Terms of Reference: Health and Nutrition Knowledge, Practices and Coverage Household Survey Analysis and Report Consultancy

Country programme	Lebanon
Medair contractor	Country Director Lebanon
Total time frame	30 working days - 15 days for analysis/report for 2018 survey - 15 days for analysis/report on 2016, 2017 and 2018 comparisons
Reports to in Lebanon	Technical Health – Lebanon Health Project Manager/ Adviser Technical M&E – Lebanon Assessments, Monitoring & Evaluation Manager
Reports to at Medair HQ	Technical Health – Regional Health Adviser Technical M&E - M&E Senior Adviser

TITLE: Health and Nutrition Knowledge, Practices and Coverage Survey Analysis and Report Consultancy

BACKGROUND:

In 2018 the Syria crisis entered its seventh year with almost 1 million registered, and many more unregistered Syrian refugees continuing to reside in Lebanon, a third of whom live in the Bekaa Valley (UNHCR Data Portal, November 2018). The protracted nature of this conflict has seen the number of refugees residing in Lebanon remain relatively stable since 2014 and the number is not expected to decrease in the immediate future. Syrian refugees make up as much as a quarter of Lebanon's total population, with 80% of these refugees being women and children. The presence of refugees in such high numbers has strained the political, economic and social stability of the country, stretching basic services and systems that have weakened the host authorities' capacity to respond to the increased needs, especially in education, water supply and healthcare. Difficult living conditions exacerbated by the weather and poor sanitation and hygiene situation in refugee settlements have a strong impact on the public health situation of the refugees and has increased the risks of outbreaks of communicable diseases.

Since 2014 Medair has been supporting the Ministry of Social Affairs (MOSA) Social Development Centers (SDC) by implementing a project to improve refugees' and affected host communities' access to primary health care (PHC) services. Medair in close collaboration with MOSA currently supports seven clinics in Central, West and North Bekaa with a focus on mother and child health in addition to mental health and psychosocial support, through the provision of human resources, medicines, equipment, capacity building and supportive supervision to each of the clinics.

Community Health Volunteers (CHVs) in the SDC catchment area deliver a community health promotion package and have been trained on relevant health topics including exclusive breastfeeding, family planning, essential maternal and newborn care, early marriage, lice and scabies treatment and referral systems. Community midwives provide antenatal care, postnatal care and family planning. CHVs and community midwives carry out household visits, community outreach in Informal Settlements within SDC catchment areas and as well as meet refugees and vulnerable host communities in community shared places.

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THE CONSULTANCY

CONSULTANCY PURPOSE

The purpose of the consultancy is two-fold:

1. Part 1 is to analyze and report on the data collected from the household survey (see 'Information on the survey' section below) and make recommendations on current and future programming for Medair, MOSA, Ministry of Public Health (MoPH) and other Non-Governmental Organizations (NGOs). The analysis and reporting will be based on, but not restricted to, key health and nutrition related indicators, including the following thematic areas:
   - Health seeking behavior
   - Diarrhea and respiratory tract infection management for children
   - Vaccinations
   - Reproductive health (including antenatal care, postnatal care and family planning)
   - Breastfeeding practices
   - Access to reproductive and psychosocial services

2. Part 2 is to carry out a comparative analysis of the 2018 dataset, with those of 2017 and 2016, to contextually identify and explore statistically significant trends between the three surveys and propose ways forward, including areas for qualitative research, for Medair, MOSA, MoPH and other NGOs. This is intended as a first step towards the dissemination and application of findings.

OUTPUTS (INCLUDING TIMEFRAME AND SCHEDULE)

The consultancy will take place between January and March 2019 and will be divided into two parts, as set out below. The work will take place remotely, except where a locally based consultant is appointed, in which case a short field trip can be arranged.

