UNHCR
The UN Refugee Agency

Terms of reference

Consultant, nutritionist experienced in nutrition surveys and SMART methodology

[Insert country – location]

Background

[Insert background on current refugee situation, details on previous nutrition surveys or what is known of the nutrition situation. Explain why the current surveys are planned. Insert any other relevant detail.]

Methodology

The survey will be developed using the SMART methodology and UNHCR Standardised Expanded Nutrition Survey (SENS) guidelines for refugee populations (Version 3, 2018). Anthropometric indicators will be generated using ENA for SMART software. Survey methodology / protocol / questionnaire should be reviewed by UNHCR regional and/or HQ senior nutritionists prior to data collection. Technical support and guidance will be provided where needed.

Objectives

The Consultant will lead and oversee the UNHCR SENS process from planning to training, implementation of data collection, data quality checks, data analysis and report writing.

S/he will produce updated Anthropometry, Health, Anaemia, IYCF, Food Security, WASH and mosquito net coverage indicators on the *[insert refugee setting]* as per the following objectives:

Primary objectives

1. To determine the demographic profile of the population (see Module 1).

2. To determine the age dependency ratio (see Module 1).

3. To measure the prevalence of acute malnutrition in children aged 6-59 (see Module 2).

4. To measure the prevalence of stunting in children aged 6-59 months (see Module 2).

5. To determine the coverage of measles vaccination among children aged 9-59 months (or context-specific target group e.g. 9-23 months) (see Module 2).

6. To determine the coverage of vitamin A supplementation in the last 6 months among children aged 6-59 months (see Module 2).

7. To determine the two-week period prevalence of diarrhoea among children aged 6-59 months (see Module 2).

8. To measure the prevalence of anaemia in children aged 6-59 months and in women of reproductive age between 15-49 years (non-pregnant) (see Module 3).

9. To investigate IYCF practices among children aged 0-23 months (see Module 4).

10. To determine the populations overall ability to meet their food needs with assistance (see Module 5).

11. To determine the extent to which negative coping strategies are used by households (see Module 5).

12. To assess household food consumption (quantity and quality) (see Module 5).

13. To determine the ownership of mosquito nets (all types and LLINs) in households (see Module 6).

14. To determine the utilisation of mosquito nets (all types and LLINs) by the total population, children 0-59 months and pregnant women (see Module 6).

15. To determine the population's access to, and use of, water, sanitation and hygiene facilities (see Module 7).

16. To determine the population's access to soap (see Module 7).

17. *Include other additional objectives negotiated for the survey*

18. To establish recommendations on actions to be taken to address the situation in *[insert refugee setting]*

Secondary objectives

1. To determine the enrolment into the targeted supplementary (TSFP) and therapeutic (OTP/SC) nutrition programmes for children aged 6-59 months (see Module 2).

2. To determine the coverage of the blanket supplementary feeding programme for children aged 6-23/6-35/6-59 months (if applicable) (see Module 2).

3. To determine the coverage of deworming (soil-transmitted helminth control) with mebendazole and/or albendazole in the last six months among young children (include context specific target age group, 12-59m/24-59m) (if applicable) (see Module 2).

4. To determine the coverage of the blanket supplementary feeding programme (BSFP) for pregnant women and lactating women with an infant less than 6 months aged 15-49 years (if applicable) (see Module 2).

5. To determine enrolment into Antenatal Care clinic and coverage of iron-folic acid supplementation in pregnant women (see Module 3).

6. To determine the proportion of households in each of the targeting categories (if applicable) (see Module 5).

7. To determine the population's access to and use of cooking fuel (if applicable) (see Module 5).

8. To determine the household coverage of indoor residual spraying in the past 6 months/12 months (if applicable) (see Module 6).

Optional objectives

1. To determine the use of oral rehydration salt (ORS) and/or zinc during diarrhoea episodes in children aged 6-59 months (see Module 2).

2. To determine the prevalence of MUAC malnutrition in women of reproductive age 15-49 years (include if all, pregnant and/or lactating women with an infant less than 6 months are measured) (see Module 2).

3. To determine the time of arrival of the children in the camp/asylum country (see Module 2).

Note: in addition to the above-mentioned objectives, the SENS consultant is advised to include the UNHCR nutrition and health team in [*insert country*] actively in all of the process of SENS and train them / build their capacity.

Deliverables

- A final SENS protocol is developed or if already developed, is reviewed and finalised by the consultant.

- A preliminary SENS report complying to UNHCR SENS standards is to be finalised by [*insert date*] and a final SENS report complying to UNHCR SENS standards is to be finalised by [*insert date*].

- A presentation of the preliminary SENS findings is made to all partners involved to discuss the recommendations.

- A final SENS report complying to UNHCR SENS standards, including recommendations on actions to address the situation is to be submitted at the end of the Consultancy. Results of the anthropometric standardisation test and the SMART plausibility checks should be presented in the Annexes of the final SENS report. The report must conform with the SENS Quality Checklist (refer to SENS Pre-module tool: [**Tool 25**- SENS Quality Checklist]).

- Standardised tables as presented in the UNHCR SENS Guidelines for refugee populations (version 3, 2018, www.sens.unhcr.org) and should be used for presentation of the results.

- The findings and major recommendations are to be presented to partners at the mission level (oral presentation and PowerPoint slides).

- The final cleaned version of the data sets used to calculate the survey results is to be sent to the Public Health Section, Division of Programme Support and Management (DPSM) in UNHCR HQ and to UNHCR Country Office.

Reporting and validation process

The consultant will report on regular basis to the UNHCR *[insert title of UNHCR person responsible],* who will have the overall responsibility of the survey.

All finalised SENS survey documentation including the protocol, the questionnaire, the preliminary report and the final report should be reviewed and validated by UNHCR regional and/or HQ senior nutritionists prior to dissemination. The final dataset reviewed and used for final analysis should be sent to UNHCR HQ for storage in the Global SENS Database.

Time frame

The consultancy will last approximately *[insert number of months]*, starting from *[Insert start date]*.

Qualifications and experience required

The successful candidate will:

- Have a university degree or the equivalent, with advanced education in nutrition, with a specific competency in humanitarian emergencies.

- Have significant experience in undertaking nutrition surveys (design and methodologies, staff recruitment and training, sample size calculation, sampling, field supervision and data analysis/write up).

- Be familiar with the SMART survey methodology and ENA for SMART, Epi Info software.

- Be familiar with analysing nutrition surveys with multiple indicators, beyond the basic anthropometric (SMART) indicators.

- Be fluent in English with excellent writing and presentation skills *[insert any other language requirements]*.

- Prior experience with conducting SENS surveys in refugee contexts is an asset.

- Prior experience with conducting surveys using Open Data Kit Collect application and mobile technology is an asset.