**UNICEF Pacific**

**TERMS OF REFERENCE**

**Consultant for Capacity Building on High Impact Nutrition Interventions in Kiribati and Vanuatu**



**Requesting Section: Child Survival and development**

**Date/Updated date: 05 May 2017**

**Programme Area and Specific Project involved:**

**Output:** Strengthened national capacity to deliver quality and timely newborn, maternal and nutrition at health facility and community levels in Kiribati and Vanuatu

**Outcome:** Pregnant women, mothers and children equitably benefit from high impact interventions for accelerated improvement of neonatal, child and maternal survival, health and nutrition.

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**Background:**

The UNICEF Pacific Islands’ multi-country programme covers the Cook Island, Fiji, Kiribati, Marshal Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Salomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. Together, these fourteen countries and territories are home to 2.45 million people, living on more than 660 islands and atolls stretching across 17.2 million square kilometers of the Pacific Ocean. The countries have small and culturally diverse populations, and vary in terms of population size, fertility and growth rate.

Data suggest there has been significant progress with under five mortality in the past decade in the Pacific Island countries (PICs). However, the under-five mortality for Kiribati (56 deaths per 1000 live births) is above the Sustainable Development Goals target of 25 per 1000 live births by 2030. Of the seven countries with data, maternal mortality varies widely, from 30 to 124 deaths per 100,000 live births in Fiji and Tonga respectively.

While there are significant data gaps for malnutrition, available information shows stunting among children under five is a public health concern in Solomon Islands (32 per cent), Vanuatu (29 per cent), and Nauru (24 per cent). While data is scarce, overweight and obesity are significantly high among children under five in Tonga (17.3 per cent). High to very high levels of overweight and obesity (47 per cent to 8 per cent) are found amongst adult females in Federated States of Micronesia, Fiji, Kiribati, Samoa, Solomon Islands, Kiribati and Vanuatu. Maternal obesity may have negative consequences both on the foetus and later in life.

In general, the coverage of essential nutrition interventions, including infant and young child feeding practices, de-worming and iron supplementation for pregnant women and children under five are low in all countries. High adolescent birth rates, poor health and nutritional status of women, limited supply, utilization and quality of health services, particularly for, remote and vulnerable populations, along with limited availability of community-based outreach and referral systems are contributory factors to poor maternal, neonatal and child health. Health-seeking behaviour also remains a challenge.

While majority of the Pacific Islanders have access to an improved drinking water source, the availability of safe drinking water cannot be guaranteed, particularly in remote outer islands that are dependent on intermittent rainfall. High rates of open defecation are reported in Solomon Islands (54 per cent) and in Kiribati (36 per cent). Hygiene practices are less than optimal in Vanuatu with around a third households (37%) safely disposing of children’s faeces. Household surveys for Solomon Islands[[1]](#footnote-1) and Vanuatu[[2]](#footnote-2) found that only 17 per cent and 32 per cent of rural households have a dedicated handwashing place with water and soap available, respectively.

The overarching strategic approach for UNICEF between 2018 and 2022 to improve maternal and child nutrition include strengthening national capacity for enhanced quality health and nutrition policies and legislation, heath system strengthening for delivery of quality health and nutrition services, and improving caregivers knowledge and skills to adopt recommended care practices. In line with the strategic approach, UNICEF will support policy and strategy formulation including identification of high impact nutrition interventions specific for each country.

Kiribati and Vanuatu implement several evidence based nutrition interventions including promotion of breastfeeding, complementary feeding, integrated management of acute malnutrition, and micronutrient supplementation. The services are delivered through the MoH delivery platforms. However the individualistic application of these services has resulted in a coverage that remains inadequate due to limited planning, implementation, monitoring and lack of awareness among communities on the need for optimal care practices to reduce stunting and improve child nutrition status. The lack of a comprehensive high impact nutrition intervention package has resulted in a less than optimal understanding of the full complement of measures needed to prevent stunting by MoH staff at multiple levels.

