**TERMS OF REFERENCE**

**Health and Nutrition Consultant**

**2020**

**BACKGROUND**

Action Contre la Faim (ACF) is operational in Myanmar since 1995, with main of its operations implemented in Rakhine State. This state suffers from underdevelopment, inter-communal conflict and a depressed economy. As consequence, has the worst nutritional status among children under five years old in Myanmar. According to the survey done by the government before the 2017 crisis, undernutrition rates are very high showing 38% Stunting (Chronic malnutrition), 14% Wasting (Acute malnutrition) and 34% Underweight among children under 5 years, especially among low wealth quintile population.[[1]](#footnote-1) In addition, the optimal Infant and Young Child Feeding Practices (IYCF) are the poorest among all states/regions. Only 37% children get breastfeeding within an hour of birth and 37% receive pre-lactal feeds. Among all children between 6 and 23 months, only 35% receive recommended minimum meal frequency. 62% of children aged 6-59 months have any form of anaemia.

# Widespread poverty, exacerbated by conflict, has resulted in protracted trends of both acute and chronic malnutrition across all state. In a 2016 state-wide study, 52% of respondents reported that they do not have access to adequate health care. Currently, there are only 5 health workers per 10,000 people in Rakhine State (national average 16 per 10,000 people).[[2]](#footnote-2)

Distance and isolation of communities to health centres, inadequate human resources, transportation and treatment costs, as well as cultural barriers, contribute to one of the lowest rates of health service access in the country, despite an optimal number of health facilities. With recent major changes in the context, the health and nutrition situation in Rakhine is expected to be even worse.

Ongoing Integrated Management of Acute Malnutrition (IMAM) program in Rakhine State comprises all four components of IMAM and operationally, basic-health staff shoulder most of the activities. Rural and sub-Rural Health Centres function as outpatient programs for management of acute malnutrition. The national IMAM guideline also mentions that nutrition services will be available as part of routine primary health care services and through mobile outreach. Considering limited number of basic-health staff and their over-stretched workload, conflicts and wide hard-to-reach areas, the government is facing challenges to achieve a good coverage of nutrition program within the community.

The principles behind IMAM includes provision of safe, effective therapeutic/supplementary food for people to use at home, rather than costly treatment, and in-patient centres, working with communities to help identifying cases of malnutrition and to encourage early presentation before patients become critically ill.

Align with HARP Facility and LIFT priorities and goals, Action Contre la Faim (ACF), in partnership with Humanity & Inclusion (HI), have designed and presented a pilot project whose goal is strengthen detection, referral and treatment of severe and moderate acute malnutrition among under five children, pregnant and lactating women (PLW) living in displaced and local communities, including prevention and management of impairments in Central and Southern Rakhine.

The project is centred on the team’s approach to innovativeness, being responsive to needs, ensuring long-term impact, and mainstreaming protection and social cohesion into interventions. Having Community Health Workers, mothers and Basic Health Staff as primary targets, the project will promote community participation, decentralization and context specific approach.

In order to improve early detection and treatment of nutrition status among the target population and thus increase its program coverage, the project addresses three key areas:

• promoting mother MUAC;

• raising community awareness and ensuring access to preventive and therapeutic services;

• Aiming to build field experiences which are adapted to Rakhine specific context.

The project is structured in two phases:

1st) Pilot and building evidence encompasses three initiatives:

1. Mother MUAC;

2. Alternative model of SAM treatment through community health workers;

3. Strengthening treatment of acute malnutrition with disability inclusion and disability specific intervention.

It will cover around 60 villages in Sittwe and Thandwe Townships (first and second initiatives) and 13 camps with surrounding 40 villages in Sittwe (third initiative), in Rakhine State, Myanmar;

2nd) Depending on the evidence gather on phase one, phase two will aim to scale up the pilot activities in other Townships in Rakhine State.

The project is under the technical guidance of the nutrition governance group, composed by HARP, UNOPS, Access to Health Fund, LIFT and DFID. In addition, Action Contre la Faim is being funding by Access to Health to provide nutrition technical support to a consortium of five organizations working in Rakhine State (PATH-R), and to the Ministry of Health and Sports (MoHS). Moreover, ACF is implementing other Nutrition Projects in Central and North of Rakhine.

**PURPOSE**

This consultancy, focused on DFID funding Nutrition Projects, will play a leading role in recommending a strategic direction and quality of nutrition activities in Rakhine State.

**TECHNICAL DUTIES OF THE CONSULTANT**

**1. Assist the field implementation of HARP Project Activities in coordination with HARP project technical consultant (research)**

* Ensure technical oversight of the project activities;
* Do regular field trips and define constraints, priorities and plans of action. Field visit report with recommendation is expected;
* Participate in baseline and end line assessments accordingly;
* Participate in trainings, workshops for the nutrition teams
* To alert the Health and Nutrition Head of Department and the program manager of all major difficulties encountered in applying recommendations or in reaching the objectives defined.

**2. Ensure programme quality and effectiveness of the Nutrition Specific and Nutrition Sensitive Projects**

* Ensure that health and nutrition staff are aware of and understand approaches specific to malnutrition management nd, where appropriate, support their implementation and use;
* Work closely with the MEAL team to develop and implement effective monitoring and evaluation nutrition frameworks;
* Support project staff in ensuring stakeholder participation throughout the project cycle, including mechanisms for accountability, equity, inclusion and feedback systems;
* Travel to the field to provide Quality Assurance and Quality Control of project activities.

