World Vision Zimbabwe

Protection and Nutrition Emergency Response for Mudzi (Prone for Mudzi)

Terms of References – Endline Study

September 2024

Contents

1. INTRODUCTION

This Terms of Reference (TOR) describes the plans, objectives, deliverables, and expectations of World Vision and its partners for the endline of the Protection and Nutrition Emergency Response for Mudzi (PRONE for Mudzi) project in Zimbabwe.

1.1 Background

Mudzi district (Mashonaland East Province) is located in agro-ecological regions IV/V of Zimbabwe, classified as high food poverty prevalence district (48%) (Zimbabwe Poverty Atlas, 2022). The conflict between cereal preference and adaptability is a major contributor to malnutrition in the districts

The 2022 Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey was conducted in seven (7) high burden districts according to the 2022 Zimbabwe Vulnerability Assessment Committees (ZIMVAC) report. The report highlighted glaring needs concerning Infant and Young Child Feeding (IYCF) practices in Mudzi. Mudzi currently has the highest Global Acute Malnutrition (GAM) prevalence in Zimbabwe of 7.3%, about 2.3 percentage points above the acceptable GAM threshold of 5%. About 2.3% of children 6 to 23 months were consuming a diet of minimum diversity (4 out of 7 food groups) in Mudzi, compared to other surveyed districts with an average of 18.9%. The report also shows that only 22.2% of children 6 to 8 months were timely introduced to appropriate complementary foods, compared to the survey average of 65.7%. In addition, 55% of children 6 to 23 months in Mudzi are not consuming fruits and vegetables, and only 2.6% consume eggs and/or flesh foods. The USAID funded BHA project, “RAISING” end-line evaluation report (December 2022) showed a decrease in the proportion of children exclusively breastfed from 54% at baseline (2021) to 51% at endline (2022).Of the surveyed districts, Mudzi had the least proportion of households (12.3%) that consumed at least three (3) meals the day preceding the survey. The situation was further compounded by the fact that 67% of households in Mudzi had a poor food consumption score, indicating poor dietary intake for the seven (7) days preceding the survey. About 41% of households in Mudzi indicated never having consumed any Vitamin A rich foods, while 83% never consumed Haem-Iron rich foods seven days preceding the survey.

The PRONE for Mudzi project is a multi-sector project that seeks to improve the nutritional status of vulnerable Pregnant and Lactating Women (PLW) and children and to increase gender equity and access to Gender Based Violence (GBV) and protection services for vulnerable populations in the district. The project focuses on the two main purposes with each sector aligned to each purpose as follows:

Purpose 1: Improve the nutritional status of vulnerable PLW and children

Purpose 2: Increase gender equity and access to GBV and protection services for vulnerable populations

1.1.1 BHA Sector Name: Nutrition

Targeted communities receive information on improved nutrition practices/ Maternal Infant and Young Child Nutrition in Emergencies (MIYCN-E) to enhance knowledge, attention, understanding and uptake of behaviours that prevent and combat malnourishment. Further, the management of acute malnutrition enhances through training, mentorship of health workers, clinics and communities that promote access to improved control, screening and treatment of malnutrition. Specific target groups with identified vulnerability will receive additional voucher assistance, ensuring the achievement of nutritional outcomes, especially during the lean season.

1.1.2 BHA Sector Name: Protection

Contribute to improved attitudes for gender equity and the prevention of GBV through information and communication strategies, increased awareness of GBV and the available services and supports, awareness raising, and community dialogue and ensure increased availability and access to GBV response services and support through one stop centers.

1.2 Stakeholders and Audience

The stakeholders and audience for the study include:

- Community leaders and project participants
- The Bureau for Humanitarian Affairs (BHA)
- World Vision project staff
- Consortium partners Musasa
- Government line ministries (Social Development, MoHCC, Women Affairs, ZRP)

2. STUDY DESIGN

2.1 Study Objectives

The endline study seeks to:

- Establish final values for all outcome indicators requiring data collection outside of regular project activities, as identified in the M&E Plan and Indicator Tracking Table (ITT).
- Summarize the final performance of the project, including the performance of all indicators against baseline and targets, success stories, best practices, achievements, lessons learned, strengths, opportunities and challenges in the activity design and the perceptions of staff, participants, and other stakeholders.
- Assess, using statistical tests of comparison, the changes in measured values and observed conditions and practices.
- Assess the extend to which the project objectives were met or not, that is assess project effectiveness and sustainability
- The data will be used to validate the project assumptions

2.2 Study Methods

2.2.1 Methods

The project will employ a mixed-methods design for the endline study. Due to time constrains, the study will use a concurrent triangulation than sequential. A quantitative survey will be used to produce indicator values and collect demographic information about the beneficiaries. A qualitative component using Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) will provide insights into the context and help to explain the reasons for the changes observed.

