Consultancy: Revision and Update of Integrated Management of Acute Malnutrition (IMAM) Guidelines

The Nutrition Section, UNICEF East Asia and Pacific Regional Office is seeking an individual consultant to provide technical support to several countries on the national Integrated (or Community-based) Management of Acute Malnutrition (I/CMAM) guidelines revision processes toward institutionalization and scale-up of acute malnutrition treatment services in East Asia Pacific Regional (EAPR).

**Background:**
Despite economic growth and achievements in health and nutrition indicators obtained in the EAPR over the past few years, maternal and child malnutrition rates and burden remain high. The proportion of children affected by severe acute malnutrition (SAM) who have access to treatment is estimated to be a ridiculously low 1.7% of the total annual caseload. Efforts are ongoing in the region toward raising political commitment and investment for the condition of acute malnutrition to be dealt with as any other diseases.

To reach that goal, to increase the coverage of the I/CMAM services and to scale-up process access to treatment, it is essential that national IMAM clinical protocols and operational guidelines be in place, officially endorsed, up-to-date and their implementation monitored. Government-led national IMAM guidelines development and review processes promote national ownership of IMAM services and leadership, and can trigger commitment for more government funding to be allocated to nutrition overall.

**Work Assignment:**

Under the supervision of the Regional Nutrition Adviser and in collaboration with the regional Nutrition in Emergencies/SAM focal point, the consultant will perform the following tasks:

a) Phase 1: preparatory phase
   - Sub-phase 1a: planning phase

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2 UNICEF Regional consultation on SAM management, June 2015
To facilitate the formation of a taskforce that agrees on overall planning, approach and timeframe for the process and basically on all the proposed points below.

To support the task force in identifying stakeholders to include in the process (throughout, at key steps in the process, tentatively define roles and responsibilities of each stakeholders, anticipate who can become useful when, etc.) with possibly inclusion/consultation with civil society and end user/community members.

To support the planning of a first strategic planning workshop to kick start the process, workshop during which the core team responsible or task force leading the process agrees on the overall approach and tools to be used, finalize the process roadmap, choice of stakeholders and estimate budget and support needs.

- **Sub-phase 1b:**
  - To review of the current country nutrition situation, identify locations with expected highest number of malnourished cases (whether in rural or urban areas, localized to specific province or districts or spread throughout the country, whether associated to any socioeconomic or demographic characteristics, etc.).
  - To review of the current state of acute malnutrition management in country, including good practices and current implementation challenges, current state of integration into the health system, assess the degree of institutionalization of acute malnutrition management against the SAM integration framework / 6 building blocks of the health system.
  - To review the current clinical protocol for SAM treatment against 2013 WHO recommendations and identify technical areas that needs to be updated.

**b) Phase 2: IMAM guidelines revision**

- Revised guidelines are jointly drafted based on literature review of phase 1.
- Draft guidelines is reviewed and input provided by the group of national pediatrician society (if the task force decided to involve them in the process).
- Task force members reach consensus/agreement on key features of the guidelines e.g., whether they include clinical protocols and operational guidelines in a same or separate document, whether MAM management is included, or a chapter on Nutrition in emergencies is included etc.
- Procedures and processes for operationalization and institutionalization of acute malnutrition treatment are mapped out.
- Feedback from key stakeholders at all levels of the health system as well as community level is sought, their feedback consolidated and taken into account.
- Aspects of M&E, supplies chain management, financial resources and refined and included in guidelines and training plans.
- Advocacy is done to leverage government human and financial resources and commitment to the implementation of the newly revised guidelines, i.e., guidelines are officially endorsed by government, signed and an administrative order is issued and signed by government.
- Newly revised and endorsed guidelines are officially launched via dissemination at local government level, launch of IMAM ToT and training roll-out at all levels.

During end of phase 2, the consultant will support countries to develop their national costed IMAM training roll-out and implementation plans (pilot phase) that will guide phase 3; will support Cambodia in evaluating the cost of piloting the RUTF-reduced dosage SAM+MAM protocol, and will support Myanmar if needed on IMAM trainings roll-out if needed.
c) Phase 3: IMAM guidelines roll-out

The consultant will support the COs in advocating for the updated IMAM guidelines to be endorsed (if not done during phase 2) while supporting the launch of the IMAM ToT (as planned at end of phase 2), and their implementation launch in a few selected districts. The consultant will make recommendations for the overall outline of an evaluation of the newly established IMAM services to possibly be done through a bottleneck analysis (BNA) for acute malnutrition management approach under the lead of the task force. The consultant will provide some recommendations to the task force members who will evaluate when a BNA will be carried out (any time from few months up to 1 year after IMAM services were established). Results of the BNA will inform how to strengthen further the IMAM services and inform the IMAM scale-up plan (phase 4).

