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| **Title**  **Consultant to support ISSNIP programme in ICDS** | | **WBS/Funding Reference/Activity/IR**  1.1 | | **Type of engagement**  Consultant  Individual Contractor | | **Workplace of Consultant:**  UNICEF Jaipur |
| **Grant:** | | | **GL Account:** | | **Fund ID:** | |
| SM | | |  | | SM/RR | |
| **Purpose of Activity/Assignment:**  ICDS (Integrated Child Development Services) Scheme is designed to promote holistic development of children under six years, through the strengthened capacity of caregivers and communities and improved access to basic services, at the community level. Within this group, priority is accorded to addressing the critical prenatal- under three years age group, the period of most rapid growth and development and also of greatest vulnerability. The programme has the potential to break an intergenerational cycle of undernutrition. The Ministry of Women & Child Development has been working on ICDS strengthening and has after the meeting of the PM’s Council on India’s nutritional challenges, taken steps towards it. On 22nd October 2012, Govt. of India, Ministry of WCD released guideline for strengthening and restructuring of ICDS Scheme in the document - **ICDS Mission**: The Broad Framework of Mission, (Oct 2012).  The Child Development and Nutrition (CDN) programme operates within the framework of government-led child development and nutrition programmes to contribute to the achievement of MDG 1 as well as MDG 4 and 5. As per Country Programme Action Plan 2013-17, in line with GOI’s Nutrition Communication Campaign and Child Survival Call to Action, CDN programme will support the delivery of quality, evidence-based, high-impact essential nutrition interventions, through a continuum of care from conception, through infancy and early childhood (life-cycle approach) with focus on the first 1000 days of life.  The Child Development and Nutrition program of UNICEF supports governments and partners to scale up programmes to deliver essential nutrition and development services to prevent undernutrition in infants and young children, particularly in the most deprived communities by working with the flagship programmes of ICDS and NHRM for strengthening the systems for delivery of high impact child nutrition interventions - namely improved infant and young child feeding practices, micronutrient malnutrition, quality care for children with severe acute malnutrition and maternal nutrition.  **ICDS Systems Strengthening & Nutrition Improvement Project (ISSNIP) –** aproject that has been designed to support the select States and districts with high-burden of child under nutrition, in strengthening the Integrated Child Development Services ((ICDS) Programme with the long term goal of improving child development and nutrition outcomes. A total of 19 districts in Rajasthan have been selected for implementation in the project. The project will focus on critical policy and institutional reforms and on testing innovative pilots and Phase II, will be implemented subsequently over a four year period.  UNICEF support to ICDS at the state aims at:   1. Strengthen capacity at ICDS to develop **comprehensive plans** to protect, promote and support improved breastfeeding and complementary feeding practices and related maternal nutrition during pregnancy and lactation 2. Build capacity of ICDS **training institutions** to strengthen the knowledge and skills of frontline workers to protect, promote and support improved breastfeeding, complementary feeding and related maternal nutrition during pregnancy and lactation 3. Strengthen ICDS to develop a robust **MIS system** to collect, analyze and use data relative to the coverage, quality and equity of the delivery of essential nutrition interventions for children under-two and their mothers 4. Advocate with ICDS plans and scales up the **SABLA programme** for the control of anemia in adolescent girls as per National Guidelines for SABLA, with emphasis on districts with high concentration of SC/ST households   The present consultancy position is proposed to support the ICDS department at the state level, for strengthening ISSNIP to develop and manage comprehensive plans for improving nutrition and development outcome for infants and young children. | | | | | | |
| **Budget Year** | **Requesting Section/Issuing Office:** | | | **Key reasons why consultancy cannot be done by staff:** for providing full time assistance at the deptt of ICDS | | |
| 2017 | Child Development & Nutrition | | |  | | |

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| **Work Assignment Overview** | | | | |
| **Tasks/Milestone:** | **Deliverables/Outputs:** | **Time** | **Budget Amount**  **(Estimate)** | |
| 1. **ICDS Institutional and Systems Strengthening Review, refinement & development of guidelines/ standards/ protocols/ procedures in ICDS aligning it with ISSNIP districts.** | * Support and facilitate drafting and quality improvement of Annual Programme Implementation Plans (APIPs) to ICDS Directorate. * Support the focus districts to develop and implement district action plans for improvement of ICDS services with quality * Support ICDS in drafting programme directives pertaining to strengthening essential nutrition interventions through the improvement in quality ICDS services in the state | **1.5 months** | **10%** | |
| 1. Strengthening capacity building institutions for strengthening the quality of HR capacities in ICDS | * Review and prepare report for institutional capacity at state level – for strengthening the training centres (like SIHFW, MLTCs, AWTCs and Medical Colleges) on key topics of essential nutrition interventions * Revision and development/ update of course curricula / modules / training and learning materials with focus on Nutrition Surveillance, New WHO-growth standards, Mother and Child Protection card, Infant and Young Child Feeding. | **2 months** | **15%** | |
| 1. **Strengthening and expanding ICDS monitoring systems** | * 1. Presently, ICDS has an in-built monitoring system through which regular reports (MPRs) flow upwards from AWC to blocks, district HQs, State Directorates. However, the current monitoring system is geared towards coverage rather than outcome indicators. The revised monitoring system is being rolled out as per directions released from the Ministry of WCD, Government of India which would focus on collecting & providing data on a real time basis to support the programmatic actions and timely interventions. * Technical support in the roll out new ICDS-MIS system in the state * Provide support to ICDS Directorate in analyzing and reviewing the MIS data based on information received from the districts, document progress report (good and poor performing districts) and provide feedback to the ICDS Directorate on possible approaches for addressing the gaps based on the data analysis and review | **2 months** | **20%** | |
| 1. Strengthening monitoring , and capacity building for supportive supervision | * 1. **Monitoring, supportive supervision and review** of quality ICDS services in the state with focus on essential nutrition interventions * Sharing of finding from monitoring visits to MLTCs/AWTCs/AWCs with district and state officials * Support state officials in following up on the action points coming out of the visits to MLTCs/AWTCs/AWCs * Provide technical support at state in organizing state/ district (in focus districts) level review meeting for ICDS service with quality under **ISSNIP**, including drawing up draft agenda, facilitating some sessions and preparing the necessary documentation before and after the review meetings | **2 months** | **20%** | |
| **Strengthening Convergence between ICDS and Health.** | * Facilitate in review/refinement and Development of Guidelines related to convergence between health and ICDS: * Facilitate deptt in designing models of convergence with health. * Support deptt in piloting 3As model of sub-centre level meetings of ASHA, AWW and ANM for joint planning and implementation * Facilitate and provide support in organising joint Training between Health and ICDS functionaries on specific themes * Facilitate and support deptt in engagement of PRIs for Strengthening Convergence | **2 months** | **20%** | |
| 1. Community Mobilization and Behaviour Change Communication (BCC) | * Coordination mechanism identified and established between ICDS and Health for common areas of mobilisation activities. * Mapping of available tools and partners engaged in various BCC activities * Facilitate meeting of collation partners engaged in BCC activities. | **2 months** | **15%** | |
| **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 ISSNIP-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.

