

## TERMS OF REFERENCE

### SHORT TITLE OF ASSIGNMENT

Consultant to undertake Comprehensive dietary intake assessment in Federated States of Micronesia (FSM)

### BACKGROUND

The Pacific Islands Countries and Territories (PICTs) face a triple burden of malnutrition. Overweight and obesity rates are increasing across all population groups (children and adults), while undernutrition and micronutrient deficiencies continue to persist.

UNICEF supports the Department of Health and Social Affairs in the Federated States of Micronesia (FSM), in the operationalization of a multi-sectoral nutrition action plan (m-NAP) to deliver effective nutrition and health services. This includes several interventions ranging from policy and regulatory actions to capacity building of key providers to ensure that nutrition information, education and counselling at the service delivery level are effective enough to support optimal dietary intakes. Additionally, UNICEF aims to address individual, community, policy and regulatory barriers to optimal diets.

Sub-optimal diets are conceptually the main key immediate driver for malnutrition in all its forms. While in FSM, important data gaps exist for children's nutritional status and infant and young child feeding indicators, available data source (2019) indicates that anaemia prevalence among children under five years and women of reproductive age is reported to be 37% and 25%, respectively. More than half of the children 5-19 years are overweight or obese, and the prevalence of overweight and obesity is as high as 78 per cent among women of reproductive age. Forty per cent of infants are not exclusively breastfed.

The country is extremely vulnerable to the impacts of climate change on food and nutrition security, directly through its effects on agriculture and fisheries, and indirectly by contributing to underlying risk factors such as water insecurity, dependency on imported foods, urbanization and migration, and service disruption. However, there is a lack of reliable data to show the full picture of the dietary patterns in these countries, including the specific deficiencies or excesses in the diet.

Studies and evaluation of nutrition programs across the globe consistently show that tailored nutrition counselling addressing the gaps or excesses in the prevailing dietary intake patterns as well as addressing interpersonal or community socio-cultural barriers, is more effective in improving dietary quality and long-term health markers than generalized counselling or nutrition education. Additionally, dietary patterns are influenced by broader food access issues shaped by socio-cultural norms, market prices, regulations and climate.

UNICEF emphasizes the need for national dietary guidance to be tailored to local food contexts. Furthermore, nutrition-related social behaviour change communication should specifically address deficiencies in prevailing dietary patterns as well as socio-cultural barriers. Ensuring that food-related policies and regulatory acts are up to date to address barriers to accessing and utilising locally available nutritious foods is crucial.

In this context, UNICEF is seeking an individual consultant to conduct a comprehensive dietary intake assessment, including related food systems mapping, and develop context-specific food-based recommendations in FSM.

### OBJECTIVE / SCOPE OF WORK

The objective of this consultancy is to conduct a comprehensive dietary intake assessment, including related food systems mapping, and develop context-specific food-based recommendations in FSM. The findings of the assessment are expected to contribute to revising dietary guidelines with meal plans, nutrition education

counselling content, and Social Behaviour Change (SBC) interventions as well as inform necessary policy revisions in the long run.

The assignment includes:

### **1- Quantified dietary intake assessment**

- a) Mapping of locally available food (Local food basket)**
  - Undertake a thorough mapping of locally available food (local food basket) in the selected areas of the assignment considering cultural diversity and variations in food availability.
  - Document the types of food commonly consumed and the seasonal variations
- b) Quantified assessment**
  - Undertake a quantified dietary intake assessment of maternal, infant and child diets which can establish dietary nutrient intake gaps or excesses. This should include:
    - Collect detailed data on dietary intake from target populations
    - Analyze nutrient intakes in line with using relevant analytical methods
- c) Recommended dietary modification for optimal intakes**
  - Based on the above assessment results, and other sources of evidence, undertake relevant analyses to identify necessary dietary modifications to the current prevalent typical diets addressing gaps or excesses to achieve optimal recommended dietary intakes. This may include but is not limited to modifications in terms of:
    - Nutrient-dense foods: Identify locally available nutrient-dense foods that can address nutrient gaps, including those that are currently less consumed
    - Portion size and weekly frequency of intakes: Recommend adjustments to types and portion sizes of foods and weekly frequency of intake of the particular foods
    - Food preparation methods: Explore optimal methods to retain nutrient content during cooking, while taking into account socio-cultural factors, including overall palatability (appearance, flavour, texture, smell) to the population and practical feasibility
    - Food Combinations in snacks and meals: suggest combinations of food that enhance nutrient absorption, while meeting daily nutrient requirements
- d) Comprehensive food-based recommendations**
  - In consideration of points a-c above, develop comprehensive food-based recommendations for infant and young children, school-aged children, and maternal nutritional needs
- e) Cost of the recommended diet**
  - Undertake to cost of the recommendable diet which features food-based recommendations

### **2- Local recipe modifications**

- In liaison with relevant local stakeholders, identify recipes and food preparation methods that are ideal to be modified and developed further. This will include but not be limited to the identification and modification of local recipes that can promote the adequate quantified intake of the identified opportune locally available foods. These modifications should align with the food-based recommendations mentioned above (1d).
- Guide development of modifications for the commonly used typical recipes and food preparation methods, in alignment with the recommended quantified amounts of intakes.
- Create a potential full-day meal and snack plan incorporating the modified recipes for different groups (young children, pregnant or lactating women, adolescents)

### **3- Food-systems mapping**

- Through desk review and consultation with key informants, undertake a mapping of the food supply chain, accessibility and affordability for the identified opportune foods which are featured in the developed food-based recommendations (in 1d)
- Develop recommendations which can enhance local access to the opportune foods

#### 4- Review / Updating of existing social behavioural change communication (SBCC) materials and Dietary Guidelines

- Take inventory of the existing SBCC materials and dietary guidelines
- Provide technical support in the review of SBCC materials and dietary guidelines based on the findings above and identify aspects for revision.
- Recommend specific modifications to the SBCC materials and dietary guidelines, including message adjustments and technical updates.

