

TERMS OF REFERENCE

Impact Case Study

Assessment Type	Case Study
Contract Type	National Individual Consultant
Assessment Location	Al-Hussain District, Al-Dale'e Governorate, Yemen
Donor	U.S. Agency for International Development (USAID); Bureau for Humanitarian Assistance (BHA)
Project Title	Integrated Assistance to Reduce Morbidity and Mortality of Conflict-Affected Populations
Project Duration	January 01, 2019 to June 30, 2020 (18 months)
Intervention Sectors	Agriculture and Food Security; Health; Nutrition; Water, Sanitation, and Hygiene (WASH)
Assessment Date	10 th of March 2021

Background

Five years of prolonged conflict in Yemen has prompted the world's large-scale humanitarian crisis, aggravating an already dire situation in the poorest country in the Middle East. Based on the 2019 Humanitarian Needs Overview (HNO), the Office for Coordination of Humanitarian Affairs (OCHA) estimates that approximately 24.1 million people (6.3 million girls, 6 million boys, 5.9 million women and 5.9 million men), equivalent to 80% of the population, need urgent humanitarian assistance to meet their basic needs and protect their fundamental rights. Overall, 230 out of 333 districts in Yemen are at risk of famine. More than 20 million people across the country are food insecure, including 10 million who are suffering from extreme hunger. An estimated 7.4 million people require services to treat or prevent malnutrition, including 3.2 million people who require treatment for acute malnutrition – 2 million children under 5 and more than one million pregnant and lactating women (PLW). In addition, an estimated 17.8 million people require WASH support and nearly 14 million people are in acute need of healthcare. With two-thirds of the population food insecure, Yemen is considered the world's largest food security crisis (HNO 2019). The crisis in Yemen is classified as a 'Level 3' by the UN, the highest level of prioritization.

International Medical Corps (IMC) is a global, humanitarian, non-profit organization dedicated to saving lives and relieving suffering through health care training, relief and development programs. International Medical Corps Yemen started its operations in Yemen in 2012 to contribute to the humanitarian efforts in Yemen by addressing critical needs of internally displaced and host communities in the most affected areas. International Medical Corps has been implementing multi-sectoral BHA-funded programs on health, nutrition, water, sanitation, and hygiene (WASH), food security and livelihoods (FSL) to address urgent needs of the Yemeni people in four governorates namely AlDale'e, Ibb, Sana'a and Taiz. The program's overall goal was to save lives and reduce vulnerability of communities experiencing humanitarian crisis in Yemen.

The program discussed in this Terms of Reference included interventions that aim at improving access to life-saving health and nutrition services, with a particular focus on primary quality health care, maternal and child health, reproductive health care services, vaccination coverage, treatment of both severe and moderate acute malnutrition for children, pregnant and lactating women, preventive nutrition services and promotion of optimal infant and young child feeding practices. Moreover, the health assistance was integrated with a nutrition intervention to reach the most vulnerable populations. The nutrition program included active case finding through routine nutrition screening, case admission, and provision of therapeutic food. All nutrition, health and WASH awareness promotion was delivered within the framework of community-based management of acute malnutrition so as to implement a targeted and efficient program aimed at improving the nutrition outcomes for the most vulnerable populations.

Additionally, the health and nutrition interventions were further strengthened by WASH and FSL assistance to reduce the vulnerability of conflict-affected households with decreased access to health and nutrition services resulting from the escalation of the conflict. The food security and livelihoods assistance provided included livestock distribution using vouchers, emergency livestock feed provision, and improved access to veterinary support services through mass vaccination interventions in communities of catchment areas of the supported health facilities in AIDale'e governorate.

