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| **National Consultant to strengthen quality and coverage of IMAM in priority states/regions under MS-NPAN (2018-2022)** **Section in Charge**: Health and Nutrition **How does the consultancy relate to work plan:**  The Integrated Management of Acute Malnutrition (IMAM) is a key national programme of the MOHS, NNC which is in the current MYWP 2018-2019 between MOHS and UNICEF. IMAM will continue to be one of the priority nutrition programmes and interventions under MOHS-UNICEF collaboration in the new MYWP 2020-21. **Outcome reference:**Outcome 1 – By 2022, more children under five 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**Output reference:**Output 008 – By 2022, Government workers in nutrition related sectors have increased capacity to deliver nutrition services according to standards at all times in four most deprived states/regions and in conflict & disaster affected and peri-urban areas in Yangon |
| 1. Background:

Since 2017, Government has been rolling-out the national Integrated Management of Acute Malnutrition (IMAM) according to national protocol, with technical and financial support from UNICEF and other partners, including 3MDG/A2H partners. Currently, IMAM is being implemented in Rakhine, Chin, Magway and Kayin however programme monitoring visits show quality is variable, inconsistent and there is lack of IMAM monitoring data collected by and reported at health facility and state/regional level.Under the new MS-NPAN, IMAM which is one priority intervention under MOHS, will continue to be scaled-up and strengthened, particularly in new states/regions, including Shan, Ayerwaddy, Kayah, Kachin and Yangon. Given limited manpower and HR resources dedicated to IMAM scale-up in MOHS, the Government has requested UNICEF to provide support from a national consultant who can support strengthening the quality and coverage of IMAM over the coming year. While many IMAM trainings with health managers and BHS have already taken place in many states/regions, including Magway, Kayin, Rakhine and Chin, coverage and quality of service remains an issue, due to lack of supportive supervision and monitoring at state/region and township levels, as well as high and competing workload of BHS. In order to overcome these bottlenecks, routine supportive supervision and monitoring tools and processes need to be established and mainstreamed into routine sub-national MOHS processes and integrating IMAM module into medical pre-service curriculums, and adapting IMAM guidelines and tools to the level of Community Health Volunteers, in order to task shift key some activities to decrease the workload burden on BHS, while improving continuum of care. A consultant is also needed to provide initial mentoring and orientation support to relevant S/R and township health authorities on IMAM, particularly on their roles and responsibilities related to planning, supportive supervision, monitoring and reporting. |
| 1. Objectives of the consultancy:

General objective:The purpose of this consultancy is to support Government to improve the quality and coverage of IMAM in a sustainable manner.Specific objectives:1. Increase capacity of medical personnel on IMAM
2. Strengthen processes for quality assurance, including regular supportive supervision and monitoring
3. Develop adapted IMAM tools, guidelines, materials for community level
4. Facilitate IMAM trainings in new states/regions
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| 1. Methodology

The Consultant will work alongside UNICEF, NNC, Department of Medical Services, Paediatrician from Universities of Medicine and sates and regions as well as state/regional and Township Health authorities, according to the IMAM training plan developed.The consultant will be based in Yangon but will be expected to travel widely to the field when required, including to Nay Pi Taw to work with the National Nutrition Centre (NNC), Ministry of Health, and any other relevant Ministry departments. Regular meetings and phone calls with UNICEF team and partners will be conducted.  |
| 1. Geographic Area: Based in Yangon with frequent travel to Nay Pi Taw, and other states/regions as needed.
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| 1. Duration: 2 December 2019 to 1 November 2020 (11 months). Full-time consultancy for 11 months.
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| 1. Supervisor: Consultant will report to the UNICEF P3 Nutrition Specialist
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| **8. Type of Supervision/support required from UNICEF:** Consultant will receive a briefing at the beginning of assignment, then regular discussions through meetings, email, and phone as required. Consultant will receive relevant documents, including technical protocol and related resources, tools and training materials. |
| **9. Description of assignment:** |
| **Tasks** | **End Product/Deliverables** | **Duration/****Deadline** |
| 1.Strengthen processes for quality assurance, including regular supportive supervision and monitoring(30% of payment) | 1. Updated tools and plans for improved supportive supervision and monitoring of IMAM, including checklists, township and state/region team calendar plans, etc. completed

Deliverable – NNC approved tools and plans – English and translated versions1. Stock taking exercise including one review meeting with S/R where IMAM has rolled-out is conducted.

