

## Terms of Reference

### Nutrition Consultant – Scaleup Wasting Programs

**Contract modality:** Consultant contract -  Individual

**Section:** Health and Nutrition

**Duty station:** Siem Reap Zone office, Cambodia

**Duration:** 11.5 months, from December 15, 2022 to November 26, 2023

#### 1. Background

In Cambodia, one in 10 children (9.6 per cent) has acute malnutrition (CDHS 2014 and 2021). The problem is directly related to the socioeconomic status of the household, suboptimal child feeding and care practices as well as residential area, with the poorest households and rural areas exhibiting the highest prevalence. Wasting need specialized lifesaving medical treatment, and according to the Ministry of Health (MoH) statistics, less than 10 per cent of estimated cases of Severe Acute Malnutrition (SAM) receive treatment.

In 2021, Cambodia has developed a National Roadmap using the GAP Framework which aims to support countries in prioritizing and coordinating the delivery of preventive and treatment actions for wasting across four key systems: food, health, social protection and water, sanitation, and hygiene. The GAP roadmap was designed to be relevant for all populations affected by waste, including marginalized groups, and recognizes the need to engage and empower communities. Thirteen provinces were selected as areas of high geographic priority for interventions. These provinces are Kampong Cham and Tbong Khmum, Kampong Chhnang, Kampong Thom, Kratie, Mondul Kiri and Ratanak Kiri, Preah Vihear and Stung Treng, Pursat, Siem Reap, Takeo and Oddar Meanchey.

With the new funding from the United Kingdom Child Investment Fund (CIFF), UNICEF Cambodia will expand its nutrition program support from the five NE provinces to six additional new provinces with focus to scale-up prevention, early identification, referral and treatment of wasting and Social and Behavioural Change interventions for optimal Maternal Infant and Young Child Nutrition programs where there is a high burden of severe wasting. The six new provinces targeted under this project include: **Takeo, Kampong Thom, Siem Reap, Pursat, Kampong Chhnang, and Oddar Meanchey**. The scale up aims to benefit target groups in the six prioritized provinces, including those vulnerable children and their families living in remote, hard to reach villages.

**Justification for the consultancy:** This consultancy is to support the expansion of nutrition services to six new provinces in line with the Cambodia's National Road Map for Prevention and Treatment of Child Wasting as per the Global action Plan (GAP) framework which Cambodia made commitment as one of the 21 front runner countries in the world. The scale up of wasting interventions puts additional workload for UNICEF which is beyond the existing capacity at CO and ZO to, hence, it is important to have someone based in Siem Reap Zone office to provide support to subnational government partners to roll-out the national guidelines, support capacity development, facilitate supplies management and quality assurance for the program. The need for this consultancy service is clearly indicated in the UK Child Investment Fund Foundation (CIFF) proposal and the resource is already allocated by the Donor to the CO.

Development of the necessary programmatic tools and guidelines; facilitate supplies and logistics from national to province level; conducting operational assessments for program improvement; engaging partners at national level; provide tools and guidance for documentation and reporting for this big scale up plan will remain the responsibility of the nutrition team at CO level. In addition, the CO nutrition team will coordinate provincial level capacity building activities and will conduct periodic quality assurance. Furthermore, the support of transition of nutrition data in to HMIS at national provincial level will also be supported by CO nutrition staff.

The consultant is expected to implement activities in collaboration with PHDs, ODs and communes at the target areas which cannot be covered by the current UNICEF staff both at CO and ZO level. The engagement of the consultant will be limited on specific deliverable (mentioned in table 1) mainly includes facilitate capacity building of the main subnational actors for the scale up plan; facilitate and support supplies and logistics provided by UNICEF and NNP reached to the users and utilized as planned; monitor implementation, tracking progress and documenting lessons for improvement.

## 2. Purpose

The purpose of this consultancy service is to:

- Facilitate and support the planned scale up for prevention and treatment program scale up in phased approaches (at least 20% of health facilities in the six target provinces have capacity to treat waste by end of 2023)
  - Support Provincial Health Departments (PHDs) and Operational District (OD) level managers on prioritization of administrative districts, communes, and villages for community-based nutrition interventions
  - Facilitate multisectoral engagement (Health, Food/Agriculture, WASH, Social Protection) to support the scale up specially at district and commune level. This includes Gov and NGO partners
  - Ensure the target health facilities have necessary supplies for wasting management (SAM) and trained health staff on acute malnutrition management, have tools for nutrition data recording and reporting for transition of GMP and SAM data from vertical reporting into the Health Management Information System (HMIS)
  - Conduct quality check and provide on-the-job support in coordination and collaboration with OD and PHD to health workers/HMIS focal points on timely and reliable nutrition data recording and reporting

## 3. Work Assignment

The assignment will be carried out by the consultant under the oversight of the Chief of Siem Reap Zone Office and in consultation with technical guidance of the Nutrition Specialist in Phnom Penh. The consultant will be based on Siem Reap Zonal office as his/her duty station because the provinces selected for the GAP scaleup includes **Siem Reap, Pursat, Takeo, Kampong Thom, Kampong Chhnang, and Oddar Meanchey**, most of them are found under the support of this field office.