Part 1

1.1. Review pre-cleaned data, conduct initial data analysis on the required indicators (using complex analysis in line with the cluster sampling methodology), and provide a written summary of provisional results, including point estimates of all required indicators, within 3 working days. [→3 days]

1.2 Using appropriate data analysis software, conduct in-depth data analysis based on, but not restricted to, the required indicators, and provide a draft report (including project background, methodology, results, discussion, conclusions and recommendations and annexes), within a further 8 days. [→11 days]

1.3 Following Medair feedback (by Global~~Regional~~ Health Adviser, Health Project Manager/Adviser, Global Monitoring and Evaluation Adviser and Assessments, Monitoring and Evaluation Manager), provide the final report and all raw data analyses (Excel and EpiInfo/SPSS/Stata codes or dashboards) and databases, within a further 4 working days. [→15 days]

Part 2

1.1 Analyse the 2016, 2017 and 2018 data sets together and provide a tabular presentation of point estimates for all required indicators, including 95% confidence in~~terval~~dicators and statistically significant trends, inclusive of disaggregation of Syrian and vulnerable Lebanese population groups within 5 working days. [→5 days]

1.2 Following Medair feedback (by the Medair representatives as mentioned above) provide a concise 6-8 page commentary around the trends revealed by the data. This is to be presented in the context of the environment of the Bekaa, drawing on relevant literature as it relates to the national public health situation. This summary should include some top-line messages that can be shared with stakeholders including community members. This should be provided within a further 7 working days. [→12 days]

1.3 Following Medair feedback on the analysis, provide written recommendations on areas for further, qualitative, study that would benefit from exploration of underlying causal factors for notable movements in indicators, inclusive of recommended approach and next steps, within a further 3 working days. [→15 days] *(This follow-up qualitative research will be carried out by Medair either internally, or as part of an additional consultancy, which would be connected directly with its on-going health programming, and linked to strengthening Medair's M&E system and approach more broadly).*

SECURITY (FOR FIELD TRIP IN THE CASE OF A LOCALLY BASED CONSULTANT)

All reasonable steps will be taken to provide safety and security for the consultant; both Medair and consultant accept the inherent risks in working in humanitarian contexts. Medair will not be required to do more than what is reasonable and possible in the circumstances whilst providing a safe and appropriate work environment.

CONSULTANCY FEES AND TERMS OF PAYMENT

- The consultancy will be carried out remotely, whether by a national or international consultant, though provision could be made for field visits should a consultant within Lebanon be selected.
- The consultancy fees will be negotiated based on a proposed budget that includes daily rates for the consultant
- Fee will be paid by cheque or into a bank account designated by the consultant on the successful completion of the first report.
- The remaining pro-rata fee will be paid when the second report has been finalized and approved by Medair.
- Any visa costs, cost of travel in country of abode, and meals while in transit (up to 3 meals per day, maximum 20 USD per meal, no alcohol, no snacks/drinks between meals) will be reimbursed into the designated bank account against receipt.

CONSULTANT RESPONSIBILITIES

- Submit to Medair before the starting date of the contract proof of registration as a consultant. (Only if in Consultant's country of residence such registration is normal practice.)
- Fulfil the above outputs as listed within the timeframe stated.
- Comply with Medair Lebanon security plan and recommendations on dress and behavior.
- Acknowledge all data and results produced by the consultancy is owned by Medair and seek approval from Medair for any utilization of the result out of the defined TOR.

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INFORMATION ON THE SURVEY

SURVEY PURPOSE

The Knowledge, Practice and Coverage (KPC) household survey will measure standardized health and nutrition indicators for Syrian refugees and vulnerable Lebanese, in the Medair-supported SDC project areas. The purpose of the survey is to provide robust data that will inform Medair, MOSA, Ministry of Social Affairs (MOPH) and other NGO programming and provide a strong evidence base to current and potential donors. The analysis will serve to compare key indicators across key target groups, as well as enable a comparison with the 2016 and 2017 KPC surveys.

