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| **Title:**  Consultancy on the impact of COVID-19 pandemic on feeding practices, dietary and health seeking behaviour of women, adolescents, infants and young children in Kenya | | **Funding Code**  **RR** | | **Type of engagement**  Consultant  Individual Contractor | | | **Duty Station:**  Nairobi | |
| 1. **Purpose of Activity/Assignment:**   The main purpose of this consultancy is to support Ministry of Health (MOH) to conduct a study on the impact of COVID -19 on women, adolescents, infants and children’s dietary patterns, feeding practices, nutrition and health seeking behaviours and establish the changes that have occurred since the onset of the pandemic. This will complement a study supported by UNICEF ESAR which seeks to understand household and individual dietary patterns and practices among caregivers of children aged 0-23 months and with key service providers at health facility and community level in 8 countries within Eastern and Southern Africa Region (Botswana, Burundi, Eritrea, Eswatini, Kenya, Lesotho, Malawi, and Uganda.  It will also assess how global guidelines have been adopted to local needs/addressing communities considering the community perception. Further it will look at how programming adoption has been undertaken to support quality MIYCN services. Primary and secondary data will be collected in selected vulnerable counties.  An in-depth study both qualitative and quantitative will be carried out to determine the current children’s dietary patterns and practices, health seeking behaviors and comparison be made with the pre-pandemic period. This study is aimed at gathering evidence-based information that will be used for programming and improving service provision from both supply and demand side. This is because since the onset of COVID-19 pandemic there has been disruption and changes in provision of services for women, adolescents and children putting them at risk.    The study focusing on the vulnerable counties will respond to the following: -   1. Effect of COVID-19 on essential services for MIYCN and programmatic adaptations to reduce risk of transmission of Corona virus and how this has impacted on feeding practices, dietary and health seeking behaviour for women, adolescent, children and infants. 2. Current dietary practices of women, adolescents, infants and young children and how it has changed since the onset of pandemic including mitigation measures families have undertaken during the COVID-19 pandemic to enhance their diets. 3. Current status of provision and the level of impact of COVID-19 on MIYCN services, basic psychosocial support, and practical feeding support to adolescents, women and children under 2 years. 4. Current food system support to access the most affordable nutritious foods for the vulnerable adolescents, women infants and young children 5. Establish significant factors at household level that are associated with better diets for adolescents, women, and children. | | | | | | | | |
| 1. **Scope of Work**   **2.1 Background and Justification:**  The coronavirus disease 2019 (COVID-19) pandemic continues to evolve in the African Region since it was first detected in Algeria on 25 February 2020. In Kenya, the first case was confirmed on 13th March 2020[[1]](#footnote-2). As of 26th January 2021, a total of 100,052 cases and 1,744 fatality[[2]](#footnote-3) have been recorded. Like in many other countries, the Kenyan government adopted various measures to minimize the spread of the disease some of which have since been lifted. These include social distancing, nationwide dusk-to-dawn curfew, border closures, closure of traditional markets, learning institutions and places of worship, and mandatory quarantine for travelers from foreign countries, among others. In addition, the government identified ‘hotspots’ – places with higher number of infections reported – and imposed restriction of movement into or outside those regions. The capital city Nairobi, Mombasa, Kilifi and Kwale were identified as hotspots. While these measures are critical, they pose a significant threat to food and nutrition security. The State of Food Security and Nutrition in the World 2019 report showed that an estimated 821 million people were undernourished between 2016 and 2018, with majority living in low-income countries[[3]](#footnote-4). These numbers are expected to rise significantly as a result of COVID 19 pandemic, with the vulnerable facing the worst consequences[[4]](#footnote-5). With increasing number of people affected and the impact of COVID-19 being felt across all the 47 counties, many vulnerable households remain at risk of food insecurity with potential increases in malnutrition especially for young children, adolescents, and women.  