The consultant will be responsible for the following activities:

- Conduct desk review and consultation of partners to identify priority administrative districts and communes for scale up intervention (Prioritization will be guided by socio economic information (ID-poor), health and nutrition service coverage, vulnerability on WASH, and functionally of community-based structures and partners' support)
- In collaboration with nutrition staff in Phnom Penh, facilitate subnational multisectoral engagement of the scale up wasting program (Health, Food/Agriculture, WASH, Social Protection) including Gov and NGO partners.
- Based on guidance of CCO, organize, and support sensitization meetings of nutrition actors at provinces and district level on scale up of SAM prevention and treatment trainings.
- Support Provincial Health Departments (PHDs), Operational District, and health center on training to increase capacity of mothers and caregivers in the prevention and identification of waste:
  - Facilitate Training of VHSG and CWCC on MUAC application, identification of acute malnutrition, referral mechanism, and nurturing care elements and practices

- Orientation to parents and caregivers on *mother's MUAC* in the target provinces
- Support VHSG and CWCC to regularly monitor parents and caregivers to adopt nurturing care practices and behaviors to improve MIYCN through effective SBC
- Scale-up in-patient and out-patient management of severe wasting treatment to six additional priority provinces through integration of treatment of wasting into PHCs:
  - Coordinate and collaborate with PHD and in consultation with UNICEF Nutrition Officer to train health professionals on SAM management using the national severe wasting treatment protocol updated based on WHO guidelines
  - Coordinate with health center on training to community health workers (VHSG) on promotion of optimal nutrition to prevent malnutrition, mobilize and support communities on early identification and referral of wasting using the community handbook on management of severe wasting
  - Coordinate to equip health facilities with necessary references, technical guidelines, tools, and equipment,
  - Build capacity of and support district level program managers to conduct regular monitoring, quality assurance and on the job support
- Strengthen routine data and monitoring systems for GMP and SAM management information for local level actions at subnational level as well as for national level HMIS reporting
  - Support PHD, OD, and HC to facilitate transition data of severe wasting treatment and GMP for the report from the current vertical reporting system to being integrated into the HMIS, through support of training guides, printing of data tools, registers, and job aids.
  - Facilitate training health workers and HMIS focal points on managing HMIS nutrition data
- Support collecting stories from the field, including human interest stories
- Work closely and collaboratively with other zonal staff and partners to provide technical assistance as appropriate in the integration of nutrition programme with other programmes particularly on integrated early childhood care and development (IECD), and the implementation of emergency preparedness and response plan

#### 4. Child Safeguarding

Is this project/assignment considered as "[Elevated Risk Role](#)" from a child safeguarding perspective?

YES  NO

If YES, check all that apply:

▪ **Direct contact role**  YES  NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

▪ **Child data role**  YES  NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

#### 5. Qualifications or Specialized Knowledge/Experience Required

## Qualifications and Experience

- University degree in Nutrition, public health with experience on nutrition program management
- A minimum of five years of experience in health and nutrition program management including experience at national and subnational levels.

## Knowledge and Skills

- Familiarity with multidimensional nutrition programming through all life cycles.
- Relevant experience in development of job aids and tools in health/nutrition program.
- Strong analytical and report writing skills in both English and Khmer.
- Excellent communication in English and Khmer, coordination and facilitation skills.
- Experience in the Cambodian context and within mother and child nutrition.

## Competencies

- Applying technical expertise
- Analyzing
- Communications
- Drive for results
- Working with people
- Teamwork and flexibility

## Languages

- Fluency in English and Khmer

## **6. Location**

- The consultant will be based in UNICEF Siem Reap Zone Office with frequent travel to the target provinces, districts communities.
- The consultant will be in the field for 12-15 days a month and conduct frequent virtual communications with Phnom Penh based nutrition staff.
- The consultant will attend a 2-day face to face review and update meetings in Phnom Penh every 2 months.
- Office space will be allocated for the consultant in Siem Reap Zone Office. The consultant will be provided with a laptop computer, access to printing services, UNICEF email, and access to the office shared drives

## **7. Duration**

The assignment will require 240 days and will be completed between 15<sup>th</sup> of December 2022 to 26<sup>th</sup> of November 2023. Please refer to the work schedule for the breakdown of days by component.