SURVEY METHDOLOGY

The survey to be conducted will use a cluster design to enable the calculation of 95% confidence interval point estimates with acceptable degrees of precision. The sampling frames will be distinct for both Syrian refugees (made up of those living in informal settlements and those not) and vulnerable Lebanese, such that two cluster surveys will be conducted.

OBJECTIVES OF SURVEY

The objective of the survey is to collection data on key health and nutrition related indicators at the household level, including the following thematic areas:
- Health seeking behavior
- Diarrhea and respiratory tract infection management for children
- Vaccinations
- Reproductive health (including antenatal care, postnatal care and family planning)
- Breastfeeding practices
- Access to reproductive and psychosocial services

KEY INDICATORS TO BE MESAURED

The specific to be measured are:

Programme area	Indicators
Health care access general	% of mothers of children aged under 5 years of age in project area who went to qualified health services when they needed medical services
Reproductive Health (RH) services	% Women, Girls, Men and Boys (WGMB) in the targeted communities who correctly identify available RH services (To be presented disaggregated by sex)
	% WGMB in the targeted communities who correctly report where to access RH services
	% WGMB in the targeted communities who report that they would be comfortable and able to access these (RH) services as needed (To be presented disaggregated by sex)
	% of mothers of children under 5 years who report accessing RH services in the 6 months prior to the survey
	% of mothers of children under 5 years receiving RH services who report satisfaction with support provided

ANC visits	% of mothers of children under two years of age who had 4 comprehensive antenatal visits when they were pregnant with their youngest child
Delivery	% of mothers of children under 5 years who delivered at hospital
	% of mothers of children under 5 years who delivered by caesarian section.
Postnatal Care (PNC)	% of mothers of children under two years of age who received a post-partum visit from an appropriate trained health worker within two weeks after birth of their youngest child
	% of children under two years of age who were examined by an appropriately trained health worker 3 days after delivery
Exclusive breastfeeding	% of infants 0-6 months who are exclusively breastfed
Family Planning (FP)	% of mothers of children under 5 years who report discussing FP with a trained service provider in the 12 months preceding the survey
	% of mothers of children 0-23 months who are using a modern contraceptive method
Vaccinations	% of children aged 6 months- 5 years who are vaccinated for measles in clinics' coverage area
	% of children aged 6 months- 5 years who are vaccinated for polio in clinics' coverage area
	% of children aged 6 months- 5 years who are vaccinated for Diphtheria and Pertussis and Tetanus (DPT) in clinics coverage area
	% of children age 12-23 months who received age appropriate vaccination at time of survey
Treatment of children with Acute Respiratory Infection (ARI)	% of children under 5 years with fast or difficult breathing for whom advice or treatment was sought from an appropriate health facility or provider
Treatment of children with diarrhea	% of children under 5 years with diarrhea receiving ORS or zinc supplementation
Prevalence of diarrhea	% of children under 5 years that experienced diarrhea in the last 2 weeks
Non Communicable Diseases (NCD)	% of mothers of children under 5 years who reported having at least one HH member with NCD
	% of women who know 2 or more ways to reduce the risk of NCDs
Psycho Social Support (PSS) services	% WGMB in the targeted communities who correctly identify available PSS services (To be presented disaggregated by sex)
	% WGMB in the targeted communities who correctly report where to access PSS services (To be presented disaggregated by sex)
	% of mothers of children under 5 years who report discussing PSS with a trained service provider in the 12 months preceding the survey
	% WGMB in the targeted communities who report that they would be comfortable and able to access these (PSS) services as needed (To be presented disaggregated by sex)
	% of mothers of children under 5 years who report accessing PSS support services in the 6 months prior to the survey
	% of mothers of children under 5 years receiving PSS services who report satisfaction with support provided
Child registration	% of children under 5 years officially registered in their country (for Syrians)

SURVEY METHODOLOGY

The surveys to be conducted will use a cluster survey design to achieve 95% confidence interval point estimates with an acceptable degree of precision.

