

**UNICEF Pacific**

**TERMS OF REFERENCE**

Individual/Institutional Consultant(s) to conduct Formative Research on Nutrition-WASH norms and practices in Pacific Island Countries

(Solomon Islands, Kiribati, Vanuatu and Republic of Marshall Islands)

**Requesting Section: Child Survival and Development**

**Date: 12 Aug 2017**

**Programme Area and Specific Project involved: Output:** Strengthened national capacity to deliver quality and timely newborn and maternal nutrition at health facility and community levels in Solomon Islands, Kiribati, Vanuatu and Republic of Marshall Islands

**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, Republic of Marshal Islands (RMI), Federated States of Micronesia (FSM), Nauru, Niue, Palau, Samoa, Solomon 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. Over 80 per cent of under-five deaths are in the first year of life in all PICs; with over half the infant deaths in the first 28 days, ranging from 50 per cent in Solomon Islands to 79 per cent in Nauru.

While there are significant data gaps for malnutrition, available information shows stunting among children under five to be a public health concern in Solomon Islands (32 per cent), Vanuatu (29 per cent), Kiribati (34%), and Nauru (24 per cent). Data collection for the Integrated Child Health and Nutrition Survey was recently completed for RMI; the findings from the survey will provide further evidence on child nutrition status. 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 (over 48%) 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, based on limited available data, maternal, infant and young child feeding practices are inadequate in the PICs. While early initiation of breastfeeding is high in Vanuatu (85%), Solomon Islands (75%), and RMI (73%) continued breastfeeding rates drop off significantly. Additionally, RMI (31%) has very low exclusive breastfeeding rate that is below the global World Health target (at least 50%). 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 only around a third of the households (37%) safely disposing child 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. Evidence indicates high hookworm infection[[3]](#footnote-3) in PICs including in Vanuatu and Solomon Islands which are also countries with high prevalence of stunting among children under-5.

Inadequate maternal and child nutrition, stress, care and hygiene practices and unclean surrounding environments undermine the child survival and development, with lifelong repercussions. The importance of inadequate sanitation and drinking water as a cause of undernutrition, by causing illness, in particular diarrhoea, environmental enteropathy (damage to the small intestine), and worm infestation is recognized. The time span between conception and the second birthday of a child, tagged the ‘first 1,000 days of life’, is an especially critical window for proper growth and development of children.[[4]](#footnote-4) Optimal maternal and child nutrition from pregnancy to the first two years of life can contribute substantially to improved maternal, infant and child health and nutrition status with longer term positive impact on cognitive development, school achievement, work productivity and country’s economic development.

The overarching strategic approach for UNICEF between 2018 and 2022 include improving maternal and child health and nutrition through strengthening national capacity for enhanced quality health and nutrition policies and legislation; health system strengthening for delivery of quality health and nutrition services; and improving caregivers knowledge and skills to adopt recommended maternal and child feeding, hygiene and care practices.

Evidence indicates that individual, family and communities have profound influence on dietary practices. Increasing body of research studies highlight the importance of hygiene and positive child care practices for optimal growth and development. Caregiver practices and behaviour may be influenced by a number of factors including maternal workload, knowledge, skills, perception, cultural beliefs, taboos, social norms, and support from families and communities. However there is very little understanding of the factors contributing to inadequate maternal and child feeding and hygiene practices in the Pacific.

Successful interventions to improve maternal and child nutrition status depend on social and behaviour changes reinforced through mix of appropriate communication channels. UNICEF will provide technical assistance to the MoH of Solomon Islands, Kiribati, Vanuatu and RMI to examine key WASH and nutrition behaviors to gain a better understanding of existing practices and beliefs, and to identify promoters and barriers related to maternal and child nutrition. The target groups would include caregivers (parents, grandparents), service providers and other relevant stakeholders. The proposed consultancy is in line with the country strategic plans of Solomon Islands[[5]](#footnote-5), Vanuatu[[6]](#footnote-6), Kiribati[[7]](#footnote-7) and RMI[[8]](#footnote-8) for improved child health.

