**TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTOR**

|  |
| --- |
| **PART I:**  |
| **Title of Assignment** | Technical assistance nutrition for school age children and adolescents and child overweight in ESAR |
| **Purpose of the assignment**  | UNICEF Eastern and Southern Africa Regional Office (ESARO) is seeking an individual contractor to provide technical and advocacy assistance to selected countries in the region to generate evidence, including landscape analyses and studies to inform policy dialogue on policies, laws and double duty actions, and help develop strategies and programmes to improve nutrition of school age children and adolescents and address child overweight, as well as contribute to regional knowledge products, resources and tools.  |
| **Section** | Nutrition |
| **Location** |  Home-based pending change in COVID situation; Nairobi-based would be ideal. With travel to countries when possible |
| **Duration** | 11.5 months (full time) |
| **Start date** | 01 May 2021 | 15 April 2022 |

**Background and Justification**

**Background:**

In its Strategic Plan 2018-2021, new strategic plan 2022-2025 and nutrition strategy 2020-2030, UNICEF has committed to address overweight among all children aged 0-18 and to support strategies to improve nutrition of primary school-age children and adolescents. These are relatively new areas for UNICEF and overarching guidance on overweight prevention has been issued by HQ and is currently being finalized for nutrition of school age children and adolescents, as well as further detailed tools, including some joint tools with WHO. In ESAR, several countries have already begun to develop certain components, and the demand for technical assistance is rising. A new partnership with WFP includes school based nutrition and has three pilot countries in the Horn of Africa, while the new nutrition CCCs include a commitment on nutrition of primary school-age children and adolescents which has never been addressed previously in emergencies.

In the ESA region, it is estimated that 3.1 million children under 5 are overweight (the same number as severely wasted children). The average regional prevalence remains low (4.2%), but a few countries have prevalence rates greater than 10%, including South Africa, Botswana and Comoros, and a further five countries have medium prevalence (5-10%). Most of these countries also have persisting high burdens of undernutrition – stunting, wasting and micronutrient deficiencies. We call this the “triple burden” of malnutrition.

In terms of children aged over 5 years, a major recent global analysis[[1]](#footnote-1), referenced and analyzed for the UNICEF 2019 SOWC report, showed that an estimated 11% of children aged 5-19 were overweight in ESAR. The analysis found the highest rates of overweight and obesity in southern African countries, including 25% in South Africa, 18% in Botswana, 17% in Eswatini and 15% each in Lesotho, Namibia and Zimbabwe. National data on adolescent nutritional status in the region is scarce, with most countries lacking national data for the whole reference population of adolescents aged 10-19, never mind the entire school-age population from 5-19. In total, almost 20 million school age children are estimated to be overweight in the region. At present, disaggregation of data shows higher overweight prevalence among richer socio-economic quintiles and urban populations, but as we are seeing in many other middle-income countries, this profile tends to shift towards similar rates in all socio-economic groups and geographic areas, and then transitions to obesity becoming predominantly an issue among the poorest groups[[2]](#footnote-2). Thus initial programming in ESA will likely need to focus on urban areas, while being mindful of the need for a society-wide effort on “obesity-proofing”.

UNICEF analysis on the effects of the C-19 pandemic in 2020 shows that diets in the ESA region, including those of adolescents, are declining in quality, with less nutritious food and more unhealthy food being consumed.

On the other hand, the average regional prevalence of undernutrition among children aged 5-19 is 7%, and with the exception of Ethiopia, all countries have lower prevalence of undernutrition in this age group compared to overweight. Anaemia among adolescent girls aged 15-19 years is common in ESAR countries, with rates close to 50% in some countries. Mozambique (54%), Tanzania (47%), Angola (41%) and Zimbabwe (41%) recorded the highest prevalence; and Rwanda (18.8%), Namibia (19%) and Ethiopia (19%) have the lowest prevalence; not all countries have data.

A recent landscape analysis of the situation and policies and programmes related to NCDs among adolescents included an overview of the nutrition situation including overweight but pointed to the need for a deeper dive into the landscape of policies, programmes and food environments related to overweight and adolescent nutrition. Some of the country offices in ESARO with a large triple burden have begun investigating it through undertaking landscape analyses of the situation, policies and programmes, and a few have initiated selected interventions, mainly with primary school age children and adolescents. However, most countries have not undertaken full landscape analyses, nor studies on the obesogenic environment, including marketing, retail and school studies, analyses of fiscal and regulatory frameworks, specific household studies on consumption of unhealthy foods and beverages and qualitative investigation of lived experiences of food environments and socio-cultural dimensions of food consumption and dietary practices. No country has so far designed and planned the type of comprehensive approach to addressing child overweight and improving nutrition of school age children and adolescents which the global and regional strategies recommend. All countries require technical assistance to advance their programmes.

