

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

Title of Assignment	<i>National Consultancy</i> : Conduct formative research to understand community knowledge, attitudes and practices on maternal, child health and nutrition including the barriers to uptake and compliance to prenatal supplements	
Requesting Section	Social and Behaviour Change	
Location	Place of assignment: <ul style="list-style-type: none"> • This assignment will be based in Blantyre. The consultant will visit Chikwawa, Machinga, Mchinji and Nkhata-Bay districts for data collection. • The consultancy is not office-based; however, it will be expected that the consultant attends related and scheduled meetings and briefing sessions at UNICEF Malawi in Lilongwe. • The consultant will also be expected to participate in research tools finalization and validation meetings scheduled in Lilongwe. 	
Contract Duration	3.5 Months	
Number of working days	70 days	
Planned Start and End Date	From: 15 July 2024	To: 31 October 2024

BACKGROUND AND JUSTIFICATION

Developing Social and Behaviour Change (SBC) interventions require a good understanding of the policy environment, context, social norms, gender and household power dynamics, cultural beliefs and practices and the overall perceptions of the targeted populations to adopt the desired practices. Understanding of a family and community context is critical in promoting adoption of optimal nutrition practices. While efforts have been made in the country through creation of an enabling environment through development of Multisectoral Nutrition Policies and Strategy (2018-2022) and the Scaling Up Nutrition- Nutrition Education and Counselling Strategy II (2024-2029) to promote adoption of key family practices, there are still gaps that exist requiring a deeper understanding of the barriers and norms. Maternal malnutrition is one of the key determinants of poor pregnancy outcomes exacerbated by food insecurity, poverty, barriers to adequate antenatal care and lack of micronutrients which increase during pregnancy. In Malawi, nearly one in three (32.7 per cent) women of reproductive age have anaemia. 7.2 per cent are thin (Malawi Demographic Health Survey -MDHS2015-16), 63 per cent are zinc deficient, 12.9 per cent are deficient of vitamin B12 and 7.6 per cent have folate deficiency (MNS 2015-16). Slightly over 1 in 10 children (11.6 per cent) are born with low birth weight. While the proportion of women who received antenatal care (ANC) is high (95 per cent), only 24 per cent of women attend ANC during the first trimester of pregnancy and only 51 per cent complete four or more visits (MDHS 2015-16). Data also shows that Malawi is off track in meeting the 2025 World Health Assembly target of reducing maternal anaemia by 50 per cent (Development initiatives, Global Nutrition Report 2020).

Following World Health Organization (WHO) recommendations and thresholds for pregnant women, the Malawi Government has been providing iron and folic acid supplements to prevent maternal anaemia, low birth weight and pre-term birth. Findings from the Policy and Programme Landscape on Maternal Nutrition in Eastern and Southern Africa Countries of 2019 show that Malawi has a good policy environment on maternal nutrition adopting 11 out of 16 WHO recommendations, with over 75 per cent district coverage of maternal interventions including counselling on healthy eating, daily Iron Folic Acid (IFA) supplementation, malaria treatment and antenatal care models with a minimum of eight contacts.

While the efforts have been made to ensure access and utilization of IFA tablets, evidence shows that only 28% of women had their first antenatal care visit before 4 months of pregnancy meaning a big population of pregnant women miss out on IFA supplementation which is critical for neuro development of the unborn child. Evidence from Multiple Indicator Cluster Survey (MICS) also reports that among women who received antenatal care, 29% received all 3 key services, i.e. blood pressure measurement (84%), blood sample (93%) and urine testing (32%) which is a signal of the missed opportunities within the health system on maternal service. While WHO recommends a minimum of eight antenatal visits, evidence also shows that the proportion of pregnant women with at least 4 antenatal care visits was only 51% falling short of the recommended WHO regulations. Anecdotal evidence from 52 community dialogue sessions conducted in 66 Traditional Authorities (TAs) showed that cultural beliefs continued to shield early disclosure of pregnancy and women's agency to seek ANC services, laziness among the pregnant women with women resorting to seek ANC services in the last trimester, limited support at the household level from husbands and other members of the family and behaviour of the health workers, were some of the barriers for not accessing timely ANC services. Distance from home to the facility and the quality of service received at the facility were also identified as key barriers and bottlenecks.