UNICEF Pacific is seeking an individual or institutional consultant(s) to design and conduct formative research to examine WASH-nutrition norms and practices with focus on the first 1000-days of the lifecycle in selected communities in four PICs (Solomon Islands, Kiribati, Vanuatu and RMI).

**Purpose of Assignment:**

The overall purpose of the formative study is to inform appropriate individual and social behavior change interventions for improved maternal and child nutrition in Kiribati, Solomon Islands, Vanuatu and RMI.

The findings from the formative study conducted in collaboration with the MoH of target countries will guide the development of country specific communication strategies for improved maternal and child nutrition targeting the period from pregnancy to the child’s second birthday. Additionally, the study will support UNICEF’s behaviour change communication strategy in the target countries for improving caregivers’ adoption of recommended maternal and child feeding and hygiene practices.

**Scope of Work/ Work Assignments:**

The study aims at gaining insights into the social and behavioural determinants associated with maternal and child nutrition, care and hygiene practices and the mix of communication channels to address positive behaviour change. The key behaviours to be examined include infant and young child feeding among children less than two years; maternal nutrition with focus on pregnant and lactating women; and environmental sanitation.

The individual/institutional consultant(s) will develop the research methodology. It is recommended that the Socio-Ecologic Model (SEM) is applied by the researchers to provide a comprehensive picture of the participant groups at different levels (micro, meso, and macro) and their power of influence on caregivers’ behaviours. In collaboration with the MoH, the consultant will identify select communities (urban and outer islands) in at least one province each in Kiribati, Vanuatu, Solomon Islands and RMI and the target participant groups.

To allow for an in-depth causal analyses, the research questions should examine the immediate, underlying and structural or normative causes that could influence address why caregivers adopt certain maternal, infant and young child feeding and care practices.; what are the main determinants (ie. social norms, taboos, beliefs, social pressure etc.) behind the behaviours; who/what are the main influencers, and what are the main barriers. The key questions to consider include, but are not limited to, are as follows:

The key questions to consider include:

1. What are the key determinants of behaviour related to infant and young child feeding, maternal nutrition (pregnant and lactating women) and hygiene practices?
2. What are the roles and behaviours expected from mothers, fathers and grandmothers related to care of mothers, infants and young children?
3. Are there differences in infant and child feeding practices based on age and gender? Are boys fed differently compared to girls? Why are there differences?
4. What crops/foods are available locally – in home gardens, fields, local markets, and stores? Are there seasonal variations? How accessible are these food sources? What is the relative cost of the different types of foods available?
5. Which foods are commonly used to feed young children? What foods are commonly eaten/avoided by pregnant and lactating women?
6. What are the current practices related to hygiene practices including that of surroundings (use of soap and water for handwashing, handwashing practices of mother and child, raising of poultry and other small birds and animals)? What are the key determinants of hygiene practices?
7. What are the perceived social norms and beliefs on raising chicken/animals in an enclosure? What are the perceived social norms and beliefs of a child’s play area?
8. What are the main sources of information for individuals and families to learn about/obtain information on appropriate maternal and infant and young child nutrition, positive parenting and child care

**Methodology**

It is expected that a mixed method design will be adopted (qualitative and quantitative) that will include multiple approaches (e.g. barrier analysis, focus group discussions, individual interviews, key informant interviews, observation study, market survey, seasonal food calendar) to examine practices, beliefs and social norms as well as perceived barriers and facilitators/motivators for optimal feeding and hygiene practices within the local context. The research protocol should adhere to the principles of human rights and a gender-sensitive approach.

The individual/institutional consultant(s) are expected to develop work plans, research protocol, data collection instruments and consent forms (translation will be conducted in-country) to respond to the research questions. At minimum the consultants are expected to take into consideration the below.