UNICEF will provide technical assistance to the Ministry of Health and Medical Services (MHMS) of Kiribati and Vanuatu to define a) high impact nutrition interventions (HINI) specific to the country context and b) MHMS delivery modalities of HINI comprehensive package of services and to build the capacity of service providers for the delivery of the HINI package. Proposed activities include strengthening the enabling environment including identifying contextualized high impact nutrition interventions, developing/updating implementation guidelines, and strengthening the capacity of service providers in target countries. As part of this initiative, UNICEF will be recruiting a consultant to design the HINI framework and a consultant to build the capacity of health service providers on the HINI package in the target countries. Additionally, UNICEF Pacific is currently undertaking a number of consultancies including health policy review, supportive supervision and community strategy which will complement the proposed consultancies.

UNICEF Pacific is seeking a consultant to provide technical guidance to MHMS to strengthen the capacity of health service providers for the delivery of high impact nutrition interventions, and to develop training guidelines, tools and checklists in target PICs (Kiribati and Vanuatu).

**Purpose of Assignment:**

The overall purpose of the assignment is to work in collaboration with the Ministry of Health and Medical Services (MHMS) to build the capacity of service providers on a package of evidence based High Impact Nutrition Interventions (HINI) in select Pacific Island Countries (PICs).

The specific objective of the assignment is to build the capacity of national trainers on HINI and to provide supportive supervision for the trainers to initiate the roll-out of the HINI training to health service providers in 1 province/island in each target country.

**Scope of Work/ Work Assignments:**

The consultant will build on the work of the Consultant for HINI framework and undertake the following tasks in Kiribati

and Vanuatu to achieve the objectives of the assignment:

1. Conduct consultation meetings and workshops with the MHMS for developing the training guidelines, job aids and tools and drafting the training plan (training of the trainers and 1 province/island)

2. Collect and review existing nutrition training materials, job aids and tools for health and WASH, identify synergies and gaps to be addressed

3. Draft HINI training materials, job aids, tools and checklist

4a) Kiribati: Develop training plan for training of trainers (TOT) and roll-out of provincial/island training and supportive supervision

4b) Kiribati: TOT and roll-out in at least 1 island to build capacity of the trainers

5. Vanuatu: Carry out a review meeting with ToTs trained on MIYCN and IMAM to identify continuing education needs, introduce evidence based HINI framework and action plans, reinforce previous training components and introduce any new ones identified during the development of the HINI Framework.

**Work Schedule:**

The duration of consultancy is for 3 months from 15 July – 15 October 2017. The consultant(s) is expected to work and travel in Kiribati and Vanuatu.

**Payment Schedule**

Payment is based on deliverables outlined in the Deliverables/End Product section detailed below.

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| 1st payment (20%) | Deliverables 1 and 2:  Inception report; Gap analysis report | 10% after completion of each country reports |
| 2nd payment (40%) | Deliverables 3 and 4:  Draft table of contents for the training guidelines with list of training modules, job aids and tools; draft HINI training materials, job aids and tools | 20% after completion of each country reports |
| 3rd payment (40%) | Deliverables 5 and 6: Training report and Final HINI guidelines | 20% after completion of each country reports |

The consultant(s) will be responsible for arranging his/her/their own travel. Reimbursements will made upon submission of the receipts.

**Deliverables/End Products**

1. Inception Report including workplan (Gantt chart) detailing key steps with timelines for achieving the objectives and deliverables
2. Gap analysis report (detailed gap analysis of the available nutrition related materials and tools with recommendations for the development of HINI training materials and tools
3. Develop Table of Contents for the training guidelines with list of training modules, job aids and tools
4. Draft HINI training materials, job aids and tools including WASH and Early Stimulation
5. Review report (Vanuatu); Training report (Kiribati) incorporating agreed training plans; details of TOT and roll-out of training
6. Submission of final HINI training materials and tools incorporating final comments/suggestions from UNICEF

