

## UNICEF Nepal Country Office (NCO)

### Terms of Reference

#### INTERNATIONAL INDIVIDUAL CONSULTANT

#### EVALUATION OF THE MULTI-SECTORAL NUTRITIONAL PLAN (MSNP) OF NEPAL

##### Duty Station: Remote working

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### 1. Background and Justification for Consultant / Individual Contractor Contract

The nutritional status of children in Nepal has been gradually improving for the last 15 years. The prevalence of stunting among children decreased by almost 6% points since 2014 – it was reduced from 37.4% to 31.5% with an average annual reduction rate of 1.5%.<sup>12</sup> The annual rate of decrease of underweight children is similar. At present, 24.3%<sup>3</sup> of children are underweight in comparison to 30.1% in 2014.<sup>4</sup> The reduction rate of stunting and underweight children is also strongly linked to social and economic context of Nepal. Considering the massive earthquake in 2015 and disruption of services in many areas of the country, and its impact on social and economic situation to some extent, it is likely that the nutritional status of children has also been widely affected.

Comparisons between different data sources suggest that the progress in reducing the percentage of stunted, wasted and underweight children has been slower than expected. DHS data also suggest slow progress in the country's performance in terms of making progress in achieving its set goals for these indicators. For example, the stunting rate of children in 2011 was 40.5%<sup>5</sup> and it decreased only to 35.8% in 2016<sup>6</sup>. The percentage decrease in underweight children between 2011 and 2016 was just 1.8% (from 28.8% to 27%). Yet, in 2014<sup>7</sup> the rate of underweight children increased considerably to 30.1% from 28.8% in 2011<sup>8</sup> but went down again in 2019. Fluctuation is also observed in the rate of wasting among children under 5. The percentage of wasted children in 2011 was 10.9%<sup>9</sup> and increased to 11.3% in 2014<sup>10</sup>. In 2016, it again decreased to 9.6%<sup>11</sup> but went up again to 12% in 2019<sup>12</sup>.

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<sup>1</sup> *Nepal Multiple Indicator Cluster Survey: Key Findings Report, 2019*, National Planning Commission, Central Bureau of Statistics, United Nations Children's Fund (Nepal, 2020).

<sup>2</sup> *Nepal Multiple Indicator Cluster Survey, 2014*, National Planning Commission, Central Bureau of Statistics, United Nations Children's Fund, (Nepal, 2014).

<sup>3</sup> *NMICS 2019*.

<sup>4</sup> *NMICS 2014*.

<sup>5</sup> ICF, 2011. The DHS Program STAT compiler. Funded by USAID. <http://www.statcompiler.com>. [Accessed June 08, 2020].

<sup>6</sup> ICF, 2016. The DHS Program STAT compiler. Funded by USAID. <http://www.statcompiler.com>. [Accessed June 08, 2020].

<sup>7</sup> MICS 2014

<sup>8</sup> DHS 2011

<sup>9</sup> Ibid.

<sup>10</sup> MICS 2014.

<sup>11</sup> DHS 2016.

<sup>12</sup> MICS 2019.

Major issues pertaining to malnutrition of children and women are linked to inequities, societal norms, poor infant and child feeding practices, maternal factors and childhood illnesses. In 2014, over 80% of households did not treat their drinking water<sup>13</sup> and still, only 20% of the population has access to improved drinking water source which was tested and free of E. coli.<sup>14</sup> It is a well-known fact that the quality of water has a major impact on infant, child and maternal health, yet a significant number of households continue struggling having access to it. Among other important issues directly linked to health is open defecation practice which was reported in more than a quarter of households in Nepal 6 years ago.<sup>15</sup> Households which practiced open defecation had more stunted children in comparison to others.<sup>16</sup> Although the percentage of the population using improved sanitation facilities increased to 94%,<sup>17</sup> key variables that might prevent equitable outcome for all children and women are wealth and geographical gaps which have been determinant factors in gaining access to water and sanitation.