While there are no known direct impacts of COVID-19 on the nutrition status to date, the likely secondary impacts on the population could be significant due to negative impacts on household income and food security leading to changes in dietary patterns and access to services resulting from the mitigating actions of governments to curb the spread.  During the COVID 19 pandemic, public focus is inevitably on preserving life, with less attention given to adolescents, women and children, who are reported to be less susceptible to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection than men or older people[[5]](#footnote-6). However, women and children are universally more vulnerable than men to socioeconomic and gender inequalities, domestic violence, childcaring and food insecurity; their sexual and reproductive health rights are challenged, and they have less secure employment[[6]](#footnote-7)[[7]](#footnote-8).  The COVID-19 pandemic, by disproportionately affecting women through multiple pathways, threatens to undermine globally the future population’s as the medium term effect of poor nutrition in the first 1000 days of life from conception to two years has adverse trajectories that that persist across the life course and into the next generation[[8]](#footnote-9). For example, many studies have recommended safeguarding breastfeeding in mothers infected with COVID-19 pandemic in line with the WHO recommendations, others due to fear of infection from mother to child transmission of the virus have recommended separation of the infants especially during the early days of onset of COVID-19 pandemic as shown in the repository of studies conducted[[9]](#footnote-10)  Malnutrition in children may also increase due to healthcare failures, as already strained healthcare systems are forced to divert resources from a range of nutritionally important functions— including antenatal care, micronutrient supplementation prevention and treatment of childhood diarrhea, infections, and acute malnutrition — toward combating COVID-19 as already observed in low service utilization especially in IMAM program in arid and semi-arid and urban counties[[10]](#footnote-11). Malnutrition can lead to childhood stunting, overnutrition to obesity, and emotional deprivation to altered neurocognitive development[[11]](#footnote-12). Increased rates of adolescent pregnancies and early marriages has been observed in most counties which might lead to vulnerability of this population which has higher nutritional needs[[12]](#footnote-13). As a result of COVID-19 pandemic, there could be reduced investment in change in dietary and health seeking behaviours for adolescents, women, reduced investment on maternal child health and nutrition, in the short term. This would result to increased child mortality, wasting and stunting through interrupted food systems and health and nutrition services[[13]](#footnote-14).  The Cost of hunger study for Africa (COHA) conducted in Kenya, found out that the economic impact associated with child undernutrition is significant with far reaching effects on health, education and productivity based on the 2014 KDHS data[[14]](#footnote-15). Undernutrition increased risk of diarrhea by 4.1 percent and fever/malaria by 1.8 percent among children less than five years. A total of 19.4 percent of all the child deaths were directly associated with undernutrition in the same report. Kenya lost about Ksh 373.9 billion equivalent of 6.9 percent gross domestic product (GDP) due to undernutrition. Out of the estimated GDP loss 18.6 billion (0.3 percent) was related to health, 3.2 billion (0.06 percent) was related to education and ksh 352.1 billion (6.5percent) was related to productivity.  This calls for more investment in maternal, infant and young child nutrition through evidence-based, equity focused, gender sensitive policies to ensure equitable access to key services. Sound evidence-based recommendations require better collection and analysis of data, and sustained access to quality diets for adolescents, women and children including access to quality nutrition services.  In consideration of the many factors and the likely negative impacts on feeding, dietary and health seeking behaviour of the most vulnerable, UNICEF nutrition section plans to undertake a research to understand the potential impacts of the pandemic on feeding practices, dietary and health seeking behaviour of women, adolescents, infants and young children in Kenya. The research aims to contribute to a better understanding of the impacts of COVID-19 on diets and practices and ultimately nutrition outcomes and help to define appropriate response strategies to mitigate against those impacts. | | | | | | | | |