Methods

Household/ Caregiver survey

Focus group discussions

Key informant interviews

Case studies/observations/light outcome harvesting

2.3 Quantitative Data Collection

2.3.1 Survey Design

The quantitative, Beneficiary Based Survey (BBS), will be administered among a probability sample of participants. The sample size, sampling frame, and data collection tools will be designed so that data can be statistically compared to test for difference. The questionnaire will be designed and administered using Kobo Toolbox.

2.3.2 Sampling Design

The project will use a **One-Stage Simple Random Sample** design to ensure that participants have an equal probability of selection for the survey, thereby producing unbiased estimates.

2.3.3 Sampling Frame(s)

The sampling frame will be developed based on the participant register to appropriately reflect the target population of children ages 0-23 months and women of reproductive age. The sampling unit is the household, where a knowledgeable adult will be answering the questions.

The sampling frame will include the following key elements collected during project implementation:

- Unique household identification number
- Household contact information (including name, physical location, primary and secondary phone number)
- Household characteristics (gender composition, size, primary and secondary livelihood activities)
- Intervention(s) received
- Participant target criteria met

2.3.4 Sample Size Calculation

The sample size calculation is driven by the key purpose of the endline (comparative), the key indicators of interest, and the sampling methodology. With a total reach of 2402 for 0-5 years, a total of 337 households will be interviewed and for the 4802 (6-23 years category), 360 households will be interviewed based on the sample calculator. However, considering that WV calculated sample sizes for the key project indicators and yielded final sample sizes of 360 interviews for 0-5 months and 455 for 6-23 months age groups for baseline survey, the same sample size will be maintained for the endline survey. This is due to the need to ensure adequate representation for the two main sample groups i.e. caregivers for children under 6 months and for 6 to 23 months. There is no overlap between the two targeted groups. A sample of 196 males from sampled households will also be interviewed on protection questions only. Households will

be sampled using the **probability-based sampling approach** to ensure that every household in the target wards has an equal chance of being selected. Specifically, a **two-stage cluster sampling** method will be employed, with wards or clusters randomly selected in the first stage and households within those clusters randomly selected in the second stage. The sample size was calculated using the beneficiary-based surveys (BBS) calculator. As follows:

$$n_{initial} = D_{est} * \left[\frac{Z_{1-\propto}\sqrt{2\overline{P}(1-\overline{P})} + Z_{1-\beta}\sqrt{P_{1,est}\,(1-P_{1,est}) + P_{2,est}(1-P_{2,est})}}{\delta} \right]^2$$

Where:

$n_{initial}$ is the initial sample size required by the surveys for each of the two time points

$\delta = P_{1,est} - P_{2,est}$ = minimum effect size to be achieved over the time frame specified by the two surveys

$P_{1,est}$ represents a survey estimate of the true population proportion P_1 at baseline [If such an estimate is not available from prior surveys, please use 0.5]

$P_{2,est}$ represents a survey estimate of the true population proportion P_2 at endline

$$\overline{P} = \frac{P_{1,est} + P_{2,est}}{2}$$

$Z_{1-\propto}$ is the value from the normal probability distribution corresponding to a confidence level $1-\alpha$. For $1-\alpha$=0.95, the corresponding value is $Z_{0.95}$= 1.64.

$Z_{1-\beta}$ is the value from the normal probability distribution corresponding to a power level of $1-\beta$. For $1-\beta$ = 0.80, the corresponding value is $Z_{0.80}$ =0.84.