1. ***Literature review:***

* Review available literature[[9]](#footnote-9) for target PICs (Kiribati, Solomon Islands, Vanuatu, and Republic of Marshall Islands) with special focus on maternal (pregnant and lactating women), infant and young child nutrition and hygiene during the first 1000-days - from conception to two years of life to examine practices, social-norms, beliefs and factors influencing behaviours, as well as relevant channels for individual and social behavior change for the identified barriers.
* Identify gaps in information based on the data from the desk review.

2. ***Design research methodology:***

It is expected that multiple approaches will be adopted (e.g. barrier analysis, observations, focus group discussions, individual interviews, key informant interviews, observation study, market survey, seasonal food calendar) to examine practices, beliefs and social norms as well as perceived barriers and facilitators/motivators for optimal feeding and hygiene practices within the local context. It is recommended that the Socio-Ecologic Model (SEM) is applied by the researchers to provide a comprehensive picture of the participant groups at different levels (micro, meso, and macro) and their power of influence on caregivers’ behaviours. The consultants are expected to:

* Develop additional research questions based on the gaps identified to examine key factors that influence maternal and child nutrition and hygiene behaviours.
* Select appropriate research methods that are the ‘best fit’ to answer the questions
* Identify appropriate sampling method including sample size, sites and target groups for the identified research methods
* Develop assessment tools and guides; with UNICEF and MoH support facilitate translation to local language; pre-test data collection forms and tools; revise and finalize the study tools
* Facilitate ethics approval in close consultation with UNICEF and the MoH in the target country

1. ***Participation of key stakeholders***

* Facilitate TWG consultation meetings in collaboration with the MoH in target PICs among health, WASH and education sectors and relevant stakeholders for review and approval of research protocol including ethical considerations, study tools and implementation plans
* Plan for the study including human resources and logistics in consultation with the MoH and TWG

1. ***Training***

* Develop training manuals and guides
* Train locally recruited study teams on the research protocol and data collection; plan for and facilitate pilot testing
* Conduct monitoring and supportive supervision

1. ***Data collection and Reporting***

* Facilitate and supervise data collection
* Conduct data analyses (i.e. market survey, field data collection to facilitate barrier analysis and other relevant approaches)
* Protect data storage according to good practices ensuring confidentiality and anonymity of the study respondents
* Draft preliminary and final reports with key findings, discussion and recommendations.
* The report should include a thorough participant analysis based on the SEM providing clear information about behaviours and main influencers at different levels at with different power of influence, as well as an in-depth causal analysis which relates caretaker behaviours as well as influencers’ behaviours to perceptions, beliefs and norms.
* The report should present data with relevant tables, graphs and quotations to illustrate key data and core messages along with specific recommendations that could inform the design of a communication strategy and key interventions for individual and social behaviour change

***Ethical clearanc*e**

The consultants are expected to identify all relevant ethical issues from the proposed methodology, propose mitigation measures and seek ethical clearance as appropriate.

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**Work Schedule:**

The consultancy will be from Oct 2017 for over a period of 10 months (estimated 2-3 months each for Kiribati, Solomon Islands, Vanuatu and Republic of Marshall Islands).

**Deliverables/End Products**

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| **Deliverable** | **Details** |
| Deliverable 1 | * Detailed work plan with timelines (activities with timelines e.g. Gantt chart), proposed methodology including data sources and data collection tools to address the key research questions. * Finalized research protocol, data collection instruments and consent forms in English and local languages. * Ethics approval obtained. * Documented MoH approval for target PICs |
| Deliverable 2 | * Training materials and tools, * Final SOPs |
| Deliverable 3 | * Data collection including transcriptions/translations. * Preliminary report with key findings and specific recommendations to inform the design of a communication strategy for individual and social behaviour change * Presentations (PowerPoint) on key findings and recommendations |
| Deliverable 4 | * Final Report submitted to UNICEF (after review and feedback by partners and UNICEF) * All raw data collected by the end of full consultancy |

All products should be in electronic and hard copy submission

**Payment Schedule:**

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

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

**Type of Supervision that will be Provided:**

The individual/institutional consultant(s) 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 will be from the Chief of Field offices (CFO) in Kiribati, Vanuatu and Solomon Islands. Day to day supervision will be by CFOs in the countries. For RMI, UNICEF Pacific office will facilitate operational support as required

The consultants will work closely with the TWGs (that will be set up by the MoH) and the MoH of the target PICs for review and approval of the research protocol, planning and implementation of the survey and dissemination of the key findings and recommendations.

