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| **Title: Consultancy to develop an evidence-based responsive booklet on infant and young child feeding in the context of HIV** | | **Funding Code**  **SC189902**  **WBS 2400/AO/06/001/004/018**  **Grant RR**  **WBS:2400/A0/06/001/001/003** | | **Type of engagement**  **Individual Consultant** | | | Duty Station:  **Nairobi** | |
| **Purpose of Activity/Assignment:**  The Nutrition and Dietetics Unit (NDU) of the Ministry of Health (MOH) together with National AIDS and STI Control Program (NASCOP) with support from UNICEF, and other implementing partners is fast tracking the implementation of Maternal, Infant and Young Child Nutrition (MIYCN) strategies to improve maternal nutrition, child survival, growth and development. A recent analysis on the PMTCT cascade has shown a proportion of infants getting infected with HIV during the breastfeeding period hence the need of advocating for safe infant feeding in the context of HIV. Safe infant feeding for all infants including the HIV exposed ones, is a key part in addressing HIV free child survival.  The appropriate practice and knowledge of infant and young child feeding are critical because of the major influence that feeding practices and nutrition have on child survival. In Kenya, exclusive breastfeeding is recommended as the optimum method of infant feeding for the first six months of life, continued breastfeeding up to the age of two years with timely introduction of appropriate complementary foods at six months. This is to mitigate the effects of the common causes of child mortality in Kenya: diarrheal disease, pneumonia and under nutrition. Additionally, pregnant and breastfeeding women who test positive for HIV begin ART for life immediately after the diagnosis of HIV is confirmed.  The current ART guidelines in Kenya on infant and young child feeding in the context of HIV are based on the 2016 UNICEF/WHO update on HIV and infant feeding. As guidelines evolve, there is miscommunication and misunderstanding of infant feeding among health care providers and the community, reducing the uptake of optimum infant feeding practices. Additionally, even when breastfeeding is the adopted option, in this same setting, other health and social circumstances such as adolescent pregnancies, low maternal literacy levels and high TB burden pose operational barriers in the implementation of appropriate breast feeding and complementary feeding that would ensure child survival. In the past, health workers were expected to individually counsel and support mothers in line with national guidelines. However, health workers do not have enough time, training or updates to effectively communicate and guide these decisions. Moreover, mothers have difficulty with the complexities of balancing the risks or are under additional pressure from family members at home or in the community. As a result, mothers' infant feeding practices are often inappropriate for their home circumstances and infants are put at high risk of HIV transmission and mortality.  In view of this, there is a proposal to support the optimization of the knowledge and practices of infant and young child feeding at the community level. This will be accomplished through developing appropriate evidence-based communication messages on frequently asked operational questions regarding infant and young child nutrition within community settings. The expected product will be an easy to read booklet in at least two widely used languages in Kenya (English and Kiswahili). The FAQ booklet would also aim to unpack some of the existing myths around infant feeding and mother-to-child transmission of HIV. This infant and young child feeding guidance is intended for all women regardless of HIV status but more importantly for those breastfeeding women living with HIV. | | | | | | | | |
| **Scope of Work: (see end note below )**  The consultancy is aligned to the UNICEF country programme 2018 – 2022 under outcome 1 and aligned to UNDAF outcome 2.4.  UNICEF outcome 1 seeks to ensure that by 2022 there is reduced mortality & stunting through increased proportions of vulnerable children, pregnant and lactating women, including adolescent girls; they have equitable access to and use quality WASH, **Nutrition**, Health and **HIV/AIDS** services to reduce their risk of mortality, preventable diseases, stunting and other forms of malnutrition, and improve their birth outcomes.  The development of appropriate evidence-based communication messages on frequently asked questions regarding infant and young child nutrition within community settings will be conducted in 3 phases. The expected product is an easy to read booklet in at least two widely used languages in Kenya (English and Kiswahili).  Based on the above, the following scope of work is proposed:  ***Phase 1:*** Review the situation analysis report on frequently asked questions on infant and young child feeding that will facilitate the development of an evidence based responsive booklet.  ***Phase 2****.* Through a consultative process, develop a booklet in response to the issues/ questions raised and any other questions raised by stakeholders in the process of Phase 1 and 2.  ***Phase 3***: Disseminate the FAQ booklet on IYCF in the context of HIV and translate the content to Kiswahili.    **Methodology**  While phase 1 is more of desk review in consultation with NASCOP and Division of Nutrition, phase two and three will require engagement of a wide range of stakeholders as guided by NASCOP to enhance the quality and buy-in of the final product. The answers provided should align with Kenya’s policy on the subject.  