Target population	Clusters x cluster respondents	Planned household respondents
Syrian refugees (in Informal Settlements)	46 x 32	1472
Vulnerable Lebanese	30 x 24	720
TOTAL		2192

The sampling frames are Syrian refugees (made up of those living in informal settlements only) and vulnerable Lebanese in the catchment areas of the 7 Medair-supported SDCs (Talia, Kawkaba, Brital, Kfarzabad, Marj, Kabelias, Jib Janine). For further details on the clusters selected, see the Annex below. The respondents will be women of child bearing age with children under the age of 5, or their care givers. The data will be collected by approximately 70 enumerators, trained and supervised by Medair staff, using tablets and ODK (Open Data Kit) data collection software. A total of 2192 questionnaires are planned to be completed.

TIMEFRAME / SCHEDULE:

Survey questionnaire pre-testing – November 2018
Enumerator training – December 2018
Field data collection: 10th – 21st December 2018
Consultant: Data analysis and report writing: January - March 2019
Review of draft report – April/May 2019

SECURITY

Medair will liaise closely with the local authorities and Municipalities for security information across Bekaa.

PERSONS TO CONTACT

Survey focal point: Dr Ghada Abou Mrad (Medair Health Project Manager / Adviser): ha-leb@medair.org
M&E focal point: Alastair Punch (Assessments, Monitoring and Evaluation Manager): monitoring-leb@medair.org

FUNDING

Funding for this survey will come from Medair's donors, Global Affairs Canada-IHA and EU-MADAD.

ANNEX: Sampling approach

<u>General cluster selection procedure:</u>
   1. Syrian refugees:

a. Using IAMP 56, the number of Syrian refugee households living in Informal Tented Settlement (ITS) within the coverage area of the 7 Medair supported SDCs was broken down by Cadaster and ITS, and a cumulative population list was made.

b. Based on the total household population, an interval was calculated for 46 clusters, the starting points for which were selected from the cumulative population list using systematic random sampling.

c. Again using the household data from IAMP 56, the ITS closest to the 'starting point' IS were pre-selected so that 32 households with mothers (or care givers) with children under 5 could be identified.

2. Vulnerable Lebanese:
a. In the same way that IAMP 56 was used for Syrian refugees in ITS, a cumulative population list of Lebanese was made by household per Cadaster. The general population data (made available by Municipalities for the 2017 survey) was used to create the list, with some adjustments made based on local knowledge.

b. Again based on the total household population, an interval was calculated for 30 clusters, the starting point Cadasters for which were selected from the cumulative population list using systematic random sampling.

c. Then, to identify the starting points within the Cadasters, it is intended that the enumerator teams are directed by the Municipality to a starting point in the Cadaster that contains high numbers of vulnerable Lebanese. After the first household has been identified, snowball sampling will be used to reach the 24 required households per cluster.

Syrian refugee cluster selection

PCode	PCode Name	District	Cadaster	Cluster selection
52227-01-014	Ghazzé 014	West Bekaa	Ghazzé	1
53437-01-114	Serraaine Et-Tahta 114	Baalbek	Serraaine Et-Tahta	2
51221-01-026	Taalbaya 026	Zahle	Taalbaya	3
51227-01-014	Taanayel 014	Zahle	Taanayel	4
51221-01-002	Taalbaya 002	Zahle	Taalbaya	5
51231-01-058	Saadnayel 058	Zahle	Saadnayel	6
51267-01-094	Barr Elias 094	Zahle	Barr Elias	7
51383-01-022	Dalhamiyet Zahlé 022	Zahle	Dalhamiyet Zahlé	8
53453-01-003	Brital 003	Baalbek	Brital	9
53437-01-065	Serraaine Et-Tahta 065	Baalbek	Serraaine Et-Tahta	10
52277-01-045	Marj BG 045	West Bekaa	Marj BG	11
52224-01-003	Baaloul BG 003	West Bekaa	Baaloul BG	12