Work Schedule:

Lao PDR’s tentative schedule for the whole IMAM guidelines revision process is:
Phase 1: preparatory phase: February through May 2016
  Phase 1a: Strategic planning ongoing tentative kick off workshop end of March
  Phase 1b: Review work February through May 2016
Phase 2: IMAM guidelines revision, development of job aids, training approach, tools, materials and costed action plans: May –December 2016
Phase 3: IMAM guidelines roll-out: January 2017 onward
Phase 4: Scale-up (tentatively second half of 2017) – not covered by this assignment

Cambodia’s tentative schedule with focus on phase 2 onwards
Phase 1: preparatory phase: done for the most part, March – May 2016
  Phase 1a: Done
  Phase 1b: Review work, including the literature review of existing SAM+MAM protocols experience and preliminary results and propose a reduced-RUTF dosage SAM+MAM protocol proposal for Cambodia; through March/April 2016
Phase 2: IMAM guidelines revision, development of job aids, training approach tools materials and action plans: March –May 2016
Phase 3: IMAM guidelines roll-out: June 2016 onward
Phase 4: Scale-up (tentatively second half of 2017) – not covered by this assignment

Mongolia’s tentative schedule for the whole IMAM guidelines revision process is:
Phase 1: preparatory phase: April-May 2016
  Phase 1a: Strategic planning ongoing tentative kick off workshop mid-April 2016
  Phase 1b: Review work April through May 2016
Phase 2: IMAM guidelines revision, development of job aids, training approach, tools, materials and costed action plans: July –October 2016
Phase 3: IMAM guidelines roll-out (tentatively second half of 2017) – not covered by this assignment
Myanmar’s tentative schedule for the whole IMAM guidelines revision process is:

**Phase 1**: preparatory phase: **completed**

**Phase 2**: IMAM roll-out planning ongoing with remote support from external consultant and EAPRO NiE consultant as well: **through June 2016**

**Phase 3**: IMAM guidelines roll-out: **June 2016 onward**

Phase 4: Scale-up (tentatively second half of 2017) – not covered by this assignment

**End Products:**

- Monthly reports
- Outputs as per work assignments and work schedule
- Article that documents the IMAM guidelines review process in Lao PDR, Cambodia and Mongolia including lesson learned and good practices for knowledge management purposes
- End of assignment report including overall recommendations for the region

**Estimated Duration of Contract**: 11 months

**Official Travel**: Home-based with some travels to UNICEF offices in Lao PDR, Myanmar, Cambodia, and Mongolia. The consultant will also travel to UNICEF office in Bangkok at the beginning and end of assignment for briefing and debriefing process.

**Qualifications or Specialized Knowledge/Experience Required:**

- Master degree in public health nutrition preferred or other relevant field, such as public health
- At least five years of relevant work experience in the area of nutrition programming including community management of acute malnutrition (CMAM) or the integrated management of acute malnutrition (IMAM) and Maternal, Infant and Young Child Nutrition (MIYCN)
- Previous experience with multi-sectoral multi-stakeholder program review and planning is preferred
- Previous experience with development of national C/IMAM protocols and operational guidelines and integration of IMAM within national health systems preferred
- Excellent representation skills and coordination competency
- Confident workshop facilitator and trainer
- Ability to work independently and to meet deadlines
- Demonstrated ability to effectively work with others and communicate in a multicultural environment
- Experience and familiarity of the East Asia region an asset

Interested candidates are requested to submit CV or P-11, full contact information of minimum 2 references, availability, and proposed monthly professional in USD by 24:00 hrs. Bangkok time, 11 April 2016 to hrbangkok@unicef.org. The consultant is requested to also submit a travel cost proposal from home base to the regional office in Bangkok, Lao PDR, Myanmar, Cambodia, and Mongolia. Please note the air tickets under UNICEF contract shall be re-routable, refundable type (economy class and most direct route). The consultant will be responsible for own travel insurance, visa fee and terminal expenses.

-------------------- Only short listed candidates will be notified. --------------------