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| **Heading:** National consultant to support strengthening of Universal Salt Iodisation (USI) in Myanmar  **Section in Charge**: Health and Nutrition Section, UNICEF Myanmar  **How does the consultancy relate to work plan:** Supports the evaluation of USI and provides technical and strategic analysis support to the Government on opportunities to strengthen legislation, enforcement and implementation.  **Outcome reference:**  Outcome 201 – By 2022, more children under 5 and women of reproductive age equitably access and utilize evidence-based health, HIV & nutrition interventions, including adoption of key behaviours, especially among vulnerable populations in most deprived states/regions, conflict-affected and peri-urban areas (Goal Area 1 UNICEF Strategic Framework 2018-2021)  **Output reference:**  Output 0600/A0/05/201/006/007 - Strengthening regulations and PIRF for USI, including national USI order (Nay-Pyi-Taw). | | |
| 1. Background:   Iodine deficiency disorders (IDD) have been recognised in Myanmar since the 1890s. Universal salt iodization (USI), as the single long-term strategy to eliminate IDD, was established in 1997. In 1998, a notification under the Salt Enterprise Law of 1992 was issued to facilitate the iodization of edible salt. Surveys since 2001 record the availability of iodized salt in the majority, and an increasing proportion, of households. The most recent surveys of 2008 and 2011 suggest that more than 90% of households use iodized salt; with less than 10% of households using non-iodized salt. A significant proportion of household salt contains iodine levels less than the national requirement of 15ppm at household level however, with little improvement in recent years. Surveys to assess iodine status in school age children in 2006 indicated adequate status nationally and in two of three regions. In the remaining region it was borderline however (100.2ug/L) and no assessments of iodine status of this population group have been carried out since this time. No data exists on iodine status in other population groups. UNICEF Myanmar grew concerned about the status of the programme in 2014/15 following the release a Preliminary Assessment of the programme by AusAID.[[1]](#footnote-1)  While IDD elimination received high levels of political attention in Myanmar, in particular in the 2000s, it appears that focus on IDD elimination has waned in recent years; potentially due to a much more crowded and complex nutrition environment and agenda. The relative success of the programme up until 2006 may also have contributed to an impression that the programme was being implemented well and even that IDD was eliminated. IDD has not been eliminated, however. Moreover, the use of the term elimination is misleading because IDD easily returns if interventions to increase intake of iodine are not maintained. Available data on household use of iodized salt suggests some back-sliding at worst and stagnation at best. In addition, there appears to be little awareness amongst key stakeholders of the current, relatively poor status of IDD elimination and USI activities.  A regional USI expert international consultant from UNICEF EAPRO conducted a visit to Myanmar in March 2016 to consult with various USI stakeholders (Government, partners) and review data and documents. Key barriers and bottlenecks were identified with priority recommendations made. Overall, especially with the change in new Government, high level advocacy and technical discussions need to be supported with Government to re-assess the Governance structure for USI which is currently limited in its functioning and effectiveness. This would include reviewing existing USI legislation/regulations, policies and supporting the identification of effective and sustainable USI implementation modalities and Governance structures, with a clear prioritised Government workplan to strengthen USI.  UNICEF Myanmar has received funding from USAID from 01 July 2020 to 31 December 2021 to strengthen USI programming in Myanmar and the recruitment of a national USI consultant will be critical to supporting the UNICEF nutrition team and Government in implementing priority recommendations, which can be supported by this USAID funding.  UNICEF recruited a USI national consultant in 2017 and 2018 where key achievements with Government were achieved, in line with UNICEF's joint workplan with Governments and donor proposal. These included the completion of a national policy and legislation review for salt, consensus on a new coordination and governance structure for the salt iodisation program and the drafting of a new five year national strategy and workplan for Iodine Deficiency Disorder Elimination (IDDE). Given these achievements and national momentum by Government to strengthen USI over the past year, it is critical for UNICEF to provide continued, dedicated technical assistance through another national USI consultancy, as per the objectives and deliverables of the current ToR. | | |
