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**(pdf format only)**

**Position:** District Nutrition Consultant - J. Gadwal / KB Asifabad / Kamareddy – Telangana

**Employing Agency (Employer):** Inductus Limited

**Duration of the contract:** Duration of the contract: Initial contract will be issued till 31st May 2025, and extended till TOR Validity (24 months).

**Remuneration:** Gross compensation budgeted for the position is very attractive. Please note that the offer made to the selected candidate shall be commensurate with qualifications, experience, and salary history. Applicants to mention their current professional fee & expected professional fee on [www.inductusjobs.com/un](http://www.inductusjobs.com/un)

**No. of Vacancy: 1 (ONE)**

**Duty Station:** J. Gadwal / KB Asifabad / Kamareddy – Telangana

**Reporting Line:**

1. Administrative Supervision- Inductus Limited
2. Technical Supervision: Associate Professor, AIIMS Bibinagar & Nutrition Specialist

**Last Date for Application:** 24<sup>th</sup> January 2025 (Mid-Night)

### **TERMS OF REFERENCE(TOR)**

#### **1. BACKGROUND / RATIONALE**

In Telangana, 33% of children under five years are stunted, indicating chronic multifactorial undernutrition affecting their development, while 21.7% are wasted (too thin for their height), often resulting from inadequate recent food intake or illness. These indicators highlight the state's significant nutritional vulnerability. Children in tribal and rural areas are disproportionately affected, yet urban areas are not exempt, with nearly one in four children suffering from chronic undernutrition (NFHS-5, 2019-20).

Additionally, over half of women and adolescents in the state are anaemic, underscoring the urgent need for targeted interventions to alleviate this widespread burden.

Severe Acute Malnutrition (SAM) presents a critical concern within the broader challenge of undernutrition. SAM is defined by a very low weight-for-height, mid-upper arm circumference (MUAC) below 115 mm, weight-for-height Z-score below -3 SD, visible severe wasting, or nutritional oedema. According to NFHS-5, 8.5% of children under five in Telangana experience severe wasting (<-3 SD). This translates to approximately 1.85 lakh children in the state requiring urgent treatment for SAM.

The advertised consultancy will be based in one of the three intervention districts – Jogulamba Gadwal, Kumaram Bheem Asifabad, Kamareddy—working closely with the Department of Women Development and Child Welfare. The consultant will support interventions under the Management and Prevention of Acute Malnutrition framework, including facility-based and community-based SAM management.

Key responsibilities include:

- Liaising between departments under Poshan Abhiyaan to ensure effective delivery of interventions.
- Supporting the implementation of Social and Behavior Change Communication (SBCC) initiatives in the designated district.
- Enhancing coordination and capacity building to address acute malnutrition and improve service delivery mechanisms.
- By focusing on integrated approaches and multi-sectoral collaboration, this role aims to contribute significantly to combating malnutrition and advancing child health in Telangana.

## **2. PURPOSE OF ASSIGNMENT**

To provide technical assistance to the district in evidence-based planning, budgeting, and monitoring of CMAM and prevention activities, including Infant and Young Child Nutrition programs. This support will adopt a system-strengthening approach, focusing on achieving targets outlined under the IMSAM components.

## **3. PROGRAMME AREA AND SPECIFIC PROJECT AREA**

### **Programme Area: Nutrition**

Output 2: By 2027, government and partners have capacities to increase equitable access of young children to nutritious foods and high nutrition impact services to prevent all forms of malnutrition and manage wasting

## **4. OBJECTIVE/S**

The primary objective is to support the Departments of Health and Family Welfare, Women Development and Child Welfare, and other line departments in the intervention districts of Telangana in effectively implementing CMAM. This technical support aims to achieve the following:

- **Enhance Coverage and Quality:** Provide technical assistance to improve the coverage, continuity, quality, and impact of the SSFP program in the intervention districts.
- **Leadership and Supervision:** Offer technical and managerial leadership and support supervision to block teams for effective implementation of the SSFP program.
- **Prevention Activities:** Support the implementation of prevention-focused interventions for children under five.