The objective of IMC's integrated FSL program is to restore the productive assets of affected households, diversify and increase their farm production and income and to contribute to increase availability of animal-source foods. This will support the food security resilience and the sustainability of better nutritional outcomes at the household level. The selection criteria for integration of CMAM households into the livestock distribution included vulnerable households with a child registered as severe acute malnutrition (SAM) or moderate acute malnutrition (MAM) in the supported district health facilities, access to pasture/grazing land near residence, prior experience in farm production, knowledge and skills in engaging in livestock-based livelihoods, having shelters for livestock, and willingness to return to livestock-related livelihoods. The project prioritized the selection of households with a child registered as severe acute malnutrition (SAM) for the livestock distribution in all intervention areas.

In the communities, the WASH interventions completed were mainly hygiene promotion, distribution of hygiene kits, rehabilitation of water points, support sustainability of local water supplies, rehabilitation of water and sanitation facilities in health facilities, support access to safe drinking water and medical waste management and infection prevention.

International Medical Corps Yemen has been implementing livestock-based livelihood activities that are integrated with treatment of malnutrition and preventive nutrition services through its bilateral relationship with other humanitarian actors in the areas of its operation. IMC is working to address root causes of malnutrition through food security and small ruminant livestock distribution targeting crisis-affected households with children enrolled in IMC's malnutrition treatment programs.

Study Rationale and Purpose

The purpose of this study is to generate information and evidence through a case study on the impact of the integration of CMAM households into the livestock distribution and livelihoods activities, and whether this integration has contributed to an improvement in household food security, nutrition and income generation outcomes. Additionally, it is to assess a) the progress made towards project results and whether there were any unintended results, both positive and negative; and b) what can be captured in terms of lessons learned for future livestock-based livelihood activities that are integrated with treatment of malnutrition and preventive nutrition services projects.

Understanding the effects of the integrated livestock and livelihoods intervention on the CMAM intervention in terms of the outcomes of children enrolled in therapeutic feeding programs such as: 1) Reduced rates of relapse; 2) Reduced rates of transfer/deterioration from OTP to SC and TSFP to OTP; 3) Reduced rates of default; and 4) Improved average daily weight gain. As well as, from the integration perspective with nutrition prevention programs, such as: 1) the integrated activities contribute to reduced risk of malnutrition; and 2) the integrated activities contribute to a healthier diet / practice optimum IYCF.

The study findings will also help to form the cross-sectional snapshot about the population and project status and provide data to inform the implementation of a similar project in the future. Moreover, it will be of great opportunity to identify a number of human-interest stories and develop a body of evidence on Most Significant Change (MSC) as elements of success of the project interventions.

Study Scope and Focus

The focus of the study is **primarily to assess the potential sustained impacts of the integration of the livestock program on the CMAM vulnerable households' food security, nutrition, and livelihoods outcomes** and assess quality of interventions to generate forward looking lessons and recommendations that can be applied to strengthening the active program strategy and generally used for planning future programs.

The main question for this study is: Does the integration of livestock distribution to households with a malnourished child enrolled in the CMAM program positively or negatively affect the household's long-term ability to support the recovery of the child?

The study will target the beneficiaries of a livestock distribution from the previously implemented BHA-funded programs. Nonetheless, the consultant is expected to design a study, which will explore evidence of impact of the intervention. This approach should include two groups of households of children in the CMAM program.

The study will target the targeted 300 households, who received 3 ruminants (either goats or sheep), in Al-Hussaine district, AIDale'e governorate

For the quantitative household survey and qualitative methods, the sampling strategy may consider 2 independent samples of households of those households with a child in CMAM that received the livestock interventions and another group who were not part of the livestock intervention. Security challenges restricted the collection of sufficient baseline data so the data will not be compared with baseline values but serve to understand current levels within the different populations. The sampling units can be collected from existing CMAM registration books. Further details will be discussed with the successful consultant.

International Medical Corps anticipates a mixed-method approach to the case study to gather some the prevalence data on Indicators of interest¹ (below) that have a link with the programs' anticipated outcomes. Qualitative data will help more fully understand the successes of the integrated programming approach and look at lessons learned, additional barriers, and most significant changes. The indicators below serve as suggestions on data to be captured, however some may be dropped based on time and resource limitations.