**All products should be in electronic and hard copy submission.**

**Supervisor Name and Type of Supervision that will be provided:**

The consultant will work under the overall supervision of the UNICEF Pacific Chief of Child Survival and Development. Technical direction, management of contract, and quality assurance will be provided by the Suva based Nutrition Specialist. Overall operational support from Chief of Field offices in Kiribati and Vanuatu. Day to day supervision will be appointed by CFOs in country. (i) Kiribati: Chief of Field Office and the Health and Nutrition Officer (ii) Vanuatu: Chief of Field Office and Immunization Officer.

**Consultant’s Work Plan and Official Travel Involved:**

The consultant is required to make his/her own return travel arrangements from Place of recruitment-Duty Station-Place of recruitment on the most direct route and economical class. Travel costs will be reimbursed to the consultant upon submission of invoice and travel documents.

All related (internal/external) official travel of the consultancy will be organized by the consultant and costs reimbursed accordingly.

The consultant is also required to organize his own visa to the duty station – UNICEF will provide a support letter to assist with visa approval.

The consultant will be based in the UNICEF office in Kiribati and Vanuatu.

The Consultant will meet with the UNICEF Suva office and should be scheduled before and after the country visits for briefing and debriefing. The consultant will maintain regular contact/ communication with the technical supervisor for technical support and providing weekly updates by email, skype or telephone as required.

In-country travel will be arranged by UNICEF, by facilitating the logistics arrangements for the field visits with the MHMS.

**Consultant’s Work Place:**

The consultant(s) will be based in the UNICEF office in Kiribati/Vanuatu. Office space will be provided.

The consultant is required to use his/her own laptop.

**Qualifications or Specialized Knowledge/Experience Required:**

Qualifications

* Post-graduate degree in Nutrition, Public Health, social sciences, global/international health and nutrition, or medicine

Experience and Skills

* At least 7 years documented work experience in training of health service providers at the national and subnational levels, preferably in the area of nutrition
* Documented recent experience developing curriculum and training materials, job aids and tools
* Experience in policy/strategy development and review of nutrition guidelines and tools
* Solid understanding of integrated service delivery and community platforms for multi-sectoral nutrition service delivery
* Substantive knowledge on maternal, neonatal, child health and nutrition (MNCHN) issues/ policies, strategies, guidelines, tools, checklists, SOPs
* Strong inter-personal, teamwork and organizational skills
* Familiarity with information technology, including proficiency in word processing, spreadsheets, and presentation software
* Previous working experience in the Pacific and with health and nutrition programmes will be an asset.
* Proven analytical and report writing skills;
* Familiarity and experience of working with UN agencies is an asset

Languages

* Fluency in written and spoken English required.

Competencies

* Good analytical, facilitating, negotiating, communication and advocacy skills

**General Conditions** **of Contracts for the Services of Consultants / Individual Contractors**

**1. Legal Status**

The individual engaged by UNICEF under this contract as a consultant or individual contractors (the “Contractor”) is engaged in a personal capacity and not as representatives of a Government or of any other entity external to the United Nations. The Contractor is neither a "staff member" under the Staff Regulations of the United Nations and UNICEF policies and procedures nor an "official" for the purpose of the Convention on the Privileges and Immunities of the United Nations, 1946. The Contractor may, however, be afforded the status of "Experts on Mission" in the sense of Section 22 of Article VI of the Convention and the Contractor is required by UNICEF to travel in order to fulfill the requirements of this contract, the Contractor may be issued a United Nations Certificate in accordance with Section 26 of Article VII of the Convention.

**2. Obligations**

The Contractor shall complete the assignment set out in the Terms of Reference for this contract with due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices.

The Contractor must respect the impartiality and independence of UNICEF and the United Nations and in connection with this contract must neither seek nor accept instructions from anyone other than UNICEF. During the term of this contract the Contractor must refrain from any conduct that would adversely reflect on UNICEF or the United Nations and must not engage in any activity that is incompatible with the administrative instructions and policies and procedures of UNICEF. The Contractor must exercise the utmost discretion in all matters relating to this contract.

