unicef | for every child

# TERMS OF REFERENCE

## *National Consultant on Wasting Management*

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| **CONTRACT MODALITY** | Individual Consultancy |
| **DUTY STATION** | Manila Philippines, & Remote (With Travel) |
| **DURATION OF CONTRACT** | 12 months |

### Purpose of Assignment

Child wasting remains a persistent public health challenge in the Philippines, with low coverage of early identification and treatment services under the Philippine Integrated Management of Acute Malnutrition (PIMAM). While national policies and guidelines are in place, implementation gaps persist across service delivery, workforce capacity, data systems, supply chain reliability, and sustainable financing. The Child Nutrition Fund (CNF) Programme (2025–2029) supports the Government of the Philippines to accelerate reduction of wasting through five interlinked implementation components: 1. Improving access and uptake of nutrition services 2. Building a skilled and supported workforce 3. Strengthening nutrition data for action 4. Enabling reliable supply of essential nutrition supplies 5. Mobilising and optimizing nutrition financing Within this framework, UNICEF is supporting the nationwide scale-up of the PhilHealth SAM Outpatient Therapeutic Care (OTC) package, updating guidelines and capacities of service providers, strengthening PIMAM implementation across development and emergency contexts, and closing ongoing Simplified Approaches (SA) Operations Research, including Family MUAC and CHW-led treatment pilots. The Philippines through the Child Nutrition Fund channeled through UNICEF Philippines has committed to accrediting at least 2,011 primary health care facilities nationwide by 2029 under the PhilHealth SAM OTC package, alongside improvements in service utilization and admissions. Achieving these targets requires coordinated technical assistance that strengthens the wasting ecosystem across all five CNF components. This consultancy will therefore provide national technical support (capacity building, monitoring of program implementation, quality assurance, and documentation) to advance PIMAM scale-up across these components, while ensuring structured closure and policy translation of the Simplified Approaches Operations Research.

The purpose of this consultancy is to support the UNICEF Nutrition Specialist in the day-to-day management and implementation of the PIMAM/wasting portfolio of the UNICEF Philippines Country Office across relevant Child Nutrition Fund (CNF) components. The consultancy will provide coordinated technical and programme support to accelerate the scale-up and utilization of quality wasting services, particularly the PhilHealth SAM Outpatient Therapeutic Care package; strengthen PIMAM capacity development, data and reporting systems, supply chain and logistics, and evidence-informed decision-making; and support the completion, documentation, and policy translation of the Simplified Approaches Operations Research. In close coordination with PhilHealth, DOH, NNC, LGUs, institutional contractors, and other partners, the consultant will facilitate stakeholder engagement, provide technical assistance and capacity-building support, monitor implementation and results against agreed activities and targets, document lessons and good practices, and contribute to programme and donor reporting. These efforts will support achievement of UNICEF Philippines Country Office targets and commitments under the Child Nutrition Fund.

### Scope of Work

Under the overall supervision of the Nutrition Specialist and direct day-to-day coordination with the Nutrition Officer, the consultant will undertake the following key workstreams

**1. Support UNICEF PCO workstream on the PhilHealth SAM OTC package Rollout and ITC package development**

1. Provide coordination (horizontal and vertical) and technical support to PhilHealth/DOH/ institutional contractors to catalyze the PhilHealth SAM OTC package accreditation scale-up, utilization monitoring, filing of claims, and reporting
2. Monitor the updating of accreditation database and status on a monthly basis, and report on a quarterly basis
3. Provide knowledge management and learning exchange support: Document barriers, lessons, and best practices, and organization of national updating and learning exchange forums.
4. Support integration of PIMAM Data into HOMIS

**2. Support the remainder of the implementation, closure, and knowledge management of the PIMAM Simplified** Approaches Operations Research (SA-OR)

1. Support Family MUAC SA-OR implementation in extended learning sites and project closure, including knowledge management.
2. Support the CHW-led SA-OR implementation in scale-up areas and post-discharge monitoring, learning exchange, closure, and knowledge management.