Increasingly, countries across both development and humanitarian settings are adopting multiple micronutrient supplementation (MMS) as an approach to improve quality of care for pregnant women and breastfeeding mothers. MMS contains a combination of 15 vitamins and minerals, including vitamins A and D, as well as iron and folic acid, or a combination of Iron Folic Acid (IFA), which are key to good health for the mother and child. There is clear evidence that MMS provides additional benefits over IFA supplementation in meeting the increased nutrient requirements of pregnancy and reducing adverse pregnancy outcomes (stillbirths, preterm births, small for gestational age (SGA) and Low Birth Weight (LBW), with greater benefits conferred among infants of women who are anaemic and underweight. In view of this, the use of MMS is now supported by the 2020 update to the WHO Antenatal Care Recommendations for a Positive Pregnancy Experience in the context of ANC services in humanitarian situations and in the context of research.

Considering the background of benefits of MMS and updated WHO recommendations, the Department of Nutrition in the Ministry of Health, is piloting the implementation of MMS in five districts in the country. To ensure a smooth roll out of MMS, the Government of Malawi in collaboration with UNICEF Malawi intends to conduct formative research to understand community knowledge, attitudes and practices on maternal, child health and nutrition including barriers to uptake and compliance to prenatal supplements. These will include community and household perceptions around prenatal supplements learning from utilization and barrier on usage of IFA and how to draw lessons that will support the introduction and roll out of MMS and consequently contributing to the comprehensive maternal nutrition package of interventions.

Malawi has been implementing the Scaling Up Nutrition (SUN) strategy with a focus on nutrition for children within the first 1,000 days which includes provision of quality maternal care. While efforts have been made to ensure community empowerment in maternal and child health, there is still evidence of fewer women attending ANC within the first trimester which is critical for the infant's development. Missing out on ANC also means pregnant women are missing out on essential health and nutrition services required for good maternal outcomes, which include knowledge on diversified diets and essential foods to provide for the increasing demand of micronutrients for both the mother and growing baby.

As the country falls short of the recommended minimum of eight ANC visits during pregnancy, the need to understand the barriers and drivers to this low uptake is critical. Social norms, cultural beliefs, availability of the food and supplies, health workers behaviours attributed as contributing factors to delayed presentation at ANC. Cultural beliefs that continue to shield early disclosure of pregnancy impede on women's agency to seek ANC services at a critical time of fetal development. Quality of service, distance to facility, limited spousal and family support are among the reasons that have been attributed to the delayed or lack of attendance to ANC. While most women have access to antenatal services, there is still evidence that majority are not utilizing the service. The study will therefore seek to take a deep dive into maternal perception, knowledge and importance on ANC, dietary diversity and their impact on maternal and child health, perception on supplements before and during

pregnancy. The study will also seek to uncover existing negative cultural beliefs and social norms that deter women from adopting desired maternal and child nutrition and health practices.

Study sites: The study will be conducted in Blantyre, Chikawawa, Machinga, Mchinji and Nkhatabay districts.

Key Stakeholders: Adolescent boys and girls, pregnant women, lactating mothers, caregivers (father/mother), Group Village Head, Traditional Authorities, health workers, nutrition workers/promoters, faith leaders, district based health, nutrition and education stakeholders, community champions and Department of Nutrition representatives are the key stakeholders of the study.

