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TERMS OF REFERENCE

Summary

Title	Severe Acute malnutrition research
Purpose	To assess the increase in SAM admission (ENA-SMART), identifying causality (NCA) and auditing deaths due to severe acute malnutrition at health facility levels
Type of consultancy: • Time-based • Delivery based	Delivery based.
Location	Country-wide in sampled health facilities
Duration	108 days
Reporting to	UNICEF on behalf of the Ministry of Health (MOH) and Rwanda Biomedical Center (RBC)

1. BACKGROUND AND JUSTIFICATION

Malnutrition remains a public health concern in Rwanda. While the 2019/2020 Rwanda Demographic and Health Survey (RDHS) showed a significant decline in stunting prevalence among children under five years from 52% in 2005 to 33% in 2020 for over the last 15 years, stunting remains high and above the public health threshold of severity (30%) according to WHO classification[1], and still far from the national target of 19% to be reached by 2024[2]. Twenty out of 30 districts in the country exhibit ≥ 30% stunting rates for children. There are distinct differences in stunting reduction across wealth index quintiles, regions, child sexes, child ages, maternal education levels, and areas of residence.

Anaemia among children 6-59 months is persistently high at 36.6%, close to the public health crisis levels of 40% as per WHO classification. Meanwhile, the anemia rate among women of the reproductive age group was also high at 22% in 2020. With increasing development and urbanization, overweight is becoming an emerging nutrition issue, especially among women of reproductive age, increasing from 12% in 2005 to 26% in 2020. This number indicates that overweight and obesity have doubled in the last 10 years, particularly among women residing in urban areas. This triple burden of malnutrition (the coexistence of undernutrition, micronutrient deficiencies, and overweight and obesity) is affecting human capital development targets and the achievement of the Sustainable Development Goals (SDGs) in Rwanda.

There is strong evidence that eliminating malnutrition in infants and children has multiple benefits. According to the 2012 Cost of Hunger in Rwanda study[3], the annual costs associated

[1] Mercedes de Onis, Elaine Borghi, Mary Arimond, Patrick Webb, Trevor Croft, Kuntal Saha, Luz Maria De-Regil, Faith Thuita, Rebecca Heidkamp, Julia Krasevec, Chika Hayashi and Rafael Flores-Ayala. Prevalence thresholds for wasting, overweight and stunting in children under 5 years. Public Health Nutrition, 2018.

[2] National Strategy for Transformation 1 (NST1) and Health Sector Strategic Plan IV (HSSP IV).

[3] *The Cost of Hunger in Africa: Rwanda 2013 | World Food Programme* (2014). Available at: https://www.wfp.org/publications/cost-hunger-africa-rwanda (Accessed: 4 January 2024).

with child undernutrition are estimated at 503.6 billion Rwandan francs (RWF), which is equivalent to 11.5% of GDP. Eliminating stunting in Rwanda is therefore a necessary step for human capital development and inclusive development in the country.

The Government of Rwanda has prioritized the elimination of malnutrition, especially child stunting in different national strategies and plans, including the second National Strategy for Transformation (NST II) where elimination of malnutrition is one of the top six priorities, NST1:2017-2024, the National Early Childhood Development (ECD) Programme Strategic Plan (NECDP SP, 2018-2024), the fourth Health Sector Strategic Plan (HSSP IV, 2018-2024), the Maternal, Neonatal and Child Strategic Plan 2018-24, the fourth Agriculture Transformation Strategy (PSTA IV), and the National Social and Behaviour Change Communication Strategy for Integrated ECD, Nutrition and Water, Sanitation and Hygiene (WASH, 2018-2024).

Malnutrition in Rwanda is a complex issue influenced by various factors related to supply, demand, and the enabling environment. The immediate causes of malnutrition include insufficient and inappropriate food consumption and feeding practices. While the exclusive breastfeeding rate for children under 6 months is relatively high at over 80%, compared to the global rate of 48% estimated in 2022[4]stunting rates among children 24–36 months is 40% among children aged 24-36 months, one of the key factors contributing to high stunting is insufficient and low-quality complementary feeding. Only 22% of children (6-23 months) receive a minimum acceptable diet, 34% have minimum dietary diversity, and 46% have minimum meal frequency. according to the Rwanda Demographic and Health Survey (RDHS) 2019-2020. Food insecurity, lack of diversity in food consumption (including limited animal-sourced foods) and unhealthy lifestyles are key factors contributing to malnutrition.