## **5. MAJOR TASKS TO BE ACCOMPLISHED**

### **Establishment of Baseline & Hotspots of wasting:**

- Under SSFP/CMAM at the district level- the identification of wasted children through active and passive screening through a systems approach will be followed with desired frequencies. Establishing and adhering to the targets set by the state and organization teams to reach those children in the intervention geographies will be essential.
- Within the intervention geographies, mapping to hotspot areas and areas with poor service delivery by district WDCW and HFW departments will be essential periodically.

### **Capacity Building and Implementation of CMAM/SSFP:**

- Support capacity building and training of the district technical associates on all aspects of SSFP- Technical feeding and management protocol, Supply Chain, MIS and Community Mobilization and Communication.
- Support training and recurrent capacity building of the ICDS staff – AWT, ASHA, ANM bi-annually to adhere to the treatment and feeding protocols. Constant handholding and supportive supervision are to be planned and operationalized to identify and counsel at-risk families effectively.
- Organize biannual training sessions for ICDS staff to reinforce preventive approaches and ensure protocol adherence.

- Provide support in institutionalising the SAM management for children under 6 months and structured play therapy for children with SAM through SSFP and in NRCS.

#### **Monitoring and Reporting:**

- Monitoring plan to be developed for the intervention district with desired indicators as prescribed by NCOE and SCOE. Monitoring plan to be executed under the leadership of the State CMAM consultant periodically.
- Devise and execute monthly travel plan for monitoring visits to AWCs to provide supportive supervision to the frontline functionaries.
- Collation and analysis of data and report preparation from AWCs are to be done monthly.
- Facilitate regular monitoring of the SSFP, institutionalise the monitoring mechanism & quarterly/biannual review for the CMAM process.
- Facilitate quarterly reviews at the district level on SSFP/CMAM and NRC indicators with District collectors and ensure improvement of the convergence with HFW, PRI and WDCW.

#### **Review, monitoring and supportive supervision and overall mentoring:**

- Support State CMAM consultant in strengthening monitoring and reporting mechanism for SSFP/CMAM, monthly Updates to SCOE & organization.
- Organize and facilitate review meetings with the block coordinators to review the CMAM program
- Writing manuscripts for publication in quality journals
- Coordinate with multiple stakeholders at district level

#### **Community-Based Interventions**

- **Awareness and Behavior Change Campaigns:** With technical guidance and support from UN ORGANISATION Social Behaviour Change (SBC) team, facilitate SBCC initiatives to educate caregivers and communities on appropriate Infant and Young Child Feeding (IYCF) practices, including early breastfeeding initiation, exclusive breastfeeding, and complementary feeding.
- **Promotion of Nutrition-Sensitive Practices:** Collaborate with Agriculture, Panchayati Raj Institutions (PRI), and other line departments to promote kitchen gardens, dietary diversity, and household hygiene practices.
- **Strengthen mothers' collectives** to foster peer-to-peer learning and community-led solutions to prevent malnutrition by enhancing community understanding and practice of measures such as quality antenatal care, exclusive breast feeding and appropriate complementary feeding practices.

#### **Strengthening Service Delivery**

- **Targeted Supplementary Feeding:** Ensure timely distribution of fortified supplementary nutrition for at-risk children under five years of age and pregnant and lactating women through AWCs.
- **Integration with Routine Services:** Strengthen convergence with routine immunization, Vitamin A supplementation, and deworming programs to address underlying health factors contributing to malnutrition.

#### **Monitoring and Surveillance**

- **Growth Monitoring:** Establish and operationalise community-based growth monitoring and promotion sessions to identify children at risk of malnutrition early.
- **Hotspot Mapping:** Periodically map areas with high malnutrition prevalence or poor service delivery for targeted interventions.

#### **Strengthening Multi-Sectoral Convergence**

- **Interdepartmental Coordination:** Facilitate convergence meetings at district and block levels with Health and Family Welfare (HFW), Women Development and Child Welfare (WDCW), and PRIs to ensure integrated service delivery.
- **Nutrition-Sensitive Programming:** Advocate for and implement programs addressing the underlying determinants of malnutrition, such as water, sanitation, and hygiene (WASH), social protection, and education initiatives.

#### **Community Mobilization**

- **Engaging Community Influencers:** Involve local leaders, school teachers, and self-help groups in promoting preventive nutrition behaviors and services.