PURPOSE OF THE ASSIGNMENT

The purpose of the assignment is to generate data and information that will guide the formulation of user generated social and behaviour change strategy that are participatory, gender transformative, sensitive to diverse cultural or religious context, inclusive of marginalised groups that foster community ownership for optimal maternal and child health and nutrition practices. Information to be generated should also assist with the design of creative strategies for message and materials development and media engagement. The study will also provide evidence on the barriers and enablers to uptake of maternal supplements, specifically IFA and MMS, and make suggestions on what needs to be done for maternal nutrition programming during the piloting a new maternal supplement and programme scale up. The formative research using the behaviour and social drivers model will be able to:

- **Describe** how and where women and adolescent girls access prenatal supplements.
- **Assess** the perspectives toward maternal and child nutrition and health.
- **Determine** the process women follow to decide whether or not to use a prenatal supplement (facilitators).
- **Identify** reasons why women do not take prenatal supplements (barriers)
- **Recommend** gender and culturally sensitive social and behaviour change interventions to improve the uptake of MMS and other nutrition services. The findings of the study will be used to formulate the National SBC strategy for improving the nutritional status of children, adolescent girls, pregnant women and lactating mothers. The findings used by the Department of Nutrition, UNICEF, Districts Councils and other stakeholders working in the area of health and nutrition.

The consultant will:

- Identify barriers and motivators to practicing recommended behaviours and social practices regarding uptake of maternal supplements, specifically IFA and MMS particularly among women of childbearing age (pregnant women and adolescent girls) including the women and adolescent girls' access to prenatal supplements.
- Assess the determinants of antenatal care-seeking behaviours, what deter or enable pregnant women to present early for ANC and complete the recommended 8 visits.
- Gather information about the potential of harnessing interpersonal networks, traditional channels of communication, community radio, TV, mobile phones and digital channels for creating demand for the nutrition services.
- Identify local capacity needs to be strengthened or developed and local interest in carrying out a community-led and owned communication programme.
- Identify opportunities and challenges in designing community owned interventions comprising all segments for the uptake of IFA and MMS including maternal nutrition programme.
- Understand the perceptions and social norms related to maternal diet and nutrition.
- Determine the process and enabling factors, attitudes, and agency that women follow to decide whether to use a prenatal supplement.

- Understand the existing quality of nutrition counselling and how it facilitates/deters women agency to adoption of desired maternal and child nutrition and health practices.
- Using a behaviour lens, provide recommendations on how to design comprehensive maternal and child nutrition programmes.
- Recommend user generated gender transformative and culturally sensitive social and behaviour change interventions addressing the identified barriers and motivators for practicing recommended behaviours.

SCOPE OF WORK/OBJECTIVES

Using the social ecological model to behaviour change and human centered designing approach to understanding behaviours, the formative study will seek to understand but not limited to the following:

- Assess the community and family perspectives towards maternal and child health and nutrition including understanding who is responsible for maternal and child health and nutrition and the role of the extended family in maternal and child health and nutrition.
- Identify barriers to uptake of optimal nutrition and health behaviours among women of childbearing age including what are the challenges that women face that hinder them from practicing and sustaining optimal maternal and child health and nutrition practices.
- Describe the perceptions, women's agency and social norms related to maternal and children's diets including understanding the social norms around diets for pregnant women, community norms on nutrient dense foods and access to diversified foods for pregnant women.
- Describe how, when and where women access prenatal supplements including an understanding on which supplements are available, accessibility, usability and challenges with where the women access the supplements.
- Understand enablers and barriers to compliance of IFA tablets.
- Determine the process and enabling factors, attitudes, influences and agency that women follow to decide whether to attend ANC and use a prenatal supplement.
- Understand how women manage the side effects associated with IFA and community perceptions of IFA over time.
- Understand the existing quality of nutrition counselling, who provides the counselling and how it facilitates/deters women's agency for the adoption of desired maternal and child nutrition and health practices.
- Provide recommendations on designing at scale gender responsive maternal and child nutrition social and behaviour change programme addressing acceptance, hesitancy leading to the empowerment of adolescent and women in decision making.

