

**TERMS OF REFERENCE FOR REVIEW OF THE 2018 INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION NATIONAL GUIDELINES**

**Project and evaluation summary table**

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| Project Name | **Accelerating National Wasting Treatment Reform in Tanzania** |
| Sector | **Nutrition** |
| Implementing Partners (if applicable) | **Ministry of Health and Action Against Hunger** |
| Project Duration | **12 months** |
| Project Start Date | **January 2024** |
| Project End Date | **December 2024** |
| Project Language | **English** |
| Country | **Tanzania** |
| Contract type | **Short term** |
| Proposed review dates | **May 2024 – August 2024** |

**April, 2024**

# **1.1 ABOUT ACTION AGAINST HUNGER**

[Action Against Hunger](https://www.actionagainsthunger.org/) is the world’s hunger specialist and a non-profit leader in a global movement that aims to end life-threatening hunger for good. For over 40 years, the humanitarian organization has innovated better ways to treat and prevent hunger. It serves more than 21 million people annually across 55 countries - with 7 countries within the Horn and Eastern Africa Region including Tanzania. In Tanzania, the organization was established in 2015 and has been intervening in the areas of nutrition and health in Dodoma and Singida region supporting the implementation of the National Multi-sectoral Nutrition Action Plan in close association with the Ministry of Health, PO-RALG, and other sector ministries as well as local government authorities.

# **1.2 PROJECT BACKGROUND**

Accelerating National Wasting Treatment Reform is a 12-month project; with a focus on accelerating the adaptation of the new WHO guideline on the prevention and management of wasting and nutritional oedema in infants and children under 5 years of age by the national government in close collaboration with all stakeholders in the country under the leadership of the Ministry of Health. The project is also implemented in six other countries across Asia and Africa continents namely Mauritania, Solomon Islands, Central Africa Republic, Ivory Coast, PDR Laos, and Tanzania.

The project is expected to contribute to the 2020 Global Action Plan (GAP) on child wasting through the acceleration of the delivery of essential actions and the creation of a more enabling environment to achieve the Sustainable Development Goals (SDG) targets of reducing wasting prevalence to less than 5% by the year 2025 and further reducing wasting prevalence to less than 3% by the year 2030.

In July and November 2023, the World Health Organization (WHO) issued a revised guideline on the prevention and management of wasting and nutritional oedema in infants and children under 5 years of age. The guideline provided 19 recommendations and 10 good practice statements to tackle an expanded range of nutritional challenges that include four areas of focus: infants less than 6 months of age at risk of poor growth and development, moderate wasting in infants and children 6-59 months of age, severe wasting and nutrition oedema from a child health perspective. These recommendations, however, will only be able to save lives once they are contextualized and incorporated into national policies, guidelines, and strategies.

Action Against Hunger and other nutrition partners acknowledge that the 2018 National Guideline for the Integrated Management of Acute Malnutrition has been useful in supporting the treatment of acute malnutrition, ensuring quality treatment among all wasted children including children with nutritional oedema. The National Multi-sectoral Nutrition Action Plan (NMNAP) II, addresses childhood undernutrition holistically to save lives and further prevent underlying causes of malnutrition across the life cycle. It is in this view that, Action Against Hunger in collaboration with Ministry of Health take the advantage of this opportunity to collaboratively contribute to the government efforts to address childhood undernutrition through facilitating adoption and contextualization of the WHO recommendations and good practices into a national policy for implementation.

# **2.1 RATIONALE FOR THE LEAD FACILITATOR ROLE**

Tanzania has made remarkable progress in reducing childhood malnutrition; wasting particular keeping the prevalence of wasting at or below 5% in the past decade. However, over half a million children are affected by wasting today with more than 100,000 suffering from severe wasting. Management of acute malnutrition nationally is guided under the Integrated Management of acute Malnutrition guidelines that was last updated in 2018. It is however understood that the NMNAP II 2021/22- 2025/26 addresses all forms of malnutrition including wasting and acknowledges integrated approaches to enhance a continuum of care; and hence advocates for increased access to quality of services at both facility and community-based nutrition services. Strengthening technical capacity on the prevention and management of malnutrition; wasting in particular is one of the pillars to ensure quality of service delivery across all levels. Updating the national wasting treatment guideline is key to adopting WHO recommendation, contextualizing to the current country needs and further making the guidelines available to facilitate quality service provision.

