

## CONSULTANCY NOTICE CSD 2014-01

### Summary

<b>Title</b>	Management of Acute Malnutrition Consultant
<b>Purpose</b>	To provide technical assistance in updating and implementing Viet Nam's Integrated Management of Acute Malnutrition Guidelines in line with the 2013 WHO Guideline Update and latest evidence for Management of Acute Malnutrition in Infants
<b>Location</b>	Viet Nam and remote support
<b>Duration</b>	15 days (Viet Nam: 8 days; Country of residence: 7 days)
<b>Start Date</b>	1 October 2014
<b>Reporting to</b>	Nutrition Specialist, Child Survival and Development Section

### Background

With around 2 million children under 5 years of age with stagnated height for their age (27 per cent), Viet Nam is among the countries in the world with the highest burden of stunting. The Central Highlands and Northern Midlands and Mountainous areas, where most ethnic minority groups live, are geographical zones with the highest prevalence. The H'mong people have the highest prevalence among the ethnic groups with 55 per cent of their children being stunted followed by Bana with 53 per cent.

Each year more than 700,000 children under 5 years of age develop moderate or severe wasting in Viet Nam, manifested by low weight for height - more commonly referred to as acute malnutrition. The geographical distribution of acute malnutrition follows the same pattern as stunting, and the latest nutrition surveys show that many of the ethnic minority groups have prevalence above internationally recognized emergency levels. Children with acute malnutrition have lowered resistance to infection and are also more likely to die from other common childhood ailments like diarrhoeal diseases and respiratory infections. Poor convalescence with frequent illness saps the nutritional status of those who survive, locking them into a vicious cycle of recurring sickness, faltering growth and stunting.

UNICEF has supported the introduction and adaptation of Integrated Management of Acute Malnutrition (IMAM) within the Vietnamese health system since 2009, with modelling in Kon Tum province since 2011 serving as a basis to develop capacity and systems for further replication at national scale. The model is based on global evidence and suggests that large numbers of children with acute malnutrition can be treated in their communities. The community-based approach involves timely detection in the community and provision of treatment for those without medical complications with locally produced Ready to Use Therapeutic Foods. If properly combined with a facility-based approach for those malnourished children who develop medical complications and implemented at scale, integrated management of acute malnutrition has the potential to contribute significantly to stunting reduction and prevent the deaths of thousands of children in Viet Nam.

The IMAM model is currently being implemented in eleven of the 22 most vulnerable provinces identified by the National Targeted Programme for Nutrition in Viet Nam using Interim National IMAM Guidelines, and with technical and financial support from UNICEF and other Nutrition Cluster and Partnership Group member agencies. Moreover, the IMAM model has recently

been included into the National Nutrition Strategy and related National and Provincial Action Plans, and the technical management is in the process of being handed over to the National Targeted Programme for Nutrition. The National Health Insurance Scheme has also been identified as a sustainable funding mechanism for IMAM services and therapeutic foods, and related costs has been proposed to be covered in the Health Insurance Law Amendment to be passed by the National Assembly in June 2014 and subsequent implementing decree and circulars.

## Target

The consultancy will contribute to the availability of updated National IMAM Guidelines in line with the latest WHO guidance and best practice. These guidelines will be further submitted by the National Institute of Nutrition and Maternal and Child Health Department to the Minister of Health for official approval and implementation in December 2014. The consultancy will also contribute to the capacity development of national institutions, including the major national and provincial teaching hospitals, to facilitate further roll out of the training course and conduct supervisory monitoring of the compliance with the National IMAM Guidelines at provincial and district hospitals.

## Specific Tasks

### Major Duties and Responsibilities

The selected International Consultant will provide technical support for the scale up of the Integrated Management of Acute Malnutrition model with the following specific tasks:

- Conduct a technical review of Viet Nam's Integrated Management of Acute Malnutrition Guidelines and provide a set of recommendations to facilitate alignment with the 2013 WHO Guideline Update and related international evidence and best practice.
- Develop and execute a training course for paediatrician and related medical personnel in line with the 2013 WHO Guideline Update and related protocols with special focus on the Inpatient Treatment Programme, Management of Acute Malnutrition in Infants and programme linkages.
- Conduct a pre- and post-assessment of paediatricians and medical personnel enrolled in the training course to identify critical gaps in knowledge and skills to be addressed and document capacity development.
- Co-facilitate a consultative meeting with the National Institute of Nutrition to reach consensus and finalisation of Viet Nam's Integrated Management of Acute Malnutrition Guidelines.
- Incorporate agreed changes to the Vietnamese Integrated Management of Acute Guidelines in collaboration with the National Institute of Nutrition and document the revisions and existing gaps.

