**UNICEF Pacific**

**TERMS OF REFERENCE**

**Consultant for Developing High Impact Nutrition Intervention (HINI) Framework and Action Plans for Solomon Islands**



**Requesting Section: Child Survival and development**

**Date/Updated date: 08 May 2017**

**Programme Area and Specific Project involved:**

**Output:** Consultant for developing High Impact Nutrition Interventions (HINI) Strategy and Action Plans for Solomon 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:**

Although Solomon Islands has made significant progress in child and maternal health, the nutrition situation has not improved significantly. Stunting is a public health concern with not much improvement since 2004 (31.6% in 2015; 32.6% in 2004). Additionally there are disparities by region (26% in Honiara, 36% in Guadalcanal, 34% in Malaita), location (32.4% in rural areas and 27.4% in urban areas) and household income (36.2% in lowest income households and 24.6% in highest income households). Furthermore, wasting levels are above the global World Health Assembly target of less than 5%. Around 8 per cent of children under five are acutely malnourished, ranging from 14.6 per cent among children in the Western provinces to 4.6 per cent in Honiara; while rural children are more at risk compared to children from urban areas. Furthermore Solomon Islands is affected by climatic changes including tropical cyclones and recently compounded by the effects of El Niño which can further exacerbate wasting prevalence. Nearly a third of children under-5 years of age (38%) in Solomon Islands are anaemic indicating moderate public health problem. Anaemia is a major concern among women of reproductive age (41%) while nearly half of pregnant women (50%) are anaemic. Consistent with the global body of evidence, undernutrition among children under-5 rises sharply from the age of 6 months and is reflected by inadequate continued breastfeeding and complementary feeding practices. Additionally, high rates of open defecation are reported in Solomon Islands (54 per cent). Household surveys for Solomon Islands[[1]](#footnote-1)[[2]](#footnote-2) found that only 17 per cent of rural households have a dedicated handwashing place with water and soap available, respectively.

Solomon Islands like other Pacific Island faces the Double Burden of Malnutrition, that is both under- and over- nutrition across the life course. Adolescent girls and adult women are reported being overweight. It is recognized that this phenomenon is caused by increased consumption of energy-dense and processed foods that have replaced traditional foods sources including cereals, fruits and vegetables and increasing sedentary lifestyle. However what is overlooked is that it is also caused when children who experienced growth faltering during the first 1000 days of life – that is the period from pregnancy to the child’s second birthday - are more likely to become obese as adults. The solution is thus prevention of foetal growth retardation and infant and young child growth faltering in the first two years through a package of core evidence based high impact nutrition interventions to improve maternal and child nutrition.

The country is committed to improving maternal and child health and nutrition status in line with the National Health Strategy Plan, 2016-2020 and the Solomon Islands Reproductive Child Health and Nutrition Strategy, 2016-2020. At present, the country lacks a costed framework for these high impact nutrition interventions as well as an action plan to guide the planners, managers and health service providers to address undernutrition among children.

Solomon Islands provides several high impact nutrition interventions. In addition to the promotion of breastfeeding and provision of micronutrients (vitamin A and iron-folic acid for pregnant and lactating women), and deworming among children under-5, the Ministry of Health (MoH) has initiated the management of acute malnutrition which at present is mainly facility based therapeutic feeding as a pilot project in Honiara prior to scaling-up nationwide. 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.

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.

UNICEF will provide technical assistance to the MHMS of Solomon Islands to define high impact nutrition interventions and MHMS delivery modalities of the comprehensive package of nutrition services. Proposed activities include strengthening the enabling environment including identifying contextualized high impact nutrition interventions, developing/updating implementation guidelines. UNICEF Pacific is currently undertaking a number of consultancies including health policy review, supportive supervision and community strategy which will complement the proposed consultancy.

UNICEF is seeking an individual consultant to undertake the design of Solomon Island specific Evidence based High Impact Nutrition Intervention framework and action plans to augment existing efforts of the MHMS. The proposed actions are aligned with key result areas as identified in the Solomon Islands National Health Strategy Plan, 2016-2020 specifically related to improving service quality, enhancing service coverage and building partnerships with the aim of contributing to stronger future generations as envisioned in the Healthy Islands framework for the Pacific Island countries for healthy ‘children nurtured in body and mind’

**Purpose of Assignment:**

The overall purpose of the assignment is to provide technical guidance to the MHMS to design evidence based high impact nutrition interventions (HINI) taking into consideration the local context, global recommendations and best practices.

**Scope of Work/ Work Assignments:**

The consultant will undertake the following tasks to achieve the objectives of the assignment:

1. Conduct desk review of relevant literature, national and global guidelines and recommendations and best practices in developing countries on high impact nutrition interventions for improving maternal and infant and young child nutrition.
2. Collect and review available nutrition related policies/strategies and operational guidelines from health (Reproductive Health, MCH, IMCI, PMTCT, NCD), WASH and education sectors with nutrition lens; identify synergies and gaps to be addressed
3. Undertake in-country field visits for observing and contextualizing nutrition service delivery in health facilities and communities
4. Conduct consultation and review meetings with the MHMS and other relevant sectors (eg.WASH and education), UN agencies (WHO, UNFPA, FAO), NGOs for drafting the costed maternal, infant and young child nutrition strategy and action plan
5. Chart 4ws (who, where, when and what) to identify which services are being delivered where and by whom and when
6. Develop the high impact nutrition interventions (HINI) framework including a costing, action plan, including details of key stakeholders and elucidating clear defined roles and responsibilities for the various actors from the health sector, other sectors, UN agencies, NGOs and community based organizations); support/update recommendations made in the review meetings.

**Work Schedule:**

The duration of consultancy is 70 days over 3 months from 15 June -15 September 2017. The consultant is expected to work and travel in Solomon Islands.

**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  |
| 2nd payment (30%) | Deliverable 2, 3 and 4 - Gap Analysis Report; Framework and outline Table of contents, job aids and tools; Draft costed framework and action plans |
| 3rd payment (50%) | Deliverable 5 and 6 – Mapping of partners and Final costed Framework and Action Plans |

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 detailing key steps with timelines (eg. simplified Gantt chart) for achieving the objectives and deliverables; and measures for engaging with relevant stakeholders
2. Gap analysis report (detailed gap analysis of the available nutrition policies/strategies/operational guidelines) with recommendations for the development of HINI guidelines and training materials and tools
3. Develop (i) HINI framework; (ii) outline Table of Content for guidelines, (iii) list of job aids and tools
4. Draft costed HINI strategy that reflects operational and technical components for the countries:
5. Key High Impact Nutrition Interventions
6. Key interventions for promotion of HINI at health facility level; at community outreach level; and through community based platforms including detailed linkages with WASH and Early Stimulation.
7. Costing of HIN interventions
8. Communication approaches
9. Propose monitoring, mentoring and supportive supervision plan
10. Mapping of partners (4ws)
11. Submission of final HINI guidelines incorporating final comments/suggestions from UNICEF

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

**Internal Information to be Completed by Requesting Section**

**Reasons Why the Assignment Cannot be Done by a UNICEF Staff Member:**

Given the detailed scope and quantity of deliverables and the prevailing workload of staff members at the UNICEF Pacific, additional support from an experienced consultant is required.

**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 will be from the Chief of Field offices (CFO)/OIC in Solomon Islands. Day to day supervision will be appointed by the CFO.

**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 Solomon Islands.

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 Solomon Islands. 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 of recent documented work experience in developing nutrition policies, strategies and guidelines
* 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)