

UNICEF

TERMS OF REFERENCE FOR AN INDIVIDUAL CONTRACT

Technical Assistance to the Institute for Public Health – Conducting National Nutrition (Micronutrient) Survey**1. Programme Area and specific Project involved****Background**

The steady economic growth of the country fuels the assumption that improved nutrition will be a consequence of poverty reduction measures and economic prosperity. However, with the exception of adequate iodine status among the population, which was achieved through a successful mandatory national salt iodization program, most of the current public health nutrition risk factors are related to insufficient intake of vitamins and minerals, as well as to poor dietary quality (Institute for Public Health, 2009) that lead to “hidden hunger” and impaired child growth.

Emerging health and nutrition issues

Worm infestations and malaria are not a public health concern in the country due to the low incidence reported in the last 20 years, therefore, one can conclude that almost all anemia is due to iron deficiency and a poor quality of feeding practices. **Children under 5 in the country** are the most affected, **with a 26% prevalence of anemia**. Additionally, estimated prevalence of anemia among pregnant women and children under 14 years is 18% and 20% respectively (MoH, 2004).

The country still has one of **the highest perinatal mortality rates** in the region (**15,5 per 1,000 births in 2007**), compared to the European Union average of 6 per 1,000 births and the SEE regional average of 11 per 1,000 births. It is estimated that between 15 and 20% of perinatal mortality is attributed to iron deficiency anemia among pregnant women. The underlying causes may be linked to socio-economic conditions, educational status, quality of antenatal nutrition, as well as accessibility and quality of antenatal health services (ANC). A recent situational analysis done by UNICEF (2008) reveals that 6% of pregnant women do not attend ANC before delivery, utilization rates of ANC in the first trimester are only 41%, and that most pregnant women do not receive the mandatory screening check-ups during the antenatal period. This situation “calls” for a population-wide approach in nutrition interventions for pregnant women.

Malnutrition and micronutrient deficiencies are not equally distributed, and differences can be seen in geographical terms, based on ethnicity affiliation, wealth and educational status. Therefore, **national health data collection systems should be reviewed and strengthened** in this direction, as to present disaggregated data that will further inform targeted nutrition policies and evaluate interventions.

Overview of current financial losses

Considering the prevalence of anemia among children, current calculations suggest that a cohort of nearly 70,000 children fail to achieve their full potential economic and social contributions to the society, yielding a loss of more than 5.6 million USD annually. According to the same financial methodology, current financial losses from the anemia rates among adults (12%) is estimated at 2.3 million USD annually. In addition, present anemia rates are also associated with the high perinatal mortality. While the loss in human beings is immeasurable, in economic terms the 57 annual perinatal deaths represent a lost future workforce valued at about 1.5 million USD per year. The financial losses projected over the next 10 years with the current anemia rates amount up to 111 million USD depressed economic activity. (UNICEF: FF workshop, 2009)

Impact of Wheat Flour Fortification on economic development

The public health consequences of iron and folic deficiencies described above, also translate into national economic losses. Only by using standard productivity models, UNICEF and WFP have estimated that \$1 invested in fortification will yield \$21 in economic return. Rising food prices, especially in the recent years (UNICEF: “Impact on rising prices of foods on the life of children” 2008) have substantially increased the cost of living and further affected the daily food intake and quality of dietary habits of the poorest households. Some prices, particularly for vegetable oil and other basic food supplies (mainly fruits and vegetables) have risen by as much as 20 to 30 percent. By pursuing both comprehensive and population based approach to tackle malnutrition in the country, which in addition is cost effective and requires no major behavior change communication strategy, it is assumed that the intervention will reach out to most vulnerable groups of the population.

Sharing this concern, UNICEF and WHO, in consultation with the Ministry of Health National Commission for Food and Nutrition have agreed that wheat flour fortification with micronutrients would be a highly feasible and cost-effective way to respond effectively to the current situation with malnutrition, as food prices will obviously not drop to their previous lower levels and are projected to further rise by the end of this year. Fortified flour will improve the nutritional value of the little food that vulnerable households are consuming on everyday basis and contribute to offsetting the impact of rising food prices

Actions

The goal of the project is to establish the required institutional, policy, legal and M&E frameworks that are conducive to full implementation of Flour Fortification in the country. Considering national consumption of flour (45kg per person/per year; SSO, 2008), wheat flour is regarded as the most suitable “dietary medium” for fortification. Based on the health and nutrition situation analysis elaborated above, fortification of wheat flour with iron and folic acid would be the most cost effective intervention for the country with its primary goal to reduce the anemia prevalence in children < 5 and in pregnant women by 30% and 15% respectively and also reduce perinatal mortality by 15%. The following are specific objectives and related activities of the project:

- **Objective # 1:** Develop Institutional, Policy and Legal frameworks for Flour Fortification
- **Objective # 2:** Establish Monitoring and Evaluation System for Flour Fortification
- **Objective # 3:** Capacitate National mills to introduce Flour Fortification