Gender norms in Rwanda significantly impact nutrition outcomes by shaping access to resources, decision-making power, and societal roles, particularly affecting women and children. Women often bear the responsibility for food production and preparation but lack control over income and decision-making, limiting access to diverse, nutritious foods. Cultural norms, such as prioritizing men's dietary needs and food taboos restricting certain foods for women, exacerbate maternal and child malnutrition. Limited access to land, education, and resources, coupled with heavy workloads, further constrain women's ability to prioritize nutrition. Early marriage and pregnancy also heighten nutritional vulnerabilities among adolescent girls. Addressing these issues requires empowering women, dispelling harmful food myths, and engaging men as partners in household nutrition, fostering equitable and sustainable outcomes.

In Rwanda, recent research has revealed that factors such as food security (including availability, accessibility, affordability, market dynamics, and soil and climate conditions), the presence of development partners, and effective governance and leadership with a focus on nutrition have facilitated a reduction in stunting rates[5]. Conversely, inadequacies in these factors have been associated with stunting stagnation or increase, underscoring the importance of addressing these issues comprehensively for improved nutrition outcomes.

[4] UNICEF Global Databases. Accessed online, 08 January 2023, URL: https://data.unicef.org/topic/nutrition/breastfeeding/
[5] ibid

This call for research focuses on unpacking the increase in admission (ENA-SMART), identifying causality (NCA) and auditing deaths due to severe acute malnutrition at facility levels.

2. OBEJECTIVE

The primary objective of this Severe acute malnutrition (SAM) research is to identify the underlying factors that contribute to the high increase of malnutrition in Rwanda. This will help to better understand the causes, consequences, and suggest effective interventions for malnutrition eradication.

3. METHODOLOGY

1. SMART METHODOLOGY is an inter-agency initiative launched in 2002 by a network of organizations and humanitarian practitioners. SMART advocates a multi-partner, systematized approach to provide critical, reliable information for decision-making, and to establish shared systems and resources for host government partners and humanitarian organizations.

   The SMART Methodology is an improved survey method that balances simplicity (for rapid assessment of acute emergencies) and technical soundness. It draws from the core elements of several methodologies with continuous upgrading informed by research and current best practices.

   The SMART Methodology is based on the two most vital and basic public health indicators for the assessment of the magnitude and severity of a humanitarian crisis:

   1. Nutritional status of children under five.
   2. Mortality rate of the population. These indicators are helpful in prioritizing resources and monitoring the extent to which the relief system is meeting the population's needs, and therefore the overall impact of the relief response. https://smartmethodology.org/about-smart/

   ADVANTAGES OF USING SMART ensures that consistent and reliable survey data are collected and analyzed using a standardized methodology. It provides technical capacity for decision-making and reporting and comprehensive support for strategic and sustained capacity building. An international consulting firm well-versed in using the SMART method will work with a local institution, national authorities, and other partners in nutrition, such as WFP, to lead and oversee the work.

2. NUTRITION CAUSAL ANALYSIS

A nutrition causal analysis (NCA) is a method for analyzing the multicausality of undernutrition, as a starting point for improving the relevance and effectiveness of multi-

sectoral nutrition security programming in a given context. This will help designing problem specific solutions in affected areas with a surge in admission of severe acute malnutrition.

3. DEATH AUDIT

A death review or mortality audit is a means of documenting the causes of death and the factors that contributed to it, identifying factors that could be modified and actions that could prevent future deaths, putting the actions into place and reviewing the outcomes. A death audit, also known as a mortality audit or death review, is a process for documenting and analyzing the circumstances of a patient's death at a health facility:

- Identify causes: Determine the cause of death and any contributing factors in the facilities with high mortality rate of severe acute malnutrition cases.
- Analyze care: Evaluate the care provided to the patient against national protocol for treatment of severe acute malnutrition and the patient's wishes.
- Identify risk factors: Determine any social, environmental, or nutritional risk factors.
- Identify modifiable factors: Identify factors that could be changed to improve care and prevent future deaths.
- Implement changes: Put changes into place and review the outcomes.

4. SCOPE OF THE RESEARCH

This research/survey will provide insight for timely action, resource mobilization, and program planning, including informing risk informed programming through tailored responses to the problems identified.