## **8. Deliverables**

Table 1: Deliverables

<i><b>Deliverables and descriptions</b></i>	<i><b>Number of working days</b></i>	<i><b>Due date</b></i>
<b>Deliverable 1: Inception report, finalized operational plans and ensure readiness for program scaleup</b>	<b>20 days</b>	<b>Dec 15, 2022, to Feb 1, 2023</b>
1.1. Facilitate sensitization and consultation meetings with the six provincial government and relevant sectors offices (Health, Social protection, WASH,		

<p>Food/agriculture) for the program scaleup including orientation of OD level managers on the detail scale up plan</p> <p>1.2. In consultation with PHDs, conduct program mapping of the areas and identify specific for year one interventions with detail socio demographic and social service coverage backgrounds.</p> <p>1.3. Track the necessary supplies and ensure it reached the target facilities for capacity development and program implementation take-off (SAM training materials, Anthropometric equipment, data tools, SBC materials, RUTF, etc...)</p> <p>1.4. Submit Report on readiness for scale up</p>		
<p><b>2. Strengthen nutrition data monitoring systems for wasting</b></p>	<p><b>25 days</b></p>	<p><b>2 Jan to 15 Feb 2023</b></p>
<p>2.1. In collaboration with CCO and NNP, PHDs, support distribution of training guides, register/data tools for integrating wasting data into HMIS</p> <p>2.2. Support training of health workers and HMIS focal points on recording and reporting GMP and SAM data</p> <p>2.3. Conduct regular monitoring on nutrition data Document lessons on nutrition data management and present findings during the review meetings</p>		
<p><b>3. Support trainings and implementation of inpatient and outpatient SAM treatment (health facility and community level) including outreach interventions and community mobilization - (in the first 3 provinces)</b></p>	<p><b>40 days</b></p>	<p><b>16 Feb to 15 April 2023</b></p>
<p>3.1. Support NNP/PHDS and CCO in conducting training of health workers on inpatient and outpatient SAM treatment for health staff from all health centers and Hospitals targeted for year one scale-up, ensure target facilities have all necessary supplies for uninterrupted</p> <p>3.2. Support PHDs and OD in VHSGs training to support, facilitate engagement of Village Health Support Group (VHSG) members on community mobilization, screening, promotion of MIYCN practices integrated with broader health and nutrition outreach service delivery in hard to reach and remote villages</p>		
<p><b>4. Support capacity building parents/care givers in identification and self-referral of wasting using MUAC. (Mother's MUAC) – (in the first 3 provinces)</b></p>	<p><b>55 Days</b></p>	<p><b>16 April to 15 June 2023</b></p>
<p>4.1. Sport PHDs, ODs, and HCs to implement in orientation of mothers and caregivers through trained VHSGs and CWCC on identification of</p>		

<p>wasting (Mother's MUAC) with low literacy/numeracy tools for early identification of wasting and referral with promotion of nurturing care practices</p> <p>4.2. Document lessons, and best practices with challenges and proposed solutions and present during the meeting which will be conducted every other month. This includes human-interest stories from the field in collaboration with Communications and Health and Nutrition Section</p>		
<p><b>5. Support trainings and implementation of inpatient and outpatient SAM treatment (health facility and community level) including outreach interventions and community mobilization - (in the second 3 provinces)</b></p>	<b>40 days</b>	<b>16 June to 15 Aug 2023</b>
<p>5.1. Support NNP/PHDS and CCO in conducting training of health workers on inpatient and outpatient SAM treatment for health staff from all health centers and Hospitals targeted for year one scale-up, ensure target facilities have all necessary supplies for uninterrupted</p> <p>5.2. Support PHDs and OD in VHSGs training to support, facilitate engagement of Village Health Support Group (VHSG) members on community mobilization, screening, promotion of MIYCN practices integrated with broader health and nutrition outreach service delivery in hard to reach and remote villages</p>		
<p><b>6. Support capacity building parents/care givers in identification and self-referral of wasting using MUAC. (Mother's MUAC) – (in the second 3 provinces)</b></p>	<b>55 Days</b>	<b>16 Aug to 1 Oct 2023</b>
<p>6.1. Sport PHDs, ODs, and HCs to implement in orientation of mothers and caregivers through trained VHSGs and CWCC on identification of wasting (Mother's MUAC) with low literacy/numeracy tools for early identification of wasting and referral with promotion of nurturing care practices</p> <p>6.2. Document lessons, and best practices with challenges and proposed solutions and present during the meeting which will be conducted every other month. This includes human-interest stories from the field in collaboration with Communications and Health and Nutrition Section</p>		
<p><b>7. Ensure continuity of services and prioritization for phase 2 scaleup</b></p>	<b>20</b>	<b>2 Oct – 26 November</b>

7.1. Conduct consultation of partners, facilitate Review meetings finalize documentation of lessons learned from year one implementation		
7.2. Support planning and year 2 program scale up		
<b>Total</b>	<b>240 days</b>	<b>From 15 December 2022 to 26 November 2023</b>