Moreover, evidence suggests that caste and ethnicity, including wealth and education play influential roles in the nutritional situation of children.<sup>18</sup> Children in poor households and belonging to marginalized ethnic groups and castes are more likely to be stunted and underweight. Also, while wealth has a non-linear effect on nutrition of children, the higher educational levels of mothers are the less likely their children are stunted, underweight and wasted.

Despite difficulties the country has faced in the last 20 years, including the earthquake and structural changes, the Government of Nepal and United Nations Children's Fund (UNICEF) have been intensively working together to address the needs of children and improve their nutritional wellbeing through various small and large scaled interventions. The Government of Nepal (GoN) is also committed to scaling up a set of multi-sectoral, evidence-based "nutrition specific" and "nutrition sensitive" interventions to improve maternal and child nutrition. The Multi-Sector Nutrition Plan (MSNP), Funded by the Government and European Union, is one of the most important strategies of the Government which is being implemented in collaboration with UNICEF and other development partners. The MSNP is based on nutrition specific and sensitive interventions which are often combined with other health and social protection activities in target districts. The MSNP's aim is to improve the nutritional status of children, adolescents and women through:

- enhancing policies, plans and multi-sectoral coordination at national and local levels
- promoting optimal use of nutrition specific and sensitive services leading to strengthened maternal adolescent and child nutritional status
- strengthening capacity of central and local governments on nutrition to provide basic service in an inclusive and equitable manner.

The MSNP was developed by the National Planning Commission (NPC) in close collaboration with six Ministries: the Ministry of Agriculture and Development (MoAD), Ministry of Health and Population

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<sup>13</sup> MICS 2014

<sup>14</sup> MICS 2019

<sup>15</sup> MICS 2014

<sup>16</sup> United Nations Children's Fund Nepal, *Water, Sanitation and Hygiene (WASH) and Nutrition in Nepal, with a Focus on Children Under Five: Nepal Multiple Indicator Cluster Survey (MICS) 2014 further analysis report*, UNICEF Nepal Working Paper Series WP/2018/004, UNICEF Nepal, Kathmandu, 2018. (UNICEF 2018).

<sup>17</sup> MICS 2019

<sup>18</sup> UNICEF 2018.

(MoHP), Ministry of Education (MoE), Ministry of Urban Development (MoUD), Ministry of Women, Children, and Social Welfare (MoWCSW), and Ministry of Federal Affairs and Local Development (MoFALD).

The MSNP covered 28 districts of Nepal from 2016 to 2018, with the aim to improve nutritional status of infants and young children, adolescents including women in vulnerable social conditions. Interventions included improving coordination among partners and technical capacity of service providers at national and local levels. UNICEF Nepal commissioned baseline, midline and end-line surveys from 2016 to 2019. The consultancy will cover further analysis of the existing data and gather primary data to evaluate and increase the visibility of MSNP's impacts on improving nutritional situation of children and women. In-depth analysis of the evaluation evidence is expected to provide a comprehensive description of the MSNP's contributions to improving nutritional wellbeing of children and women, as well as its possible setbacks, and guidance towards enhancing its performance and sustainability will add a major value to policy making and programming.

The evaluation of will cover the analysis of the data from 28 districts which have been part of the MSNP since 2016. The MSNP's objectives and intended results are illustrated in the tables below:

**Table 1: MSNP Programme Outcomes and Interventions**

Objective and outcomes	Intended results
To improve maternal, infant and child nutrition particularly in the poor segments of society of the targeted 28 districts	<ul style="list-style-type: none"> <li>• prevalence of stunting among children under 5 reduced below 26% in selected districts</li> <li>• prevalence of underweight among children under 5 reduced below 20% in selected districts</li> <li>• prevalence of wasting among children under 5 year reduced below 5% in selected districts</li> <li>• prevalence of women with chronic energy deficiency (BMI&lt;18.5) reduced by 15% in selected districts</li> </ul>
Outcome 1: Policies, plans and multi-sector coordination improved at national and local levels	District Development Plans have sufficient budget allocation as well as appropriate mechanisms to ensure convergent delivery and high coverage of nutrition sensitive and specific interventions among poor households of the most disadvantaged VDCs of all 28 selected districts by 2017/18.
Outcome 2: Practices that promote optimal use of nutrition 'specific' and nutrition 'sensitive' services improved, leading to an enhanced maternal and child nutritional status	Integrated package of multi-sector nutrition specific and nutrition sensitive interventions in 28 districts by 2018.
Outcome 3: Strengthened multi-sector nutrition information, monitoring and evaluation for central and local governments to provide basic services in an inclusive and equitable manner	Multi-sector nutrition data available and used for policy and programmatic decisions at national and sub national levels in 28 districts by 2018.

The implementation of the MSNP was conducted in two phases. The first phase covered 16 districts. The coverage of districts was gradually scaled up to 28 in 2018:

**Table 2: MSNP Roll -Out Schedule**

Phase	Timeframe	Districts	Target Groups
I	July 2016 -June 2017	<ol style="list-style-type: none"> <li>1. Panchthar</li> <li>2. Khotang</li> <li>3. Saptari</li> <li>4. Dhanusha</li> <li>5. Mahottari</li> <li>6. Rautahat</li> <li>7. Parsa</li> <li>8. Nawalparasi</li> <li>9. Kapilbatsu</li> <li>10. Jumla</li> <li>11. Kalikot</li> <li>12. Accham</li> <li>13. Bajura</li> <li>14. Bajhang</li> <li>15. Baitadi</li> <li>16. Dadeldhura</li> </ol>	Children under 5, pregnant and lactating women, adolescent girls
II	July 2017-June 2018	<ol style="list-style-type: none"> <li>1. Udaypur</li> <li>2. Sarlahi</li> <li>3. Bara</li> <li>4. Mugu</li> <li>5. Dolpa</li> <li>6. Humla</li> <li>7. Rukum</li> <li>8. Rolpa</li> <li>9. Bardiya</li> <li>10. Jajarkot</li> <li>11. Dailekh</li> <li>12. Doti</li> </ol>	

At least 50% of total VDCs were planned to be covered in each MSNP district listed in the Table 2.

The ministries involved in the MSNP include the Ministry of Health (MoH); Ministry of Education (MoE); Ministry of Agriculture (MoA); Ministry of Livestock Development (MoLD); Ministry of Water and Sanitation; Ministry of Federal Affairs and Local Development (MoFALD) and the Ministry of Women, Children and Social Welfare (MoWCSW).

The coordination structure includes the High Level Nutrition and Food Security Steering Committee (HLNFSSC), the National Nutrition and Food Security Coordination Committee (NNFSC), the National Nutrition and Food Security Secretariat (NNFSS) and the different technical working groups including M&E MIS Technical Group chaired by Joint Secretary of National Planning Commission (NPC).

The MSNP includes nutrition specific and nutrition sensitive activities. Nutrition specific activities include Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) in MSNP districts. Nutrition sensitive activities include Water Sanitation Division Office supporting open defecation free (ODF) initiatives and hand washing promotion in MSNP districts. Agricultural and Livestock Development Office also supported Home/Kitchen Gardens and Poultry Farming for income generation targeting in the first 1000 days of MSNP districts.

## **2. Goal / Objective - Programme Group Result/Intermediate Result (PCR/IR) relevance**

The consultancy will contribute to achieving the following outcome and output of UNICEF Country Programme:

By 2022, children, including adolescent girls, and women of reproductive age have improved and equitable access to and use of adequate nutritious diets and improved nutritional behaviour and care practices.

Output 2.1: By 2022, caregivers and communities have increased knowledge and skills to provide improved adolescent, maternal, infant and young child nutrition and care practices.