KEY TASKS AND RESPONSIBILITIES:

- Conduct a secondary data review (relevant policies, peer reviewed journals, studies, and documents).
- Prepare an inception report which will be presented to Department of Nutrition, UNICEF and the MMS Technical Working Group (MMSTWG) with the insights from secondary data review and work plan clearly defining key timelines, tasks, milestones to be agreed with UNICEF, MMSTWG.
- Develop a comprehension research protocol in consultation with UNICEF based on specific objective of formative research, key behaviours and social practices identified through secondary data review).
 - Research methodology should:
 - Provide a rationale for the selection criteria for sampling of districts from among the 15 priority districts representing three ecological zones.
 - Indicate the overall sampling frame including types of participants/respondents and sample size calculations.

- Describe the participatory data gathering methods, both qualitative and quantitative to answer key research questions.
- Outline the field movement plan for data collection.
- Develop tools/data gathering protocols in English for each method and audience group.
 - Pre-test the tools and
 - Translate and back translate the tools into languages of participant groups.
- Process ethical clearance for the research from the relevant department from Malawi.
- Conduct field work in the selected districts as per the agreed/approved research plan.
- Conduct data analysis
 - Translate and transcribe the data.
 - Cross-check the accuracy of the translations/transcriptions.
 - Deliver transcriptions and verbatim translations in English to UNICEF.
 - Enter and code the data into the qualitative software.
 - Provide the list of codes utilized for data entry and analysis purposes.
 - Determine processing requirements for additional forms of audio and visual data when data collection procedures have been determined.
 - Develop an analysis plan for how the data will be analyzed.
- Submit preliminary report with the key findings from field visits and available data.
- Submit separate report for each sampled district.
- Draft report to be reviewed by Department of Nutrition, UNICEF and MMSTWG.
- Prepare a presentation which will be made to UNICEF, government and other relevant stakeholders during validation of the findings.
- Prepare a PowerPoint presentation summarizing the lessons learned and recommendations that can be used as an advocacy tool.
- Submit a revised full report, abridged report, and presentation slides consolidating the study findings. Results and recommendations will be communicated to the government, partners, and other relevant stakeholders at the discretion of UNICEF and MMS technical working group. The result will be communicated to relevant stakeholders and global community through formal presentation using the available nutrition and SBC platforms, posting on Organization's website and summarizing and sharing the findings to the donor. Study findings will be used to develop and strengthen SBC strategy to improve the uptake of MMS and other nutrition services.
- Submit final report and final set of Data.
 - Submit final report in soft copy.
 - Final report should include: executive summary, introduction, methodology, limitations, key findings, recommendations for implementation of interventions and final set of data collected.
 - Power point presentation of major findings and recommendations.

Methodology:

The technical proposal from the consultant should include a comprehensive proposed methodological strategy including the study design, sample population and size, definitions of key variables and concepts, data collection and data analysis methods, noting how each stakeholders group will be interviewed/addressed. The consultant should clearly state the advantages and disadvantages of selected methods for data collection and analysis.

Research methods:

This research will employ qualitative ethnographic methods with the review of in-depth secondary data. A mix of participatory qualitative tools will be used for the data collection including:

Key Informant Interviews (KII)

- Semi-structured interviews
- Plate observation

- Case studies
- Exist interviews
- Focus Group Discussions (FGDs),
- General observations

These tools will be utilized within the framework of the behaviour and social drivers model. Interview guides will be meticulously crafted with the diverse roles and responsibilities of stakeholders ensuring the collection of pertinent insights on maternal and child health and nutrition practices.

Sample size: The consultant will design participatory data collection methodologies for various groups including: adolescent girls, pregnant women, husband/partner, caregivers (father/mother), community leaders, chiefs, health workers, nutrition workers and promoters, faith leaders, district-based school and health stakeholders, community champions. Additionally, the study will include people with disability, minorities and marginalized groups to ensure comprehensive data collection.