- **Empowering Mothers' Groups:** Strengthen mothers' collectives to foster peer-to-peer learning and community-led solutions to prevent malnutrition.

Undertake any additional tasks related to the program as assigned by the supervisor, contributing to the achievement of the overarching objectives.

## 6. DELIVERABLES AND DEADLINES

*Specific service / outputs to be delivered at a specific time as per stated objectives and performance / quality requirements. **Must include capacity building deliverables.***

S. No.	Deliverable	Major tasks/Activities/Duties
1.	<p><b>Establishment of baseline and hotspots of Wasting</b></p> <ol style="list-style-type: none"> <li>Gather data on nutrition outcomes and service delivery from WDCW and HFW records. Identify existing gaps in service delivery and areas of concern.</li> <li>Use collected data to pinpoint hotspot areas and underserved regions. Engage with community leaders and frontline workers to validate findings and gather additional insights.</li> <li>Schedule regular assessments (quarterly or biannually) to update hotspot maps. Adjust focus areas based on new findings and trends.</li> <li>Prepare detailed reports on mapped areas with recommendations for improved service delivery. Share findings with district authorities and relevant departments for action planning.</li> <li>Develop a schedule for active and passive screening campaigns in coordination with ICDS and health workers.</li> <li>Maintain detailed records of identified children, including anthropometric measurements and follow-up details. Periodically evaluate the effectiveness of screening activities and community mobilisation efforts. Use findings to refine future screening strategies.</li> </ol>	<ul style="list-style-type: none"> <li>• Periodic mapping of hotspot areas, areas with poor service delivery in WDCW &amp; HFW</li> <li>• Periodic identification of wasted children through active and passive screening through community mobilisation activities</li> </ul>
2.	<p><b>Capacity building and implementation of CMAM/SSFP</b></p> <ol style="list-style-type: none"> <li>Document and share training plan and facilitation report alongwith participant list and pre-post assessments</li> <li>Training monitoring report available and shared with State CMAM consultant and stakeholders</li> </ol>	<ul style="list-style-type: none"> <li>• Facilitate planning and capacity development for CMAM with guidance from State CMAM consultant, WDCW, HFW and Organization for assigned district</li> <li>• Plan and support recurrent trainings of WDCW and HFW frontline workers (AWT, ASHA, ANM) and supervisory cadre for implementation of CMAM</li> <li>• Support institutionalization of MAMI and CMAM for &lt;6m infants under guidance from State CMAM consultant and Organization</li> </ul>
3.	<p><b>Monitoring and Reporting</b></p> <ol style="list-style-type: none"> <li>Monthly monitoring and travel plan prepared and updated on need based</li> <li>Monitoring tools/checklist filled, compiled for assigned district through block coordinators and analysed on monthly basis including follow up recommendations</li> <li>Status report on follow up recommendations</li> </ol>	<ul style="list-style-type: none"> <li>• Develop monitoring and travel plan for assigned district and block coordinators under guidance from State CMAM consultant and execute it monthly.</li> <li>• Monitor roll out and implementation of CMAM with specific focus on streamlining screening of children, provision of appropriate service delivery package as per CMAM/SSFP including referral to</li> </ul>