The evaluation purpose is to contribute to scaling up the MSNP, with the main objectives to:

- Evaluate the extent to which the MSNP is relevant to Nepal's current context and whether it needs re-planning its interventions to deliver sustainable results in the long run.
- Evaluate efficiency and effectiveness of implemented interventions under the MSNP through secondary data analysis and review of all programme documents.
- Measure the MSNP's progress in achieving the main impact indicators for reducing prevalence of stunted, underweight and wasted children, and women with chronic energy deficiency.
- Generate lessons learned with clear conclusions on success and setbacks of the programme.
- Provide feasible and policy-oriented recommendations which will aid the efforts of the Government of Nepal and UNICEF in improving nutritional status of children through the MSNP.

The audience of the evaluation are children and their families, the Government of Nepal, UNICEF, European Union, UN Agencies, development and implementing partners, and other stakeholders who will make use of the evaluation results. At the global level, the results of the secondary evaluation data analysis will contribute to strengthening knowledge and increasing awareness on impacts of multi-sectoral nutritional programmes. Evidence on MSNP's impacts will be used towards advocating for comprehensive interventions aimed at preventing malnutrition among children and women, promoting innovative and evidence-based programming that will make visible impacts in the long run.

### 3. Specific Tasks

<b>INCEPTION PHASE</b>	<b>Number of days</b>	<b>Target delivery data</b>
1. Review the programme documents and available data	10	31 May 2021
2. Hold consultations with UNICEF Team and Evaluation Reference Group	5	10 June 2021
3. Draft inception report and interview questions	7	18 June 2021
4. Finalize the inception report based on feedback from UNICEF and Evaluation Reference Group	7	30 June 2021
<b>Subtotal</b>	<b>29</b>	
<b>DATA COLLECTION ANALYSIS</b>	<b>Number of days</b>	<b>Target delivery data</b>
5. Conduct interviews with relevant UNICEF staff, government, and development partners	10	15 July 2021
6. Analyse and triangulate baseline, midline and end-line data of the programme	10	26 July 2021
7. Produce and submit the summary of initial findings from the primary and secondary data analysis	5	30 July 2021
<b>Subtotal</b>	<b>25</b>	
<b>EVALUATION REPORT AND PRESENTATION</b>	<b>Number of days</b>	<b>Target delivery data</b>
8. Draft evaluation report and submit to UNICEF and Evaluation Reference Group	10	10 August 2021
9. Present the evaluation findings to UNICEF, government, and development partners	2	15 August 2021
10. Revise the evaluation report based on feedback from UNICEF and Evaluation Reference Group	10	10 September 2021
<b>Subtotal</b>	<b>22</b>	
<b>Total</b>	<b>76</b>	

4. **Duration of the contract:** The total duration of the assignment is for 76 days over the period of 01 May till 30 September 2021

**5. Proposed Schedule for Deliverables:**

Description of Deliverables	Target Delivery Date	Proposed Fee (USD)
Submission of inception report	30 June 2021	
Submission of summary of initial findings	30 July 2021	
Submission of evaluation report and presentation	10 September 2021	

**6. Working Conditions**

Admin Requirements		
Location	Office space reqd. Y/N	Others
Remote	No	
IT Requirements		
Laptop reqd. Y/N <i>If Yes, provide WBS</i>	Email Access Y/N	Others
No	No	

**7. Minimum Qualifications Required**

- Advanced degree in public health, nutrition and statistics, sociology, and other social science related field.
- At least ten years' experience in designing and conducting evaluations using robust data analysis of large scaled programmes on nutrition for children and women.
- An extensive experience in nutrition policy and strategies in developing countries, preferably in Nepal.
- In-depth knowledge of human rights, equity and gender-based approaches to nutrition programming, policies and strategies.
- Demonstrated ability to deliver high-quality written reports in English and to engage effectively with stakeholders at all levels.
- Excellent writing and communication skills.
- Fluence in English is required.

**8. Contract Supervision**

The consultant will be supervised by Evaluation Specialist through close monitoring and facilitation of the day to day work process.