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TERMS OF REFERENCE

TITLE – *International Consultants for Quality Improvement, Continuity and Institutionalisation of Child Wasting Services*

CONTRACT MODALITY	Individual Consultancy
DUTY STATION	**Bangkok, Thailand-Remote with Travel**
DURATION OF CONTRACT	12 months

Purpose of Assignment

Child wasting remains a major cause of preventable illness and death and requires reliable prevention, early identification, referral, treatment, follow-up and relapse prevention across routine, fragile and humanitarian health systems. Conflict, displacement, climate shocks, disease outbreaks, food insecurity, economic instability and constrained financing increase nutritional risk and can further weaken service access, quality and continuity.

Routine monitoring captures admissions, exits and outcomes but often provides limited insight into who is missed or lost along the care pathway, service readiness, clinical quality, referral completion, supply continuity, equity and corrective action. Programme, survey, supervision, referral, stock, mortality and caregiver-experience data are frequently fragmented, inconsistently defined and weakly connected to management decisions.

Weaknesses in governance, financing, workforce capacity, supervision, information systems, supply chains, referral arrangements, community platforms and accountability constrain performance. Child wasting services are also not consistently embedded within Ministry of Health quality-of-care standards, facility improvement plans, supportive supervision, performance monitoring and routine quality-improvement systems, limiting sustainability and scale.

UNICEF will therefore implement a multi-country initiative covering an initial Asia-Pacific portfolio—Cambodia, Indonesia, Lao PDR, Nepal and the Philippines—and an initial fragile and humanitarian portfolio—Afghanistan, Myanmar, Pakistan, Ethiopia, Kenya, Somalia, South Sudan and Uganda. Child Nutrition and Development Global Practice will lead the initiative with regional and country offices, ministries of health, coordination platforms and implementing partners, using one common technical framework while adapting support to country context and avoiding parallel assessment, coverage-monitoring or reporting mechanisms.

The purpose of the consultancy is to engage two consultants to provide specialised technical leadership, analysis and implementation support to strengthen the quality, continuity, equity, effective coverage and institutionalisation of child wasting services across community, outpatient and inpatient platforms in selected routine, fragile and humanitarian settings. The consultants will support participating countries to:

a. assess programme performance, quality of care arrangements and institutional capacity, and identify priority system and service delivery bottlenecks;
b. design, test and refine feasible, country-owned continuous quality improvement actions using existing programme data and systems;
c. facilitate cross-country collaborative learning and document effective changes, implementation requirements, tools and lessons; and
d. develop practical roadmaps for embedding validated standards, indicators and quality improvement practices within national and humanitarian systems.

The expected results are stronger use of evidence for corrective action, improved quality and continuity of care, and

feasible country-owned approaches for institutionalisation and scale-up. The assignment will strengthen existing systems and will not replace national clinical guidance or create parallel assessment, coverage-monitoring or reporting mechanisms.

Scope of prevention. Within this assignment, prevention refers to preventing missed detection, deterioration, medical complications, interruption of care, default, poor treatment response and relapse through stronger service quality, continuity and referral. It does not constitute a comprehensive multisectoral review of all drivers of Child Wasting

Scope of Work

The two consultants will work under a common methodology and quality-assurance framework and provide strategic, analytical and implementation support across seven interrelated workstreams:

1. Strategic inception and country engagement

   • Review relevant global guidance, national protocols, emergency plans and programme evidence to define the methodology, priority questions, governance, data requirements, risks and quality assurance arrangements.

   • Engage UNICEF offices, ministries of health, WHO, humanitarian coordination mechanisms and implementing partners to agree institutional roles, expected results and implementation arrangements.

   • Support final country and site selection based on humanitarian need, wasting burden, quality gaps, readiness, data and service availability, feasibility and prospects for institutionalisation.

2. Quality-of-care and quality-improvement landscape and institutional maturity

   • Assess how participating countries assure and improve the quality of community, outpatient and inpatient care for children with wasting and nutritional oedema, including relevant standards, initiatives, tools, indicators, coordination mechanisms and learning platforms.