Tentative suggested indicators:

Nutrition indicators

- Infant Exclusive Breastfeeding (EBF)
- Child Minimum Dietary Diversity (MDD)
- Child Minimum Meal Frequency (MMF)
- Child Minimum Acceptable Diet (MAD)
- Reduced rates of relapse, rates of transfer/deterioration, and rates of default

WASH indicators

- Community members who know at least three of the five critical times to wash hands
- Households who store drinking water safely in clean containers
- Average liters/person/day collected from all sources for drinking, cooking, and hygiene

Food Security and Livelihood indicators

- Food Consumption Score (FCS)
- Household Dietary Diversity Score (HDDS)
- Reduced-Coping Strategy Index Score (rCSI)
- Household Hunger Score (HHS)

Indicators, directly related to the livestock intervention:

- Animals owned per individual (people benefitting from livestock activities)
- Households reported increase/improve their productive assets
- Households improved their net income through animal support
- Households consuming goat/sheep milk
- Households using income earned from sale of their livestock and livestock products to purchase more nutritious foods

¹ [food security cluster Indicator handbook](#)

Moreover, the case study will generate evidence of whether the overall program strategy resulted into a positive or negative result; factors which influenced the achievement or non-achievement of sustainable nutrition and food security outcomes at the household level, among others developed in collaboration with the consultant from a sustainable point of view through its set competencies². Below is a guiding question list which can be expanded to involve the integration on nutrition in food security and livelihoods programs, in-addition to cross-sectoral intervention questions.

1) Systematic Thinking

- a) Do you see yourself raising small ruminant farm in the long term?
- b) Do you grow your ruminant food in your HH? If not do you consider doing so?
- c) Did you try to raise different kinds of ruminant that brings income? If, yes which another ruminant, and if not why? would you?

2) Futures Thinking

- a) What is in your opinion the best source of income from an agriculture perspective?
- b) To what extent has the intervention contributed to addressing chronic malnutrition or preventing the relapse of children into malnutrition?
- c) What are possible risks associated with the goats/sheep that you are worried about?
- d) What is your vision in 2 years regarding the goats/sheep (e.g. expanded, died, shifted, etc.)?
- e) To what extent is the intervention able to achieve sustained recovery in children treated under the program till six months post-discharge?

3) Values Thinking: Trade-offs

- a) Was there an exchange of goats/sheep for another kind of resource that will benefit you in the future?
- b) Did you share your acquired goats/sheep with anyone?
- c) What is your level of satisfaction on the goats/sheep?

4) Strategic Thinking: Adaptation and mitigation

- a) What kind of precautions to take to maintain the goat's/sheep health?
- b) In case of an extra price fluctuation what food alternatives would you provide your goat/sheep to maintain their proper diet?
- c) To what extent do CMAM services provide a complete continuum of care from screening to the transition to home foods on recovery?

5) Interpersonal Thinking: Dynamic collaboration

- a) Did you manage to lead your neighbors and family into expanding the income or a better situation?
- b) What feedback did you receive from another person who received the goats/sheep?
- c) How effective are outpatient services in ensuring the SAM child receives the correct nutrition component of treatment at the required time? Is the complete package of services delivered to each child as per protocol? If not, why not?

The consultant may see to articulate further about the potential impacts from the quantitative data findings and use food security cluster guidance³ during in-depth interviews.

² [Key Competencies in Sustainability](#)

³ [Guidance for Emergency Livestock Actions](#)

Study Approach and Methodology

The consultant is expected to principally apply a participatory, mixed and triangulation methodologies approach to answer, holistically, the study questions. The study tools shall include both quantitative and qualitative data collection and analysis approaches to generate reliable findings and conclusions.

