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| **Title**  **Consultant to support CMAM programme in NHM** | **WBS/Funding Reference/Activity/IR**  1.3 | | | **Type of engagement**  Consultant  Individual Contractor | | | **Workplace of Consultant:**  UNICEF Jaipur | |
| **Grant:** | | **GL Account:** | | | | **Fund ID:** | | |
| SM | |  | | | | SM/RR | | |
| **Purpose of Activity/Assignment:**  Severe Acute malnutrition is the most serious form of malnutrition. Even after a decade of galloping economic growth, malnutrition in India is even worse than many sub-Saharan African countries. The National Family Health Survey-3 revealed that 6.4 percent of all children under-five years of age are Severely Acute Malnourished and the RSOC data states that 2.9% of the children are severely malnourished. Therefore we have around 22 lacs Severely Acute Malnourished Children (children with SAM).  To prevent deaths due to severe acute malnutrition (SAM), specialized treatment and prevention interventions are required with strong food security and feeding drive. Programmatically, it is helpful to categorize children with SAM into ‘complicated and uncomplicated’ cases based on clinical criteria and can be managed through  As we know that Malnutrition increases the risk of death significantly. It is an indirect cause of child death by increasing the Case Fatality Rate in children suffering from common illnesses such as Diarrhea, Pneumonia and other Infections. That’s why children with Severe Acute Malnutrition (SAM) have nine times higher risk than well-nourished child. With appropriate nutritional and clinical management we can save many of the children, especially the children with SAM and without complications can be managed through community based care, using special Medical Nutrition Therapy  As per the Joint Statement of the WHO, UNICEF, World Food Programme and United Nations System Standing Committee on Nutrition on Community Based Management of Severe Acute Malnutrition, for the community-based approach of managing SAM at community level the early detection of severe acute malnutrition and provision of energy dense therapeutic food for those without medical complications at home is the key of community based management. If it is properly combined with a facility-based care for those malnourished children having one or other medical complications, we could prevent the thousands of the deaths due to malnutrition. So we are planning to implement in the most deprived communities of the state.  It is proven by the NFHS data and confirmed by Ministry of Health and Family Welfare, GOI and also after the assessment of the Rajasthan data that the problem of children with SAM is mostly in most deprived populations like scheduled tribes, Primitive Tribes and in Scheduled Caste communities, children youngest- under 2 years and in girl children.  There are 10 High priority districts and 3 Tribal Districts where Government and Partners are focusing its strategic step for all the maternal and Child health and Nutrition issues. So as the CMAM strategy is designed for 13 Districts (Jalore, Jaisalmer, Dungarpur, Rajsamand, Dhaulpur, Baran, Karoli, Udaipur, Sirohi, Pratapgarh, Banswara, Barmer and Bundi). As per NFHS III, out of the total under 5 population in the state, 7.3% population is SAM.  In Rajasthan, an MOU has been signed between NHM, GAIN and UNICEF to jointly reduce the load of CMAM in the state | | | | | | | | |
| **Supervisor: Nutrition Specialist** | | | **Proposed Start Date:** | | **Proposed End Date:** | | | **Number of Days/Months (working)** |
|  | | | 01.03.2017 | | 31.01.2018 | | | 11 months |