**3. PIMAM Capacity Development**

1. Support design and rollout of PIMAM capacity-building activities, including Training of Trainers (TOT), service provider trainings, mentoring, and supportive supervision.
2. Support PIMAM Capacity Building to facilitate PhilHealth SAM package accreditation
3. Consolidate all PIMAM capacity building data quarterly
4. Support finalization of the updated PIMAM MOP
5. Coordinate with and provide technical support to DOH-DPCB to include PIMAM in IMCI Training Package
6. Support strengthening of PIMAM Supply Chain and Logistics

**4. Data and Reporting**

1. Produce quarterly analytical updates on accreditation progress, admissions trends, and service utilization.
2. Support alignment of PIMAM reporting with national health information systems and PhilHealth claims data.
3. Identify data gaps and recommend improvements in monitoring, reporting, and performance tracking.
4. Support evidence use in decision-making at national and subnational levels.

**5. Other Tasks and Cross-Cutting Responsibilities**

1. Coordinate with institutional contractors (PhilHealth SAM OTC package technical and advocacy contractor; PIMAM Simplified Approaches Operations Research Contractors), government agencies (DOH, NNC, PhilHealth) to ensure alignment with CNF commitments.
2. Support donor missions, reporting requirements, and strategic engagement.
3. Ensure equity-focused prioritization of high-burden and vulnerable areas.

Perform other related tasks necessary to advance CNF wasting commitments.

| **Work Assignments Overview** | **Deliverables/Outputs** | **Delivery deadline to complete the deliverable** |
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| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 1**<br><br>1. Approved Comprehensive Inception Report (min. 15–20 pages) comprising:<br><br>• Contextual analysis of wasting epidemiology and treatment coverage in the<br><br>Philippines. | 31 December 2026 |

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| | • Detailed 12-month operational workplan with monthly milestones aligned with<br>CNF targets (1,000 facilities accredited, 1,000 personnel trained, PNDF commodity<br>inclusion, HOMIS indicator integration, SA-OR closure).<br>• PIMAM Knowledge Management Plan and updated national stakeholder<br>directory (min. 40 key contacts across DOH, PhilHealth, NNC, and partners).<br>2. Operational Excel-Based Monitoring Database & Interactive Dashboard template<br>tracking monthly facility accreditation, training milestones, and donor-ready<br>visualizations.<br>3. Technical documentation and formal minutes of at least one (1) PIMAM interagency coordination meeting. | |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 2**<br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and documented.<br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM program implementation, including capacity building and PhilHealth SAM OTC package accreditation and utilization.<br>3. Progress Report documenting progress against planned | 31 January 2027 |

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| | activities and targets, and other supported activities (covering contractor deliverable status), including consolidated 2026 annual progress against targets, updated Excel database/dashboard link, and summary slide deck (UNICEF-branded).<br>4. Updated workplan with monthly priorities.<br>5. Family MUAC SA-OR Policy Translation Package (in coordination with UPLB):<br>• Policy Brief (4–6 pages) synthesizing operational lessons, cost/coverage data, and integration recommendations.<br>• Standard UNICEF-branded slide deck (15–20 slides) and summary infographic of major results.<br>6. CHW-Led Treatment SA-OR Policy Translation Package:<br>• Technical Synthesis Note and Policy Translation Brief (6–8 pages) covering operational lessons, cost, scalability, and workforce implications.<br>• Standard UNICEF-branded slide deck (15–20 slides) and summary infographic of major results.<br>7. Technical assistance meeting report on consultation with relevant offices to include PIMAM commodities (RUTF, F75, F100) into the PNDF.<br>8. Updated national directory of PIMAM stakeholders and partners. | |