The methodology will be determined by the consultant, with approval from International Medical Corps' Study Advisory Group. Recommended methods are as follows:

1) **Desk Review:**

This phase will involve an extensive review of the secondary information sources including all existing key projects documents, and clusters mapping, project data obtained from different services under Health, Nutrition, WaSH and FSL interventions. In addition, any other documents that were produced related to the interventions mentioned above such as narrative reports, beneficiary selection criteria, needs assessments, population-based IYCF practices survey and WASH KAP surveys, guidelines, among others. The documents shall be reviewed and analyzed during the inception phase to determine the need for additional information and finalization of the detailed study methodology.

2) **Field Work:**

This phase will involve implementation of the primary study data collection plan, preceded by testing tools, then initiate training of field team on the implementation methodology and tools followed by the fieldwork, data entry, and analysis. The suggested methods to be used for the fieldwork are as follows:

Household Survey: articulate the indicators of interest and incorporated with qualitative questions for further articulation. The households survey shall have two unique sample sizes for both groups to understand the current status of groups of households originally registered with a child in the CMAM program who received livestock and those who did not.

Key Informant Interview (KII): shall be conducted through in-depth structured or semi-structured interviews, testimonials with relevant key stakeholders from governorate and district levels such as from health and nutrition, agriculture and Irrigation stakeholders, as well as, IMC key relevant staff, community-based committee members, relevant cluster teams, other INGOs, etc.

Focus Group Discussion (FGD): this includes observation of project sites including health, Nutrition and WASH facilities. During field visits and interviews, attention shall be given to ensure gender balance, geographic distribution, representation of all population groups and representation of stakeholders. Capturing success stories will be valuable to understand the identified impact.

Most Significant Change: examining significant changes through a participatory focus group approach with those who received livestock to understand the unanticipated and nuanced outcomes of this project activity on households with malnourished children. As above, capturing success stories and positive deviations will be valuable.

Structured Observation Checklist: on the ground about the project's sites for quality of services provided (e.g. existence of healthy ruminant, expansion of farming, etc.).

Ethical considerations: data protection and consent/ assent, the consultant shall ensure that all questions and themes to be explored in this study will be solely for the benefit of the community – to improve interventions delivery or inform design of new program tailor made to the Yemen context. All interviews should be undertaken in full confidence and anonymity. Participants shall be requested to give verbal consent to participate. On the consent forms the right of the participant to withdraw the consent or to discontinue the interview at any point of the interview process shall be categorically stated.

Study Audience

The audience for the case study is International Medical Corps Yemen, International Medical Corps US, and Bureau of Humanitarian Assistance. In the future, the findings may be shared more broadly with government ministries, clusters or other stakeholders who would be interested in the outcomes.

Study Deliverables and Timeframe

The consultant is obliged to the expected deliverables of this Case Study, which will be:

Phases	Deliverables
Phase 1. Desk Review and Inception	<ul style="list-style-type: none"> ○ Desk review of documents. ○ Finalization of detailed inception report and the study tools. ○ Inception report and tools to be reviewed and approved by IMC Advisory Group before the commencement.
Phase 2. Data Collection	<ul style="list-style-type: none"> ○ Obtain clearance and approvals from all relevant authorities on the study instruments/ tools and field movements. ○ Tailor data collection tools to the different needs and participation of various stakeholders. ○ Pre-test of the study data collection tools. ○ Train enumerators and moderators on the data collection tools. ○ Commence field data collection. ○ Discuss preliminary findings through meetings with IMC Study Advisory Group on daily basis. IMC may extend support in quantitative data analysis which is intended to have timely preliminary findings for discussion
Phase 3. Data Analysis and Reporting	<ul style="list-style-type: none"> ○ Analyze and triangulate all data collected from desk review and fieldwork. ○ Submit the draft report for review and feedback. ○ Address inputs provided. Finalize the final report.
Phase 4. Dissemination and Presentation	<ul style="list-style-type: none"> ○ Dissemination of the final study report findings. ○ Presentation workshop of study findings to IMC program team.

The whole study process from the desk review and inception phase to dissemination and presentation phase is expected to be completed in not more than 30 working days distributed over a maximum of two months of March 2021 and April 2021. A final timeline will be determined jointly by the Study Advisory Group and the consultant. Work progress equivalent to the schedule below is expected.