| **2.2 Goal and Objective**  Under the supervision of UNICEF Kenya Office and close collaboration with the Ministry of Health Division of Nutrition and Dietetics, the overall objective of this consultancy is to conduct a study on the impact of COVID-19 pandemic on feeding practices, dietary and health seeking behaviour of adolescents, women, infants and young children as well as adolescents and the overall service delivery of essential MIYCN services in Kenya. Specific objectives of the study are:   1. To determine effect of COVID-19 pandemic on essential services for MIYCN and investigate programmatic adaptations to reduce risk of transmission and how it has impacted feeding practices, dietary and health seeking behaviour of women, infants, young children and adolescents. 2. To determine current dietary practices of adolescents, women and young children and any potential effect of the COVID-19 pandemic on the diets 3. To establish household mitigation measures to enhance the nutrition and diets of adolescents, women, infants and young children 4. To establish current status of provision of breastfeeding counselling and essential MIYCN services, basic psychosocial support, and practical feeding support to adolescents, breastfeeding women with children under 2 years who were or are currently affected with COVID-19 pandemic 5. To determine current food system support to access the most affordable nutritious foods for the most vulnerable adolescents, women and young children 6. **Provide details/reference to RWP areas/UNDAF output covered**   This project component aligns with the UNICEF (2018-2022) Outcome 1 (increased proportion of vulnerable children, pregnant and lactating women including adolescent girls, have equitable access to and use quality WASH, Nutrition, Health, and HIV services to reduce their risk of mortality, preventable diseases, stunting and other forms of malnutrition); The fact that COVID pandemic has disrupted ongoing services could put this population to risk and hence a drawback to the gains that had previously been made to achieve this outcome.   1. **Activities and tasks**  * In consultation with MIYCN and other technical working groups (TWG) develop a detailed workplan that will outline the specific activities, tasks, timelines and associated costs * Review secondary data analysis including taking stock of studies, research, Kenya health Information System (KHIS) and existing data on the impacts of COVID-19 on dietary behaviours, feeding practices and health seeking behaviours including disruptions on related nutrition services and current program adaptations * In consultation with MIYCN and NITWG and other working groups, prepare detailed research protocol/methodology (power point presentations and word versions) for both qualitative and quantitative research components of the study and present to the TWG * Get ethical clearance for this research and support ESAR consultant to get clearance from a recognized ethical body * Coordinate and consolidate technical inputs from working groups and other stakeholders and ensure they are well briefed and guided on the study * Recruit and train data collection team * Conduct primary data collection in selected counties on current dietary behaviours, feeding practices and health seeking behaviours of adolescents, women, infants and young children and how it has changed since the onset of pandemic including mitigation measures families have undertaken to enhance their diets * Analyse both qualitative and quantitative data * Provide progress update at least once every two weeks to the UNICEF and MOH focal points * Present the study findings to key stakeholders for validation and ownership * Prepare a comprehensive report and a communication plan and brief with key findings and recommendations in consultation with MIYCN and another relevant program TWGs * Draft at least one article for peer reviewed journal.  1. **Work relationships**   The consultant will work under the overall supervision of the Nutrition Specialist, MIYCN UNICEF in collaboration with the Head, Division of Nutrition and Dietetics (DND), Ministry of Health. The assessment will be jointly led by the MOH DND and UNICEF in close collaboration with implementing partners and County governments where the study will be conducted. A technical advisory group (TAG) composed of multi-stakeholders will be established at the national level and frequent review meetings will be conducted as the study continues. The TAG will oversee the overall running of the research and make recommendations for successful outcome. The Head, Division of Nutrition with support from Nutrition Specialist, MIYCN UNICEF will be responsible for establishing contacts between the consultant and key stakeholders; making available copies of government documents, facilitating access to internal documents and organizing the validation meeting/workshop. The UNICEF MIYCN Specialist will monitor the progress of the consultant work through progress updates, their reviews and feedback to the consultant.   1. **Outputs/deliverables**     1. Inception report with detailed workplan indicating specific activities, tasks, timelines and estimated costs.    