This survey will be conducted by a research firm and is expected to:

1. Lead the implementation of the SMART survey methodology, including the revision and adaptation of tools and protocols for the survey in collaboration with the MOH/RBC/UNICEF and the national taskforce overseeing the research.
2. Lead the implementation of NCA and death audit alongside the SMART survey.
3. Involve nutritionists, pediatricians, nurses and other health professionals in selected districts to undertake fieldwork, transferring knowledge and skill.
4. Provide high-quality technical assistance to the MOH/RBC and the engaged actors supporting the various survey phases.
5. In collaboration with all relevant stakeholders, the research firm will plan all stages of the survey, manage and train surveyors, and supervise the quality of processes and fieldwork and analysis.
6. Ensure the quality of processes and the timely delivery of expected results.
7. Present an inception report reviewing all critical steps from planning to presenting results, the final survey report and dissemination

5. SPECIFIC TASKS

Planning phase

A. Elaborate/finalize the survey protocol, timeline of activities, data collection, inception report and its presentation.
B. Determine and document the sampling methods, implementing the sampling plan in close collaboration with the taskforce.
C. Ensure that all survey forms, phones/tablets, materials, tools, and equipment are ready for the survey.
D. Finalize the survey tools, including the interview guide, questionnaire, standardization of anthropometry tools form, calendar of local events, and reference for children with Severe Acute Malnutrition (SAM) before the training.
E. Finalize the specifications for survey equipment and materials.
F. In collaboration with MOH/RBC, ensure proper community and authorities' engagement in the selected survey sectors/cells and at the provincial/district level to secure support for the survey and availability of the target population for data collection.

Training phase

A. Conduct the survey training covering all details in the interviewer's manual.
B. The task force and the entire survey team should attend the survey training.
C. Organize a field test to validate the questionnaire, the workflow, the recording, and data entry in an area that is not included in the first stage of sample selection.
D. Organize the deployment of interviewer teams to the country's different regions with a plan indicating who will work, where, and how reporting by field teams will be done.

Fieldwork Phase

A. Ensure adequate supervision of each survey team during the entire data collection period.
B. Make periodic supervision visits to the survey teams during their work to ensure high data quality.
C. Review the entered data daily and provide prompt feedback.
D. Document the constraints, difficulties, or potential biases identified during the survey implementation process.

Data Analysis and Report Writing

A. Analyze and interpret the results of the survey with task force members.
B. Complete reports and all other activities promptly as per the agreed schedule.
C. Share the survey results with the task force and the country/regional office for review.
D. Present the survey methodologies and results during the survey dissemination workshop.
E. Create copies of survey materials on OneDrive, Pen drive or other media device for archiving.

6. WORK MODALITIES AND ADMINISTRATIVE ISSUES

A. During the data collection phase, the contract duration is 108 days over 5 months, including 35 days of field missions.
B. The selected candidate is expected to be based at the MOH/UNICEF office and have frequent contact with the Ministry of Health and taskforce team and other relevant actors.
C. The consulting firm/firm payment will be made based on satisfactory deliverables/outputs and quality progress reports. The final payment will be based on performance and approved close-out report.
D. Interested candidates should submit their application, including all costs related to this consultation. The financial offer must be all-inclusive (including fees, international travel costs, field travel costs, transport, daily subsistence, and any other related cost).

NB: The final selection will be based on the "best value for money" principle.

7. DELIVERABLES/OUTPUTS

All deliverables will have to meet expected quality and standards as elaborately indicated in this Terms of Reference. Should the Institutional Consulting firm fail to deliver as per expected quality and standards, UNICEF reserves the right to amend the payouts accordingly or to delay them until a satisfactory submission has been received.

Based on the scope of the assignment, the consulting firm will deliver the key tasks and deliverables indicated below table:

Tasks	Expected Deliverables	Time frame	Estimated budget
I. Inception report with: 1) Desk review of available technical documents. 2) Approved sampling methodology. 3) Survey protocol proposal for standardized survey tools	Approved inception report with context analysis work plan, methodological approach, and research permit (Deliverables/outputs 1)	15 DAYS	(10 percent)
II. Approved work plan 1) Approved equipment list and work plan for Consultations and Survey implementation. 2) Surveyors and training materials adapted. 3) Draft a communication plan for survey implementation.	Approved work plan, equipment list and training material. (Deliverable/outputs 2)	17 days	(10 per cent)