52237-01-014	Qaraaoun 014	West Bekaa	Qaraaoun	13
52277-01-100	Marj BG 100	West Bekaa	Marj BG	14
51231-01-002	Saadnayel 002	Zahle	Saadnayel	15
51329-01-014	Haouch El-Ghanam 014	Zahle	Haouch El-Ghanam	16
51231-01-101	Saadnayel 101	Zahle	Saadnayel	17
51281-01-051	Aanjar (Haouch Moussa) 051	Zahle	Aanjar (Haouch Moussa)	18
51281-01-014	Aanjar (Haouch Moussa) 014	Zahle	Aanjar (Haouch Moussa)	19
52237-01-005	Qaraaoun 005	West Bekaa	Qaraaoun	20
52227-01-009	Ghazzé 009	West Bekaa	Ghazzé	21
51264-01-001	Haouch Qayssar 001	Zahle	Haouch Qayssar	22
51365-01-093	Terbol Zahlé 093	Zahle	Terbol Zahlé	23
51234-01-031	Qabb Elias 031	Zahle	Qabb Elias	24
51281-01-036	Aanjar (Haouch Moussa) 036	Zahle	Aanjar (Haouch Moussa)	25
51267-01-014	Barr Elias 014	Zahle	Barr Elias	26
51383-01-025	Dalhamiyet Zahlé 025	Zahle	Dalhamiyet Zahlé	27
52227-01-008	Ghazzé 008	West Bekaa	Ghazzé	28
52237-01-016	Qaraaoun 016	West Bekaa	Qaraaoun	29
53419-01-007	Haouch Er-Rafqa 007	Baalbek	Haouch Er-Rafqa	30
51227-01-001	Taanayel 001	Zahle	Taanayel	31
52224-01-007	Baaloul BG 007	West Bekaa	Baaloul BG	32
51383-01-082	Dalhamiyet Zahlé 082	Zahle	Dalhamiyet Zahlé	33
51237-01-001	Haouch Mandara 001	Zahle	Haouch Mandara	34
52227-01-005	Ghazzé 005	West Bekaa	Ghazzé	35
53139-01-005	Taibet Baalbek 005	Baalbek	Taibet Baalbek	36
51231-01-001	Saadnayel 001	Zahle	Saadnayel	37
51234-01-066	Qabb Elias 066	Zahle	Qabb Elias	38
52271-01-001	Harimé Es-Soughra 001	West Bekaa	Harimé Es-Soughra	39
51267-01-013	Barr Elias 013	Zahle	Barr Elias	40
51267-01-011	Barr Elias 011	Zahle	Barr Elias	41
51221-01-001	Taalbaya 001	Zahle	Taalbaya	42
52227-01-003	Ghazzé 003	West Bekaa	Ghazzé	43
52254-01-006	Haouch El-Harime 006	West Bekaa	Haouch El-Harime	44
52211-01-003	Joubb Jannine 003	West Bekaa	Joubb Jannine	45
52277-01-001	Marj BG 001	West Bekaa	Marj BG	46

Vulnerable Lebanese cluster selection

ACode	Cadaster	District	Cluster Selection
52227	Ghazze	West Bekaa	1, 2
51224	Jdita	Zahle	3

51281	Anjar	Zahle	4
51264	Haouch Qayssar	Zahle	5
52217	Kamed-Looz	West Bekaa	6
51329	Haouch El-Ghanam	Zahle	7
52211	Joubb Jannine	West Bekaa	8,9
53419	Haouch Er-Rafqa	Baalbek	10
52277	Marj	West Bekaa	11
51227	Taanayel	Zahle	12
53437	Serraaine Et-Tahta	Baalbek	13
53119	Douris	Baalbek	14, 15
51221	Taalbaya	Zahle	16
51231	Saadnayel	Zahle	17, 18
53453	Brital	Baalbek	19, 20, 21
51267	Barlias	Zahle	22, 23,24, 25
51234	Qabb Elias	Zahle	26, 27, 28, 29, 30