



## **CHASP SQUEAC SURVEY CONSULTANCY in Adado, Afmadow and Kismayo**

### **BACKGROUND**

#### **1.0 Introduction**

The Community Management of Acute Malnutrition (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. Most malnourished children can be 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 Centres. 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 complication are treated through the in-patient program (Stabilization Centres-SC). Coverage surveys (SQUEAC) are therefore an approach to identify the uptake of the program among the communities being served by the existing CMAM activities. This will inform the CMAM programming.

Afmadow and Kismayo district it is the main transit town into Somalia and currently experiencing frequent and massive movements of returnees from Dadaab Refugee Camp in Kenya. Although the majority of returnees make their way to Kismayo and other parts of Somalia, many are now returning and settling in Dhobley – 1,364 individuals since January 2016 - putting additional pressure on already insufficient and over-stretched resources. Since then it has experienced drought, flooding, waterborne diseases and IDP arrivals from other locations in Middle and Lower Juba. Water shortages and disease outbreaks, including AWD/Cholera, are common with AWD/cholera spread between Dhobley and Diff (another town) and Liboi on the Kenyan side of the border.

On the other hand in Adado district is experiencing an increasing number of population who have been internally displaced by inter-clan conflict or families hit by drought from parts of Galgaduud region. Maternal mortality rates are exceptionally high - 850/100,000 - compared to the national average of 732/100,000. Only 3.3% of women attend ANC1, 2.5% attend PNC and only 9.2% of births take place in a health facility attended by skilled birth attendant. In 2011, 70% of children did not receive any vaccination and only 1.4% received all antigens. Acute watery diarrhoea (AWD) and pneumonia are the major causes of morbidity and mortality among children under five, however, only 40% of children with diarrhoea received oral rehydration solution and only 43% of children who sought care for pneumonia received antibiotics.

In addition, in all the three districts the impact of the severe drought in surrounding areas has fuelled extensive movement into the country, which is a relatively accessible area served by the humanitarian community. Consequently, the already limited and stretched facilities and interventions have been stretched too far by efforts to meet the basic needs of rapidly escalating numbers of newcomers in the three districts. As a result, most arrivals in the three districts are mostly observed to be in a critical nutrition and health situation. Hence a need of a squeak under the CHASP project currently ongoing from 2017-2019.

## 2.0 Objectives of the Assessment

The assessment will be guided by the following specific objectives:

- To assess single, point and/or period coverage of SAM & MAM treatment in Adado, Kismayo and Afmadow districts.
- To identify factors (boosters and barriers) affecting the access to the CMAM program in three districts.
- To develop specific recommendations to improve access and coverage of the program
- To enhance competencies of the nutrition program staff from SCI –in the three district in the SQUEAC methodology.

## SURVEY METHODOLOGY

The survey will use the SQUEAC (Semi-Quantitative Evaluation of Access and Coverage) methodology<sup>1</sup> to measure coverage for TSFP and OTP. 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 follows:

### Stage 1: Building the prior

The *Prior* is the expression of *beliefs* about coverage based on qualitative data. The prior is developed through a analysis of routine data and other relevant available data to identify areas which suggest low or high coverage. Some of the information needed for this analysis includes program admissions over time, exits (cured, defaulters, non-response and deaths), listing and mapping of all settlements in the catchment area for the nutrition program, home locations of all beneficiaries and defaulters, home location and number of community volunteers. The Selected Districts Health Information System and routine program data shall be used to generate trends

### Stage 2: Building the Likelihood

In order to improve and make the *Prior* value stronger more data are added. Collect information from the target communities, beneficiaries and health staff to explain and better inform the program data and build on the hypothesis of high or low coverage. This involves informal group discussions, household interviews where necessary, semi structured interviews and simple structured interviews with respondents such as caretakers, health workers and community health workers in the survey area. The information collected shall be used to triangulate the quantitative information collected in stage 1. This stage also helps to identify factors promoting or hindering program coverage.

Likelihood surveys shall be used to test hypothesis of spatial distribution of coverage. The large area surveys shall adopt active and adaptive methodology which involves looking for cases of both moderately and severely malnourished (those in program and those not in programs). Sample size shall be calculated using Bayesian calculator.

