

## TERMS OF REFERENCE

### SHORT TITLE OF ASSIGNMENT

Consultant to undertake a comprehensive dietary intake assessment in Kiribati

### BACKGROUND

Kiribati faces a triple burden of malnutrition. Undernutrition and micronutrient deficiencies are high among children under 5 with 15 per cent of them stunted, 4 per cent wasted, and 49 per cent anemic. Overweight and obesity affects a significant portion of older children, 55 per cent and adults, 79 per cent (UNICEF, 2018).

Sub-optimal diets are conceptually the main key immediate driver for malnutrition in all its forms including overweight and obesity. Infant and young child feeding practices (IYCF) are suboptimal in Kiribati, with only 9 per cent of children aged 6-23 months are fed on diets which meet the minimum nutritional quality. Close to half of all the adolescents' teenagers eat less than the recommended number of fruits or vegetables, while the daily consumption of carbonated soft drinks in older children and adolescents is high at 22 per cent. Furthermore, the country is vulnerable to the impacts of climate change on food and nutrition security, directly through its effects on agriculture and fisheries, and indirectly by contributing to underlying risk factors such as water insecurity, migration and dependency on imported foods, many of which are energy-dense and micronutrient poor. Common imports include white rice, canned meats, instant noodles and sugary beverages, which are displacing more nutritious, locally sourced foods. However, there is lack of reliable data to fully understand the dietary patterns in Kiribati, including the specific deficiencies or excesses in the diet. This data gap limits the ability to design effective, evidence-based nutrition interventions and policies tailored to the local context.

Studies and evaluations of nutrition programs across the globe consistently show that tailored nutrition counselling addressing the gaps or excesses in the prevailing dietary intake patterns as well as addressing interpersonal or community socio-cultural barriers, is more effective in improving dietary quality and long-term health markers than generalized counselling. Additionally, dietary patterns are influenced by broader food access issues shaped by socio-cultural norms, market prices, regulations and climate.

UNICEF emphasizes the need for national dietary guidance to be tailored to local food contexts. Furthermore, nutrition-related social behaviour change communication should specifically address deficiencies in prevailing dietary patterns as well as socio-cultural barriers. Ensuring that food-related policies and regulatory acts are up to date to address barriers to accessing and utilizing locally available nutritious foods is crucial.

In this context, UNICEF is seeking individual consultants to conduct a comprehensive dietary intake assessment, including developing context-specific food-based recommendations in Kiribati.

### OBJECTIVE / SCOPE OF WORK

The objective of this consultancy is to conduct a comprehensive dietary intake assessment, including related food systems mapping, and to develop context-specific food-based recommendations in Kiribati. The findings of the assessment are expected to contribute to revising and updating the following:

- Kiribati Healthy Living Guidelines\*
- First 1000 Days for Kiribati\*
- Current SBCC materials\*
- Food and Nutrition Policy & other nutrition related policies

*\*The revisions would include but are not limited to inclusion of exemplary meal plans based on affordable locally available foods*

The assignment includes:

#### 1- Quantified dietary intake assessment

- a) Mapping of locally available food (Local food basket)

- Undertake a thorough mapping of locally available food (local food basket) in the selected areas (Tarawa, North and South parts of the country), considering cultural diversity, indigenous dietary patterns, and variations in food availability, including foods acquired through purchase. Document the types of food commonly consumed across different seasons, locations, and sources (purchase or direct farm produce or household grown etc).
- Document pricing/costing of all the mapped foods
- b) Data collection for quantified dietary assessment**
  - Undertake required preparations to enable data collection for quantified dietary intake assessment of maternal, infant, and young children's diets as well as adolescents. This should include:
    - Collecting 24-hour recall data and manage all processes required for the data collection
    - Conducting quality assurance for collected data and enter it into a relevant data entry software
- c) Support to the analysis of the quantified intakes and the development of recommended dietary modifications for optimal dietary intakes**
  - Provide support towards the analysis of the collected data to determine nutrient intake adequacy and develop recommended dietary modifications.
  - Provide support towards the modelling of food-based recommendations including facilitating any feedback sessions with stakeholders in Kiribati.
  - Provide support towards analyses of costing of the food-based recommendations that will be developed

## **2- Local recipe modifications**

- In liaison with relevant local stakeholders, collect data on common food preparations methods, compile a comprehensive list of local recipes including indigenous recipes.
- Collect data on common dietary practices/habits, food culture norms including infant feeding practices
- Review the nutritional value of recipes in consideration of the results which will come from the analysis of the dietary intakes data and modeling; recommend recipes for further modeling for optimal dietary intakes
- Pre-test and draft modified recipes and meals plans, incorporating feedback for revisions
- Finalize the development of a week's set of potential full-day meal and snack plans incorporating the modified recipes, for different groups (infant and young children, pregnant and lactating women, young adolescents)

## **3- Food systems mapping**

- Through desk review and consultation with key informants, conduct a mapping of the food supply chain, accessibility and affordability for the identified opportune foods which are featured in the developed food-based recommendations
- Develop recommendations which can enhance local access of the opportune foods