Deliverable - Final report on preparedness for each of the Health System Building Blocks (HSBB) to integrate IMAM, including SWOT analysis, recommendations and plans of action.1. One orientation workshop conducted on IMAM for Myanmar Paediatric association

Deliverable – orientation workshop report1. Three supportive supervision and monitoring visits are conducted on IMAM in Rakhine, Chin, Kayin with TMO and NNC S/R team (including in-patient hospitals and out-patient facilities RHCs)

Deliverable – consolidated supportive supervision report and quality improvement plan for S/R visited 1. Three supportive supervision and monitoring visits are conducted on IMAM in Yangon, Shan and Ayerwaddy with TMO and NNC S/R team (including in-patient hospitals and out-patient facilities RHCs)

Deliverable – consolidated supportive supervision report and quality improvement plan for S/R visited  | 1., 2. and 3. By Feb 29, 2020(10% of payment)4. By Apr 30, 2020(10% of payment)5. By Oct 31, 2020(10% of payment) |
| 2.Increase capacity of medical personnel on IMAM through pre-service support(15% of payment) | 1. Undergraduate curriculum on IMAM for Medical Universities is updated and strengthened
2. Post graduate curriculum on IMAM for Medical Universities is updated and strengthened
3. IMAM curriculum for Midwifery school developed
4. IMAM curriculum for University of Community Health developed

Deliverable – curriculum and training materials in English and Myanmar | 6, 7, 8 and 9.By April 30, 2020(15% of payment) |
| 3.Develop adapted IMAM tools, guidelines, materials for community level(15% of payment) | 1. Simplified and Task Adapted IMAM tools, guidelines, checklists and IEC materials are developed for CHWs
2. Guidelines and tools to strengthen integration of Early Childhood Development (ECD) and IYCF practices into IMAM are developed (e.g adapting from relevant global guidelines including Care for Childhood Development, psychosocial support, etc)

Deliverable – Integrated ECD/IYCF/CCD package as an addendum to IMAM guideline and tools in English and Myanmar | 10 and 11.By March 31, 2020(15% of payment) |
| 4. Facilitate IMAM trainings in new states/regions (40% of payment) | 1. IMAM training carried out in selected townships in Yangon city for approx. 100 health personnel and BHS
2. Refresher training provided to 20 Hospital Nutrition Units (HNUs)

Deliverables – (1) Yangon training report including readiness of facilities and township roll out/scale up plan and (2) refresher training and orientation report1. S/R IMAM training carried out in Ayerwaddy for 35 health personnel
2. Township level IMAM trainings carried out in two townships in Ayerwaddy for approx. 100 BHS

Deliverables – Training reports for Ayerwaddy including readiness of facilities and township roll out/scale up plan  | 12 and 13. Completed by July 31, 2020(20% of payment)14 and 15.Completed by Sept 30, 2020(20% of payment) |
| **10. Advertisement / Invitation / Request for Expression of Interest**Consultancy will be advertised through HR network and on UNICEF websites as well as head hunting of potential candidates.  |
| **11. Selection process** The consultant will be identified by UNICEF based on a competitive selection process, taking into account the candidate’s experience, immediate availability in Myanmar, the quality of the answers produced, and the lump-sum requested. If deemed opportune, UNICEF will require a telephone interview with shortlisted candidates. |
| **12. Qualification and specialized knowledge/experience required for the assignment:*** A Bachelor’s agree in public health, nutrition, medicine, pediatrics or other related field. An advanced in any of these fields is an asset.
* At least 8 years of experience in policy development, programme management in nutrition
* Strong technical knowledge and experience in management of acute malnutrition
* Excellent knowledge of Myanmar health system
* Previous experience in task-based training of health professionals is mandatory
* Experience as paediatrician or professor in paediatrics an asset
* Experience in nutrition in emergencies and humanitarian settings is an asset
* Knowledge of health system strengthening approach is an assets
* Able to work with multiple stakeholders
* Excellent communication and facilitation skills;
* Fluency in English is required;
* Knowledge of Myanmar public health and direct medical services context is essential
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| **13. Other conditions:** The consultant is expected to work using his/her laptop from home, in UNICEF or partner/agency office as required. UNICEF will pay domestic travel in Myanmar (to Nay Pi Taw and travel to the field as necessary). DSA will not be paid for Yangon; it will only be payable for time spent elsewhere in the field (according to UN rates). **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 Schedule:** * 10% upon completion of MOHS/NNC approved tools and plans for supportive supervision tools, stock taking and review report, orientation workshop report (expected end Feb)
* 15% upon MOHS/NNC approved integrated ECD/IYCF/CCD package as an addendum to IMAM guideline and tools in English and Myanmar (expected end Mar)
* 10% upon completing three supportive supervision visits with TMOs and NNC S/R teams in Rakhine, Chin and Kayin (expected end Apr)
* 15% upon completion of MOHS/NNC approved curriculum and training materials in English and Myanmar for medical universities (undergraduate and post graduate), Midwifery School and University of Community Health (expected end Apr)
* 20% upon completion of Yangon IMAM training report including readiness of facilities and township roll out/scale up plan and refresher training and orientation report for 20 HNUs (expected end Jul)
* 20% upon completion of IMAM training reports for Ayerwaddy including readiness of facilities and township roll out/scale up plan (expected end Sept)
* 10% upon completing three supportive supervision visits with TMOs and NNC S/R teams in Yangon, Ayerwaddy and Shan (expected end Oct)

Total 100%**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. |
| **14. 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. |