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| **Work Assignment Overview** | | | | |
| **Tasks/Milestone:** | **Deliverables/Outputs:** | **Time** | **Budget Amount**  **(Estimate)** | |
| Task 1-Phase II of the CMAM programme starting in Jan 2017.  Develop technical capacity in NHM Facilitate routine guidance and support in the leadership of UNICEF Strategic direction to NHM lack experience | * Facilitated re-construction of committees namely TAC, Task Force, Product approval committee as per guideline. * Facilitated department in development and translation of MIS module from English to Hindi for the Phase II CMAM. * Facilitated the training of all functionaries and prepare a calendar of training * Facilitated a media orientation before the start of the programme * Facilitated the inauguration of the Phase II. * Support the Depts. of both ICDS and HFW in conducting the screening drive and identifying children for the IInd phase. | 2months / 14 days | 20% | |
| Task 2. State does not have a communication package for functionaries / community for CMAM.  •Facilitate communication package for Poshan Praharies  •Facilitate a communication package for community /family.  •Facilitate awareness campaigns for enrolling 10000 children into the programme.  •Facilitate design of Poshan day at Sub center | 1. In coordination with the BCC consultant, facilitated the preparation of communication package for the service provider (Poshan Praharies/ ANMs). 2. Facilitated the preparation and distribution to 80% of villages covered of communication package for the community / family members on hygiene, sanitation and how to consume and the need for consuming the EDTF. 3. 80% of Poshan days are efficiently implemented, i.e of the planned 80% PD s are done as per planning. | **2 .5**  **months / 18 days** | **20%** | |
| Task 3 state does not have a state of the art MIS for the CMAM strategy to be rolled out  •Create a state and district based tracking indicators mechanism.  •Carve out MIS formats for use at every level from village to Sub center to block to district to state.  •Provide a technical assistance in creating MIS and web based application for monitoring of effectiveness of service delivery and coverage of beneficiaries for CMAM.  •Child wise tracking for the period of 2 months to be documented. | 1. Facilitated in preparing and availability of reporting formats and MIS for all level of functionaries. 2. •Facilitated capacity of ALL data entry operators on proper filling up and entering data track survival and wait gain of children. 3. •Facilitated the capacity building of district authorities in analyzing and reviewing the data that is generated by the data entry done at blocks. 4. •Inputs for MIS and WEB based data and analysis in all the 10+3 districts to be available at state. 5. Data to be collected, collated at state and report generated for using in review meetings. | **2 months / 14 days** | **20%** | |
| **Task 4.** IMAM in 1block | In coordination with IMAM and Knowledge management consultant   1. Facilitate a letter of request from the Deptt on the GoI letter, a block has to be modelled on with IMAM. 2. Facilitate in developing guidelines for the Phase II of CMAM.   Facilitate the development of Document of the CMAM programme | 2.5 months / 18 days | **20%** | |
| **Task 5 Task** : Bottleneck – State needs to set up follow up mechanism  •Facilitate the state to have a fully systematic follow up mechanism of children into the programme and then to be sent to the ICDS system for further continuity with SNP programme | 1. •Develop a mechanism in consultation with NHM where children from the post CSAM programme are sent to the ICDS SNP programme. 2. •Facilitate capacity building of ICDS for the same.   •Facilitate follow up and tracking at ICDS and monthly weighing and monitoring of children | 2 months / 14 days | **20%** | |
| **Terms of payment**  **Deliverable payment of fees, inclusive of travel allowances, upon completion and submission of reports** | Payment, upon completion of each deliverable according to schedule.  Payment, upon completion of all deliverables at the end of assignment.  Fee advance, percentage (up to 30 % of total fee) | | | |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** | | | |
| Bachelors  Masters  PhD  Other  Enter Disciplines  A Degree in Medicine, Nutrition or related field. Post graduate qualification is an advantage. | **Work Experience:** At least 6-8 years technical experience in Health and Nutrition programme sector. Relevant field experience highly desirable. Strong analytical and technical (oral and written) skills including use of essential computer software packages. The ability to meet deadlines and work with minimal day to day supervision. Excellent skills and experience in designing/reviewing/xxx plans. High coordination and communication skills. Excellent writing and analytical skills.  **Languages:** Fluency in English and local language is desirable.  **Critical Competencies:**  Technical   * Proven ability to conceptualize, innovate, plan and execute ideas and systems. * Ability to express clearly and concisely ideas and concepts convincingly in written and oral form. * Ability to plan, coordinate and manage multi activities and adjust to changing priorities. * Ability to organize, manage and participate within teams. * Ability to organize and implement training aimed to building capacity. * Ability to analyze data, identify bottlenecks to improve systems and provide recommendations * Good interpersonal skills to ensure effective working relationship with partners and colleagues. Sensitivity to partner’s needs and expectations, maintaining open communications. * Innovative, able to take risk and able to lead or participate in change to keep operations working. Practical solution oriented. | | | |
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**TECHNICAL EVALUATION CRITERIA**

**Consultant CMAM , CDN**

1 | Educational Qualifications 20 Marks

2 | Relevant Experience 20 marks

3 | Expertise 20 Marks

4 | Language 10 Marks

5 | Experience in Bilateral/International/UN agencies 30 Marks

* Total Score should be 100.
* Minimum overall qualifying score should be 70.

**COVER LETTER**

Dear Sir/Madam,

UNICEF Jaipur is looking for a short term consultancy – CMAM for a period of 11 months, as per Terms of Reference and Financial Bid attached.

The closing date for submission of your application is Monday, 20th February, 2017.

In case you are interested in applying for the consultancy, please send in your application, along with the financial bid template, P-11, (**available at UNICEF India website for downloading** [**http://www.unicef.org/india/overview\_1440.html**](http://www.unicef.org/india/overview_1440.html)**)** and CV before the due date to j[aipur.consultants@unicef.org](mailto:aipur.consultants@unicef.org)

A detailed Terms of Reference  and technical evaluation criterion is attached for your reference.  Your financial bid (format attached) should be inclusive of professional fee, DSA and other related expenses.  Please mention the **total amount** for all the deliverables at the bottom of the financial bid template.

Your application will stand ‘invalid’ if above documents are not sent to us in time.

Thanking you and hoping to have your response.

Supply Focal Point