Proposed sample size/research methodology

Research method	Proposed	Blantyre rural	Blantyre urban	Chikwawa	Machinga	Nkhatabay	Mchinji
KII	Nutrition workers/promoters	1	1	1	1	1	1
	Health Workers	1		1	1	1	1
	Principle nutrition and HIV/AIDS officer	1		1	1	1	1
	Cluster leaders	1	1	1	1	1	1
	SHIN teacher	1	1	1	1	1	1
FGD	Adolescent boys*	1	1	1	1	1	1
	Adolescent girls (in school) *	1	1	1	1	1	1
	Adolescent girls (out of school) *	1	1	1	1	1	1
	Faith leaders	1	1	1	1	1	1
	Care group*	2	2	2	2	2	2
	Father's Group	1	1	1	1	1	1
Semi structured	GVH	1	1	1	1	1	1
	HSAs	1	1	1	1	1	1
	Traditional Authorities	1	1	1	1	1	1
	Faith leaders (Zionist and Apostolic)		1				1
	Social Cash Transfer Recipient male	1	1			1	1
	Social Cash Transfer Recipient female	1		1	1		1
Semi Structured interview with Household visit (ethnographic-case study)	Family of children of 6-23 months (girl child)	1	1			1	
	Family of children of 6-23 months (boy child)			1	1		1
	Pregnant women	1		1		1	
	Adolescent pregnant women		1		1		1

	Lactating mother	1		1		1	
	Total	20	17	19	18	19	20

* inclusion of person with disability.

Given the purpose of the formative research, a separate questionnaire needs to be developed to collect data from the above-mentioned groups. The consultant will be responsible for developing and presenting a high-quality inception report, including the instruments and procedures of data collection and analysis and training of enumerators on appropriate data collection techniques. The consultant is expected to prepare a detailed work plan with the tentative timeframe, which will be agreed with UNICEF.

Ethical Review

The consultant is required to clearly identify any potential ethical issues as well as the processes for ethical review and oversight of the data collection process in their proposal. UNICEF procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis can be found at: <https://WWW.unicef.org/media/54796/file>. The procedure applies on a wide variety of research concerning human subjects. The procedure contains the minimum standards and requires procedures for research evaluation and data collection and analysis undertaken or commissioned by UNICEF (including activities undertaken by individual or institutional consultants and partners). It must be consistently applied throughout the research process. The following ethical considerations will be prioritized along with all other mentioned in the UNICEF ethical procedure.

Voluntary Participation: The consultant will inform all stakeholders that participation is entirely voluntary.

Informed Consent: All participants will be fully informed about the study's purpose, procedures, data usage and protection policies. Full consent will be obtained prior to each interview or discussion. The consultant will ensure prior permission for taking and use of visual still/moving images for specific purposes, i.e., for the study report and presentations.

Confidentiality and Anonymity: The consultant will ensure data confidentiality and the anonymity of individuals and organizations participating in the study.

The MMS technical working group and the consultant will determine if Institutional Review Board (IRB) clearance is required.

REPORTING REQUIREMENTS

The consultant will report to the Social and Behaviour Change Specialist with frequent coordination with the Nutrition Specialist and Research & Evaluation Specialist. SBC Manager and Chief, Nutrition will provide technical oversight in the finalization of the research protocols including the finalization of the research report.

The consultant will furthermore consult and work with the designated focal point at the Department of Nutrition, Ministry of Health and district stakeholders.

What type of reporting will be expected from the consultant and in what format/style will the submissions of reports/outputs be done:

The Consultant will be requested to submit the following reports.

1. Desk Review report: Key findings from the desk review related to the study.
2. Inception Report- Summary of findings from secondary data review, work plan clearly defining key timelines, tasks, milestones including detailed proposed participatory qualitative research methodology and sampling fully complying with UNICEF standards
3. Pre-testing report: Key findings and revisions to the research tools based on the pre-testing.
4. Preliminary findings/report: Key findings from field visits and available data to UNICEF. Including separate report for each sampled district.
5. Draft report: Submit a draft of the complete report including a set of analyzed data. Outline of report to be agreed upon in advance between UNICEF, Department of Nutrition and the consultant.
6. Final Report and final set of data fully complying with the UNICEF standards (soft copy). Final report should include executive summary, introduction, methodology, limitations, key findings, recommendations for implementation of interventions and final set of data collected.
7. Power point presentation of major findings and recommendations.