Endline data will be collected from randomly selected 12 wards out of the district's 18 wards. These wards will be randomly sampled. The sample size calculation was performed using the following formula:

$$n_{initial} = D_{est} \left[\frac{z_{1-\propto}\sqrt{2\underline{P}(1-\underline{P})} + z_{1-\beta}\sqrt{P_{1,est}\,(1-P_{,1est}) + P_{2,est}(1-P_{2,est})}}{\delta} \right]^2$$

Where:

$n_{initial}$= is the initial sample size required by the surveys for each of the two time points

n_{adj-1}= is the initial sample size adjusted for the number of households to visit

$\delta = P_{1,est} - P_{2,est}$ = minimum effect size to be achieved over the time frame specified by the two surveys

$P_{1,est}$ = represents a survey estimate of the true population proportion P_1 at baseline

$P_{2,est}$ = represents a survey estimate of the true population proportion P_2 at endline

$$\underline{P} = \frac{P_{1,est} + P_{2,est}}{2}$$

$Z_{1-\propto}$ is the value from the normal probability distribution corresponding to a confidence level $1 - \beta$. For $1 - \beta = 0.95$, the corresponding value is $Z_{0.95} = 1.64$.

$Z_{1-\beta}$ is the value from the normal probability distribution corresponding to a power level of $1 - \beta$. For $1 - \beta = 0.80$, the corresponding value is $Z_{0.80} = 0.84$.

D_{est} is the estimated design effect (DEFF) of the survey.

2.4 Qualitative Data Collection

Qualitative data will be collected through KIIs with key participants, and FGDs with key groups. Participant individuals and groups will be selected purposively. The sample size for the FGDs will be 2 CHW groups and 2 targeting caregivers and pregnant and lactating mothers bringing the total to 4 FGDs. For the KII, a total sample of 5 KIIs will be administered i.e., 2 community health workers and 1 MoHCC official, 1 traditional leader and 1 protection officer. Qualitative data will complement quantitative findings by providing in-depth insights into the perceptions of the project participants and explaining the values produced by the quantitative data collection.

2.4.1 Data Sources

Primary data will be collected among direct participants of the intervention. Additionally, local authorities will be included in KIIs in order to better understand the context. Secondary data like the project reports, national, district, and ward level reports will also be used to triangulate and validate the results.

2.5 Analysis Plan

Comparisons of the indicators' quantitative baseline and endline values derived from the surveys will provide insight about how the project interventions have contributed to intended change. Comparisons of the endline values to project targets will give evidence of project achievements.

The disaggregation of values will help identify differences across sub-populations. These comparisons will be made using statistical methods in SPSS.

Qualitative data will be examined for themes and patterns in content, paying attention to what was said, by whom, where, and with what attitude.

Indicator	Test
N08-Percent of infants 0–5 months of age who are fed exclusively with breast milk	Pearson's chi-square complemented by qualitative data
N09-Percent of children 6–23 months of age who receive foods from 5 or more food groups	Pearson's chi-square
N10-Percent of women of reproductive age consuming a diet of minimum diversity (MDD-W)	Pearson's chi-square

2.6 Indicators Not Included in Endline Study

The following table summarizes the indicators that will measure outputs of activities implemented by the project, which had a baseline value of zero. The indicators in the table will not be included in the endline study, as values were updated during project implementation through routine monitoring. They are listed below for reference.

Indicator	Data Collection Method
K1: Total USD value of cash transferred to beneficiaries	Routine Monitoring; PDM
K02: Total USD value of vouchers redeemed by beneficiaries	PDM, Routine monitoring
N1: Number of children under five (6-23 months) reached with nutrition-specific interventions through BHA	Routine Monitoring
N2: Number of pregnant women reached with nutrition-specific interventions through BHA	Routine Monitoring
N11: Number of individuals receiving behavior change interventions to improve infant and young child feeding practices	Routine Monitoring

2.7 Indicators Included in the Endline Study

The indicators below are outcome indicators that require collection through a dedicated study. These indicator values will be updated as part of the study objectives.

Indicator	Data Collection Method
N08-Percent of infants 0–5 months of age who are fed exclusively with breast milk	Beneficiary Based Survey
N09-Percent of children 6–23 months of age who receive foods from 5 or more food groups	Beneficiary Based Survey
N10-Percent of women of reproductive age consuming a diet of minimum diversity (MDD-W)	Beneficiary Based Survey
C01- Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities	Beneficiary Based Survey

3.0 STUDY LOGISTICS

3.1 Team Members and Roles

The following is the detail of the main functions of the team that will participate during the endline process.

3.1.1 Data Collection

The endline study will be carried out by an external consultant with support of the World Vision project team. The team will conduct the survey in the project's targeted communities using trained enumerators using smart phones/tablets with the Kobo Collect. As part of training, enumerators will be trained on Protection against Sexual Exploitation and Abuse (PSEA) and how to deal with gender protection issues, as well as the channels for addressing any issues when observed reported.