In particular, but without limiting the foregoing, the Contractor (a) will conduct him- or herself in a manner consistent with the Standards of Conduct in the International Civil Service; and (b) will comply with the administrative instructions and policies and procedures of UNICE relating to fraud and corruption; information disclosure; use of electronic communication assets; harassment, sexual harassment and abuse of authority; and the requirements set forth in the Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

Unless otherwise authorized by the appropriate official in the office concerned, the Contractor must not communicate at any time to the media or to any institution, person, Government or other entity external to UNICEF any information that has not been made public and which has become known to the Contractor by reason of his or her association with UNICEF or the United Nations. The Contractor may not use such information without the written authorization of UNICEF, and shall under no circumstances use such information for his or her private advantage or that of others. These obligations do not lapse upon termination of this contact.

**3. Title rights**

UNICEF shall be entitled to all property rights, including but not limited to patents, copyrights and trademarks, with regard to material created by the Contractor which bears a direct relation to, or is made in order to perform, this contract. At the request of UNICEF, the Contractor shall assist in securing such property rights and transferring them to UNICEF in compliance with the requirements of the law governing such rights.

**4. Travel**

If UNICEF determines that the Contractor needs to travel in order to perform this contract, that travel shall be specified in the contract and the Contractor’s travel costs shall be set out in the contract, on the following basis:

1. UNICEF will pay for travel in economy class via the most direct and economical route; provided however that in exceptional circumstances, such as for medical reasons, travel in business class may be approved by UNICEF on a case-by-case basis.
2. UNICEF will reimburse the Contractor for out-of-pocket expenses associated with such travel by paying an amount equivalent to the daily subsistence allowance that would be paid to staff members undertaking similar travel for official purposes.

**5. Statement of good health**

Before commencing work, the Contractor must deliver to UNICEF a certified self-statement of good health and to take full responsibility for the accuracy of that statement. In addition, the Contractor must include in this statement of good health (a) confirmation that he or she has been informed regarding inoculations required for him or her to receive, at his or her own cost and from his or her own medical practitioner or other party, for travel to the country or countries to which travel is authorized; and (b) a statement he or she is covered by medical/health insurance and that, if required to travel beyond commuting distance from his or her usual place or residence to UNICEF (other than to duty station(s) with hardship ratings “H” and “A”, a list of which has been provided to the Contractor) the Contractor’s medical/health insurance covers medical evacuations. The Contractor will be responsible for assuming all costs that may be occurred in relation to the statement of good health.

**6. Insurance**

The Contractor is fully responsible for arranging, at his or her own expense, such life, health and other forms of insurance covering the term of this contract as he or she considers appropriate taking into account, among other things, the requirements of paragraph 5 above. The Contractor is not eligible to participate in the life or health insurance schemes available to UNICEF and United Nations staff members. The responsibility of UNICEF and the United Nations is limited solely to the payment of compensation under the conditions described in paragraph 7 below.

**7. Service incurred death, injury or illness**

If the Contractor is travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contract, or is performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval, the Contractor (or his or her dependents as appropriate), shall be entitled to compensation from UNICEF in the event of death, injury or illness attributable to the fact that the Contractor was travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contractor, or was performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval. Such compensation will be paid through a third party insurance provider retained by UNICEF and shall be capped at the amounts set out in the Administrative Instruction on Individual Consultants and Contractors. Under no circumstances will UNICEF be liable for any other or greater payments to the Contractor (or his or her dependents as appropriate).