**Financial Bid**

**INDIVIDUAL SSA State level consultant for ISSNIP Feb- Dec 2017**

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| **Major Tasks** | **Deliverable (s)** | **UNICEF Estimate** | | **Consultant's Proposal** | |
| **Estimated deadline for completion of deliverable (please mention as days/months)and % of total cost** | **Estimated travel required for completion of deliverable (please mention destination/ number of days)** | **Complete timeframe for deliverable** | **Cost (INR)**  (All-inclusive i.e. professional fee, travel, DSA, communication, etc.) |
| 1. ICDS Institutional and Systems Strengthening Review, refinement & development of guidelines/ standards/ protocols/ procedures in ICDS aligning it with ISSNIP districts**.** | * Support and facilitate drafting and quality improvement of Annual Programme Implementation Plans (APIPs) to ICDS Directorate. * Support the focus districts to develop and implement district action plans for improvement of ICDS services with quality   Support ICDS in drafting programme directives pertaining to strengthening essential nutrition interventions through the improvement in quality ICDS services in the state | 1.5 months ,10% | 9 days |  |  |
| 2.Strengthening capacity building institutions for strengthening the quality of HR capacities in ICDS | * Review and prepare report for institutional capacity at state level – for strengthening the training centres (like SIHFW, MLTCs, AWTCs and Medical Colleges) on key topics of essential nutrition interventions   -Revision and development/ update of course curricula / modules / training and learning materials with focus on Nutrition Surveillance, New WHO-growth standards, Mother and Child Protection card, Infant and Young Child Feeding | **2 months ,15%** | 12 days |  |  |
| **3.Strengthening and expanding ICDS monitoring systems** | * 1. Presently, ICDS has an in-built monitoring system through which regular reports (MPRs) flow upwards from AWC to blocks, district HQs, State Directorates. However, the current monitoring system is geared towards coverage rather than outcome indicators. The revised monitoring system is being rolled out as per directions released from the Ministry of WCD, Government of India which would focus on collecting & providing data on a real time basis to support the programmatic actions and timely interventions. * Technical support in the roll out new ICDS-MIS system in the state   Provide support to ICDS Directorate in analyzing and reviewing the MIS data based on information received from the districts, document progress report (good and poor performing districts) and provide feedback to the ICDS Directorate on possible approaches for addressing the gaps based on the data analysis and review | **2 months,20%** | 12 days |  |  |
| 4.Strengthening monitoring , and capacity building for supportive supervision | * 1. **Monitoring, supportive supervision and review** of quality ICDS services in the state with focus on essential nutrition interventions * Sharing of finding from monitoring visits to MLTCs/AWTCs/AWCs with district and state officials * Support state officials in following up on the action points coming out of the visits to MLTCs/AWTCs/AWCs   Provide technical support at state in organizing state/ district (in focus districts) level review meeting for ICDS service with quality under **ISSNIP**, including drawing up draft agenda, facilitating some sessions and preparing the necessary documentation before and after the review meetings | **2 months,20%** | 12 days |  |  |
| **5.Strengthening Convergence between ICDS and Health.** | * Facilitate in review/refinement and Development of Guidelines related to convergence between health and ICDS: * Facilitate deptt in designing models of convergence with health. * Support deptt in piloting 3As model of sub-centre level meetings of ASHA, AWW and ANM for joint planning and implementation * Facilitate and provide support in organising joint Training between Health and ICDS functionaries on specific themes   Facilitate and support deptt in engagement of PRIs for Strengthening Convergence | **2 months,20%** | 12 days |  |  |
| 6.Community Mobilization and Behaviour Change Communication (BCC) | * Coordination mechanism identified and established between ICDS and Health for common areas of mobilisation activities. * Mapping of available tools and partners engaged in various BCC activities * Facilitate meeting of collation partners engaged in BCC activities | **2 months,15%** | 12 days |  |  |
| **TOTAL AMOUNT IN RUPEES** | | | | | |

*Shaded area to be filled in by consultant*

**Name of the Bidder:**

**Address:**

**Contact no.:**

**Email address:**

**Date:**