

## TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS AND CONSULTANTS

<b>Title of Assignment</b>	<i>8 Zonal Field Monitors</i>	
<b>Requesting Section</b>	Nutrition	
<b>Location</b>	Place of assignment:	
	First batch: Mzuzu, Lilongwe, Salima, Machinga, Blantyre,	
	Second batch: Karonga, Kasungu, Mulanje	
	<input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based: District based	
<b>Contract Duration</b>	<b>11.5 months</b>	
<b>Number of working days</b>	<b>n/a</b>	
<b>Planned Start and End Date</b>	<b>From: 1 August 2021</b>	<b>To: 15 July 2022</b>

### BACKGROUND AND JUSTIFICATION

Malawi has faced multiple weather-related hazards in the recent past such as floods, drought, stormy rains and hailstorms among others. Seasonal food insecurity is closely related to low nutritional intake and low dietary diversity in Malawi, with the number of households consuming 4 or more food groups increasing by 35% in the harvest season compared to the lean season in Malawi (DHS, 1992-2015). In addition, child morbidity also peaks during the lean season contributing to the increased child wasting during this period. Wasting increases by 80% in the growing season in Malawi compared to the post-harvest season (3.6% to 6.5%). These findings are consistent with admissions to the community management of acute malnutrition (CMAM).

The Malawi Vulnerability Assessment Committee (MVAC) through the integrated phase classification (IPC) analysis estimated that **2,617,986 people** faced acute food insecurity in the period October 2020 to March 2021 and were therefore reached with humanitarian support. Undernutrition such as wasting remains a public health issue with >150,000 children under five are still at high risk of acute malnutrition (source: acute malnutrition burden estimate based on SMART survey 2020). According to the 2015 Cost of Hunger in Africa (COHA) study in Malawi, 23 per cent of all child mortality cases in Malawi are associated with under-nutrition. Children with severe acute malnutrition (SAM) are up to nine times more likely to die than a well-nourished child, especially those below the age of two. Furthermore, children with moderate acute malnutrition (MAM) are four times more likely to die than a well-nourished child. The deprivations experienced by children in Malawi, endured regardless of the havoc wreaked by the COVID-19 pandemic. While admissions for child malnutrition declined, as parents avoided clinics fearing virus contraction, late presentations to nutrition units contributed to under-5 mortality rates climbing well above accepted minimum standards.

Malnutrition in Malawi is also compounded by the high prevalence of HIV among malnourished children. Thirty per cent of children living with HIV who are not on antiretroviral treatment are likely to die before their first birthday; most of these deaths occur within the first few months of life. Diagnosing and initiating treatment in children before three months of age will significantly increase their likelihood of survival.

It is against this background that UNICEF would like to engage field monitors to support districts in preparatory activities for the lean season response and strengthen monitoring, supervision and reporting of nutrition activities to ensure smooth implementation.

### PURPOSE OF THE ASSIGNMENT

The field monitor will provide technical support to the coordination, planning, implementation, monitoring and supervision of nutrition activities to strengthen resilience building at district and community levels. Additionally,

the zonal field monitor will back-stop the district nutritionists and work closely with the Principal Nutrition, HIV and AIDS Officers (PNHAO) with the aim of systems strengthening.

## **SCOPE OF WORK/OBJECTIVES**

### **A Support Coordination of Nutrition interventions including CMAM, IYCN, ECD, Maternal and Adolescent Nutrition**

- a. Provide technical support to the overall implementation of the CMAM programme including mentoring frontline workers, conducting monitoring and supportive supervision in conjunction with the District Nutritionist and the PNHAOs
- b. Assess capacity of frontline workers on CMAM program (quality, data, supplies management) and identify key gaps
- c. Provide technical support in CMAM data management including supporting monthly data quality audits, collection, compilation and submission of CMAM data.
- d. Support and coordinate NRU death audits whenever death occurs and ensure availability of death audit reports with action points and follow up on the action points.
- e. Support the implementation of IYCN, ECD, Maternal and Adolescent nutrition activities at district level.
- f. Support the CMAM/ICCM integration processes in the target districts
- g. Actively participate in DNCC and DHMT meetings and report to the national level
- h. Support and supervise field activities, follow-up on action points, facilitation of donor visits
- i. Support DNCC in the district reporting and utilization of multisectoral National Nutrition Information System (NNIS).