## **4- Socio-cultural barrier mapping**

- Undertake a mapping of socio-cultural barriers to consumption of the opportune food which have emerged from the food-based recommendations.
- Investigate any other socio-cultural barriers/enablers, influences on food-related preferences, and food cultural norms for pregnant / lactating women, adolescents and infant or young child feeding practices

## **5- Review / Updating of existing social behavioural change communication (SBCC) materials and Nutrition related Guidelines**

- Take inventory of the existing SBCC materials and nutrition-related guidelines
- Provide technical support in the review of SBCC materials and nutrition-related guidelines based on the findings above and identify aspects for revision.
- In liaison with stakeholders, undertake the relevant content modifications and revisions to the SBCC materials and nutrition-related guidelines, in line with all the data that the assessments have yielded.

## **COMPOSITION OF THE ASSESSMENT TEAM**

The comprehensive dietary intake assessment is expected to combine several methodology approaches drawn from different disciplines related nutrition which are best suited for addressing each of the five components outlined in the Objective/Scope of work. As such, the assessment is expected to be carried out by at least two technical specialists with

different dominant areas of technical expertise. Therefore, in this call for applications, **UNICEF is seeking two consultants with different but complementary technical expertise for the exercise.**

The first consultant is expected to have strong expertise and experience in the following areas:

- Quantified assessments of dietary intakes using validated methods
- Food systems mapping and their applicable methods
- Development of nutrition advisory notes, or guidelines, in particular food-based dietary guidelines

In addition, the consultant should be knowledgeable and have related experience in recipe development as well as explorative studies of food culture, socio-cultural barriers and norms.

The first consultant will be the lead for components 1, 3 and 5 as outlined in the 'Objective and Scope section' which primarily will focus on quantified assessments, food systems mapping and SBCC and nutrition-related guidance. However, he/she will also contribute to components 2 and 4 outlined in the 'Objective and Scope'.

**The first consultant will also serve as team lead of whole exercise** ensuring that there is strong coherence across all five components of the work and that each component is undertaken in a timely manner and in a fitting order of sequence, which best contributes to the assessment as a whole. In addition, the team lead will also ensure meaningful engagement of government and non-governmental stakeholders throughout the stages of the of assessments. In this regard the consultant will see to it that each of the outputs from the five components of the work outlined in the scope and objectives of the work has adequately benefitted from local knowledge and expertise through-out its process and is quality assured. before submission to UNICEF. Applicants who are interested to apply for this role, should indicate in their submission that they are applying for *"Team lead and Quantified Intakes specialist role"*

The second consultant is expected to have strong expertise and experience in the following:

- Recipe development through menu development and/or sensory evaluation methods
- Formative assessments of food culture, dietary patterns and related practices including infant feeding through use of explorative qualitative methods

The second consultant will be the lead for components 2 and 5 as outlined in the 'Objective and Scope section' which primarily will focus on local recipes modifications and formative assessments. However, he/she will also contribute to components 1, 3 and 5. Applicants who are interested to apply for this role, should indicate in their submission that they are applying for *"Recipe development specialist"*

ACTIVITIES, DELIVERABLES AND TIMELINES, PLUS BUDGET PER DELIVERABLE			
ACTIVITY	DELIVERABLES	ESTIMATED TIME TO COMPLETE (Cooks & Niue)	PAYMENT
<p><b>Inception Report</b></p> <ul style="list-style-type: none"> <li>• Prepare a concise and brief inception report, summarizing the methodology tailored to the local context and work plan. Consult with Ministry of Health, UNICEF and other relevant stakeholders, and finalize methodology and work plan.</li> <li>• In addition, prepare a detailed research protocol explaining in detail the methodology for quantified dietary intakes through the 24-hr recalls</li> </ul>	<ul style="list-style-type: none"> <li>• Inception report summarizing approved methodology and workplan for the assignment</li> <li>• Research protocol for data collection on quantified dietary intakes for ethical approval</li> </ul>	<p>3 days</p> <p><i>Estimated level of effort by:</i>  <i>Team lead &amp; Quantified intakes specialist (TL) - 2 days</i>  <i>Recipe Specialist (RS) – 1 day</i></p>	20%
<p><b>Quantified dietary intake assessment</b></p> <ul style="list-style-type: none"> <li>• Conduct a food basket mapping including collecting data on costs, as outlined in the “Objective/Scope of Work” section</li> <li>• Conduct data collection (followed by entry) of quantified dietary intakes as outlined in the “Objective/Scope of Work” section.</li> <li>• Provide ad-hoc support for analysis of quantified intakes and development of recommended dietary modifications for optimal intakes</li> </ul>	<ul style="list-style-type: none"> <li>• A brief report on the Food basket mapping report (draft) including Food Lists (for use in the preparations for the 24-hr recall data collection)</li> <li>• Cleaned data sets</li> <li>• Additional inputs toward analysis and development of food-based recommendations, as required</li> </ul>	<p>50 days</p> <p><i>Estimated level of effort:</i>  <i>TL – 47 days</i>  <i>RS – 3 days</i></p>	40%
<p><b>Local recipe modifications</b></p> <ul style="list-style-type: none"> <li>• Compile local recipes (and other related data) and review modelling as outlined in the “Objective/Scope of Work” section.</li> <li>• Pre-test the draft modified recipes which incorporate the developed food-based recommendations</li> <li>• Finalize the development of a week’s set of potential full-day meal plans for different groups outlined in the “Objective/Scope of Work” section.</li> </ul>	<ul style="list-style-type: none"> <li>• Compilation of all local recipes</li> <li>• A brief report on dietary practices/food culture norms</li> <li>• Finalized set of full-day meal plans for different age groups</li> </ul>	<p>15 days</p> <p><i>Estimated level of effort:</i>  <i>TL – 3 days</i>  <i>RS – 12 days</i></p>	20%

