TERMS OF REFERENCE

SHORT TITLE OF ASSIGNMENT

Long Term Agreement for engagement of individual consultants for Integrated Management of Acute Malnutrition (IMAM) strategy development, implementation and quality assurance in Pacific Island Countries

BACKGROUND

Children suffering from severe wasting are eleven times more likely to die from common illnesses, making severe wasting one of the most significant contributors to child mortality. One of the key drivers of child wasting is food insecurity which is often exacerbated by climatic shocks. The Pacific region faces recurring climate events such as cyclones and droughts, contributing to a chronic epidemic of child wasting. This, together with micronutrient deficiencies and child obesity, constitute a triple burden of malnutrition.

UNICEF Pacific has been working in 14 Pacific Island Countries and Territories (PICTs) supporting Ministries of Health to deliver optimal nutrition services, including care for children with wasting. These countries include Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu. Collectively these 14 PICTs are home to 2.3 million people, including 1.2 million children and youth.They inhabit more than 660 islands and atolls stretching across 17.2 million square kilometres of the Pacific Ocean, an area comparable to the combined size of the United States of America and Canada.

The rates of wasting among children under five years are as high as 8% in some of these countries. Furthermore, overall poor infant feeding practices prevail with poor dietary diversity. On average only 62% of the infants are initiated breastfeeding within the first hour of birth, and just over half are exclusively breastfed during the first 6 months.

As outlined in UNICEF Pacific Multi-Country Programme Document (MCPD) for 2023-2027, UNICEF is committed to supporting Ministries of Health (MoHs) and their partners in countries with a view to strengthening capacities for improved, affordable, and equitable quality primary health care and nutrition services, including during emergencies. Within this framework, UNICEF works with MoHs to ensure health system efficiency and effectiveness so children can receive timely, quality and comprehensive care for wasting prevention and treatment.

This requires review and development of an evidence-based service delivery model, considering the wasting incidence/prevalence, other vulnerability factors, geographical accessibility, and health workforce capacity. Several PICTs developed and adopted High Impact Nutrition Intervention (HINI) guidelines, which incorporate the Integrated Management of Acute Malnutrition (IMAM), allowing for community-based management of wasting for infants and children without medical complications. However, there is no clear implementation strategy to guide the setup of therapeutic centres for children with severe wasting at primary health care level, which is compounded by absence of country-specific analyses and synthesis of existing data related to wasting, and thus actual implementation of IMAM so far has been largely limited to hospitals. In this context, review and adaptation of the 2023 WHO normative guidance on the management of wasting also provides an opportunity to address access and operational barriers to timely and quality care and to promote more holistic services incorporating other nutrition specific and sensitive interventions such as WASH and social protection.

To help address these gaps, UNICEF would like to engage the services of individual consultants for Integrated Management of Acute Malnutrition (IMAM) strategy development, implementation and quality assurance in PICTs (indicative list: Kiribati, Solomon, Vanuatu, FSM, RMI).

OBJECTIVE / SCOPE OF WORK

The overall objective is to set up a Long-Term Agreement to facilitate and expedite the process by which UNICEF in Pacific will hire individual consultants as required in specific PICTs to: a) analyze secondary data, map hot-spots, and develop a national strategy for targeted and comprehensive service delivery for prevention and treatment of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years; b) capacity building on wasting management (inpatient); c) capacity building on wasting management and prevention (outpatient and community). More specifically, the assignment in each country includes:

Task category A – Strategy Development

1. Evidence-based IMAM implementation strategy
   - Analyze and synthesize existing country-specific secondary data on the incidence and prevalence of acute malnutrition.
   - Identify hot-spots in the specified country for acute malnutrition.
   - Based on this analysis and other contextual factors as well as 2023 WHO guidelines, support the MoH in developing an overarching strategy for wasting service delivery, which details out what treatment/prevention services will be delivered where, with mapping of facilities and criteria to determine different service package for different facility and at community level. This strategy should be contextual and tailored to the country situation and consider the following amongst others:
     - Set up treatment centers adequately to cover wasting hot-spot areas, rather than focusing on regions with low incidence where prevention service should be prioritized
     - Availability of skilled workforce in the context of acute human resource constrains in the Pacific with high level of outmigration of health workers
     - Emergency preparedness and response needs, including those related to extreme climate events (e.g., contingency plan to deliver additional or adapted services during emergency)
     - Integration opportunities, both nutrition specific (such as Vitamin A supplementation and deworming) and nutrition sensitive services (such as WASH, social protection and child protection interventions)