### **B Support Roll Out of family MUAC, Active Case finding and Social Behavioural Change Activities at District level**

- a. Support roll out of family MUAC interventions in the target districts
- b. Support district stakeholders in the integration of active case finding into the care group, integrated community case management (ICCM), growth monitoring and promotion (GMP) sessions and other structures at community level.
- c. Support community mobilisation, sensitization of key stakeholders on active case finding and referral of children with malnutrition to health facilities.
- d. Coordinate the compilation of active case finding data at district level
- e. Support the referral of children identified of SAM in the community through existing structures at district level

### **C Support Supply Chain Systems Strengthening at District Level**

- a. Support capacity strengthening efforts in supply chain integration and End user monitoring including trainings, mentorship and supervision
- b. Support the district teams in Stock management including reviewing Distribution plans, stock reports in LMIS and timely repositioning of nutrition supplies wherever necessary to avoid stock outs
- c. Conduct physical counting of stock (IFA, RUTF, F75, F100, ReSoMal, Vitamin A and MNPs) to verify reported figures against admissions and reported beneficiaries.

- d. Support the District Nutritionist and Pharmacy teams in weekly tracking of stock status and provide updates to the national level for timely distribution
- e. Inspecting and enforcing the standards on keeping of stock to ensure effective inventory management FEFO, proper stacking)
- f. Conduct joint end user monitoring with district teams (DN/Pharmacy) and provide timely reports to national level

## REPORTING REQUIREMENTS

### To whom will the consultant report (supervisory and any other reporting/ communication lines):

- The Zonal Field Monitor will report to the UNICEF Nutrition Specialist - CMAM and Emergency. At district level the consultant will work closely with the Principal Nutrition and HIV/AIDS officer (PNHAO).

### What type of reporting will be expected from the consultant and in what format/style will the submissions of reports/outputs be done:

- Submission and acceptance of the CMAM capacity assessment report of the health facilities in his/her zone.
- Submission and acceptance of monthly analytical progress reports based on the agreed workplan as per the below agreed deliverables
- Submission and acceptance of final report during the last month of the consultancy detailing the key achievements, lessons learned and recommendations.

### How will consultant consult and deliver work and when will reporting be done:

- The field monitors will be district based and will provide monthly deliverables based on an agreed workplan and delivery schedule.

## EXPECTED DELIVERABLES

In alignment with the scope of work as described above, the consultant will be expected to perform the following activities and deliverables as per the schedule and estimated dates below:

Task/Milestone	Deliverable/Outcome (e.g. Inception, progress, final reports, training material, workshop, etc.)	Estimated # of days 254 days	Planned Completion date	Total fee payable
Support Coordination of Nutrition interventions including CMAM,	1. Carry out a landscape analysis of the management of severe acute malnutrition within NRU in target districts	monthly	31 Aug 2021	monthly

<b>IYCN, ECD, Maternal and Adolescent Nutrition</b>	2. Provide technical support to the overall implementation of the CMAM programme including mentoring frontline workers, conducting monitoring and supportive supervision in conjunction with the District Nutritionist and the PNHAOs	monthly	30 Sept 2021	monthly
	3. Provide technical support in CMAM data management including supporting monthly data quality audits, Support collection, compilation and submission of CMAM data.	21	31 Oct 2021	monthly
	4. Support and coordinate NRU death audits whenever death occurs and ensure availability of death audit reports with action points and follow up on the action points.	22	30 Nov 2021	Monthly
	5. Support the implementation of IYCN, ECD, Maternal and Adolescent nutrition activities at district level 6. Support the CMAM/ICCM integration processes in the target districts 7. Actively participate in DNCC and DHMT meetings and report to the national level 8. Support and supervise field activities, follow-up on action points, facilitation of donor visits 9. Support DNCC in the district reporting and utilization of multisectoral National Nutrition Information System (NNIS). Above will be presented in a monthly report			
<b>Support Roll Out of family MUAC, Active Case finding and Social Behavioural Change Activities at District level</b>	1. Support roll out of family MUAC interventions in the target districts	23	31 Dec 2021	Monthly
	2. Support district stakeholders in the integration of active case finding into the care group, integrated community case management (ICCM), growth monitoring and promotion (GMP) sessions and other structures at community level.	21	31 Jan 2022	monthly
	3. Support community mobilisation, sensitization of key stakeholders on active case finding and referral of children with malnutrition to health facilities.	20	28 Feb 2022	monthly
	4. Coordinate the compilation of active case finding data at district level	23	31 March 2022	monthly
	5. Support the referral of children identified with SAM in the community through existing structures at district level Above will be presented in a monthly report			
<b>Support Supply Chain Systems Strengthening at District Level</b>	1. Support capacity strengthening efforts in supply chain integration and End user monitoring including trainings, mentorship and supervision	21	20 April 2022	monthly
	2. Support the district teams in Stock management including reviewing Distribution plans, stock reports in LMIS and timely repositioning of nutrition supplies wherever necessary to avoid stock outs 3. Conduct Physical counting of stock (IFA, RUTF, F75, F100, ReSOMAL, Vitamin A and MNPs) to verify	22	31 May 2022	monthly

	reported figures against admissions and reported beneficiaries.			
	4. Support the District Nutritionist and Pharmacy teams in weekly tracking of stock status and provide updates to the national level for timely distribution	22	30 June 2022	monthly
	5. Inspecting and enforcing the standards on keeping of stock to ensure effective inventory management FEFO, proper stacking) 6. Conduct joint end user monitoring with district teams (DN/Pharmacy) and provide timely reports to national level			
	Above will be presented in a monthly report	15	15 July 2022	prorated for the days worked