At the regional level, adapted resources and tools for studies, analyses, advocacy, strategic design and planning will be needed.

**Justification:**

UNICEF ESARO’s Nutrition Section does not have sufficient staff capacity to devote to developing a structured and comprehensive leadership agenda for child overweight and nutrition of school age children and adolescents and meeting the demand for technical assistance from the country offices. The nutrition team does not currently have a staff member covering these areas and cannot create a new position due to the zero growth policy. The demand is becoming too high to be met through the current arrangement where technical and strategic support is provided by the regional nutrition adviser. The previous arrangement where the nutrition of school age children, adolescents and overweight prevention was handled by the nutrition specialist MIYCN was also not workable, as the MIYCN portfolio was too large to do justice to this major set of priorities.

A senior individual contractor with experience working on these issues is sought for an initial 11.5 months.

# **Scope of Work**

**Purpose:**

UNICEF Eastern and Southern Africa Regional Office (ESARO) is seeking an individual contractor to provide technical and advocacy assistance to selected countries in the region to generate evidence, including landscape analyses and studies to inform policy dialogue on policies, laws and double duty actions, and help develop strategies and programmes to improve nutrition of school age children and adolescents and address child overweight, as well as contribute to regional knowledge products, resources and tools.

**Work Assignments:**

The assignments will focus on the following areas:

1. **Data, evidence and knowledge products:**

* 1. Provide technical support to countries to identify gaps in current data and generate evidence on topics related to child overweight prevalence, its determinants, the landscape of existing policies and programmes.
	2. Provide support to countries to advocate for and generate data on overall nutrition status of primary school age children and adolescents.
	3. Provide technical assistance to countries to design and implement formative research and qualitative investigation, including profiles of children’s lived experience of food environments, related to nutrition of school age children and adolescents and child overweight
	4. Contribute to the design and coordinate and support the implementation of assessments of commercial determinants of child diets.
	5. Produce quality knowledge products of various types – peer reviewed articles, UNICEF reports, policy briefs, case studies, advocacy pieces, multi-media materials, presentations (including on the findings from the landscape analyses and other assessments and documented experiences from various countries on introducing and implementing legislative measures, policies and programmes).
1. **Regional resources and tools:**
2. Produce technical briefs and frameworks on policy measures and strategies for overweight prevention and school nutrition packages to contribute to increasing UNICEF knowledge and confidence and build capacity of UNICEF offices to work on this domain.
3. Support the development/review of SADC guidance on i) nutrition of school age children; ii) prevention of overweight and obesity, and contribute to concept notes and advocacy for SADC standards for sugar taxes, food marketing restrictions and front of pack labelling.
4. Contribute to dissemination of guidance and tools to UNICEF staff through webinars, network meeting and other means.
5. **Technical assistance to country offices**

a. Provide technical assistance to UNICEF country offices to develop recommendations for policy change, strategies and programmes on overweight prevention and nutrition of SAC/adolescents, based on evidence generated.

b. Provide technical assistance for policy advocacy and dialogue related to overweight prevention and nutrition of school age children and adolescents.