2. Capacity Assessment
   - Undertake a capacity assessment to identify gaps in rolling out the above implementation strategy. The areas of capacity assessment should focus on but not limited to:
     - reporting and monitoring system (including the level of its integration into the overall health information system) and related workforce capacity
     - quality of services, including quality assurance and supportive supervision mechanism
     - sustaining essential nutrition supply and supply chain management
     - health workers' capacity to delivery prevention and treatment services and training needs

3. Guidance notes and tool kits for operationalization
   - Develop reference guide and tool kits (i.e., an abridged version of the adapted 2023 WHO guidelines and job aides) to comprehensively integrate acute malnutrition prevention and treatment within the primary health care system, while addressing the immediate health system gaps identified above.
   - Use this process to support planning for the integration/institutionalisation of IMAM capacity building into pre-service and in-service training for front-line health workers

Task category B – Capacity building (inpatient)

1. Train master trainers in each country to serve as a resource for capacity building and support with special focus on the inpatient management of wasting
2. Support cascading training for health workers on inpatient management of wasting in each country

Task category C – Capacity building (outpatient and community)

1. Train master trainers in each country to serve as a resource for capacity building and support with special focus on outpatient therapeutic care of wasting, community outreach, and prevention.
2. Support cascading training for health workers on outpatient therapeutic care of wasting, community outreach, and prevention services.

ACTIVITIES, DELIVERABLES AND TIMELINES, PLUS BUDGET PER DELIVERABLE			
ACTIVITY	**DELIVERABLES**	**TOTAL ESTIMATED TIME TO COMPLETE**	**PAYMENT**
Task category A - Strategy Development in each country			

Inception
Outline approaches to undertake the assignment with a work plan, including:
• Proposal for hot-spot mapping
  • Based on an initial review of existing data in the relevant country, enlist the secondary data sources to be utilized for hot-spot mapping
  ▪ Provide an approach for undertaking the analysis and synthesis of secondary data on the incidence and prevalence of acute malnutrition in the country
• Proposal for remaining component of the assignment
  • Specify key milestones under each component and their expected timelines
  • Describe the methodology for stakeholder consultation and engagement
	• Inception report with a work plan	3 days	15%

• Develop an overarching strategy for wasting service delivery, which details out what treatment/prevention services will be delivered where, with mapping of facilities and criteria to determine different service package for different facility, in consultation with the in-country stakeholders. (*For detailed requirements, see the above scope of work section*) • Utilize the consultations mentioned above to undertake adaptation of the 2023 WHO Guideline to specific country contexts	• Implementation strategy for wasting service delivery • Adapted WHO Guideline for wasting management	15 days	40%
• Conduct a thorough assessment of existing capacities to identify health system and human resource gaps, as outlined in the above scope of work section	• Capacity Assessment report, outlining the findings and recommendations	7 days	45%

• Develop a reference guide and job aides to comprehensively integrate both prevention and treatment services of wasting within the primary health care system, paying attention to both health system issues and health worker capacity development Use this process to support the integration of health worker capacity building on wasting management into pre-service and in-service training, in liaison with relevant academic institutions and Ministry of Health	• Reference guide and job aides • Short-term and long-term capacity building plan for health workers • Newly developed or revised training package for wasting management • Roadmap of the required steps toward sustainable rollout of pre-service training	30 days	
Total		**55 Days**	**100%**
Task category B – Capacity building (inpatient) in each country			
Inception Outline approaches to undertake the assignment with a work plan	Work plan	2 days	-
• Train master trainers in each country to serve as a resource for capacity building and support with special focus on the inpatient management of wasting • Support cascading training for health workers on inpatient management of wasting in each country	Training report	As per country needs	100%
Total			**100%**
Task category C – Capacity building (outpatient and community) in each country			
Inception Outline approaches to undertake the assignment with a work plan	Work plan	2 days	-
• Train master trainers to serve as a resource for capacity building and support with special focus on outpatient therapeutic care of wasting, community outreach, and prevention • Support cascading training for health workers on outpatient therapeutic care of wasting, community outreach, and prevention services	Training report	As per country needs	100%
Total			**100%**

Note: Consultants are free to apply to any task category based on their qualifications and experience. They can also apply for multiple categories or all of them. UNICEF will award LTA to top ranked 3-5 candidates under each task category. A candidate may be awarded LTA for one or more than one category.