\*\*Due to the nature of the work to be carried out, the deliverables to be achieved by the consultant are the same each month. During the last month, the consultant will also submit a final report with details of the consultancy.

However, as the actual starting date may impact the dates estimated in the TOR, a detailed workplan with exact timeframes and actual delivery dates will be jointly agreed upon between the consultant and the supervisor upon contract signature.

#### PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in TOR
- Compliance with the established deadlines for submission of deliverables
- Quality of work
- Demonstration of high standards in cooperation and communication with UNICEF and counterparts

#### PAYMENT SCHEDULE

All payments, without exception, will be made upon certification from the supervisor of the contract, of the satisfactory and quality completion of deliverables and upon receipt of the respective and approved invoice. Payments will be on a monthly basis and prorated for the last working month based on the actual days worked.

#### DESIRED COMPETENCIES, TECHNICAL BACKGROUND AND EXPERIENCE

##### Academic qualification:

- A minimum of a degree in public health and nutrition, or International Health and Nutrition, Family health and Nutrition, or related field.

##### Work experience:

- Previous experience in field monitoring implementing CMAM and nutrition in emergency programs including infant and young child feeding in emergencies (IYCFa).
- More than 5 years work experience, experience in health systems strengthening and working with government of Malawi will be an added advantage.
- Experience and knowledge of micronutrient supplementation programs including VAS, deworming, IFA, MNPs etc.

**Technical skills and knowledge:**

- Previous experience in documentation of best practices in nutrition programmes.

**Competencies:**

- Strong and high-level experience in building and maintaining partnerships and drive to achieve results for impact.

**Languages:**

- Strong English skills both oral and written. Strong oral skills in chichewa and any other local language will be an added advantage

**Other requirements**

- Knowledge of UNICEF or any other UN organization operational procedures is an advantage.

**ADMINISTRATIVE ISSUES**

UNICEF will regularly communicate with the consultant and provide feedback and guidance and necessary support so to achieve objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work.

As per policy on consultants and individual contractors, the individual will be expected to complete a list of mandatory training, including policies on Prohibiting and Combatting Fraud and Corruption; Prohibition of discrimination, harassment, sexual harassment and abuse of authority and other relevant policies for their information and acknowledgment upon acceptance of the offer. Prior to the issuance of the official contract, the consultant is requested to complete the applicable mandatory trainings.

The assignment will be carried out in the zonal areas stipulated by the MoH with frequent visits and meetings as necessary in the district health offices under which one would be supervising. The consultants will use their own laptops/computers but will receive a MIFI device with monthly airtime for internet connection. This equipment will be returned back to UNICEF in good and working order at the end of the consultancy. Any loss or damage to the said equipment will be recovered from the final consultant payment. UNICEF will also hire vehicles to facilitate transportation for the consultants.

**CONDITIONS**

- The consultancy will be on a long-term arrangement basis over a period of 11.5 months.
- The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- The consultant will be paid an all-inclusive fee (stationary, communication and other miscellaneous expenses) as per the stipulated deliverable and payment schedule.
- Under the consultancy agreements, a month is defined as 21.75 working days, and fees are prorated accordingly for actual days worked.
- The consultant is not entitled to payment for overtime, weekends or public holidays.
- Standard UNICEF procedures will apply for invoicing and all other financial management requirements set out in the contract.
- Standard penalty clauses will also apply for late and poor-quality deliverables. The supervisor of the contract will provide the consultant with the criteria for the evaluation of the quality of each deliverable.
- Additional details of UNICEF rules, regulations and conditions will be attached to the contract.

- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- Individuals engaged under a consultancy or individual contract 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 and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.
- The assignment is an on-site support.

## HOW TO APPLY

Interested consultants should provide the following:

1. Curriculum Vitae
2. Brief technical proposal (no longer than five pages) demonstrating the consultant’s understanding of the assignment and approach/methodology to the assignment
3. Financial proposal including a breakdown of their all-inclusive fees (including professional fees, travel, living cost, visa and other costs). Complete the attached form.



Financial  
Proposal.xlsx

4. References details