S. No.	Deliverable	Major tasks/Activities/Duties
	<ul style="list-style-type: none"> <li>iv. Timely inputs in the MIS for documenting IMSAM program</li> <li>v. Document the gaps and recommendations; submit to stakeholders for further action and follow up</li> <li>vi. Minutes of the joint review meetings available and documented at district and state level on quarterly basis</li> <li>vii. Share detailed monthly report as per the CMAM indicators with Organization, WDCW and HFW</li> </ul>	<ul style="list-style-type: none"> <li>health facility and tracking them back to community in the assigned district.</li> <li>• Support in ensuring accurate data input in the MIS for IMSAM</li> <li>• Jointly with the block coordinators, facilitate district joint review meetings with WDCW, HFW, AIIMS and other stakeholders to strengthen implementation of CMAM on quarterly basis</li> <li>• Facilitate planning, capacity development and coordination among all team members for monitoring essential nutrition services for CMAM</li> </ul>
4.	<p><b>Review, monitoring and supportive supervision and overall mentoring</b></p> <ul style="list-style-type: none"> <li>i. Timely inputs in the MIS for documenting IMSAM program</li> <li>ii. Share Monthly Progress report</li> <li>iii. One case study/success story/best practice is shared with State CMAM consultant every quarter</li> <li>iv. Document minutes of review meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Support in establishing linkages between Facility and Community management of SAM children for strengthening IMSAM</li> <li>• Facilitate review meeting at district level and converge with different stakeholders</li> <li>• Monitor and supervise block coordinators</li> <li>• Document and develop progress reports, share best practices/success stories on CMAM program</li> </ul>
5	<p><b>Community-Based Interventions</b></p> <ul style="list-style-type: none"> <li>i. Lead the monitoring of the community-based Events, VHSNDs, ANCs, and home visits based on the catchment area.</li> <li>ii. Analyse the data captured and support the improvement of the quality of service delivery by instituting on-job capacity building.</li> <li>iii. Support the implementation of nutrition-sensitive practices in on-ground situations.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Awareness and Behavior Change Campaigns:</b> Facilitate Social and Behavior Change Communication (SBCC) initiatives to educate caregivers and communities on appropriate Infant and Young Child Feeding (IYCF) practices, including early breastfeeding initiation, exclusive breastfeeding, and complementary feeding.</li> <li>• <b>Promotion of Nutrition-Sensitive Practices:</b> Collaborate with Agriculture, Panchayati Raj Institutions (PRI), and other line departments to promote kitchen gardens, dietary diversity, and household hygiene practices.</li> </ul>
6	<p><b>Strengthening Service Delivery</b></p> <ul style="list-style-type: none"> <li>i. Monitor the SSFP service delivery process to ensure adherence to the planned schedule and minimise delays.</li> <li>ii. Conduct follow-up monitoring visits to ensure beneficiaries receive services based on the SSFP algorithm. Collect and analyse feedback from beneficiaries and frontline workers to identify gaps and improve service delivery.</li> <li>iii. Collaborate with the health department to align SSFP activities with VHSND and HBYC schedules.</li> <li>iv. Facilitate joint planning meetings between ICDS and health staff to ensure synchronised service delivery.</li> <li>v. Promote awareness about the importance of growth monitoring, SSFP, IFA and Vitamin A supplementation, and deworming among caregivers.</li> <li>vi. Document and report the integration outcomes and challenges to improve coordination efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Targeted Supplementary Feeding:</b> Ensure timely distribution of fortified supplementary augmented nutrition for at-risk children under five and pregnant and lactating women through Anganwadi Centers (AWCs).</li> <li>• <b>Integration with Routine Services:</b> Strengthen convergence on routine immunization, Vitamin A supplementation, and deworming programs to address underlying health factors contributing to malnutrition.</li> </ul>