# **2.2 OBJECTIVES OF THE LEAD FACILITATOR**

The overall objective of the Lead Facilitator is to develop 2024 integrated national guidelines for the management of wasting and nutritional oedema in infants and children under five years of age.

The specific objectives of the consultancy services are;

1. To identify the WHO 19 new recommendations and 10 best practices for the treatment of wasting and nutritional oedema in infants
2. To review the 2018 National Guidelines for the Integrated Management of Acute Malnutrition, analyze gaps in the guidelines and propose practical actions to improve the guidelines based on the new WHO recommendations and best practices
3. To document lessons learnt and best practices from the 2018 IMAM guidelines that can be used to accelerate wasting treatment across the country
4. To study and analyze context-specific practices in line with WHO recommendations that can be adopted into the new national guidelines
5. To provide recommendations on quality improvement for wasting treatment service delivery across health facilities
6. To develop a wasting treatment training package in accordance with the 2024 national guideline for the treatment of wasting and nutrition oedema in infants and children under five years of age.
7. Develop a monitoring and evaluation framework that will guide the effectiveness adoption and implementation of the new guidelines

2.3 Tasks

The Lead Facilitator will be responsible for the following tasks:

1. **Conduct a Comprehensive desk Review**: Analyze the 2018 Integrated Management of Acute Malnutrition (IMAM) Guidelines; NMNAP II priorities; 2023 WHO recommendations and good practices; Health Sector Strategic Plan (HSSP V) identifying gaps, challenges, and areas for improvement.
2. **Stakeholder Engagement:** Facilitate consultations with key stakeholders, including health professionals, nutrition experts, community representatives, and Development partners, to gather insights and recommendations.
   * Participate in quarterly meetings with the technical working group for nutrition service delivery (NSD-TWG) and facilitate additional ad-hoc meetings
   * In every stage engage sub-committee (IMAM-TAC) for their review and approval.
   * Facilitate several full-day, in-depth technical consultation with technical advisory committee members, as needed.
3. **Evidence Synthesis:** Review recent evidence, research findings, and best practices in the management of acute malnutrition to inform the guideline revision.
   * Participate in a field visit to NGO-led MAM/SAM management programs and consult with sub-national stakeholders (e.g., healthcare providers, CHWs, RHMT/CHMT, etc.)
4. **Guideline Revision/updating:** Lead the drafting of revised guidelines, incorporating stakeholder feedback and the latest evidence to ensure relevance and efficacy.
   * Synthesize information from the desk review, technical consultations, and field visit, and draft initial framework for IMAM guideline.
   * Incorporate feedback on the guideline framework from the IMAM TAC and prepare full draft of the 2024 IMAM guidelines.
   * Lead a consultation working sessions with key stakeholders from the national and sub-national levels to review the draft guidelines and provide feedback on the approach, feasibility.
5. **Develop training packages, job aids and SOPs**.
   * Prepare the national training package for IMAM including on-job training (OJT) packages for HSP/CHWs, job aids, and other materials as needed.
   * Incorporate feedback from steering committee members (TAC) and work with relevant stakeholders to finalize and harmonize draft IMAM training packages
   * Support national stakeholders to prepare for roll-out and implementation of the guidelines and training package.
6. **Monitoring and Evaluation Framework:** Propose a framework for monitoring the implementation and impact of the revised guidelines.
   * Develop a monitoring framework for IMAM, leveraging relevant health management information systems (HMIS) indicators and NMNAP II reporting systems.

**2.3 Expected Deliverables**

1. A detailed report on the findings from the initial review of the existing guidelines, including identified gaps and areas for improvement.
2. A draft version of the revised Acute Malnutrition Guidelines for stakeholder review.
3. A final version of the updated Acute Malnutrition Guidelines, incorporating feedback from stakeholders and evidence-based practices.
4. Training materials and tools for healthcare providers on the implementation of the new guidelines including

i. Training packages for HSP/CHWs; training manual for facilitator and participant (in-patient, out-patient and community prevention for acute malnutrition