Deliverable	Level of Effort	Deadline
Phase 1. Desk Review and Inception	08 Days	March 22 nd , 2021
Phase 2. Data Collection	14 Days	April 14 th , 2021
Phase 3. Data Analysis and Reporting	06 Days	April 26 th , 2021
Phase 4. Dissemination and Presentation	02 Days	April 29 th , 2021

Study Management

Namely, Study Advisory Group (SAG) comprised of technical unit lead and or coordinators from MEAL, Nutrition, FSL, WASH, and Health. The SAG will review and comment on the draft inception report, data collection tools, and the draft study reports. The MEAL Coordinator will be responsible for coordinating SAG responses and facilitating interaction of SAG and the consultant. Moreover, two members of the SAG, particularly the technical lead of one of basic service sectors, i.e. nutrition, food security, will participate in the fieldwork as independent sector technical experts since they are also not involved in day-to-day project implementation.

Copyright and Intellectual Property Rights

The title rights, copyrights, and all other rights of whatever nature in any materials used or generated under the provisions of this consultancy will exclusively be vested with International Medical Corps Yemen Country Office. All products developed under this consultancy belong to the project exclusively, guided by the rules of the grant contract. Under no circumstances will the consultant use the information of this study for publication or dissemination to any individual or organization without official prior written permission from International Medical Corps Yemen Country office.

Desired Qualification and Competencies (The Consultant)

- Has relevant advanced academic qualification in social science, preferably in a topic related to agriculture, public health/ nutrition, food security, and related fields.
- Practical experience in project evaluation and evidence-building, covering basic services sectors (e.g. nutrition, livelihoods, food security, etc.).
- Extensive evaluation expertise and experience, particularly in evaluation of humanitarian assistance and integrated emergency assistances covering basic services sectors (nutrition, and livelihoods).
- Thorough understanding of different data collection methods (Quantitative, Qualitative, Most Significant Change) and the organization and facilitation of activities such as focus group discussions.
- Familiarity with humanitarian principles and gender sensitive programming in emergencies.
- Expertise in any of analytical software packages, including but not limited to STATA and Atlas.ti.
- Experience in the geographical areas and in Yemen as a whole.
- Good communication, advocacy and people skills. Ability to communicate with various stakeholders and express concisely and clearly ideas and concepts in written and oral forms.

Administration Support

International Medical Corps will provide all necessary administration and logistics requirements that will include:

- Provide project proposal document, data records, reports and relevant organization policies and other internal documentation as appropriate;
- Provide security briefing and advisory as per IMC SOP;
- Facilitate meetings with relevant stakeholders, other actors in the humanitarian community;
- Provide support in locating national team members who can assist in the fieldwork upon request. This support will be provided by MEAL department.

The consultant will remain the sole responsible individual for hiring the study team (e.g. enumerators, moderators, etc.). moreover, the consultant is obliged to secure accessibility and implementation approvals from local authorities in the targeted locations of the study.

Application process

Interested candidates should submit a formal letter of interest which includes:

1. **Technical proposal:** should briefly and clearly describe the following aspects; understanding of the task, technical aspect of the proposal, methodology (strategy, sampling, data collection proposed tools, data processing and analysis, data quality control measures, etc.) and Implementation Work plan timelines.)

The applicant must adduce a sample of a case study or project evaluation that they documented in similar context with similar sectors and methodologies. The sample should be a short version of 10 pages.

2. **Financial proposal:** A full financial proposal should be broken down into modules, detailing the following: consultancy fees, study team fees, questionnaire development cost, data processing and analysis, communication, and reporting costs, presentation workshop cost, and other miscellaneous costs.
3. **Curriculum vitae (CV):** of the consultant applicant and at least three traceable references.

Applications should be sent to IMC-YemenHR@InternationalMedicalCorps.org with the subject title "Impact Case Study in AlDale'e Governorate - Yemen". The deadline is March 02nd, 2021.