2. Purpose of Assignment and Major Tasks to be accomplished:

Under the supervision of the UNICEF health project officer, the international consultant will support the IPH to develop and implement a nutrition survey among women in reproductive age (15-49 years) and children under five. The overall aim of the nutrition survey is to assess the nutrition status of these population groups, determine risk factors for deficiencies, and determine possible strategies for improvement, in light of introduction of (possible) mandatory flour fortification programme in the country. The specific objectives of the nutrition survey are:

- To identify levels of anaemia among women in reproductive age (including estimations for anaemia status among pregnant women) and in children under 5, more specifically by assessing the iron deficiency and deficiencies of other micronutrients as causes for anemia, such as vitamins B12, vitamin A and folic acid;

Additional objectives include:

- To evaluate feeding patterns among infants and young children (0 to 24 months);
- To conduct anthropometric measurements among children 0-59 months;
- To evaluate dietary habits among women in reproductive age period;

Major Tasks of the consultancy:

- Review all studies and evaluations and other documents on nutrition status of Children and Women in the country (to be provided by UNICEF and the Institute for Public Health);
- Develop a study framework, detailed implementation plan and budget of the study;
- Assist in finalization of sampling procedures, and estimating the sample size;
- Develop protocols, methodology and questionnaires/tools of the nutrition survey;
- Assist selection of supervisors and conduct training for interviewers and data entry staff;
- Provide assistance and further guidance in data collection and data entry, as required;
- Develop template/format of data set for entering raw data;
- Data processing, data analysis and report writing, based on raw data provided by IPH;
- Produce final nutrition survey report and incorporate inputs from national experts;
- Serve as a resource person and presenter of the nutrition survey results and assist in development of recommendations and follow up actions, in light of the FF programme;

In order to deliver this assignment, the international expert institution will be working in close collaboration with the national team of experts assigned by the Institute for Public Health to assist in study design, to undertake the study and provide raw data for analysis and interpretation. The national team of experts would also provide inputs and revise the study report.

3. End product(s) and delivery dates and details¹:

- **During the first in country mission** provide inception report, outlining the survey process and study protocol, deliver training of field researchers, including pretesting and finalization of questionnaires and set up quality control procedures. Also, provide electronic format for and training in data entry, **by end of April, 2010**;
- **Out of country consultancy**, to provide assistance and further guidance in data collection and data entry, as required by the Institute for Public Health (IPH) and to provide draft study report and analysis of the study, upon submission of the raw data by the national team of experts from IPH, **by mid October, 2010**;
- **Second in-country mission**, to present the pre-final report to the team of experts, conduct a consultation for final review of the report, seek final comments and feedback, agree on the recommendations, and present the key findings and recommendations to the main stakeholders by end of **November, 2010**;
- **Finalize the report** within a week from the second in-country mission.

4. Contract Supervisor and frequency of performance reviews:

UNICEF **Health Officer** will provide supervision and performance review, also considering feedback on quality performance of the consultants from the designated national team of experts from the IPH.

5. Estimated duration of contract: 9 months (April - December, 2010). Estimated number of consultancy days 22 (7 days in-country consultancy and 15 days home-based consultancy work)

6. Official Travel involved, if any: Two in-country missions with duration of 7 days.²

¹ The dates for the in-country missions and the timeline for completion of the proposed deliverables may be subject to changes and will be determined in consultation with UNICEF, upon signing the contract;

7. Estimated Cost of Consultancy: fees to be negotiated with UNICEF country office

8. Payment schedule:

Payment will be processed as per satisfactory and timely completion of above listed deliverables, as per the following schedule:

- 40% upon timely & satisfactory completion of the study design, including training of staff from the IPH in field data collection;
- 30% upon timely & satisfactory completion of the data analysis and submission of draft study report;
- 30% upon timely & satisfactory completion of final report and presentation of study findings;

9. Qualification or Specialized Knowledge/Experience Required:

- Extensive experience (at least 15 years) in the administration of large nutrition related household surveys;
- Excellent analytical thinking, report writing, training and communication skills.
- Must be familiar and actively use relevant statistical programmes and all relevant computer applications in general;
- The consultant should be fluent in spoken and written English.

10. Required documentation – General liability of the expert institution

Interested consultants should submit their CV and work portfolio, including detailed work plan and estimated budget within the timeframe suggested in the TOR to UNICEF office **by March 29:**

Documents should be submitted to:

Igor Veljkovic – Health Project Officer: iveljkovic@unicef.org,

with copy to **ALL** the following contact persons:

- Biljana Kocareva – Assistant programme officer, bkocareva@unicef.org;
- Biljana Trimcevska – HR Assisstant, btrimcevska@unicef.org

11. Recourse: *UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.*

12. Supporting documents to be provided to the expert institution:

- MICS 1999 (UNICEF)
- MICS 2005/2006 (UNICEF)
- Annual reports on nutritional status of children (IPH, 2009)
- Cost-benefit analysis for introduction of flour fortification (2009)

² Total number of days for in-country missions may be subject to changes and will be determined in consultation with UNICEF, upon signing the contract. Applicants should based their financial proposal on the provisional number of days given in the ToR;

13. Submitting Officer:

Igor Veljkovik, Project Officer

Date: 09 March

14. Approving officer and date:

Mr. Sheldon Yett, UNICEF country Representative

Date: 09 March