S. No.	Deliverable	Major tasks/Activities/Duties
7	<p><b>Capacity Building</b></p> <ol style="list-style-type: none"> <li>i. Identify the training needs of AWWs, ASHAs, and ANMs regarding malnutrition detection and counseling.</li> <li>ii. Conduct hands-on training workshops focusing on technical aspects, community engagement, and counseling skills.</li> <li>iii. Provide post-training support, including mentoring and troubleshooting, to ensure skills are applied effectively.</li> <li>iv. Gather feedback from participants to evaluate the effectiveness of the training and identify areas for improvement.</li> <li>v. Develop a biannual training calendar in consultation with ICDS supervisors and district authorities.</li> <li>vi. Organize refresher sessions for ICDS staff, focusing on preventive approaches, treatment protocols, and adherence to updated guidelines.</li> <li>vii. Assess participants' knowledge and skills post-training to measure the impact of the sessions.</li> </ol>	<ul style="list-style-type: none"> <li>• <b>Training Frontline Workers:</b> Conduct training for Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs), and Auxiliary Nurse Midwives (ANMs) to identify and counsel at-risk families effectively.</li> <li>• <b>Periodic Refresher Training:</b> Organize biannual training sessions for ICDS staff to reinforce preventive approaches and ensure protocol adherence.</li> </ul>
8	<p><b>Strengthening Multisectoral convergence</b></p> <ol style="list-style-type: none"> <li>i. Plan and schedule regular convergence meetings at district and block levels with HFW, WDCW, and PRI representatives.</li> <li>ii. Identify and invite relevant stakeholders, ensuring active participation from all concerned departments.</li> <li>iii. Record minutes of meetings, action points, and follow-up timelines for accountability.</li> <li>iv. Track and report the implementation of decisions made during convergence meetings.</li> <li>v. Collaborate with stakeholders to design interventions that address identified determinants (e.g., promoting safe drinking water, hygiene education, and school nutrition programs).</li> <li>vi. Document success stories, lessons learned, and challenges to improve and scale up interventions.</li> </ol>	<ul style="list-style-type: none"> <li>• <b>Interdepartmental Coordination:</b> Facilitate convergence meetings at district and block levels with Health and Family Welfare (HFW), Women Development and Child Welfare (WDCW), and PRIs to ensure integrated service delivery.</li> <li>• <b>Nutrition-Sensitive Programming:</b> Advocate for and implement programs addressing the underlying determinants of malnutrition, such as water, sanitation, and hygiene (WASH), social protection, and education initiatives.</li> </ul>
9	<p><b>Community Mobilization</b></p> <ol style="list-style-type: none"> <li>i. Identify key community influencers, including local leaders, school teachers, and self-help groups (SHGs), in the intervention areas.</li> <li>ii. Organize sessions to educate influencers about preventive nutrition behaviors, available services, and their roles in community mobilization.</li> <li>iii. Regularly engage with influencers to review their activities, gather feedback, and address challenges. Organize monthly meetings to discuss nutrition topics, share</li> </ol>	<ul style="list-style-type: none"> <li>• <b>Engaging Community Influencers:</b> Involve local leaders, school teachers, and self-help groups in promoting preventive nutrition behaviors and services.</li> <li>• <b>Empowering Mothers' Groups:</b> Strengthen mothers' collectives to foster peer-to-peer learning and community-led solutions to prevent malnutrition.</li> </ul>

S. No.	Deliverable	Major tasks/Activities/Duties
	<p>experiences, and identify community-driven solutions.</p> <p>iv. Track the progress of groups through regular engagement and measure the impact of their activities on community nutrition outcomes.</p> <p>v. Facilitate connections between mothers' groups and local health services to ensure access to resources like supplementary feeding and counselling.</p>	
<b>Grand Total</b>	<b>Total Consultancy days 24 months</b>	<b>Total Travel days within assigned district (15 per month) @ 360</b>

#### 7. OFFICIAL TRAVEL INVOLVED (ITINERARY AND DURATION) NIL

Travel within the assigned district for up to 360 days within Telangana is expected. There might be need based travel to State or Organization field office as per programme needs

#### 8. QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT (Please use as applicable)

*Specifies the professional requirements of the individual for the assignment including required experience, skills and qualifications; Profile required (education, experience and working language(s))*

Qualification or specialized knowledge, experience required

- Graduate/ Post graduate degree/diploma/Graduate in Nutrition/ Public Health Nutrition/ MD/ MPH/ MHA/ MHM
- Work experience of more than 2-5 years in the field of Nutrition Policy and planning, maternal health, child development and nutrition and emergency nutrition.
- Experience of working with UN agencies, or international organizations will be an added advantage
- Understanding of social mobilization and behavior change communication
- Good analytical, negotiation and communication (oral and written) skills
- Computer literate and conversant with MS Office and its Application, internet, e-mail
- Knowledge/familiarity with the national flagship programmes (NRHM, ICDS and others) and experience of working with Government is an asset
- Demonstrated ability to work in a multi-disciplinary environment and to establish harmonious and effective working relationships with governmental, non-governmental and civil society organizations
- Knowledge of English essential, working **knowledge of Telugu** would be an added advantage.
- Candidates with good understanding of government sector and its functioning.
- S/he should be well acquainted with NHM and Reproductive & Child Health Program of the Government of India in general and State specific programmes in particular, and its implementation within the state. Applicants having prior experience of implementing such programs shall get preference.
- Computer proficiency with high-level of familiarity with data base management programme and commonly used packages
- Should be self-motivated, hard-working, energetic and creative with good analytical skills

#### 9. PAYMENT SCHEDULE

Payment will be linked to deliverables as outlines in the attached financial template. For contractors' payment will be made against a monthly report.