**3. Ensure external representation, regarding HARP Project and support the advocacy towards nutrition issues in Rakhine state**

* Build strong relationships with the nutrition governance group (Access to Health, LIFT, UNOPS, HARP and DFID);
* Provide technical support to HARP PM in the articulation with health-related government ministries, INGOs, UN agencies, development partners, local CSOs and academic institutions focused on health and nutrition;
* Enhance HARP project as a key technical resource and insure is effectively contribution to joint learning, analysis and advocacy initiatives;
* Actively engage in advocacy efforts to influence health and nutrition policies and practice in Myanmar, participating in relevant policy discussions and sectoral working groups.

**4. Ensure capacity-building and technical strengthening of Access to Health Project:**

* Work together with Access to Health program manager in order to identify technical demands and provide adequate inputs to the team;
* Provide oversight for health and nutrition activities of HARP and Access to Health Project, ensuring ongoing and effective performance management;
* Provide technical support on the design and review of work plans, deliverables, reports, etc.
* Conduct capacity assessment and develop a capacity-building plan for Access to Health project. What? Partners? Actors?

**QUALIFICATIONS AND EXPERIENCE:**

* Master’s degree in nutrition or health;
* At least 7 years of work experience in relevant field, including at least 5 years in senior management position;
* Strong leadership abilities;
* Excellent understanding and experience on key issues and strategies in health, nutrition and gender.
* Excellent skills on process facilitation and coordination with high standard;
* Excellent inter-personal communication skills;
* Strong analytical capacity and proficient understanding of both qualitative and quantitative research methods;
* Good presentation skills, including policy briefings;
* Good supportive supervision skills;
* Fluency in written and spoken English.
* Fluency in Myanmar language is an asset.

**MANAGEMENT/RELATION**

The consultant will work closely with Head of Department (H&N), Technical Consultant, Access to Health Program Manager and Nutrition Technical Manager and will report directly to HARP project manager .

External coordination will be mainly with LIFT and Access to Health Governance Group, state and township-health officials from the government with support of the program manager.

Internal:

* Nutrition and Health Head of Department
* HAPR Program Manager
* Access to Health Program Manager
* Technical Consultant

External:

* HARP representatives
* LIFT and Access to Health Team
* Government including NNC, SHD and THD
* Health and Nutrition Cluster as required

**EXPECTED DURATION OF ASSIGNMENT**

* 198 days (expected starting date by 1st of March ending by 31st December 2020).

**EXPECTED DELIVERABLES**

|  |  |  |  |
| --- | --- | --- | --- |
| Deliverable | Duration (# days/month) | Deadline | Schedule of payment\* |
| Present a technical report with identification of the main challenges in the implementation of nutrition in the non-conflicted affected rural areas of Rakhine State and write technical recommendations to overcome the identified issues.  | 40 days | 30th April | 20% |
| Present a technical report with analysis of the workload and constrains faced by Community Health Workers (CHWs) in the non-conflicted affected rural areas of Rakhine State and also write recommendations to overcome the identified workload and constrains.  | 30 days | 12th June | 15% |
| Present a report with consolidation of all lessons learned and best practices in Nutrition Specific and Nutrition Sensitive projects in non-conflicted affected rural areas of Rakhine State. | 30 days | 24th July | 15% |
| Design a technical a proposal with recommendations to address identified nutrition challenges and constrains in non-conflicted affected rural areas of Rakhine State. | 30 days | 4th September | 15% |
| Definition of a community engagement framework for IMAM implementation in conflict affected areas of Rakhine state. | 40 days | 30th October | 20% |
| Conduct internal evaluation of the HARP project implementation and present technical recommendations to improve ACF work process.  | 28 days | 9th December | 15% |
| Payment Schedule\*Payment is on satisfactory completion of deliverables duly authorized by the supervisor of contract. |

**LOGISTIC ARRANGEMENTS AND CONDITIONS**

* The consultant will be responsible to bring all necessary laptop and computer accessories;
* Under the consultancy agreements, a month is defined as 22 working days, and fees are charged accordingly. Consultants are not paid for weekends or public holidays;
* Flight costs, transport costs and any other costs related to this work should be included as part of the consultancy fees. This will be not be covered separately by Action Contre la Faim though the office would provide support for arrangements (such as flight bookings, hotel bookings, etc.);
* Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement;
* No contract may commence unless both Action Contre la Faim and the consultant sign the contract;
* For field visits to the nutrition program, Action Contre la Faim will facilitate for the approval of travel authorization;
* As per Action Contre la Faim consultant 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 Action Contre la Faim’s Terms and Conditions for individual contracts.”

**HOW TO APPLY**

Send your application by email to : **nsm@mm-actioncontrelafaim.org** or **dyloghod@mm-actioncontrelafaim.org** no latter than **28th February 2020**

National Myanmar Consultants are strongly encouraged to apply.

The consultant is expected to be based in Myanmar for the entire duration of the contract. The breakdown is as follow:

* 50% Thandwe
* 30% Sittwe
* 20% Yangon

For a valid offer, please provide the following documents :

* The price offer
* CV
* Cover letter
* Copy of highest diploma, and contact details of the university
* References of the last 3 consultancies or employments

Shortlisted candidates may be requested to provide sample of their past work, for quality assessment purposes.

Your offer shall be inclusive of the following :

* National / International insurance
* International transportation (to & from) and visa fee.
	+ ACF will provide the necessary support for visa application
* Transportation to & from, and accommodation in: Yangon, Sittwe, Thandwe.
	+ Possible field trips outside of the above-mentioned locations will be covered by ACF (transport).
	+ ACF will provide necessary support to obtain Travel Authorizations.
* Laptop
* Income taxes due by the consultant to the rightful authorities.

Thank you to present the daily rate (based on 198 days of work). Additional costs can be either included in the daily rate or presented separately.

1. Myanmar Demographic and Health Survey 2015-2016. [↑](#footnote-ref-1)
2. Rakhine State Needs Assessment II, Center for Diversity and National Harmony (CDNH), January 2017.

 [↑](#footnote-ref-2)