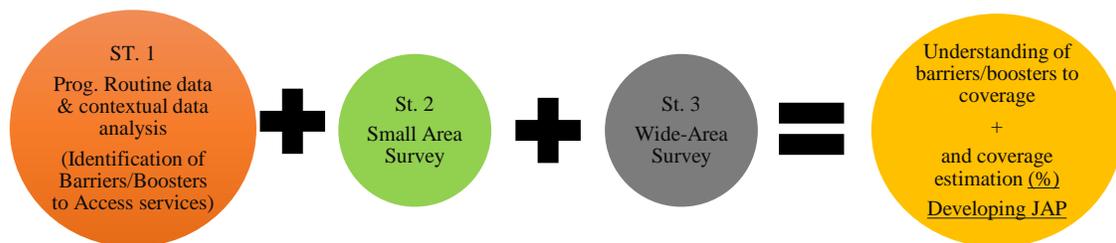
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<sup>1</sup> Mark Myatt, Daniel Jones, Ephrem Emru, Saul Guerrero, Lionella Fieschi. SQUEAC & SLEAC: Low resource methods for evaluating access and coverage in selective feeding programs. <http://www.brixtonhealth.com/SQUEAC.Article.pdf>

### Stage 3: Building the Posterior

A SQUEAC Bayesian Calculator here is used to estimate overall coverage of CMAM programme. The software enables the creation of graphs for the *Prior*, the *Likelihood* and the *Posterior*. The *Posterior*, representing the coverage estimate, is automatically generated by the Calculator indicating a point estimate and 95% credibility interval from the resulting Posterior.

Figure 1: Snap-Shot of the SQUEAC Methodology Stages



### 2.0 Logistics

As part of the technical proposal, the consultant should clearly indicate the approaches and budget for this engagement. After receiving the inception report from the successful consultant/firm, SCI shall arrange all necessary logistical needs of the survey including travels, accommodation, allowances for field Assistants and partners, transport to the field and other necessary items.

### 2.1 Timeframe and Description of main Activities

This survey will last for approximately 60 days. This period will cover all survey processes including: Pre-field preparation, compilation and analysis of routine program data, training of field assistants, field data collection, data analysis and reporting. Notably, field data collection shall cover but not limited to the following: seasonal calendars, labour calendar, food availability, disease patterns, and interviews with caregivers, health workers and small area surveys/studies and large area surveys.

### 2.2 Team composition and Authority

The successful Consultant shall be under the Supervision of SCI's research team and nutrition technical specialists. As part of capacity building and nurturing synergies, the surveys will have nutrition program partners participating including Ministry of Health (MOH), other nutrition Implementing Partners and other stakeholders as appropriate and applicable according to the geographical context.

### 3.0 Required Experience

The consultant should possess the following qualifications

- Extensive experience in nutrition research, SQUEAC surveys, monitoring and evaluation fieldwork (data collection, validation, entry and analysis)
- Experience in leading teams in field (training, field logistic management, human relations, teamwork)
- Prior experience with nutrition, health and food security programming.

- Good knowledge of Somalia and humanitarian operations in fragile contexts. Preferably Somalia national.
- 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.

### **3.2 Technical Proposal Content**

Proposals for this consultancy should include the following information (at a minimum)

- Proposed approaches – this should clearly elaborate the methodology and logistics required
- Proposed timelines for each sub-activity
- Proposed budget.
- Curriculum Vitae person intending to lead this investigation.
- Individual/Company Profile – Showing clear experience in facilitating SQUEAC and Coverage surveys. Preferably, include justification that you completed previous assignments with other agencies.

### **3.3 Expected Outputs from the Survey**

During this engagement, the consultant shall be expected to deliver the following to the survey partners

- Prepare survey protocol and a pre-survey presentation; present the same to Cluster AIM WG for validation.
- A well-written survey report with clearly disaggregated findings by district, category (SAM&MAM).
- Soft copy of raw data set for any quantitative data collected should be shared to the relevant team
- Soft copies of qualitative data collected (i.e. interview notes) should be shared to the relevant team.
- Summary MS- PowerPoint presentation of the survey results and the same presented to the relevant team (Following the agreed Cluster Templates)
- A full final report validated by relevant teams (Cluster AIM WG and technical specialists SCI) to be presented before final payment is processed.

### **How to Apply:**

Applications Interested candidates should present an application, as follows:

- A Technical inception report detailing: - Technical reference of previous similar works - Methodological note with a proposition regarding organization and execution of survey.
- A Financial proposal with a detailed budget taking considering the details in the ToR and timelines therein.

**Application Submission address:** [Somalia.procurement@savethechildren.org](mailto:Somalia.procurement@savethechildren.org) indicating “CHASP SQUEAC SURVEY” as the subject. **Deadline for submission is Monday 21<sup>st</sup> May 2018**