   • Examine the reach, maturity, effectiveness, cost drivers and sustainability of these arrangements, including their dependence on external technical support and the extent to which qualityimprovement functions are embedded within Ministry of Health policies, emergency response arrangements, supervision systems, facility improvement processes, dashboards, programme reviews, financing mechanisms and accountability structures.

   • Identify duplication, fragmentation, system gaps and promising practices that can be consolidated, strengthened or adapted through existing systems rather than replaced by parallel arrangements.

3. Effective coverage, programme performance and data-to-action

   • Review and triangulate routine child wasting data, national surveys, supervision reports, partner assessments, referral records, supply data and mortality information. Analyse programme performance and effective coverage across recognition, screening, assessment, referral, admission, treatment, follow-up, discharge and post-exit care, including services for infants under 6 months at risk of poor growth and development and their mothers.

   • Reconstruct country care cascades where feasible to identify loss, delay, misclassification, nonresponse and priority data gaps. Assess service readiness, protocol adherence, referral completion, commodity continuity, treatment outcomes, early inpatient mortality, default, non-response and relapse; use defined admission cohorts where data permit and report unresolved cases separately.

   • Validate indicator definitions, reporting periods, denominator assumptions, completeness and comparability; distinguish true zero values from missing or incomplete reporting; flag implausible results;

and translate findings into concise management briefs identifying performance gaps, inequities, data limitations, decisions and corrective actions.

4. System bottlenecks, root-cause analysis and equity

   • Identify institutional and operational barriers affecting effective coverage, clinical safety, continuity and equitable outcomes, with particular attention to inpatient therapeutic care.

   • Analyse root causes across governance, financing, workforce capacity, clinical practice, supervision, referral systems, supply chains, information systems, community platforms and accountability, including continuity of therapeutic foods, essential medicines and equipment.

   • Profile underserved children, those at highest risk of mortality and infants under 6months at risk of poor growth and development and their mothers. Where data permit, disaggregate cascade performance by age, sex, geography, vulnerability, service-delivery platform and population group. Support stakeholders to distinguish immediate service failures from underlying institutional causes, prioritise corrective actions, assign responsibilities and establish escalation and follow-up arrangements.

5. Minimum quality standards and continuous quality-improvement framework

   • Support countries to define or strengthen minimum quality standards for community, outpatient and inpatient care, aligned with global guidance, national protocols and humanitarian operating conditions.

   • Agree a focused set of structure, process, outcome and balancing indicators covering readiness, clinical quality, referral, continuity, equity, mortality, commodities, data use and corrective action.

   • Consolidate and adapt existing tools for assessment, case and mortality review, supportive supervision, referral and supply monitoring, coaching and improvement planning, ensuring compatibility with existing systems and low-resource settings.

   • Ensure that minimum quality domainsinclude anthropometric assessment and classification, nutritional oedema, appetite and medical-complication assessment where applicable, referral and counter-referral, inpatient admission and discharge, early mortality and mortality review, infection prevention and control, therapeutic foods, medicines and essential equipment, caregiver counselling, services for infants under 6 months and their mothers, post-discharge follow-up, relapse and adverse or unintended effects.

6. Country-owned CQItesting and collaborative learning

   • Support country teams and purposively selected demonstration sites to define a limited number of measurable improvement aims and establish baselines using national information systems, closed treatment cohorts, record audits and only the minimum supplementary measures unavailable in routine reporting.

   • Provide technical guidance and competency-based coaching for short Plan–Do–Study–Act cycles addressing priority gapsin workflow, screening, referral, case classification, inpatient care, services for infants under 6 months and their mothers, mortality review, discharge, follow-up, caregiver support, documentation, supervision, data use and commodity management. Monitor balancing measures such as workload, waiting time, feasibility and unintended effects on other services.