QUALIFICATIONS, SPECIALIZED EXPERIENCE, AND ADDITIONAL COMPETENCIES

☐ Bachelors ☒ Masters ☐ PhD ☐ Other

Education:
An advanced University degree in Medicine, Human Nutrition, Dietetics Food and Nutrition, Public Health Nutrition. Specialization in pediatrics will be an added advantage particularly for candidates applying for category B.

Experience:

- A minimum of 5 years of professional experience in working with nutrition programs in particular integrated management of acute malnutrition
- Experience in IMAM program management
- Experience in synthesizing nutrition data including secondary analyses of surveillance data
- Experience in developing nutrition program related strategies

- Experience working on nutrition in emergency
- Work experience in several developing country context is an asset.
- Experience working for UNICEF or a UN system agency is an asset.

Skills:

- Able to work effectively with people internal and external parties
- Excellent data analytical skills
- Able to develop national policies and strategies
- Communicates clearly and concisely
- Excellent analytical and conceptual skills
- Proven ability to work independently under difficult conditions

Knowledge:

- Health care system
- IMAM approach, including 2023 WHO guideline on on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years

Language:

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

CONDITIONS OF WORK AND CLARIFICATION ON SUPERVISION

Management, Organization, and Timeframe:

The Long Term Agreement (LTA) will be established under each task category for a period of 24 months with the possibility of renewal for a subsequent year on the same rates, terms and conditions, subject to satisfactory performance evaluation and continuing need for the service. The LTA to be signed will have a fixed fee rate for 24 months. However, UNICEF does not warrant that any quantity of services will be purchased during the term of the LTA as this will depend on the individual country needs.

Contracts created against the LTA: Whenever IMAM consultancy services are required, details of the requirement/deliverables including quantities[1] and deadlines will be presented to the top-ranking LTA holder. Should this consultant not be available for this assignment, UNICEF will contact the second ranked consultant and so on. Upon receipt of confirmation of availability and interest in the assignment, a contract will be issued based on the unit prices/fees agreed in the LTA. The consultant must sign the contract prior to commencement of work.

Payment will be made after completion of deliverables and submission of invoices for the actual work completed, subject to satisfactory performance.

The consultant will be based in a target country, with occasional travel within the country. All costs related to the work will be included in the financial proposal and subsequent contract. Monitoring and overall supervision will be provided by the Health and Nutrition Specialist, UNICEF Pacific Multi-Country Office, in close collaboration with the Nutrition Specialist. While in-country with UNICEF Field Office staff presence (RMI, FSM, Kiribati, Solomon, Vanuatu), day-to-day supervision would be provided by the relevant UNICEF staff in-country.

ADMINISTRATIVE ISSUES

- Individuals engaged under a consultancy will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants. Consultants are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

[1] Depending on MoH immediate needs, some deliverables may be dropped.

- The selected candidate is solely responsible for ensuring that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, program delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts. UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterward in your assignment.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- Consultant will be required to complete mandatory online courses (e.g. Ethics, Prevention of Sexual Exploitation and Abuse and Security) upon receipt of the offer and before the signature of the contract.
- Deliverables that require payment within less than 30 days should be lumped together for ease of transaction.

The below is to be included in the advert.

NOTE FOR CONSULTANTS:

Please submit the following application documents:

- A cover letter explaining suitability for position
- Curriculumn Vitae (CV)
- Technical proposal
- Financial offer in a separate attachment, stating a **lump sum amount for all the deliverables under each of the interested task category (per country)** with a break down for the following:
  - ✓ Daily fees– based on the deliverables in the Terms of Reference
  - ✓ Travel (economy air ticket where applicable to take up assignment if in country support is required, as well as any in country travel)
  - ✓ Living allowance for international consultant that will need to relocate to PICTs, for the duration of in-country assignment
  - ✓ Miscellaneous- to cover visa, health insurance (including medical evacuation for international consultants), communications, and other costs.

For category B and C, as the actual quantity of the training will be determined as per the country needs, please submit the financial offer for 1 master training and 1 cascading training only.