3.1.2 Data Collection Ethics

Voluntarism, confidentiality and anonymity of participants: All participation in interviews must be voluntary, will not create harm to participants during or after the data gathering, and their anonymity and confidentiality will be protected. Voluntary involvement must be assured by

a scripted verbal explanation of the survey being conducted. The script must inform respondents that they may choose to not respond to certain questions and may end the survey at any time.

Do No Harm: Project and evaluation themes must be screened for topics and questions that may cause distress to some interviewees. Mitigating approaches and referral options must be developed accordingly.

Integrity: Data from participants must be presented honestly and proportionately, such as the authoritativeness, extent-shared and intensity of opinions across the target population and aligning quotes with the evaluative themes intended by the informant. Unexpected or contentious findings should be triangulated with other forms of data to gauge significance.

Participant perspective: To the extent possible, given logistical limitations of each context, preliminary findings should be shared with a plenary of project stakeholders to invite their reactions and interpretations. These will be recorded and added to the final report.

Personal Identifiable Information (PII): Any technologies, digital platforms, or other methods employed should include sufficient data security and privacy protocols to ensure that PII is protected.

Child Protection: If children (under the age of 18) are to be interviewed, it will be in the presence of a responsible adult from the child's family, or other implied guardian from the community. Children will not be exposed to questions of a highly personal, sensitive, potentially distressing or embarrassing nature.

If children are to be interviewed, child protection reporting protocols will be established and all staff made aware of when and how to report any issues that arise from data collection.

Endline team members must have completed and been cleared by a police check within the last two years. All endline coordinators and collectors will be required to review, sign, and adhere to a child protection code of conduct.

The endline team must familiarize with the following ethical and protection guides:

- WVI Child Protection Code of Conduct
- DFAT Guidelines for Child Protection
- WVI Guideline of Ethical Principles
- Australasian Evaluation Society Guidelines of Ethical Principals
- BOND Tool for Evidence Principles

3.1.2 Reporting

An inception report with detailed methodology, data collection tools and field plan for the endline survey is expected from the consultant. Consultant will develop the draft report of the

endline survey and share with World Vision for review, suggestions and feedback. Based on the suggestions and feedback, the report will be finalized. The report will be considered final and approved only after rigorous review and if it meets the requirements as stipulated in this ToR.

4.0 STUDY TIMELINE and DELIVERABLES

Tentative Calendar - Endline PRONE for Mudzi	
Development of ToRs and sharing with WVUS	6-13 September 2024
Approval of ToRs and Advertisement	13 September-14 October 2024
Recruitment and announcement of external consultant	11 Sep – 28 Oct 2024 *Deliverables* Recruitment notes
Consultant inception meeting	31 October 2024 *Deliverables* Inception report
Inception report	1 November 2024
Finalization of tools Endline design, methods, and tools Schedule	4 November 2024 *Deliverables* Endline questionnaires, FGD guide and KII guides Endline schedule
Recruitment of Enumerators by the consultant	31 October 2024 *Deliverables* List of enumerators
Review of the tools by World Vision	08 November 2024
Enumerators training lead by consultant	11 November 2024 *Deliverables* Training report
Field testing of questionnaire lead by consultant	12 November 2024 *Deliverables* Final standardized tools

Data collection lead by consultant	13 - 22 November 2024 *Deliverables* Raw data
Data cleaning, validation, analysis, and report writing	22 - 29 November 2024 *Deliverables* Clean data and draft report
Draft report	2 December 2024 *Deliverables* Draft report
Review of draft report by WV	2 - 6 December 2024
Stakeholders' validation meeting	6 December 2024
Final report	13 December2024 *Deliverables* Final report

5.0 STUDY FINDINGS DISSEMINATION

The survey findings will not be final until they have been reviewed by World Vision Zimbabwe and World Vision USA and shared with BHA and benefiting communities and their input satisfactorily incorporated in the final report. World Vision will thus facilitate stakeholder validation meetings for the findings to ensure that clear understanding of all conclusions and any differing views are reached between the consultant, World Vision and stakeholders as reflected in the final document. The validated report will then be shared with BHA for final review and approval before wider circulation.