1. Contribute to development of funding proposals.
2. **Advocacy and partnership on legislative measures, policies and strategies:**
3. Working together with WHO and others, support country advocacy efforts to address child overweight through creating improved regulatory and legislative environments, including on food and beverage marketing, front of pack warning system labels, fiscal measures and school food environment and nutrition policies.
4. Provide technical assistance to the design, implementation and monitoring of school nutrition programmes in the UNICEF-WFP partnership focus countries (Ethiopia, Somalia and South Sudan) and coordinate with WFP’s regional bureau on this aspect of the partnership.
5. Help establish a regional network of experts on overweight in children and nutrition of school age children and adolescents.
6. **Double duty actions in existing health, ECD, SBCC and school platforms:**
7. Provide technical assistance to countries to integrate child overweight prevention into existing systems and platforms, including IYCF counseling in the health system and communities, social and behavior change communication (SBCC), parenting programmes and ECD centers, and pre-schools, including to model and document effective “double duty” actions.
8. Contribute to updating country IYCF counseling packages with overweight prevention content.
9. Contribute overweight prevention content for ECD and parenting materials and resources as required.
10. Provide technical assistance to countries on design or improvement of school nutrition curricula, school nutrition education, weekly iron folate supplementation and deworming interventions, physical activity, healthy school canteens and restrictions on marketing and selling of unhealthy foods through primary and secondary schools.
11. Contribute to design and content of SBCC strategies on child overweight and nutrition of school age children and adolescents.
12. Contribute nutrition content of multi-sectoral materials related to adolescents as required
13. **Nutrition of school age children and adolescents in humanitarian contexts:**
	1. In collaboration with ESARO Nutrition in Emergencies colleagues and UNICEF HQ, develop/adapt guidance and tools on delivering on UNICEF Nutrition CCC #4 on nutrition of school age children and adolescents in emergencies
	2. Contribute to the provision of technical assistance to countries on Nutrition CCC#4

It is noted that not all tasks may be fully completed during the first 11.5 month period but it is expected that they will be at least initiated. Progress also depends on country contexts and opportunities. The contract may be extended for a further 11.5, depending on performance and availability of funds.

**Outputs/Deliverables**

Monthly reports on progress on tasks, deliverables completed and plan for the following month, with submission of detailed reports/documents on completed deliverables (see table below).

Indicative final flagship results include the following:

1. Reports of landscape analysis, formative research and assessments of commercial determinants of overweight and poor quality diets from at least 5 countries
2. A set of regional guidance and tools on nutrition of school age children/adolescents and overweight prevention is produced
3. At least 5 countries supported to advance policies and strategies to improve nutrition of school age children/adolescents and overweight prevention
4. The 3 pilot countries of the UNICEF-WFP partnership supported to implement a comprehensive school-based nutrition package
5. Double-duty actions across multiple platforms are being implemented in at least 7 countries
6. Guidance and tools on nutrition of school age children/adolescents and overweight prevention in emergencies disseminated and used in at least 7 countries

**Work relationships**

The contractor’s work will be overseen by the Regional Adviser Nutrition, ESARO. He/she will primarily with UNICEF CO Nutrition focal points. She/he is expected to work and liaise with the ESARO ECD, Health, C4D, Education and Gender and Adolescent Teams. The individual contractor will also be expected to liaise, from time-to-time, with i) UNICEF HQ Nutrition teams and ii) other relevant partners including WFP, WHO and others.

**Payment Schedule**

**Professional fee:**

* Payment will be made monthly based on an invoice at the end of each month, accompanied by a short monthly report showing progress on all tasks as applicable for the month and with detailed submissions for completed deliverables according to the TOR and under the proposed contractual arrangement, and approval of the contract’s supervisor. The monthly payment will be pro-rated based on actual number of days worked, based on an average of 21.75 days per month.

**Travel payment:**

* Travel costs are considered as part of the overall contract cost. This includes travel to and from the individual contractor’s home location and Nairobi
* The individual contractor provides an estimate of travel costs for each trip including travel and other costs to UNICEF ESARO for approval in advance. The individual contractor pays travel costs and claims reimbursement after travel has been completed.

The Individual Contractor is expected to make progress on the tasks and produce the outputs as listed above and be paid according to the table below:

**Table 1: Tasks and payment schedule**

|  |  |  |
| --- | --- | --- |
| **Outputs**  | **Payment**  | **Deadline** |
| Monthly progress report which includes details on:* Technical support provided to ESAR COs
* Input made to support ESARO’s efforts to deliver on a structured agenda for nutrition of SAC/adolescents and overweight prevention, including as applicable on the tasks related to:
	+ Data, evidence and knowledge products
	+ Development of regional resources and tools
	+ Advocacy and partnership on legislative measures, policies and strategies
	+ Double duty actions in existing health, ECD, SBCC and school platforms
	+ Nutrition of school age children and adolescents in humanitarian contexts

*(draft/final documents produced to be provided in an annex to the report).** Plan for the following month
 | Monthly payment | 31/05/2021 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 30/06/2021 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment  | 31/07/2021 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 31/08/2021 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 30/09/2021 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 31/10/2021 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 30/11/2021 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 31/12/2021 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 31/01/2022 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 28/02/2022 |
| * Monthly progress report as per above
* Plan for the following month
 | Monthly payment | 31/03/2022 |
| Final report and folder of all documents produced  | ½ Monthly payment | 15/04/2022 |