**8. Arbitration**

1. Any dispute arising out of or, in connection with, this contract shall be resolved through amicable negotiation between the parties.
2. If the parties are not able to reach agreement after attempting amicable negotiation for a period of thirty (30) days after one party has notified the other of such a dispute, either party may submit the matter to arbitration in accordance with the UNCITRAL procedures within fifteen (15) days thereafter. If neither party submits the matter for arbitration within the specified time the dispute will be deemed resolved to the full satisfaction of both parties. Such arbitration shall take place in New York before a single arbitrator agreed to by both parties; provided however that should the parties be unable to agree on a single arbitrator within thirty days of the request for arbitration, the arbitrator shall be designated by the United Nations Legal Counsel. The decision rendered in the arbitration shall constitute final adjudication of the dispute.

**9. Penalties for Underperformance**

Payment of fees to the Contractor under this contractor, including each installment or periodic payment (if any), is subject to the Contractor’s full and complete performance of his or her obligations under this contract with regard to such payment to UNICEF’s satisfaction, and UNICEF’s certification to that effect.

**10. Termination of Contract**

This contract may be terminated by either party before its specified termination date by giving notice in writing to the other party. The period of notice shall be five (5) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a total period of less than two (2) months and ten (10) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a longer period; provided however that in the event of termination on the grounds of impropriety or other misconduct by the Contractor (including but not limited to breach by the Contractor of relevant UNICEF policies, procedures, and administrative instructions), UNICEF shall be entitled to terminate the contract without notice. If this contract is terminated in accordance with this paragraph 10, the Contractor shall be paid on a pro rata basis determined by UNICEF for the actual amount of work performed to UNICEF’s satisfaction at the time of termination. UNICEF will also pay any outstanding reimbursement claims related to travel by the Contractor. Any additional costs incurred by UNICEF resulting from the termination of the contract by either party may be withheld from any amount otherwise due to the Contractor under this paragraph 10.

**11. Taxation**

UNICEF and the United Nations accept no liability for any taxes, duty or other contribution payable by the consultant and individual contractor on payments made under this contract. Neither UNICEF nor the United Nations will issue a statement of earnings to the consultant and individual contractor.

**ETHICS FOR SAFEGUARDING THE INTERESTS/RIGHTS OF CHILDREN AND WOMEN IN RESEARCH AND COMMUNICATION**

**NON-DISCRIMINATION**

When consultants conduct interviews, focus group discussions, take photos, videos, consultants shall ensure that the selection of participants and the process and methods used serve to correct, not inforce, patterns of exclusion. This requires attention to socio-economic barriers including gender, disability and age discrimination as well as the different ways and capacities in which children and women express themselves.

**PARTICIPATION**

Consultants shall ensure that the purposes and processes of the interviews, photo taking, etc. are fully explained, using alternative forms of communication where necessary and making reference to any implications of time, cost and the possible influence of the outcomes. The way information is conveyed must be appropriate to the context and to the child capabilities when child is involved.

**INFORMED CONSENT**

Consultant shall ensure that the participants know their right to refuse or to withdraw from the interview, photos, etc. at any time and obtaining verbal or written consent without coercion. Parental consent is required to use children in communications but there should be a discussion with the child or children.

**IDENTIFICATION OF RISKS**

Consultant should be mindful of the risk involving children and women in the research. Consultant should withhold information where that information may place them at risk and take necessary measures to protect them from placing themselves at risk.

**CONFIDENTIALITY**

Consultants shall offer conditional anonymity and confidentiality to all participants and explain to participants the limitation of confidentiality and possible intervention based on what is in their best interests. Consultant is fully responsible for identifying the follow up action and referrals to be made in case confidentiality is broken.

**MISUSE OF INFORMATION**

Consultants are fully responsible for considering the short and long-term consequences of the communication or research from the different perspectives of participants, policy-makers, researchers and UNICEF.

1. MHMS/UNC/UNICEF/WaterAID, 2016, Solomon Islands Rural WASH Baseline Survey [↑](#footnote-ref-1)
2. DGMWR/UNICEF. 2016, Vanuatu Water, Sanitation and Hygiene Country Profile. [↑](#footnote-ref-2)