ii. job aids and SOPs

iii. Facilitation slides

1. A monitoring and evaluation framework to assess the effectiveness of the implemented guidelines.

**Table 1: Summary of expected deliverables**

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| **SN** | **ACTIVITY** | **DESCRIPTION** |
| 1 | **Conduct a Comprehensive desk Review, evidence synthesis and stakeholder consultation:** | The Lead Facilitator will critically analyze the wasting treatment guidelines to identify strengths of the current national wasting treatment guidelines, gaps and areas requiring improvement according to the WHO recommendations and Tanzania wasting treatment context. The analysis may require alignment with other childhood diseases management (IMCI) to ensure coherence and comprehensive care and treatment for malnourished children |
| 2 | **Guideline updating:** | Lead the drafting of revised guidelines, incorporating stakeholder feedback and the latest evidence to ensure relevance and efficacy |
| 3 | **Stakeholder Engagement** | Facilitate consultations with key stakeholders, including health professionals, nutrition experts, community representatives, and Development partners, to gather insights and recommendations A final version of the updated IMAM Guidelines, incorporating feedback from stakeholders and evidence-based practices. |
| 4 | **Develop training packages** | Training materials and tools for healthcare providers on the implementation of the new guidelines. |
| 5 | **Monitoring and Evaluation Framework:** | Propose a framework for monitoring the implementation and impact of the revised guidelines.  A monitoring and evaluation framework to assess the effectiveness of the implemented guidelines. |
| 6 | **Roll out and implementation of the guidelines:** | Support national stakeholders to prepare for roll out and implementation of the guidelines and training packages  TOT trained from Region and Councils |

**3.1 METHODOLOGY**

The review of the 2018 National IMAM Guideline will follow the below steps to ensure a comprehensive and evidence-based review of guidelines for the management of severe wasting.

Desk review: the first step is desk review and familiarization of the 2018 national IMAM guideline and the 2023 WHO guideline on prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under five years to thoroughly understand their scopes, objectives, and recommendations.

Comparison: next is a comparison of the 2023 WHO guideline on prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under five years recommendations and best practices with the existing 2018 national IMAM guideline and identification of areas where guidelines align or diverge from each other and from evidence-based local practices.

Stakeholders’ engagement: the next step is stakeholders’ engagement to gather their perspectives. The stakeholders may include clinicians, policymakers, patients, and caregivers. Considering their experiences, preferences, and feasibility concerns regarding guideline implementation.

Adaptation: the next step is an adaptation of the 2023 WHO guideline on prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under five years based on local context, considering factors like resource availability, cultural norms, and healthcare infrastructure.

Lastly, develop a training package, job aids, SOPs, and other tools to facilitate the implementation of the revised guideline.

# **3.2 SCOPE OF WORK**

The Lead Facilitator is expected to undertake the following:

1. Desk review
   1. Review of the 2018 Integrated Management of Acute Malnutrition to identify strengths and gaps in line with WHO recommendations and best practices
2. Draft a wasting treatment guideline in consideration of the new WHO recommendations
   1. Conduct consultative meetings with implementing partners and local government on best practices and lessons learnt from 2018 national IMAM guidelines that require to be scale-up to enhance wasting treatment across the country
   2. Convene a meeting with a selected national TWG to review the existing national guidelines against the new WHO recommendations.
   3. Develop the first draft of comprehensive Tanzania wasting treatment and management of nutritional oedema following 2023 WHO recommendations and best practices analyzed from partners and local government structures
   4. Develop wasting treatment training package for health care providers that is in alignment with the first draft wasting treatment and management of nutritional oedema
   5. Pre-test and validate the developed wasting treatment training package

# **3.3 EXPECTED DELIVERABLES**

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| **SN** | **Activity** | **Description** |
|  | Desk review of current wasting treatment guidelines, national and global | The Lead Facilitator will critically analyze the wasting treatment guidelines to identify strengths of the current national wasting treatment guidelines, gaps and areas requiring improvement according to the WHO recommendations and Tanzania wasting treatment context. The analysis may require alignment with other childhood diseases management (IMCI) to ensure coherence and comprehensive care and treatment for malnourished children |
|  | Develop roadmap and key milestones to guide the draft development of the wasting treatment guideline and training package | The Lead Facilitator will develop and submit a comprehensive road map for the development of the new wasting guidelines. Key milestones for the process must be clearly highlighted to facilitate any logistical arrangements including organizing working group meetings organization ahead of time |
|  | Conduct a consultative meeting with selected local government health facilities for best practices, and gather recommendation on contextualization | The Lead Facilitator will be responsible for contacting selected health facilities who have effectively implemented the 2018 IMAM guidelines for best practices and recommendation on contextualization of the WHO 2023 recommendations. |
|  | Convene a meeting with representative of TWG | The Lead Facilitator will work closely with a team of technical personnel in nutrition, pediatrics, supply chain, national and international standards to ensure that the guideline is well adapted and can be operationalized across the national without major barriers |
|  | First draft of the “new” wasting treatment guideline | This should be available following completion of desk review, consultative and TWG meeting and keenly incorporation of inputs in the new guideline |
|  | First draft of the wasting training package | The first draft of wasting treatment training package should be in alignment with draft wasting treatment guideline and pre-tested to ensure all new recommendations are well captured for quality-of-service delivery |
|  | Minutes from consultative meetings and TWG meeting on the key recommendations for adoption of the 2023 WHO wasting treatment recommendations | The Lead Facilitator will be required to submit minutes from consultative and TWG meeting, detailing institutions/partner/ health facility consulted and date of meeting and inputs obtained |
|  | Final version of the “new” wasting treatment guidelines | The final version of the guideline alongside wasting treatment training package should be submitted to the Ministry of Health and accepted for roll-out across the country |