Tasks	Expected Deliverables	Time frame	Estimated budget
III. Training completed 1) Report on interviewers' and supervisors' training 2) Report of field testing of survey tools and materials and 3) Finalized deployment plan of survey teams including supervision plan.	Approved training report and report on field testing materials (Deliverables/outputs 3)	20 Days	(30 per cent)
IV. Approved supervisor report 1. A supervision report is available unfolding the major limitations, difficulties or potential biases identified during the survey implementation process as well as the quality score of the survey. 2. A preliminary report is prepared, and the survey results and findings are shared with the government and all other key partners.	Approved preliminary report including survey findings and point presentation (Deliverables/outputs 4)	33 days	(25 per cent)
V. Final assessment report Research report submitted and shared on OneDrive, with: Cleaned dataset including anthropometry, IYCF practices, Minimum dietary diversity for women and mortality data, causality analysis, and death audit alongside executive summary of findings of surveys.	Final assessment report and power point presentation (deliverables/outputs 5)	23 days	(25 per cent)

8. Required qualification for the research

- Track record and specialty in this kind of research tasks.
- A principal investigator with advanced university degree in master's in public health, nutrition, epidemiology

- Research firm should have valid license from Rwanda Allied Health professional council for research firm

- Research team members should have valid license from Rwanda Allied Health professional council (licensed nutritionists, nurses and clinical medicine and community health)

- The research firm should have at least pediatrician to support the death audit component

9. Knowledge/Expertise/Skills required

- Excellent facilitation and training skills
- Experience using smartphones/tablets for data entry and analysis.
- Demonstrated skills in survey or evaluation report writing.
- Demonstrated presentation skills.
- In-depth understanding of malnutrition from nutrition/public health point of view.
- Certification or training in survey methodologies, SMART methodology, or related areas.
- Demonstrated skills with statistics analysis software (EPI-Info, SPSS, SAS, STATA or others…

10. Work experience

SMART methods: minimum 3 surveys as principal research coordinator and Minimum of 5 years' experience in SMART methodology.

11. Language proficiency

Fluent in English and Kinyarwanda. French is an asset.

12. Evaluation criteria

A two-stage procedure shall be utilized in evaluating proposals, starting with the technical proposal followed by the financial proposal.

I. Technical evaluation of proposals

Evaluation of technical proposals will represent 70% weighting.

II. Financial evaluation of proposals

Financial proposals whose technical proposals meet technical expectations will be assessed, for a consolidated score of the overall proposal, based on which the offer will be made to the qualified Institutional Consulting firm. The financial criteria will represent 30% of the weighting.

The cumulative weighted average for the two proposals will then apply in determining the best value-a for-money proposal.

Applications shall therefore contain the following required documentation:

a. Technical Proposal: The consulting institution should prepare a proposal based on the tasks and deliverables (as per the ToR).

The proposal should include:

i) Description of experience, reflecting why the institution is suited to fulfil this scope of work.

ii) The Technical Proposal shall also include updated CVs, including their intended role in this consultancy and the amount of time they intend to commit to this end-line assessment. Copies of 2 reports of previous research conducted by the consulting firms should also be included.

iii) Approach and methodology with a detailed breakdown of the inception phase proposed scope and data collection methodology and approach that will be used by the consulting firm. Moreover, a brief explanation of the data analysis and report writing, and a possible dissemination plan should be included along with a draft work plan and timeline for the research.

b. Financial Proposal: Expected financial offer with a cost breakdown of consultancy fee, travel, daily subsistence allowance (DSA), and any other costs, during the fieldwork in Rwanda. The proposal should include a breakdown of prices, for each component of the proposed work, based on an estimate of the time needed. The financial proposal shall be submitted in a separate file, clearly named the financial proposal. No financial information should be contained in the technical proposal as this will lead to proposal cancellation.