How will consultant consult and deliver work and when will reporting be done:

The consultant will provide a total of five quality standard deliverables based on an agreed work plan and timeline.

EXPECTED DELIVERABLES

In alignment with the scope of work described above, the consultant will be expected to perform the following activities and deliverables per the schedule and estimated dates below as well as any other activities as deemed necessary and related to the successful delivery of the assignment.

Table 1: Expected Deliverables against Task and Milestones

Task/Milestone	Deliverable/Outcome (e.g. Inception, progress, final reports, training material, workshop, etc.)	Estimated # of days	Planned Completion date	% and amount of total fee payable
Submit detailed workplan for formative research	Workplan	1 day	23 July 2024	30%
Conduct secondary data review and develop the comprehensive research protocol (research methodology, sample size, sample protocol, participatory qualitative tools and data analysis protocol) for data gap	Inception report with findings from complying with UNICEF standards	7 days	31 July 2024	
Data collection (including travel time)	Draft report	40 days	12 Sept 2024	50%
Transcription and translation of the data set		12 days	26 Sept 2024	
Preparation of draft full report including findings from the desk review and field work		5 days	9 Oct 2024	

Validation workshop with the UNICEF, MMS TWG and other relevant stakeholders	Power Point presentation and the summary of the findings and recommendations	1 day	17 Oct 2024	
Presentation slides for advocacy tool	Powerpoint presentation	1 day	18 Oct 2024	20%
Preparation of final report (full report and abridged version) incorporating the feedback from MMS TWG	Final report and data set complying with UNICEF standards	3 days	21 Oct 2024	
Total:		70 days		100 %

However, as the actual starting date may impact the dates estimated in the TOR, a detailed workplan with exact timeframes and actual delivery dates will be jointly agreed upon between the consultant and the supervisor upon contract signature and which will be updated on a regular basis as needed.

PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in TOR.
- Compliance with the established deadlines for submission of deliverables
- Quality of work
- Demonstration of high standards in cooperation and communication with UNICEF and counterparts

PAYMENT SCHEDULE

All payments, without exception, will be made upon certification from the supervisor of the contract, of the satisfactory and quality completion of deliverables and upon receipt of the respective and approved invoice. Once monthly reports are approved and signed by the supervisor, the specialist will issue a receipt for payment against the approved deliverables/reports.

The consultancy cost will be based on an all-inclusive fee basis which will include all cost related to this assignment including, professional fee, all travel and living cost, transportation cost (fuel, car hire, etc) stationary, communications etc. No other costs are payable under this consultancy.

DESIRED COMPETENCIES, TECHNICAL BACKGROUND AND EXPERIENCE

Academic qualification:

- Advanced University Degree in Nutrition, Public Health, Health Sciences, Social sciences including anthropology, global/international health and nutrition.

Work experience:

- Minimum of 10 years of documented work experience in conducting quantitative and qualitative social and behavioural research with a focus on maternal and child nutrition and hygiene, including experience in conducting anthropology and barrier analysis studies.
- Demonstrated recent work experience in formative, operational research, data management and analyses. and formulating recommendations for social and behavioural change.

- Substantive knowledge on maternal, neonatal, child health and nutrition (MNCHN), early child development and WASH-nutrition linkages.
- Solid understanding of social behaviour change and issues in Malawi.
- Competent in using statistical packages for quantitative and qualitative analyses.
- Relevant experience in a UN system agency or organization is considered as an asset.
- Familiarity with UNICEF nutrition programmes and frameworks is considered an asset.