ACTIVITIES, DELIVERABLES AND TIMELINES, PLUS BUDGET PER DELIVERABLE			
ACTIVITY	DELIVERABLES	ESTIMATED TIME TO COMPLETE	PAYMENT
<b>Inception Report</b> <ul style="list-style-type: none"> <li>• Prepare a concise and brief inception report, summarizing the methodology tailored to the local context and work plan. Consult with the FSM Department of Social Affairs, UNICEF and other relevant stakeholders, and finalize methodology and work plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Inception report summarizing approved methodology and work plan for the assignment</li> </ul>		
<b>Quantified dietary intake assessment</b> <ul style="list-style-type: none"> <li>• Conduct a quantified dietary intake assessment as outlined in the “Objective, purpose &amp; expected results” section. Emanating from comprehensive primary data collection and analysis, and consultation/validation workshop with stakeholders, produce a quantified dietary intake assessment report, which will cover: a) local food basket, b) nutrient intake gap / excess analysis, c) recommended dietary modifications, d) draft food-based recommendations, and e) costing of the recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• Quantified dietary intake assessment report (draft); 4-page summary;</li> <li>• Powerpoint slide deck explaining the results;</li> <li>• Cleaned data sets;</li> </ul>		
<b>Local recipe modifications</b> <ul style="list-style-type: none"> <li>• Compile recipes and update food-based recommendations, including local context-specific recipes and meal plans (including food preparation methods ideal for optimal nutrition) to meet nutritional needs for i) infant and young children (complementary feeding); ii) pregnant and lactating women; iii) school-aged children, as outlined in the “Objective, purpose &amp; expected results” section.</li> </ul>	Compiled recipes/meal plans and revised food-based recommendations		
<b>Food system mapping brief</b> <ul style="list-style-type: none"> <li>• Conduct a desk review and consultations with key informants to map the food supply chain, accessibility and affordability</li> </ul>	Brief on food system mapping		

for the identified opportune foods and make recommendations			
<b>Review of SBCC materials and dietary guidelines</b> <ul style="list-style-type: none"> <li>Review existing nutrition SBCC materials and dietary guidelines and make recommended revisions and/or propose sketches of new materials in line with the newly developed food-based recommendations as above.</li> </ul>	Brief on existing material review with suggested amendments and sketch of new materials		
Consolidate all the work undertaken as above into the final Revised Dietary Intake assessment report. Ensure the report includes all components of the assignment	Final report, Powerpoint slide deck of the report content, all cleaned data files NB Data use from the exercise for publication will be guided by UNICEF		
Total			

#### QUALIFICATIONS, SPECIALIZED EXPERIENCE, AND ADDITIONAL COMPETENCIES

☐ Bachelors ☒ Masters ☐ PhD ☐ Other

#### Education:

An advanced University degree in Nutrition, Food Science, Dietetics, Public Health, or other relevant disciplines

#### Experience:

- A minimum of 8 years of professional experience in nutrition-related work
- Experience in conceptualizing, designing and implementing dietary intake assessments and linear programming-based analyses for developing food-based recommendations.
- Work experience serving in a developing country is required. Work experience in the Pacific Islands region is an asset.
- Experience working in UNICEF or a UN system agency is an asset.

#### Skills:

- Able to work effectively with people internal and external parties
- Communicates clearly and concisely
- Excellent analytical and conceptual skills
- Demonstrated ability to produce high-quality analytical reports
- Proficiency in various analytical applications for Nutrition, OptiFood, or any Linear Programming software.
- Proven ability to work independently under difficult conditions

#### Language:

- Fluency in English is required, and knowledge of a local language would be an asset.

#### CONDITIONS OF WORK AND CLARIFICATION ON SUPERVISION

#### Management, Organization, and Timeframe:

The consultant is expected to work remotely with in-country field missions for 8 weeks to FSM, making a total of 2 months of work on the ground out of a 6-month contract period. All costs related to the work will be included in the financial proposal and subsequent contract. Overall monitoring and supervision will be provided by the Nutrition

Specialist, UNICEF Pacific Multi-Country Office. While in-country, day-to-day supervision would be provided by a Maternal and Child Health Specialist at, the UNICEF North Pacific Field Office.

#### ADMINISTRATIVE ISSUES

- Individuals engaged under a consultancy will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants. Consultants are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, by local or other applicable laws.
- The selected candidate is solely responsible for ensuring that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully vaccinated status against SARS-CoV-2 (COVID-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met before taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, program delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts. UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need a reasonable accommodation during the selection process and afterwards in your assignment.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- Consultant will be required to complete mandatory online courses (e.g. Ethics, Prevention of Sexual Exploitation and Abuse and Security) upon receipt of the offer and before the signature of the contract.
- Deliverables that require payment within less than 30 days should be lumped together for ease of transaction.

*The below is to be included in the advert.*

#### NOTE FOR CONSULTANTS:

Please submit a **separate financial offer** along with your application and **technical proposal**. The financial proposal should be a **lump sum amount for all the deliverables** but should show a breakdown for the following:

- Daily fees– based on the deliverables in the Terms of Reference
- Travel (economy air ticket where applicable to take up assignment if in-country support is required, as well as any in-country travel)
- Living allowance for an international consultant who will need to relocate to PICTs, for the duration of the in-country assignment
- Miscellaneous- to cover visa, health insurance (including medical evacuation for international consultants), communications, and other costs.