| 1. Objectives of the consultancy:   **General Objectives:**  The overall purpose of this consultancy is to support Government in finalizing of legislation, assess and support in implementation of IDDE five-year plan of action.  **Specific objectives:**   1. Support finalisation of salt standard and USI order 2. Support review of IDDED five -year plan of action and prepare to take necessary action accordingly 3. Support in development of update database on mapping of raw and iodized salt production, iodized salt distribution and related facts in disaggregated data as per states and regions 4. Support strengthening of Government systems for implementation USI, including enforcement systems, PIRF, coverage monitoring and impact evaluation   The proposed Terms of Reference including specific tasks, other support that will be provided by the consultant and expected deliverables per timeline are outlined below. | | |
| 1. Geographic Area: The consultant will be based in Yangon with travel to Nay Pi Taw and some states/regions as required. | | |
| 1. Duration: 11 months (From 01 September 2020 to 31 July 2021) Full time consultancy for 11 months. | | |
| 1. Supervisor: The Consultant will work under the direct guidance and supervision of the NOC Nutrition Specialist in UNICEF. | | |
| 1. Type of Supervision/support required from UNICEF: Consultant will receive a briefing at the beginning of assignment, then regular weekly discussions in person, email and phone as required. | | |
| 1. Description of assignment: Deliverables and deadlines are summarised below. Noting the current context, dates and sequences for completion of deliverables may change according to availability of relevant Ministries and Government officials. It is however expected that consultant will complete all deliverables by end of the contract. | | |
| **Tasks** | **End Product/deliverables** | **Duration/**  **Deadline** |
| 1. Support finalization of salt standard and submit to Standard Committee for strengthening USI | * Salt Standard is finalized and submit to standard committee to have approval. | September 30, 2020 |
| 2. Support finalization of USI order based on the approved salt standard | * USI order is finalized and disseminated. | October 31, 2020 |
| 3. Support review meeting of IDDE Five Year Plan of Action | * Report progress of meeting, meeting minutes, recommendations and way forwards is submitted. | November 30, 2020 |
| 4. Support in development of detail actions/activities with costing for remaining years of Five-Year Plan of Action | * Detail actions/activities with costing for remaining years of Five-Year Plan of Action is submitted. | December 31, 2020 |
| 5. Support in development of IEC materials for salt producers, wholesalers and retailers on salt iodization | * IEC materials for salt producers, wholesalers and retailers on salt iodization are developed. | January 31, 2021 |
| 6. Developed and update database on mapping of raw and iodized salt production, iodized salt distribution and related facts in disaggregated data as per states and regions | * Database on mapping of raw and iodized salt production, iodized salt distribution in disaggregated data as per state and regions is developed and updated. | February 28, 2021 |
| 7. Support in Orientation/advocacy of IDDE programme and salt legislations in prioritized states and regions | * Orientation/advocacy of IDDED programme and salt legislation is completed at least three states and regions. | March 31, 2021 |
| 8. Review states and regions salt legislation and find out the gap to address and revise as per new approved salt standard or USI order. | * At least three states and regions salt legislations were reviewed and revised as per approved USI order. | April 30, 2021 |
| 9. Strengthen capacity of FDA to adopt its new role in IDDE/USI | * Salt testing and lab system established within FDA. * Salt monitoring protocol (at production and retail/import level), tools and checklists developed or updated. | May 31, 2021 |
| 10. Strengthen PIRF (Potassium Iodate Revolving Fund) | * At least one PIRF is conducted with meetings minutes available in English. * Restructuring PIRF management and submitted to IDDE subcommittee of Myanmar Nutrition Technical Network under Nutrition Promotion Steering Committee. | June 30, 2021 |
| 11. Prepare lesson learnt of IDDE programme and required documents for evaluation of IDDE Five Year POA. | * Documents for final evaluation of IDDED Five Year POA is submitted. * Final report for this consultant tasks submitted and accepted by UNICEF, including lessons learned and recommendations to strengthen IDDE program. | July 31, 2021 |
| 1. Advertisement / Invitation / Request for Expression of Interest   Consultancy will be advertised through UNICEF website and HR network with EOI. | | |
| 1. Selection process (EOI to be attached to TOR)   The consultant will be identified by UNICEF based on a competitive selection process, taking into account the candidate’s sound understanding and experience working in Myanmar Government systems and sub-national structures, in particular expertise on salt iodisation and legislation, and immediate availability given the planned timeline of Government for strengthening USI. | | |
