to [hr@centreforbcc.com](mailto:hr@centreforbcc.com). Applications will be reviewed on a continuous basis as they are being received.**