The questions are subject to change in light of NASCOP’s input and the consultant reserve the right to remain flexible as this process evolves.  **Reporting Lines**  Under the supervision of the, Chief HIV section and Chief Nutrition Section the consultant will deliver: -    A review of the situation analysis and a list of potential questions for the booklet.   1. A hard and soft copy version of the booklet (both in English and Kiswahili) in Word format 2. Dissemination of the booklet to the national level stakeholder in collaboration with UNICEF 3. A well detailed consultancy report.   **Qualifications**  It is expected that the individual consultant will have the following skills and experience:   1. Relevant academic background and training in public health, nutrition, anthropology, sociology, epidemiology, psychology or other, as appropriate. 2. Strong technical knowledge in maternal infant and young child feeding and HIV and AIDS within the context of Kenya. 3. Expertise in conducting community and stakeholder dialogues including targeting marginal groups including adolescents and young peoples, the poor, rural populations. 4. Experience in qualitative research methods. 5. Previous experience working with UNICEF and other UN agencies an asset. 6. Cultural and gender sensitivity   Technical proposal evaluation criteria will be based on the following:   1. Overall response, completeness, overall concord between requirements and proposal (15 points) 2. Experience, overall experience of Candidate (20 points) 3. Technical skills, relevance to requirements of the proposed assignment (15 points) 4. Proposed methodology/time frame (20 points) 5. Financial proposal (30 points) | | | | | | | | |
| **Budget Year:** *2020/2021* | **Requesting Section/Issuing Office:**HIV & NUTRITION/KCO | | | **Reasons why consultancy cannot be done by staff:**   * Expertise * Time constraints | | | | |
| **Included in Annual/Rolling Workplan***:*  Yes  No, please justify:  *Yes, this was included in the AWP* | | | | | | | | |
| **Consultant sourcing:**  **National** International Both  **Consultant selection method:**  Competitive Selection (Roster)  **Competitive Selection (Advertisement/Desk Review/Interview)** | | | | | | **Request for:**  **New SSA**  Extension/ Amendment | | |
| **If Extension, Justification for extension:** | | | | | |  | | |
| **Supervisor:** | | | **Start Date: 19/10/2020** | | **End Date: 15/01/2021** | | | **Number of weeks**  **10 weeks** |

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| **Work Assignment Overview** | | | |
| Tasks/Milestone: | Deliverables/Outputs: | Timeline | Estimate Budget |
| Briefing from UNICEF and MOH on scope of the work and vision of expected results |  | 1st week | 0% |
| Review the situation analysis report on frequently asked questions on infant and young child feeding that will facilitate the development of an evidence based responsive booklet and application and a consensus on the same. | A finalised list of questions on Infant and Young child Feeding (IYCF) on which a consensus has been reached by all the relevant stakeholder | 2nd and 3rd weeks | 20% |
| Through a consultative process, develop a booklet in response to the issues / questions raised and any other questions raised by stakeholders in the process of Phase 1 and 2. This will include consultancy fee for developing of a designed booklet on frequently asked questions with appropriate answers. | -Evidence of a consultative process  -A hard and soft copy version of the booklet (both in English and Kiswahili) in Word format | 4th-8th week | 40% |
| Detailed Consultancy report | Soft copy of the final report in Word format | 9th-10th week | 40% |
| **Estimated Consultancy fee** |  |  |  |
| Travel International (if applicable) |  |  |  |
| Travel Local (please include travel plan) |  |  |  |
| DSA (if applicable) |  |  |  |
| **Total estimated consultancy costs[[1]](#endnote-1)** |  |  |  |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** | | |
| Bachelors  **Masters**   PhD  Other  Enter Disciplines  Training in public health, nutrition, anthropology, sociology, epidemiology, psychology or other | 1. Strong technical knowledge in maternal infant and young child feeding and HIV and AIDS within the context of Kenya. 2. Expertise in conducting community and stakeholder dialogues including targeting marginal groups including adolescents and young peoples, the poor, rural populations. 3. Experience in qualitative research methods. 4. Previous experience working with UNICEF and other UN agencies an asset. 5. Cultural and gender sensitivity | | |
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| **Administrative details:**  Visa assistance required: **NO**  Transportation arranged by the office: **NO** | Home Based  Office Based:  If office based, seating arrangement identified:  IT and Communication equipment required:  Internet access required: | | |
| **Request Authorised by Section Head** | **Request Verified by HR:** | | |
| **HIV Section**  **Nutrition section** |  | | |
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| *Approval of Deputy Representative, Programmes (if Programme)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
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1. Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

   Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant [↑](#endnote-ref-1)