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| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 3**.<br><br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br><br>documented.<br><br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and PhilHealth SAM OTC<br><br>package accreditation and utilization.<br><br>3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status), with updated<br><br>dashboard tracking accreditation progress.<br><br>4. Updated workplan with monthly priorities (including Annual PIMAM Workplan<br><br>activities drafted from PIMAM End-Year Review).<br><br>5. Technical assistance, facilitation, and organizational documentation for the<br><br>National PIMAM MOP Technical Review and Consensus Building Workshop.<br><br>6. Finalized, formatted PIMAM Manual of Operations (MOP) package submitted and | 28 February 2027 |

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| | officially turned over to DOH-DPCB.<br><br>7. Preliminary Technical Brief (8–10 pages) on Inpatient Therapeutic Care (ITC)<br><br>costing and package architecture.<br><br>8. Technical consultation and assistance report with DOH-EB and PhilHealth to<br><br>identify, define, and integrate nutrition indicators into HOMIS. | |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 4**<br><br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br><br>documented (serving as the Dissemination of the updated PIMAM MOP). 2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and PhilHealth SAM OTC<br><br>package accreditation and utilization.<br><br>3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status).<br><br>4. Updated workplan with monthly priorities.<br><br>5. Consolidated National PIMAM Capacity Building Progress Report | 31 March 2027 |

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| | (auditing<br>training data against 1,000-cadre target across cadres and regions). | |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 5**<br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br>documented.<br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br>program implementation, including capacity building and PhilHealth SAM OTC<br>package accreditation and utilization.<br>3. Progress Report documenting progress against planned activities and targets, and<br>other supported activities (covering contractor deliverable status), including audit of<br>national facility accreditation scale-up progress.<br>4. Updated workplan with monthly priorities.<br>5. Consultation and technical assistance meeting report on nutrition indicator<br>integration into HOMIS and iClinicSys | 30 April 2027 |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 6**<br>1. At least one (1) coordination meeting on PIMAM organized, | 31 May 2027 |

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| | facilitated, and<br><br>documented.<br><br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and PhilHealth SAM OTC<br><br>package accreditation and utilization.<br><br>3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status), including<br><br>quarterly PPT presentation (UNICEF-branded) on accomplishments, bottlenecks,<br><br>lessons, and recommendations.<br><br>4. Updated workplan with monthly priorities.<br><br>5. Technical review and policy recommendations paper (10–12 pages) on PhilHealth<br><br>SAM OTC Circular implementation. | |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 7**<br><br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br><br>documented.<br><br>2. One (1) field visit to LGUs of | 30 June 2027 |

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| | high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and PhilHealth SAM OTC<br><br>package accreditation and utilization.<br><br>3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status).<br><br>4. Updated workplan with monthly priorities. | |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 8**<br><br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br><br>documented.<br><br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and PhilHealth SAM OTC<br><br>package accreditation and utilization.<br><br>3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status), auditing annual | 31 July 2027 |

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| | facility accreditation progress and service utilization trends.<br><br>4. Updated workplan with monthly priorities.<br><br>5. Technical review report on the field testing and draft interim guidelines for the<br><br>updated PIMAM MOP submitted to DOH-DPCB.<br><br>6. Updated national directory of PIMAM stakeholders and partners**.** | |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 9**<br><br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br><br>documented.<br><br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and PhilHealth SAM OTC<br><br>package accreditation and utilization.<br><br>3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status).<br><br>4. Updated workplan with monthly priorities.<br><br>5. CHW-Led Simplified | |

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| | Approaches Operations Research synthesis note and policy<br><br>translation brief.<br><br>6. Mid-year portfolio review report and strategic acceleration plan. | |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 10**<br><br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br><br>documented.<br><br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and PhilHealth SAM OTC<br><br>package accreditation and utilization.<br><br>3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status), including<br><br>provider claims utilization and partner milestones.<br><br>4. Updated workplan with monthly priorities.<br><br>5. Technical assistance report on regional rollout and Training of Trainers (TOT) for<br><br>the updated PIMAM MOP. | 30 September 2027 |