2. Analytical framework for secondary data collection and analysis including qualitative component and presentation of the findings that have emerged from the secondary data review    3. Clear methodology for primary data collection  * Detailed protocol with background, methodology (MS Word and power point versions) including clear objectives data collection and analysis plan, data collection tools) * Detailed budgets and dissemination plan   1. Ethical clearances for the proposed and for the research supported by the ESAR consultant from a recognized ethical research body   2. Final study * Document findings, conclusions, lessons learned and recommendations-Final report (including qualitative and quantitative component), together with power point presentation * Activity implementation report * Policy briefs, draft peer reviewed journal article   1. Dissemination plan in consultation with UNICEF and MOH  1. **Required qualifications** 2. **Education: Academic qualifications and required level of education;**  * Advanced university degree in Nutrition, Public Health, Epidemiology or related disciplines.  1. **Specialist skills/Training required**  * Proficiency in use of relevant computer applications including qualitative data management and analysis applications * Strong knowledge on maternal infant and young child nutrition * Expertise on both qualitative and quantitative research * Expertise in conducting community and stakeholders’ dialogues * Demonstrate excellent interpersonal and professional skills in interacting with government and development, implementing partners and other stakeholders. * Excellent analytical, conceptual, communication and report writing skills * Ability to work with minimal supervision; * Highly motivated and committed to core values of professionalism, accountability, courage in action, integrity and teamwork. * **Years of experience:** * Over five years’ experience in qualitative and quantitative research approaches. * In-depth knowledge and understanding of health and nutrition including programming and implementation of MIYCN program in developing countries * Demonstrate experience in program reviews, assessment and qualitative assessments methods  1. **Competencies: list the competencies that the consultant should have for the assignment**   Demonstrates self-awareness and ethical awareness  Drive to achieve results for impact  Innovates and embraces change  Manages ambiguity and complexity  Thinks and acts strategically  Works collaboratively with others  **Languages required: any specific language requirements**   * Excellent command of English, both written and oral * Ability to work independently and in teams within a multi-cultural environment | | | | | | | | |
| **Budget Year:** | **Requesting Section/Issuing Office:** | | | **Reasons why consultancy cannot be done by staff:** | | | | |
| 2021 | Nutrition Section/ Kenya | | | Requires expertise in qualitative data collection and analysis methods, dedicated time for consultation with national and county governments, communities and other stakeholders including visit to counties. | | | | |
| **Included in Annual/Rolling Workplan***:*  Yes  No, please justify:  The assessment has been necessitated by the current impact of COVID-19 pandemic on MIYCN hence need to understand the current feeding and dietary practices among adolescents, women and children including breastfeeding practices for the affected families. This has been included in the workplan. | | | | | | | | |
| **Consultant sourcing:**  National  International  Both  **Consultant selection method:**  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review/Interview) | | | | | | **Request for:**  New SSA  Extension/ Amendment | | |
| **If Extension, Justification for extension:** | | | | | |  | | |
| **Supervisor:** | | | **Start Date:** | | **End Date:** | | | **Number of Days (working)** |
| Laura Kiige | | | February 2021 | | June 2021 | | | 60 days |

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| **Work Assignment Overview 60 days spread over 15 weeks** | | | |
| **Tasks/Milestone:** | **Deliverables/Outputs** | **Timeline** | **Estimated cost as a% of the total cost** |
| Consultative meetings to develop detailed work plan outlining the specific activities/tasks, timelines and associated costs and linking with the ESARO consultant. | Detailed costed work plan | 4 days | 1.60% |
| Secondary data analysis including review of KHIS data on MIYCN, taking stock of studies, research and existing data on the impacts of COVID-19 on diets and feeding practices including disruptions on related nutrition services and current program adaptations | Desk review/analysis report | 5 days | 3.57% |