The study protocols including methodology and the study report for each country will be reviewed by the UNICEF Pacific Research, Evaluation, Study and Ethics Committee (RESEC) and the study Reference Group (UNICEF Pacific office Nutrition Specialist, Chief of Health, Social Policy Specialist; UNICEF EAPRO Regional Nutrition Advisor, and UNICEF EAPRO Regional Monitoring Specialist) for quality assurance and approval.

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

The individual/institutional consultant(s) 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(s) 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(s) is also required to organize his/her own visa to the duty station – UNICEF will provide a support letter to assist with visa approval.

**Consultant’s Work Place:**

The individual/institution consultants will be based in the UNICEF office in Kiribati, Solomon Islands, and Vanuatu and in the MoH office in RMI.

The Individual/Institution Consultants 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 (once per week) with the technical supervisor for technical support and for 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.

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

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| **Qualifications**  Individual/Institutional consultant(s): Post-graduate degree in Nutrition, Public Health, Health Sciences, Social sciences including anthropology, global/international health and nutrition, or medicine  **Experience**   * At least 7 years of recent documented work experience in conducting nutrition and/or WASH related field research including quantitative and qualitative studies (eg. barrier analyses for behaviour change/focus group discussions/key informant interviews/observation studies) with focus on the first 1000-days lifecycle approach * Demonstrated recent work experience in formative, anthropological or operational research, data management and analyses (published materials, tools, reports etc) * Documented work experience working with governments and MOH * Substantive knowledge on maternal, neonatal, child health and nutrition (MNCHN), early child development and WASH-nutrition linkages * Strong inter-personal, teamwork and organizational skills * Solid understanding of and documented work experience in individual and social behaviour change techniques and strategies and community platforms for nutrition service delivery * Equipment, tools and facilities to implement the study (software programmes and equipment for transcription, data analyses) * Familiarity with information technology, including proficiency in word processing, spreadsheets, and presentation software * Previous working experience in the Pacific and with health, WASH 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 facilitating, negotiating, communication and advocacy skills |

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**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.

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)
3. Kline K et al 2013 Neglected Tropical Diseases of Oceania: Review of Their Prevalence, Distribution, and Opportunities for Control. PLOS Neglected Tropical Diseases | www.plosntds.org [↑](#footnote-ref-3)
4. Cusick, S. and Georgieff, M. (n.d*). The first 1,000 days of life: The brain’s window of opportunity.* UNICEF Office of Research – Innocenti. Retrieved from https://www.unicef-irc.org/article/958/ [↑](#footnote-ref-4)
5. Solomon Islands Reproductive Child Health and Nutrition Corporate Plan, 2016-2020, Ministry of Health [↑](#footnote-ref-5)
6. Vanuatu MoH, 2016. Vanuatu Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy 2017-2019 [↑](#footnote-ref-6)
7. Kiribati Development Plan, 2016-2019, Government of Kiribati [↑](#footnote-ref-7)
8. RMI National Strategic Development Plan, 2015-2017 [↑](#footnote-ref-8)
9. Including but not limited to: Demographic Health Surveys Kiribati (1985, 2009); Solomon Islands (2007, 2015); Vanuatu (2007; 2013); HIES; Formative research on EPI communication strategy for Solomon Islands; Formative Research on MCH communication strategy for Vanuatu; Formative Research on ECD in Kiribati [↑](#footnote-ref-9)