Financial Proposals should be filled as per the table below:

Deliverable	Time frame	Costs
Inception report and context analysis- Deliverable 1		
work plan, equipment list and training material (Deliverable 2)		
training report and report on field testing materials (Deliverable 3)		
preliminary report including survey findings and point presentation (Deliverable 4)		
Final assessment report (Deliverable 5)		
Operational Costs (a detailed addendum budget required)		
Total		

The evaluation of bids will be based on the following:

Technical Proposal	70 Points
1. Experience of the institution The successful consultancy firm will be able to demonstrate skills in: • Experience in SMART methodology • Experience in evaluating nutrition, SAM programs in health facilities. • Skills with statistics analysis software (EPI-Info, SPSS, SAS, STATA). • Excellent qualitative and quantitative research analytical skills.	30

• Experience and/or capacity to work in Rwanda (preference given to Rwandan consultancy firms or firms bidding with national experts). • Demonstrable experience in convening multi-stakeholder processes and building consensus on research. Team members should demonstrate the following: • At least 5 years' experience in SMART methodology and experience in research and analysis with quantitative and qualitative data. • Fluency in English, and Kinyarwanda (preferred). • Excellent writing skills. • Demonstrated experience in developing reports.	
2. Proposed methodology and approach • Quality of previous work done in research. • Quality of proposed methodology and approach (including sampling framework and proposed tools). • Quality of the proposed process and timeline with a division of tasks towards the final report.	30
3. Technical capacity for management • Realistic and timed plan of action. • Provide the ability to conceptualize, plan, and execute research. • Good management, interpersonal, planning, and coordination skills.	10
Financial Proposal	30 Points
• The costs should be broken down for each component of the proposed work, based on an estimated time frame. • Separate cost table. • Budget narrative to explain the assumptions behind all cost estimates.	

The financial proposal will be opened only for those entities whose technical proposal achieved the minimum technical threshold of 50 points of the obtainable maximum score of 70 points and are determined to be compliant.

The contract shall be awarded to the proposal obtaining the overall highest score after adding the score of the technical proposal and the financial proposal. Proposals not complying with the terms and conditions contained in this ToR, including the provision of all required information, may result in the Proposal being deemed non-responsive and therefore not considered further.

Non-compliant proposals will not be eligible for further consideration.

13. Confidentiality

Unless otherwise specified, the consulting firm shall keep confidential all information and documentation being shared by UNICEF Rwanda and other partners.

14. Contract management and administrative matters

Ministry of Health and UNICEF will manage the contract for the consultancy, while the institutional consulting firm will handle all logistical arrangements related to the contract. The institutional consulting firm will also bear responsibility for additional expenses such as local travel, field travel, and office space and equipment, including computers and photocopiers.

UNICEF will be under no obligation to pay for additional operational costs related to this assignment. All costs required to operationalize this assignment shall be borne by the hired Institutional consulting firm and should be included in the proposed financial proposal.

15. Administrative Issues, including Consulting Firm's Workplace and Travel

The institutional consulting firm is responsible for providing an all-inclusive cost in the financial proposal, which covers all expenses related to the assignment, including travel to Rwanda if the consulting firm is based outside the country. UNICEF will not provide office space or electronic equipment to the consulting firm. The consulting firm's workplace and necessary electronic equipment are the responsibility of the institutional consulting firm.

16. Policy Issues

i) No contract may commence unless the contract is signed by both UNICEF and the Institutional Consulting firm.

ii) The Institutional Consulting firm will not have supervisory responsibilities or authority over the UNICEF budget.

iii) UNICEF will conduct reference checks (persons/institutions) for feedback on services provided by the bidding Institutional Consulting firm.

Qualified institutions are requested to submit a full proposal, consisting separated technical and financial proposals both addressed to: rwasupply@unicef.org by 17 June 2025.

For every Child, you demonstrate…

UNICEF's values of Care, Respect, Integrity, Trust, Accountability, and Sustainability (CRITAS).

To view our competency framework, please visit here.

UNICEF is here to serve the world's most disadvantaged children and our global workforce must reflect the diversity of those children. The UNICEF family is committed to include everyone, irrespective of their race/ethnicity, age, disability, gender identity, sexual orientation, religion, nationality, socio-economic background, or any other personal characteristic.

UNICEF offers reasonable accommodation for consulting firms/individual contractors with disabilities. This may include, for example, accessible software, travel assistance for missions

or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

UNICEF has a zero-tolerance policy on conduct that is incompatible with the aims and objectives of the United Nations and UNICEF, including sexual exploitation and abuse, sexual harassment, abuse of authority and discrimination. UNICEF also adheres to strict child safeguarding principles. All selected candidates will be expected to adhere to these standards and principles and will therefore undergo rigorous reference and background checks. Background checks will include the verification of academic credential(s) and employment history. Selected candidates may be required to provide additional information to conduct a background check.