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| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 11**<br><br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br><br>documented (serving as the National SAM OTC Progress and Learning Conference).<br><br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and PhilHealth SAM OTC<br><br>package accreditation and utilization.<br><br>3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status), covering<br><br>conference resolutions and forward commitments.<br><br>4. Updated workplan with monthly priorities**.** | 31 October 2027 |
| Inception Phase, Systems Baselines, and Monitoring Setup | **Deliverable 12**<br><br>1. At least one (1) coordination meeting on PIMAM organized, facilitated, and<br><br>documented.<br><br>2. One (1) field visit to LGUs of high-burden provinces to provide TA on PIMAM<br><br>program implementation, including capacity building and | 30 November 2027 |

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| | PhilHealth SAM OTC<br><br>package accreditation and utilizatio 3. Progress Report documenting progress against planned activities and targets, and<br><br>other supported activities (covering contractor deliverable status).<br><br>4. Updated workplan with monthly priorities (handover and transition priorities).<br><br>5. Final Comprehensive Consultancy Report outlining:<br><br>• Analysis of context (what has changed since start of consultancy).<br><br>• Overall accomplishment compared to baseline (impact and output levels) with<br><br>analysis of drivers.<br><br>• Consolidated challenges, lessons learned, and strategic recommendations<br><br>moving forward.<br><br>6. Final Accomplishment Slide Deck (UNICEF-branded, 25–30 slides) presented to<br><br>UNICEF management and DOH/PhilHealth partners.<br><br>7. Complete Digital Repository of all knowledge products (documents, manuscripts,<br><br>training materials, databases, dashboards, meeting | |

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| | documentation, and photos)<br><br>related to the consultancy | |

**Payment Schedule:**
Payment will be made on submission and acceptance of deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant.

**Important Notes**

- Individuals engaged under a consultancy or individual contract will not be considered "staff members" under the Staff Regulations and Rules of the United Nations and UNICEF's policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.
- Contracts are conditional upon the selected candidate's willingness to comply with any current or future vaccination requirements that may be established by UNICEF, where applicable. Failure to comply with applicable vaccination requirements, where required and without an approved medical exemption by UNICEF, may result in the withdrawal of the consultancy offer or termination of the contract in accordance with the General Terms and Conditions of Contract.
- UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.

**QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT**

**Minimum requirements:**

**Education:** Bachelor's Degree ( Master or above an asset) Public Health, Nutrition, Medicine, Nursing, Health Economics, Health Policy, Social Development, or a closely related field

**Work Experience:** At least seven (7) years of progressively responsible professional experience (with **Bachelor's** degree) or at least five (5) years (with **Master's** degree) in public health, child nutrition, or health systems strengthening at national and/or subnational levels in the Philippines.

Demonstrated hands-on experience in child wasting programming, specifically PIMAM/CMAM protocols (both Outpatient Therapeutic Care and Inpatient Therapeutic Care).

Proven experience with the Philippine health system, including local health systems devolution (LGUs), Department of Health (DOH), and National Nutrition Council (NNC).

Direct experience in health facility accreditation, PhilHealth benefit package rollout, or social health insurance claims systems is a distinct advantage

**Skills:** In-depth technical knowledge of WHO guidelines on wasting prevention and management and their application in decentralized contexts.

Understanding of Simplified Approaches (e.g., Family MUAC, CHW-led models) and their policy translation pathways.

Knowledge of nutrition supply chain systems and therapeutic commodities (RUTF, F75, F100, ResoMal).

Strong skills in data analysis, interpretation, and visualization (interactive dashboards, routine health information systems such as HOMIS/iClinicSys).

Proven capacity in designing and facilitating Training of Trainers (TOT), service provider mentoring, and supportive supervision.

**Language Requirements:** Fluency in English and Filipino (both oral and written) is required.

**Desirables:** Prior work experience with UNICEF, WHO, or other UN agencies/international development partners.

Familiarity with Universal Health Care (UHC) implementation sites and Special Health Fund arrangements