**Required qualification, experience, languages and competencies**

Required qualifications and experience:

* Advanced University Degree (at least Master’s Degree) in public health or nutrition.
* At least eight (8) years’ experience with proven record of accomplishment and exposure dealing with nutrition programmes, especially on overweight prevention and nutrition of school-age children and adolescents at the policy, evidence, advocacy, and programme levels.
* Experience of knowledge of legislative measures on overweight and NCDs such as fiscal measures, marketing restrictions and labelling.
* Experience of nutrition or health related research and analysis, including formative research
* Demonstrated competency in technical (including peer-reviewed articles) and advocacy writing, reviewing, editing, and production/publication.
* Experience of nutrition counseling, SBCC and training
* Fluency in English (spoken and written).

Desired

* Experience in and knowledge of UNICEF’s activities at the country and regional levels on nutrition programming.
* Relevant experience in a UN system agency or organization.
* Knowledge of French and Portuguese would be considered as an asset

Core Values:

* Care
* Respect
* Integrity
* Accountability
* Trust

Core Competencies:

* Builds and maintains partnerships
* Demonstrates self-awareness and ethical awareness
* Drive to achieve results for impact
* Innovates and embraces change
* Manages ambiguity and complexity
* Thinks and acts strategically
* Works collaboratively with others

Additional competencies

* Experience in cross-cultural environment and international settings.
* Demonstrated ability to motivate people, influence stakeholders and work effectively with people at all levels of the organisation and across multiple organisations
* Demonstrated ability to work independently, take initiative and innovate.
* Competency in computer skills with sound knowledge of Microsoft Office, ideally data software (STATA or SPSS).

**Administrative issues**

* The contract will run for a period of 11.5 calendar months on a full time basis. A month consists of 21.75 working days.
* The contract is home based with travel in the ESA Region as required and when possible in relation to the situation of C-19. It is expected the individual contractor may initially work from their home country but it would be ideal if they could be based in Nairobi.
* The focal point for this work will be the Regional Nutrition Advisor ESARO.
* The contractor is expected to be home based with potential travel to up to 10 countries in ESAR depending on COVID-19 travel restrictions in 2021-2022 (4-6 days in each) for which the UNICEF office would cover DSA and travel costs. Travel will be in economy class. If the Contractor is required to quarantine while traveling, UNICEF will pay for the quarantine if not organized by the host country.

**Conditions**

* The contract is based remotely, given the C-19 situation, but it would be ideal if the contractor could be based in Nairobi. No office space or equipment will be provided from UNICEF and will be the sole responsibility of the individual contractor.
* The individual contractor is expected to use their own IT equipment (laptop, cell-phone etc.), where operating communication costs – long-distance calls, internet if any should be part of the overall quoted fees (no reimbursement will be applied).
* As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.
* The candidate selected will be governed by and subject to UNICEF’s General Terms and Conditions for individual contracts.

**Risks**

* Risks include a delay in progress of the work due to unforeseen circumstances in country offices, such as funding availability, Government buy-in, UN collaboration, the C-19 situation and other emergencies. Risks also include an inability to receive and respond to CO requests for technical assistance in a timely manner and potential delays in the finalisation of key documents. To avoid any foreseen and unforeseen delays, this will be mitigated through the RA who will be responsible for liaising closely with the countries offices and other stakeholders and will take every measure to facilitate the work of the consultant and in particular her/his relations with the COs as key stakeholders of this consultancy

**How to Apply**

* Following receipt of this TOR through advertisement, the individual contractor is requested to share an expression of interest as per the timelines and instructions of the advertisement. In addition, the individual contractor will share an updated CV and contacts of three referees.
* The individual contractor will be requested to provide an all-inclusive cost quoted in USD in the financial proposal and to factor in all cost implications for the work.
* Applications/expressions of interest without an all-inclusive cost/fee quoted in USD will not be accepted.
1. Source: NCD Risk Factor Collaboration (NCD-RisC), Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128·9 million children, adolescents, and adults, Lancet 2017,390:2627-2542 1: WHO, 2016. Modeled estimates. [↑](#footnote-ref-1)
2. The Obesity Transition: Stages of the global epidemic. Lindsay M. Jaacks et al. Lancet Diabetes Endocrinol. 2019 March 01; 7(3): 231–240 [↑](#footnote-ref-2)