# **4.1 TIMELINES**

The review of the National Integrated Management of Acute Malnutrition guideline is expected to begin in April through June. The entire assignment is expected to last within 6-8 weeks.

# **4.2 MANAGEMENT ARRANGEMENTS AND WORKPLAN**

Action Against Hunger will;

* Arrange briefing and de-briefing session with the Lead Facilitator before commencement of the assignment. Similar meetings will be encouraged in the course of the work, as jointly agreed between the Lead Facilitator and Action Against Hunger
* Have the right to fully or partially terminate the consultancy offer in short, written notice if the duration of work lasts longer than agree period and/or if the Lead Facilitator fails to keep the quality of work on the expected standards and fails to meet deliverables/milestones as agreed.
* Make ready relevant documents related to the organization and the project to the Lead Facilitator to review

# **5.1 INTELLECTUAL PROPERTY RIGHTS**

All data, visual materials, and reports generated through this contract of the review of the National Integrated Management of Acute Malnutrition guideline report shall remain the property of the Tanzania Ministry of Health and Action Against Hunger. The Lead Facilitator and other parties require written consent from Ministry of Health and Action Against Hunger if the data and reports are used for a different purpose, other than the objectives stated above**.**

# **6.1 QUALIFICATIONS AND EXPERIENCE**

Interested individuals or consultancy firms should have proven skills and experience as follows;

* Lead Facilitators that have MMed in Pediatrics., or a Nutritionist with experience in the management of acute malnutrition
* A minimum of 10 years of practical experience in the field of wasting management or IMCI
* Should be able to submit, attached to their technical proposal not more than 15 pages (font 11, Lato), excluding copies of their CV and other relevant documents/ evidence that shows their experience on similar consultancy services;
* A detailed Gantt chart showing milestones/major deliverables and activities and highlighting the critical path and duration for the assignment and expected start and completion dates
* The lead facilitator should demonstrate past experience in developing national health and nutrition guidelines and must present/attach proof of his/her previous work (a sample report of a previously conducted review of guidelines or policy-related work over the last 5 years) with references.
* The lead facilitator should send a technical and financial proposal detailing his/or her understanding of the TOR and the methodology that will be used to undertake the task.
* The technical proposal should be prepared paying more emphasis on the methodologies and the technical competency of the lead facilitator to undertake the given tasks. The financial proposal should be prepared including the amount of the budget required to conduct the review of the National Integrated Management of Acute Malnutrition guideline including all costs related to the fieldwork and data collection. Both proposals (technical and financial proposals) should be submitted online not later than 10 working days since the commencement of this announcement to the address below:
* The lead facilitator must be familiar with the Tanzania nutrition and health guidelines, and complementary guidelines for a comprehensive pediatric care and treatment.

# **6.2 HOW TO APPLY**

* Preferably, a qualified Tanzania national/Firm are high priority and are encouraged to apply.
* Submit your CV and a strong justification for your application including at least 1 sample of a similar work previous undertaken. Also, include the financial proposal for undertaking the assignment.
* Must submit a copy of updated registration certificate and practicing license as a nutritionist/ pediatrician
* One supporting document outlining core competencies in line with the assignment, the proposed methodology of work including a detailed work plan, and financial expectations.
* A soft copies of technical and financial proposal based on the Terms of Reference outlined above must be submitted by **May 10, 2024** and addressed to**;**

**Country Director,**

**Action Against Hunger, Tanzania**

**P.O Box 54274, Dar es Salaam**

Applications should be submitted by email to: [tender@tz-actionagainsthunger.org](mailto:tender@tz-actionagainsthunger.org). Please quote **USH8L - Review of the 2018 IMAM Guideline** on the subject line of your email.