## Methodology & Expected Deliverables

Task	Deliverable	Time Frame (no of days)	Tentative Dates
Conduct a technical review of Viet Nam's IMAM Guidelines and provide	Document available showing discrepancies	1 day	1 Oct

<b>Task</b>	<b>Deliverable</b>	<b>Time Frame (no of days)</b>	<b>Tentative Dates</b>
a set of recommendations to facilitate alignment with the 2013 WHO Guideline Update and related international evidence and best practice  <i>(from country of residence)</i>	between the National Guidelines and the 2013 WHO Guideline and related protocols and subsequent recommendations		
Develop and execute a four day training course for paediatricians and related medical personnel in line with the 2013 WHO Guideline Update and related protocols with special focus on the Inpatient Treatment Programme, Management of Acute Malnutrition in Infants and programme linkages.  <i>(from country of residence and in Viet Nam)</i>	Training materials available and used in the four day training	9 days	2-10 Oct
Design and conduct a pre- and post-assessment of paediatricians and medical personnel enrolled in the training course to identify critical gaps in knowledge and skills to be addressed and document capacity development.  <i>(from country of residence and in Viet Nam)</i>	Reports with summary of the results from the pre- and post-assessment available	1 day	1-17 Oct
Co-facilitate a consultative meeting with the National Institute of Nutrition to reach consensus and finalisation of Viet Nam's IMAM Guidelines.  <i>(In Viet Nam)</i>		1 day	11 Oct
Incorporate agreed changes to the Vietnamese Integrated Management of Acute Guidelines in collaboration with the National Institute of Nutrition and document the improvements and potential existing gaps  <i>(from country of residence)</i>	Final report with the revised version of the Vietnamese Guidelines enclosed.	3 days	14-17 Oct

## Reporting

The consultant will be supervised by and reporting to Roger Mathisen, Nutrition Specialist, Child Survival and Development Section.

## Performance indicators for evaluation

Timeliness, services rendered. Frequency of evaluation i.e. weekly, midterm, end of assignment.

## Qualification/Specialised Knowledge and Experience

The consultant should have the following qualifications:

- Education: Advanced university degree in Medicine and Public Health or other relevant discipline(s).
- Experience: Five to eight years of relevant professional work experience from both developed and developing countries in the area of paediatrics and treatment of severe acute malnutrition in infants and children. Practical experience in supporting guideline development, lecturing and in designing and conducting practical training for medical personnel in WHO and related treatment protocols for integrated management of acute malnutrition.
- Language: Fluency in written and spoken English is required.
- Competencies: In addition to competencies in UNICEF's core values of commitment, integrity and diversity and inclusion, the consultant should have the following demonstrated competencies: Advanced technical knowledge in paediatrics and treatment of severe acute malnutrition and ability to apply this expertise in both developing and developed country context; Good written and communication skills, including conducting lectures and training courses; good observation and analytical skills, good computer knowledge;

## General Conditions: Procedures and Logistics

The following general conditions shall apply.

- Work station: Freelance and field
- Applicable DSA
- Official travel within the country, if any
- Be paid on a daily rate. The consultant is not entitled to any payments during days off and sick leave.
- Have his/her flight costs paid at economy rate from and back to their normal city/country of residence prior to taking up the appointment.

## Policy both parties should be aware of:

- Under the consultancy agreements, a month is defined as 22 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.
- Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
- No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.
- For international consultants outside the duty station, signed contracts must be sent by fax or email. Signed contract copy or written agreement must be received by the office **before Travel Authorisation is issued**.
- No consultant may travel without a signed travel authorisation prior to the commencement of the journey to the duty station.

- Unless authorised, UNICEF will buy the tickets of the consultant. In some cases, the consultant may be authorised to buy their travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed beforehand.
- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- Consultant will be required to sign the Health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
- The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant.

**Interested candidates are kindly requested to submit the following information:**

- Letter of interest
- References of similar consultancy assignments
- Proposed consultancy fee
- P-11 form ([UN Personal History Form](#))

**via email:** [vietnamhr@unicef.org](mailto:vietnamhr@unicef.org)

**Submission Deadline: 11 June 2014 at 18:00 PM Ha Noi Time.**

**Only short-listed candidates will be called for test/interview. Any attempt to unduly influence UNICEF's selection process will lead to automatic disqualification of the applicant.**

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