Consultancy - Terms of Reference

Support ACF’s Mental Health and Care Practices Sector on the development of its psychosocial approach to address chronic undernutrition/stunting

Application

Please send your CV and a cover letter to Alexandre Letzelter aletzelter@actioncontrelafaim.org (with Cécile Bizouerne cbizouerne@actioncontrelafaim.org in Cc) with “Application to MHCP-Stunting consultancy” as the subject of the email before the 1st of November, 2016.

Context and rationale

Action Against Hunger (Action Contre la Faim) saves the lives of undernourished children, promoting particularly treatment and prevention of undernutrition related to severe and moderate acute malnutrition. Since 2010, Action Against Hunger has treated more than 2.1 million people. In 2015, Action Against Hunger assisted a total of 14.9 million people around the world\(^1\) and treated a total of 414,592 acutely undernourished people around the world – 96% of whom were children under five years of age. In 2015, Mental Health and Care Practices (MHCP) sector contributed to this result with 14% of ACF’s overall projects (representing 462,868 beneficiaries in total).

In its International Strategic Plan 2016-2020, ACF aims to mitigate the consequences of hunger, address the causes of hunger and change the way hunger is viewed and addressed. This time, as a new development, one of ACF’s goals is to reduce prevalence of chronic (and acute) undernutrition, according to Sustainable Development Goals and World Health Assembly 2025 target levels. Chronic undernutrition is one of the most serious chronic illnesses in the world today, impacting the development of poor communities. Several psychosocial and care practices factors are affecting nutrition, leading to acute and chronic malnutrition, such as: disturbed mother&child relationship, break in bonding and/or infant and young children feeding practices, mother’s depression, parental traumatism, separation from the mother, family conflict, death of relative, isolation of the mother, decision making aspects, unattractive child due to illness as well as poverty and recent urbanization/displacement/acculturation. Children who are stunted have suffered from chronic malnutrition early on in their lives\(^2\). The damage done to their brain and body can be irreversible and even if they survive to reach adult age, they stay as “vulnerable survivors”. This includes delayed motor development, impaired cognitive function, aggressive behavior, poor school performances and an increased likelihood of chronic illness and early mortality (stunted children are 5.5 times more likely to die than a healthy child). The reproductive health of women who were chronically malnourished in childhood is also compromised, increasing both maternal and infant mortality risks and the rate of low birth weight babies. All this in turns leads to much lower economic productivity which reinforces the cycle of poverty and hunger.

In parallel of ACF’s strategy, the ACF’s working group on chronic undernutrition is currently trying to define a “stunting agenda” for 2020 and took some steps in order to be able to provide a systematic review of the literature, to create a literature base online, to elaborate the synthesis document problematic and to identify possible topics of discussion. One of these topics is to address psychosocial and care practices needs of children and caregivers and ensure our work understands local practices and traditions in areas of programming, in integration with nutrition security and nutrition sensitive approaches, and targeting mainly the 1000 days window of opportunity.

ACF’s MHCP sector has already developed (since 12 years now) a consequent integrated psychosocial approach for treatment and prevention of SAM and MAM\(^3\), implementing programs (stand-alone or integrated with Nutrition&Health, FSL, WASH sectors), intervening at community-based level and strengthening national health systems (through curriculum contribution, capacity building and advocacy) in many countries. A very few integrated programs including a MHCP component and targeting chronic malnutrition have been implemented until now (ex: Madagascar).

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1. ACF Annual Progress Report 2015
Objectives of the consultancy

Through this consultancy, ACF’s MHCP sector wants to be able to adapt/develop its psychosocial approach for treatment and prevention of chronic undernutrition (stunting).

The specific objectives of the consultancy are:

- To help defining ACF’s MHCP positioning and intervention’ strategy to tackle chronic undernutrition, through a theory of change process including operational capacities, technical expertise, transfer capacities and advocacy
- To establish relevant links between chronic undernutrition and mental health/psychosocial/care practices/protection aspects, aiming to propose operational programming
- To draw up an inventory of relevant/innovative mental health/psychosocial/care practices/protection projects integrated within nutrition/health/FSL targeting stunting, among worldwide humanitarian settings.

Tasks (non-exhaustive)

- Briefing session by MHCP advisor and senior advisor on ACF’s undernutrition programs, on MHCP integrated approach, activities and tools, and on consultancy details and expectations (1/2 day)
- Writing and compilation of short summaries of available articles, based on most recent researches, studies and humanitarian/health system strengthening projects, about MHCP aspects related to chronic malnutrition (contribution factors, impact of different kind of interventions, available tools and documents …). Example of databases to use: NYAS NY, Lancet series, … (10 days)
- “Study” and capitalization of relevant elements of ACF’s MHCP current approach on acute malnutrition which can be updated/adapted/developed for chronic malnutrition, as well proposition of innovative elements. (3 days)
- If time and relevant, meetings with ACFs others sectors could be organized for discussions about integrated approach (ex: work on continuum of care, Maternal and Child Protection and Well-fare, livelihoods, nutrition security, nutrition sensitive approach …). (to be discussed)
- Presentation of the work and deliverables, and debriefing with MHCP advisor and senior advisor (1/2 day)

Deliverables (must be written in English)

- Inventory and brief summaries’ document of most relevant MHCP interventions related to chronic malnutrition (with impact considerations)
- Recommendations for a practical toolbox for field implementation/programming with recommended approaches, activities and protocols (based on ACF and others experience, with training and monitoring&evaluation considerations)
- Brief communication paper/intervention strategy on ACF’s MHCP interventions linked to chronic malnutrition in humanitarian and development contexts (as an integrated approach; could be also presented as a theory of change model)

Contract duration & deadline

14 days of work in total, within a 2 months’ timeframe, from now to 30th December

Deliverables and bill must be produced by the end of December.

Location of the consultant

- Remote/home working is possible.
- Briefing and debriefing moments should take place in Paris to work directly with MHCP’s senior advisor and advisor, ideally.
- Regular e-mailing and skype call meetings for questions, updates, discussions and validation of work.
Contact person in ACF:
Alexandre Letzelter (and Cécile Bizouerne)
Email: aletzelter@actioncontrelafaim.org
Skype: alexletz
Tel (direct): +33 1 70 84 73 36

Qualifications

 Consultant’s necessary qualifications and experience:
- Background on MHCP/MHPSS/Public Health in humanitarian/development settings
- Master’s degree or PHD in psychology or related
- Previous experience with ACF is an asset
- Proved experience on writing methodologies and developing tools
- At ease with distance work with teams, good communication and coordination skills
- Rigorous, organised, creative and practical sense
- Excellent written English skills, French (spoken and written) is a plus
- Proficiency in MS Office

Payment

- ACF’s France consultancy contract
- Fixed daily rate: to be determined with the consultant.
- ACF and the consultant will agree on a fixed daily rate and a number of days to work over a period of time to accomplish the given mission. A monthly timesheet of effectively worked days is sent by the consultant and validated by ACF’s contact person. At the end, a monthly payment is made based on the monthly timesheet.

Resources

ACF France will:
- Provide all relevant documents that are available to ACF and in line with the objectives of the consultancy.
- Manage the translation of documents from English to French afterwards and will bear the costs of it.

The consultant will use its own resources to achieve the given mission:
- A private insurance
- A computer virus free and with official licences for softwares
- A private & secure internet connexion
- A landline and/or a mobile phone