   • Facilitate cross-country learning and document tested changes, results, implementation conditions, resource requirements and unintended effects where data permit, informing decisions to adopt, adapt, expand or discontinue each approach.

7. Institutionalisation, sustainability and scale-up

   • Develop country roadmaps for embedding validated standards, indicators and improvement practices

within national protocols, emergency plans, supervision systems, dashboards, supply monitoring, programme reviews, workplans, budgets and accountability mechanisms.

• Define responsibilities at national, subnational, facility, UNICEF and partner levels, together with the minimum technical, financial and operational requirements for sustaining priority qualityimprovement functions with progressively reduced external support.

• Consolidate cross-country learning into practical recommendations on effective approaches, contextual considerations, resource implications, readiness for adaptation and priorities for scale-up.

Work Assignments Overview	**Deliverables/Outputs**	**Delivery deadline to complete the deliverable**
1. Strategic inception and country engagement	Inception report, country engagement framework and sequenced implementation plan.	30 November 2026 (10 days)
2. Quality-of-care and quality-improvement landscape and institutional maturity	Comparative quality-of-care, quality-improvement and institutional maturity assessment.	31 December 2026 (15 days)
3. Effective coverage, programme performance and data-to-action	Multi-country programme performance and effective-coverage evidence synthesis. Country data-to-action briefs identifying performance gaps, data limitations, decisions and priority corrective actions.	26 February 2027 (20+15 days)
4. System bottlenecks, root-cause analysis and equity	Country bottleneck, root-cause, corrective-action and equity profiles.	30 March 2027 (15 days)
5. Minimum quality standards and continuous quality-improvement framework	Minimum quality-of-care standards and priority indicator framework. Adapted package of assessment, case and mortality review, supervision, referral, supply-monitoring, coaching and improvement-planning tools.	31 May 2027 (15+15 days)
6. Country-owned CQI testing and collaborative learning	Country CQI plans, baseline measures and coaching package for selected sites. Interim CQI	31 August 2027 (15+15+15 days)

	implementation and cross-country collaborative-learning report. Final CQI results and tested-change package documenting results, implementation conditions and decisions to adopt, adapt, expand or discontinue approaches.	
7. Institutionalisation, sustainability and scale-up	Country institutionalisation roadmaps defining responsibilities and minimum technical, financial and operational requirements. Final cross-country synthesis, scale-up recommendations and consultancy report, including key lessons, limitations and next steps.	29 October 2027 (12+18 days)

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:** Master's - Advanced university degree in public health nutrition, nutrition, public health, epidemiology, health systems, implementation science, quality improvement, monitoring and evaluation, or a related social science discipline.
- **Work Experience**: Minimum 10 years of progressively responsible experience in child nutrition, including prevention and treatment of child wasting, health systems strengthening or humanitarian nutrition.

  Demonstrated experience in low- and middle-income countries in routine, fragile or humanitarian settings.
  Across the two selected consultants, UNICEF will seek complementary experience spanning Asia and Africa, health systems and humanitarian nutrition, and community, outpatient and inpatient services.
  Proven experience supporting ministries of health and UNICEF or UN agencies.
  Proven experience supporting multi-country or regional initiatives and facilitating structured, multi-stakeholder consultation and adoption processes.
- **Skills**: Demonstrated expertise in programme performance analysis, quality improvement, and use ofroutine and survey data.

  Expertise in continuous quality improvement methodologies (e.g. PDSA, collaboratives).
  Expertise should include community, outpatient and inpatient management of wasting; clinical quality and mortality review; humanitarian coordination and continuity of services; commodity and supply analysis; ethical qualitative inquiry and data protection; coaching and collaborative learning; and development of

practical tools for national and subnational teams.
Ability to translate complex data into actionable recommendations.
Excellent analytical, facilitation, and writing skills, with a track record of producing high-quality technical reports and synthesis documents.

- **Desirables:** Availability to work during Bangkok business hours and to collaborate effectively with the second consultant acrossregional portfolios; candidates based within three hours of the Bangkok time zone are preferred.