Coordination and Implementation Support for Family MUAC approach pilot programme in four districts (Pachthar, Saptari, Kavre and Jumla) of Nepal

Invitation for Expression of Interest (EOI-NEP-2021-001)

UNICEF Nepal Country Office invites interested national institutions with documented expertise in planning and implementing community-based nutrition and public health interventions to submit an expression of interest (EOI) for partnership in the implementation support for community nutrition actions and Family MUAC approach pilot programme in four districts (Pachthar, Saptari, Kavre and Jumla) of Nepal. The partnering institution’s mandate must align with the goal of reducing malnutrition and they must possess extensive experience in capacity building of District Health Office (DHO) staff, health workers and female community health volunteers (FCHVs) on maternal, infant and adolescent nutrition and health issues, programme monitoring, documentation and evaluation, and implementation of community outreach/social mobilisation and malnutrition screening and referral activities. The institution must have a strong network of adolescent and young people since the secondary aim of this partnership is to support skills development and creation of youth leaders in the field of nutrition.

Brief Description of the Family MUAC Approach:

The Family Welfare Division (FWD) of Department of Health Services (DoHS) in the Ministry of Health and Population (MoHP) plans to pilot the family MUAC approach as a family based component of the Integrated Management of Acute Malnutrition (IMAM) programme in four districts (Pachthar, Saptari, Kavre and Jumla) of Nepal. IMAM is an evidence based integrated programme for the management of acute malnutrition of children less than five years. This programme is underpinned by four public health principles; maximising access and coverage by bringing treatment close to communities; timeliness – providing treatment before the onset of life-threatening illnesses; making available appropriate medical care and nutritional rehabilitation; and providing care as long as it is needed. The IMAM programme has four key components; Community Outreach (Community Mobilization); Outpatient Care (Outpatient therapeutic programme, OTP); Inpatient Care (Stabilisation Centres, SC); Services/Programmes to address moderate acute malnutrition.

The implementation of IMAM programme has been ongoing in 58 districts out of 77 districts that include outpatient therapeutic centres (OTC), and nutrition rehabilitation homes (NRH) respectively for the community as well as facility-based management of severe acute malnutrition. But due to the lack of effective community-based screening and identification of acute (severe) malnutrition, less than 20% of children under five who are wasted are identified and treated. Moreover, the COVID-19 pandemic has seriously impacted the provision and utilization of nutrition services nationwide. One of the most important activities usually carried out for detecting children who are moderately or severely wasted is screening. Due to the COVID-19 situation and the imposed physical distancing and lockdown measures, screening activities by Female Community Health Volunteers (FCHVs) or health care providers is constrained. The Ministry of Health and Population therefore recognized the need to explore other community-based screening modalities, hence the approval to pilot the family MUAC approach that is also expected to improve early detection of wasting and to increase treatment coverage.
In order to address the nutrition issues of children age 6-59 months within the current COVID-19 context and beyond, Ministry of Health and Population (MoHP) approved the Family MUAC approach to be piloted in the four districts of Nepal namely Pachthar, Saptari, Kavre and Jumla. The Family MUAC approach is an example of a programme adaptation that is needed to address the screening constraint imposed by COVID-19 physical distancing and IPC measures. Through the family MUAC approach, in the selected four districts mothers or caregivers will be taught how to use the mid-upper arm circumference (MUAC) tape to detect if their child/children are wasted. Caregivers will be empowered to monitor their own children and they will be supported by FCHVs and other volunteers to better understand what factors led to their child being wasted. It is expected that with the knowledge of how to measure and monitor their own children, early detection will result in timely access to treatment, shorter recovery time and prevention of morbidity and mortality. The female community health volunteers (FCHV) and health workers in the four target districts will be critical for supporting mothers or caregivers whose children are wasted, with follow up in the community and through OTCs. The institution is expected to support the role of FCHVs to capacitate mothers or caregivers to regularly screen for wasting and to support mothers to take appropriate actions if their child/ren is wasted.

**Goal / Objective of the partnership:**

The objective of the assignment is to support implementation, monitoring and expected results of the family MUAC approach in four target districts of Nepal and to provide feedback on the effectiveness of this approach in improving early detection and demand for wasting treatment services. It will be based on the outcomes of the pilot that MoHP will decide whether to expand family MUAC approach to other geographical locations.

**Specific Tasks**

Under the direct supervision of the Nutrition Specialist (nutrition cluster coordinator) of UNICEF with overall guidance of the Chief of Nutrition Section of UNICEF; and close coordination, collaboration, communication with the nutrition chief and team members of the Family Welfare Division (FWD) of the Department of Health Services in Ministry of Health and Population (MoHP) and with provincial and district health office that the identified partner agency will be responsible to accomplish the following tasks:

**a. Implement designed pilot programme of family MUAC approach**

The partner agency is expected to implement the Family MUAC pilot in the identified four districts and develop model evidence as per the identified geographical areas following the protocol, guideline, training and monitoring tools. Similarly, the institution will use defined key monitoring indicators and modality for monitoring implementation so that national evidence will be developed and recommended for future scale up.