6.0 STUDY TEAM COMPOSITION

The survey will be conducted during the months of October and November 2024 for a duration of approximately 20 days. The consultant for the study will be chosen based on her/his knowledge of Nutrition, WASH, and Protection issues and interventions. The consultant must have experience in evaluation and emergency response. The consultant and World Vision MEAL

staff will collaborate in the hiring and training of enumerators who will collect data under their supervision. The consultant will have the responsibility of hiring, and training of the enumerators on the tools and data collection processes.

The survey team will consist of a Team leader/ Evaluation specialist, Nutrition specialist and Protection or Gender specialist. The Team Leader/Evaluation Specialist should have:

- Post-graduate degree in a relevant field, with extensive knowledge in nutrition, protection and WASH interventions in emergency contexts.
- S/he should have at least five years senior level experience in conducting evaluations of similar programs in a developing country context.
- Experience in leading and organizing evaluation teams.
- S/he should have extensive experience in conducting qualitative and quantitative evaluations/assessments and familiar with the non-profit sector.
- Demonstrate experience of conducting high-quality gender sensitive surveys using mixed methods approaches.
- Experience in analyzing survey data for USAID BHA projects.
- Excellent oral and written skills are required. (Knowledge of local languages will be an added advantage)

7.0 ADMINSTRATIVE AND LOGISTICAL SUPPORT

The consultant should state what logistical and administrative support s/he will provide and what support s/he will require from the program´s structure.

7.1 Reporting relationships

The consultant will report to the Program Manager with technical guidance from the MEAL team. World Vision will also provide logistical and technical support to facilitate required meetings and interviews.

7.2 Deliverables and timeframe

The endline study consultant will submit the final report to World Vision who, in turn, will submit it to the donor (USAID BHA) within 90 days from the completion of data collection.

The key deliverables for the consultant are:

- Inception report comprising of detailed methodology, data collection tools and techniques of endline survey and timeframe.
- Draft and final report of the endline survey. The main body of the report must be limited to 15 pages maximum, excluding annexes. The report should be written in **English** presenting tables, figures, and a summary of findings and practical and feasible recommendations from the endline study.

- An electronic folder including a directory of separate folder for each of the following sections: Dataset (cleaned raw data with variable codes in Excel, SPSS or CVS format, output tables and syntax), Data Dictionaries, Processing Steps, Questionnaires and Field Manuals, Sampling Frame, Description of the Sampling Design. All should be in English.
- Consultant creates a power point presentation in English of about 20 slides with the preliminary findings of the assessment at the end of the field work.

Consultant(s) will:

Be responsible for recruiting enumerators in collaboration with World Vision team

Give rudimentary training to enumerators engaged.

Provide vehicles for all endline processes

Be responsible for safeguarding and ensuring ethics at all stages of the survey (preparation and design, data collection, data analysis, reporting and dissemination). This should include, but is not limited to, training enumerators, ensuring informed consent, protecting privacy, confidentiality, and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, and ensuring fair selection of participants including women and the youth, People with Disabilities as well as the elderly.

World Vision will:

- Avail a MEAL team to assist consultant.
- Make appointments with stakeholders for the survey.
- Provide necessary background information of the proposed project.
- Pay an agreed consultancy fee based on agreed payment terms.

The call

World Vision is inviting interested individuals and companies to submit an Expression of Interest (EOI) for the endline survey for a USAID/BHA funded PRONE for Mudzi project in Mudzi district by **the 21st of October 2024** . Applications should include the following:

Expression of interest outlining how the consultant(s) meets the selection criteria and their understanding of the ToR and methodology.

Proposed methods and activities schedule/work plan with time frame.

Company profile/ CV of the consultant(s) who will undertake the evaluation.

Company registration and valid tax clearance

Clear tax calculations

Sample of one similar and recent evaluation report (baseline/endline) written by the applicant.

Financial proposal detailing consultant(s) itemized fees for setting up, data collection, analysis, reporting and administrative costs.

Clarify on tax clearance and tax calculations

All applications and queries to be sent by email to ……

Completed bids sealed in an envelope should state the Tender reference "PROTECTION AND NUTRITION EMERGENCY RESPONSE FOR MUDZI ENDLINE STUDY" and should be submitted and deposited in the tender box at World Vision International, Zimbabwe, National Office; No. 59 Joseph Rd; off Nursery Road; Mount Pleasant; Harare. Closing date for submission of bids is 1200 hours, 21 October 2024.