## 9. Reporting Requirements

- The consultant will submit a detailed operational plan for approval within five days after signing contact
- The consultant will submit Monthly progress with annexes of field trip reports, minutes of consultative meetings, notes on interactions with government and NGO partners, community-based actors and summary of interactions with caregivers and family members including visual documentations (pictures).
- The consultant will keep a record and share a report on supplies distribution and utilization related to this project and provide monthly updates of training databases
- The consultant will share documentation of lessons learned with power point presentation for every-two months review meetings
- A total of 11 monthly progress reports and one final report expected

## 10. Payment Schedule linked to deliverables

- 10% payment upon completion of deliverables 1
- 10% payment upon completion of deliverables 2
- 15% payment upon completion of deliverables 3
- 20% payment upon completion of deliverables 4
- 15% payment upon completion of deliverables 5
- 20% payment upon completion of deliverables 6
- 10% payment upon completion of deliverables 7

*\* The fees shall be calculated based on the days estimated to complete the assignment in the Terms of Reference and shall be considered the maximum compensation as part of a lump sum contract and agreed on a work plan for submission of deliverables. No additional fees shall be paid to complete the assignment. Payment will be made upon delivery of all final products and full and satisfactory completion of the assignment.*

## 11. Administrative Issues

UNICEF will cover travel cost related to the consultant's travel

- provide transport and pay DSA as per the UNICEF rules and regulation daily rate of (69\$ for overnight travel out of the duty station)
- The travel will cover the six provinces (**Takeo, Kampong Thom, Siem Reap, Pursat, Kampong Chhnang, and Oddar Meanchey**) for a total of 72 days which is 30 per cent of the total contract days).

- Out of the 72 travel days, 2 days per quarter (8 days in total will be travel to Phnom) which has different daily rate (\$175 per night DSA rate)

Office space will be allocated for the consultant in Siem Reap Zone Office. The consultant will be provided a laptop computer, access to printing services, UNICEF email, access to the office shared drives

## **12. The Paid Time Off (PTO)**

The Paid Time Off (PTO) benefits apply to individual contractor and consultants who work on time-based contracts on an ongoing and full-time basis with a minimum contract duration of one calendar month (hereafter the "individual Contract").

Entitlement: The individual contractor will receive PTO credit at the rate of one-and half days (1.5 days) for each full month of service, to be credited on the last calendar day of the month, and up to 17 days for a maximum of 11.5 months contract.

Utilization: PTO may be taken in units of days and half days. In calculating the PTO to be charged, any absence of more than two hours but less than four hours (excluding lunch hour) is counted as half days; similarly, any absence of more than four hours (excluding lunch hour) is counted as one day.

Unused Paid Time Off: PTO is a benefit that must be used during the time of the contract. Any unused PTO cannot be carried to future contract and any accumulated PTO will be forfeited at the end of the contract.

## **13. Contract supervisor**

Mr. Sophorn SOM, Chief of Siem Reap Zone Office

## **14. Nature of 'Penalty Clause' to be Stipulated in Contract**

Unsatisfactory performance: In case of unsatisfactory performance the contract will be terminated by notification letter sent five (5) business days prior to the termination date in the case of contracts for a total period of less than two (2) months, and ten (10) business days prior to the termination date in the case of contracts for a longer period

Performance indicators: Consultants' performance will be evaluated against the following criteria: timeliness, quality, and relevance/feasibility of recommendations for UNICEF Cambodia.

## **15. Submission of applications**

Interested candidates are kindly requested to apply in [\[link\]](#) and upload the following documents:

- Letter of Interest (cover letter)
- CV or Resume
- Performance evaluation reports or references of similar consultancy assignments (if available)
- Financial proposal: All-inclusive lump-sum cost including:
  - Consultancy daily/monthly fee
  - International travel to/from Cambodia (if applicable). The travel cost shall be based on the most direct and economy fare
  - In-country travel for xx days, per-diem to cover lodging, meals and any other cost associated to take over the full assignment
  - Medical insurance (health and accidental death, medical evacuation) for the entire duration of the contract.

## 16. Assessment Criteria

The Cumulative Analysis Method (weight combined score method) will be used for evaluation and selection in this process.

a) Technical Qualification (max. 100 points): weight 70 %

- Degree in Nutrition, public health (30 points)
- Knowledge of Nutrition program management including prevention and treatment of acute malnutrition (20 points)
- Experience working with multiple sectors including health, agriculture, WASH, and social protection (30 points)
- Quality of past work (e.g. understanding, methodology) (20 points)

b) Financial Proposal (max. 100 points): weight 30 %

The maximum number of points shall be allotted to the lowest Financial Proposal that is opened /evaluated and compared among those technical qualified candidates who have attained a minimum 70 points score in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.

The Contract shall be awarded to candidate obtaining the highest combined technical and financial scores, subject to the satisfactory result of the verification interview.