**b. Test training materials and tools**

The partner agency is expected to test and or revise (as needed) the training materials and tools for family MUAC approach. All materials to be field tested and revised based on feedback received from FCHVs, Nutrition actors and caregivers

**c. Orient on family MUAC to Palikas, Health Offices, FCHVs, nutrition and food security steering committee members at ward and palika levels and other stakeholders**

The partner agency is expected to orient local authorities, Health Offices (Hos), MSNP committees and other relevant stakeholder to garner support for smooth piloting of family MUAC.

**d. Conduct Training of health workers, FCHVs and community-based nutrition actors**
The partner agency is expected to facilitate training of health workers, FCHVs and community-based nutrition actors that will subsequently train caregivers. For this, the partner agency will guide health workers and FCHVs to develop the capacity of mothers/caregivers on family MUAC approach.

e. **Monitor the overall implementation processes**
The partner agency is expected to follow the pilot process with defined outcome indicators and test monitoring tools and modalities.

f. **Produce monitoring / progress reports**
The partner agency is expected to produce and submit monthly progress reports aligned with specific process as per the defined indicators.

g. **Pilot report and recommendations for scale up**
At the end of partnership, the partner agency is expected to submit a final pilot report including a description of implementation including what worked, challenges, barriers, lessons learned and recommendations for scaling up the family MUAC approach nationwide.

**The duration of pilot:**

Initially, the duration of the Family MUAC pilot will be for 6 months from the date of the agreement with UNICEF. The duration can be extended based on prevalent situation and need of the programme.

**Requirements:**

Interested and qualified national civil society organization (CSO), are requested to submit the following:

i) **Expression of Interest (EOI) letter**

ii) **Institutional profile containing institutional capability, human resources, networking and linkages with other agencies, brief description of relevant experience.**

iii) **List of members of the Board of Directors, names, designations and qualifications of all executive officers, tax clearance, Government registration, VAT registration, financial status (assets, liabilities), credit rating and source of financing, audit report for the past 2 years**

iv) **Contact Address: Postal, e-mail, phone, fax**

v) **Curriculum Vitae of lead resource persons, technical staff who will be involved in future partnership on family MUAC approach with UNICEF.**

This partnership will be assigned for a period of 12 months and based on the performance of the partner agency, further requirement of the partnership and available resources, the duration of the partnership may be extended for additional months.

Completed EOI and supporting documents should be submitted in via email quoting the title “EOI-NEP-2021-001 _ Expression of interest for piloting family MUAC approach in four aforesaid districts of Nepal” to UNICEF at the following email address: nepalsupply@unicef.org no later than 17:00 hours on 06 June 2021.
Supply Unit
UNICEF Country Office,
UN House, Pulchowk
P.O. Box 1187, Kathmandu, Nepal

A response to this Request for Expression of Interest does not automatically ensure that you will be selected for the partnership. Responses are used to select potential institutions for the partnership and will be reviewed carefully. Institutions that fulfil requirements of UNICEF will be contacted for the submission of detailed technical and financial proposals.

Any questions/queries should be addressed in writing through email to Mr. Anirudra Sharma, email: nepalsupply@unicef.org before 3rd June 2021. Telephone calls or personal visits will not be entertained.

Proposed Evaluation Criteria in selection of institution for partnership

Criteria 1: Experience of undertaking similar assignments 30%
Criteria 2: Experience and skills of the proposed key personnel 40%
Criteria 3: Proposed approach to the assignment and capacity to carry out work 30%
Total: 100%

Criteria 1: Experience of undertaking similar assignments
- Experience of working in nutrition or public health
- Experience of undertaking capacity building of D/PHO staff, health workers and female community health volunteers
- Experience in conducting social mobilisation/community outreach activities for nutrition programme
- Strong network of adolescents and young people with experience supporting and delivering community-based nutrition education, counselling and other outreach activities
- Capacity to provide supportive supervision for training and community-based nutrition activities
- Strong documentation, monitoring and evaluation capacity

Criteria 2: Experience and skills of the proposed key personnel
- At least 4 full time experienced staff members with postgraduate degrees in public health or nutrition. The staff must have at least 3 years professional experience in implementing nutrition and public health programmes in Nepal. They must possess good planning, analytical, capacity building, negotiating, communication and advocacy skills. Prior experience with Integrated Management of Acute Malnutrition (IMAM) programme in Nepal is an advantage.

Criteria 3: Proposed approach to the assignment and capacity to carry out work
- Documented capacity to carry our similar assignments
- Ability to work effectively on short time bound assignments
- Experience working with Department of Health Services of MoHP
- The level of understanding to maintain organizational secrecy, well discipline and honesty