| In consultation with MIYCN and NITWG, other working groups and ESARO Consultant prepare detailed research protocol/methodology (power point presentations and word versions) including research tools | Study protocol both word and PowerPoint version together with relevant tools | 6 days | 4.81% |
| Present the quantitative analysis and qualitative assessment methodology for review and validation by MIYCN and NITWG and seek for ethical clearance for both the ESAR and Kenya work | Validated analysis and methodology | 2 day | 0.80% |
| Hold regular TAG meetings | Reports and actions for the TAG | 4 days | 2.58% |
| Conduct in-depth study in the selected counties: train data collection team, collect data. Transcribe and analyse data | Field report | 22 days | 74.87% |
| Present findings to the working groups | Validated findings | 2 days | 1.60% |
| Support dissemination of findings to key stakeholders and production of knowledge management product(s) inclusive of publishing. | Dissemination slides | 6 day | 5.35% |
| Prepare the report and draft the manuscript and policy brief | Report and draft paper and policy brief | 9 days | 4.81% |
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| **Estimated Consultancy fee** |  | **60 days** | **100%** |
| Travel International (if applicable) |  |  |  |
| Travel Local (please include travel plan) this will be guided by the proposal and agreed on counties to visit |  |  |  |
| DSA (if applicable) |  |  |  |
| **Total estimated consultancy costs[[15]](#endnote-2)** |  |  |  |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** | | |
| Bachelors  Masters  PhD  Other  Enter Disciplines:  Nutrition, Public Health, Epidemiology, or related disciplines. | * Experience in qualitative and quantitative research approaches. * In-depth knowledge and understanding of MIYCN, and adolescent programming in Kenya * Proficiency in use of qualitative and quantitative data management and analysis computer applications | | |
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| **Administrative details:**  Visa assistance required:  Transportation arranged by the office: | Home Based  Office Based:  If office based, seating arrangement identified:  IT and Communication equipment required:  Internet access required: | | |
| **Request Authorised by Section Head**  Patrick Codjia  **Chief of Nutrition** | **Request Verified by HR:** | | |
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| *Approval of Deputy Representative, Operations (if Operations)*  *Approval of Deputy Representative, Programmes (if Programme)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Representative (in case of single sourcing/or if not listed in Annual Workplan)*    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
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1. MoH. (2020a). First case of coronavirus disease confirmed in Kenya. Ministry of Health, Kenya. Available at: https://bit.ly/3isa56c [↑](#footnote-ref-2)
2. https://www.worldometers.info/coronavirus/ [↑](#footnote-ref-3)
3. FAO; IFAD; UNICEF; WFP; WHO. (2019). The State of Food and Nutrition Security in the World 2019. Safeguarding against slowdowns and downtowns. Rome, FAO. [↑](#footnote-ref-4)
4. https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072 [↑](#footnote-ref-5)
5. Clark A, Jit M, Warren-Gash C, et al. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. Lancet Glob Health 2020; 8: e1003–17. [↑](#footnote-ref-6)
6. WHO. Gender and COVID-19: advocacy brief. May 14, 2020. https://apps.who.int/iris/handle/10665/332080 (accessed July 10, 2020). [↑](#footnote-ref-7)
7. WHO. Gender and COVID-19: advocacy brief. May 14, 2020. https://apps.who.int/iris/handle/10665/332080 (accessed July 10, 2020). [↑](#footnote-ref-8)
8. Gluckman PD, Buklijas T, Hanson MA. The developmental origins of health and disease (DOHaD) concept: past, present, and future. In: Rosenfeld C, ed. The epigenome and developmental origins of health and disease. Cambridge, MA: Academic Press, 2016: 1–15 [↑](#footnote-ref-9)
9. COVID-19, Breastfeeding, Infant Feeding, Breast Milk – Literature Repository February 1 – July 24 2020 [↑](#footnote-ref-10)
10. MOH. Continuity of essential services [↑](#footnote-ref-11)
11. Gluckman PD, Buklijas T, Hanson MA. The developmental origins of health and disease (DOHaD) concept: past, present, and future. In: Rosenfeld C, ed. The epigenome and developmental origins of health and disease. Cambridge, MA: Academic Press, 2016: 1–15 [↑](#footnote-ref-12)
12. Kenya’s teen pregnancy crisis: More than COVID-19 is to blame. The new Humantarian. Health News 13th July 2020 [↑](#footnote-ref-13)
13. Roberton T, Carter ED, Chou VB, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Glob Health 2020; 8:e901–08. [↑](#footnote-ref-14)
14. NIT K. The Cost of Hunger in Africa, Policy Brief.; 2019. [↑](#footnote-ref-15)
15. Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

    Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant. [↑](#endnote-ref-2)