<b>Food system mapping</b> <ul style="list-style-type: none"> <li>Conduct a desk review and consultations with key informants to map food supply chain, accessibility and affordability for the identified opportune foods and make recommendations</li> </ul>	Brief on food system mapping	7 days  <i>Estimated level of effort:</i> TL – 6 days RS – 1 day	
<b>Socio-cultural barrier mapping</b> <ul style="list-style-type: none"> <li>Gather data through qualitative investigations with key informants, and a variety of groups and make a synthesis of the socio-cultural barriers as outlined in the “Objective/Scope” section</li> </ul>	Brief on socio-cultural barriers to consumption of opportune foods;	15 days  <i>Estimated level of effort:</i> TL – 3 days RS – 12 days	
<b>Review of SBCC materials and dietary guidelines</b> <ul style="list-style-type: none"> <li>Review existing nutrition SBCC materials and nutrition-related guidelines and make recommended revision and/or propose sketch of new materials in line with the newly developed food-based recommendations as above.</li> </ul>	Brief on existing material review with suggested amendments and sketch of new materials	5 days  <i>Estimated level of effort:</i> TL – 3.5 days RS – 1.5 days	10%
<b>Oversee all components of the assessment and consolidate all the reports emanating from this assignment into the overall Final Dietary Intake Assessment Report</b>	Final merged report, Power point slide deck, final cleaned data files <i>NB Data use from the exercise for publication will be guided by UNICEF</i>	5 days  <i>Estimated level of effort:</i> TL – 5 days	10%
Total		100 days	100%

#### QUALIFICATIONS, SPECIALIZED EXPERIENCE, AND ADDITIONAL COMPETENCIES

Bachelors  Masters  PhD  Other

#### Education:

An advanced University degree in Nutrition, Food Science, Dietetics, Public Health, or other relevant disciplines, a PhD will be an added advantage

#### Experience:

- A minimum of 5 years of professional experience in nutrition related work
- Experience in conceptualizing, designing and implementing dietary intake assessments and linear programming-based analyses for developing food-based recommendations.
- Work experience serving in a developing country is required. Work experience in the Pacific Islands region is an asset.
- Experience working in UNICEF or a UN system agency is an asset.

#### Skills:

- Able to work effectively with people internal and external parties
- Communicates clearly and concisely
- Excellent analytical and conceptual skills
- Demonstrated ability to produce high-quality analytical reports
- Proficiency in various analytical applications for Nutrition, OptiFood, or any Linear Programming software.

- P roven ability to work independently under difficult conditions

**Language:**

- Fluency in English is required, and knowledge of a local language would be an asset.

## CONDITIONS OF WORK AND CLARIFICATION ON SUPERVISION

### Management, Organization, and Timeframe:

The consultant is expected to work remotely with in-country field mission to Kiribati (12 weeks), making a total of 3-month work on the ground out of 8-month contract period. All costs related to the work will be included in the financial proposal and subsequent contract. Overall monitoring and technical supervision will be provided by the Nutrition Manager, UNICEF Pacific Multi-Country Office. While in-country, day-to-day supervision would be provided by Health and Nutrition Officer, UNICEF Kiribati Field Office.

### ADMINISTRATIVE ISSUES

- Individuals engaged under a consultancy will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants. Consultants are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.
- The selected candidate is solely responsible for ensuring that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, program delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts. UNICEF offers reasonable accommodation for consultants 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 afterward in your assignment.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- Consultant will be required to complete mandatory online courses (e.g. Ethics, Prevention of Sexual Exploitation and Abuse and Security) upon receipt of the offer and before the signature of the contract.
- Deliverables that require payment within less than 30 days should be lumped together for ease of transaction.

*The below is to be included in the advert.*

### NOTE FOR CONSULTANTS:

Please submit a **separate financial offer** along with your application and **technical proposal**. The financial proposal should be a **lump sum amount for all the deliverables** but should show a break down for the following:

- Daily fees— based on the deliverables in the Terms of Reference
- Travel (economy air ticket where applicable to take up assignment if in country support is required, as well as any in country travel)
- Living allowance for international consultant that will need to relocate to PICTs, for the duration of in-country assignment
- Miscellaneous- to cover visa, health insurance (including medical evacuation for international consultants), communications, and other costs.