Technical skills, knowledge and strength areas:

- Knowledge of qualitative and quantitative research methods, including their appropriate applications and limitations
- Ability to design studies that effectively address research questions and proficiency in selecting appropriate sampling methods and calculating sample sizes to ensure representative and unbiased results.
- Ability to conduct participant observation and other ethnographic methods to gather contextual data
- Ability to work effectively in a diverse and multi-cultural team to achieve goals.
- Excellent written and verbal communication skills, and excellent presentation skills. Proven experience in producing high-quality documents ready for external dissemination.
- Good facilitating, negotiating, communication and advocacy skills

Languages:

- Excellent analytical and writing capacity in English.

ADMINISTRATIVE ISSUES

UNICEF will regularly communicate with the consultant and provide feedback and guidance and necessary support so to achieve objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work.

As per policy on consultants, the individual will be expected to complete a list of mandatory training, including policies on Prohibiting and Combatting Fraud and Corruption, Prohibition of discrimination, harassment, sexual harassment and abuse of authority and other relevant policies for their information and acknowledgement upon acceptance of the offer.

Before the issuance of the official contract, the individual consultant is requested to:

- complete the applicable mandatory trainings
- self-certify that he/she is fully vaccinated against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme 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.

The consultant will be working from Blantyre and conduct field travels to Chikwawa Machinga, Machnji and Nkhatabay districts for data collection as agreed with the supervisor. UNICEF will not provide office space for the consultant; however, the consultant will be required to brief UNICEF and relevant government stakeholders as per agreed milestones.

UNICEF will not provide the consultant with a laptop or electronic equipment.

Consultant must ensure the use of his/her computer be able to communicate using direct calls/, WhatsApp, and any other approved electronic communication.

This being a short-term contract the consultant will work remotely and only attend assignment progress meeting either physically or virtual.

The consultant will include communication and transport costs as part of the overall financial proposal. As such UNICEF will not provide transportation to the field, communication or office space as this is a field based assignment.

CONDITIONS

- The consultancy will be for a period of 3.5 months to provide room for meetings, consultations, and document reviews however, the consultant will only work for 70 days during this contract period.
- The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- The consultant will be Blantyre based, travelling to Chikwawa, Machinga, Mchinji and Nkhatabay districts including Blantyre for primary data collection and Lilongwe for the consultation with MMS technical working group for research tools and findings validation meetings.
- The consultant will be paid an all-inclusive fee (professional fees, stationery, communication, transport, Daily Subsistence Allowance (DSA) and other miscellaneous expenses) as per the stipulated deliverable and payment schedule.
- The consultant is not entitled to payment for overtime, weekends or public holidays.
- The estimated travel days for the assignment should be included in the financial proposal as part of the all-inclusive fee.
- No travel should take place without an email travel authorization from supervisor prior to the commencement of the journey from the duty station.
- Standard UNICEF procedures will apply for invoicing and all other financial management requirements set out in the contract.
- Standard penalty clauses will also apply for late and poor-quality deliverables. The supervisor of the contract will provide the consultant with the criteria for the evaluation of the quality of each deliverable.
- Additional details of UNICEF rules, regulations and conditions will be attached to the contract.
- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- Individuals engaged under a consultancy or individual contract 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.
- The assignment is an off-site support.

HOW TO APPLY

Interested consultants should provide the following:

1. Curriculum Vitae
2. Brief technical proposal (no longer than five pages) demonstrating the consultant's understanding of the assignment and approach/methodology to the assignment.
 - Name and brief background of the consultant, including existing experience and expertise that will be of benefit to the proposed study.
 - Background information that includes an interpretation and understanding of the terms of reference
 - Methodology and approach outlining a clear conceptual and analytical framework for the study including alternatives or suggestions to the proposed design.
 - Proposed work plan outlining clear timeframe and steps in conducting the assignment.
 - Expectations from UNICEF in terms of logistical, technical, and other forms of support for the evaluation and its products
 - Names and contact information for the 3 most recent customer references for relevant projects and/or samples of relevant work done.
3. Financial proposal including a breakdown of their all-inclusive fees (including professional fees, travel, living cost and other costs). Complete the attached form.



Financial
Proposal.xlsx

4. References details