| 1. Qualification and specialized knowledge/experience required for the assignment:  * A Bachelor university degree in a subject area related to one of the following disciplines: health, governance, social policy, law, or other relevant discipline(s). * At least 5 years professional work experience in government or with large national or international institutions working in social/health policy and programme development, or national development or improved governance. * Demonstrated expertise in strategic analysis, policy development, programme planning and implementation and consensus building, especially in key technical areas. * Necessary to have excellent knowledge and experience in Universal Salt Iodization programme in Myanmar. * Excellent knowledge of the Myanmar governance system. * Experience in institutional capacity development. * Legal expertise an advantage. * Good reputation among the policy making community in Myanmar. * Proven ability to establish and maintain strong working relations with Government, UN agencies and NGOs. * Good skills in computer and software (Word, Excel, PowerPoint).   **The following personal skills are required**:   * Strong commitment to the UN values of humanity, impartiality, neutrality * Flexibility, adaptability and tolerance * Good diplomacy skills * Good English language skills - oral communication, translation and writing | | |
| 1. Other conditions:   The consultant will work closely the National Nutrition Centre (NNC), Departments of Public Health, FDA, under Ministry of Health and Sport, Department of Mines under Ministry of Natural Resources and Environmental Conservation, IDDE TWG members and other USI stakeholders and will be expected to use his/her personal laptop. UNICEF will pay domestic travel in Myanmar (from Yangon to Naypyitaw and travel to the field). DSA will not be paid for the working days in Yangon. DSA will only be payable for the time spent in the field or in Naypyitaw. UNICEF allow the consultant to use UNICEF office space for meetings. The consultant will work both in office and remotely as required.    **Life and health insurance**  UNICEF does not provide or arrange life or health insurance coverage for consultants and individual contractors, and consultants and individual contractors are not eligible to participate in the life or health insurance schemes available to United Nations staff members. Consultants and individual contractors are fully responsible for arranging, at their own expense, such life, health and other forms of insurance covering the period of their services as they consider appropriate. The responsibility of UNICEF is limited solely to the payment of compensation for service-incurred death, injury or illness as per the provisions detailed below.  **Insurance for service-incurred death, injury or illness**  Consultants and individual contractors who are authorized to travel at UNICEF expense or who are required under their contract to perform services in a UNICEF or United Nations office shall be provided with insurance coverage, through a UNICEF-retained third party insurance provider, covering death, injury and illness attributable to the performance of official UNICEF duties. Compensation in the event of service-incurred death, injury or illness shall be equivalent to amounts stipulated in the agreement between UNICEF and the insurance provider.  **Ethical principles:**  Research methods used should be consistent with UNICEF Ethical And Principle Guidelines for the reporting on children and young people under 18 years old. <http://childethics.com>  **Payment**   1. 9% upon submission and acceptance of finalized salt standard. 2. 9% upon submission and acceptance of USI order. 3. 9% upon submission and acceptance of report on progress of IDDE review meeting, meeting minutes, recommendations and way forwards. 4. 9% upon submission and acceptance of detail actions/activities with costing for remaining years of Five-Year Plan of Action. 5. 9% upon submission and acceptance of IEC materials for salt producers, wholesalers and retailers on salt iodization. 6. 9% upon submission and acceptance of database on mapping of raw and iodized salt production, iodized salt distribution in disaggregated data as per state and regions. 7. 9% upon submission and acceptance of report on orientation/advocacy of IDDED programme and salt legislation at least in three states and regions. 8. 9% upon submission and acceptance of subnational salt legislations as per approved USI order in at least three states and regions. 9. 9% upon submission and acceptance of establishing salt testing and lab system including salt monitoring protocol within FDA. 10. 9% upon submission and acceptance of report on PIRF meetings and restructuring PIRF management. 11. 10% upon submission and acceptance of documents for final evaluation of IDDED Five Year POA and final report for this consultant tasks including lessons learned and recommendations to strengthen IDDE program.   **Confidentiality:**  The documents produced during the period of this consultancy will be treated as strictly confidential, and the rights of distribution and/ or publication will reside solely with UNICEF.  The contract signed with the consultant will include the other general terms defined by UNICEF. | | |
| 1. Nature of Penalty Clause to be stipulated in the contract:   UNICEF Myanmar reserves the right not to pay the Contractor or withhold part of the payable amount if one or more requirements established for this assignment is not met or deadline set for the accomplishment of the tasks is missed. | | |

1. Health Resource Facility for Australia’s Aid Programme. Preliminary assessment of iodine deficiency in Myanmar and options to accelerate efforts for elimination. December 2014 [↑](#footnote-ref-1)