

Applications to be submitted on: www.inductusjobs.com/un

(pdf format only)

Position: District Technical Associate - CMAM Telangana (J. Gadwal / KB Asifabad / Kamareddy)

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

No. of Vacancy: 5 Positions (1 for each location)

Duty Station : (1) Sirpur and Kagaz Nagar – Asifabad
: (2) Kamareddy and Madnoor – Kamareddy
: (3) Banswada & Yella Reddy – Kamareddy
: (4) Jainoor & Wankdi – Asifabad
: (5) Manopadu – Gadwal

Reporting Line:

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

Last Date for Application: 24th January 2025 (Mid-Night)

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

1. BACKGROUND / RATIONALE

In Telangana, 33% of children under 5 years are stunted indicating chronic multifactorial affecting their development. Additionally, 21.7% of children are wasted (too thin for their height), often due to recent illness or inadequate food intake. These indicators highlight significant nutritional vulnerability among children in the State. Undernutrition is more prevalent in tribal and rural areas, yet nearly one in four urban children also suffers from chronic undernutrition (NFHS-5 2019-20). Furthermore, over half of women and adolescents are anemic, underscoring the need for targeted interventions to address this burden.

Severe Acute Malnutrition (SAM), characterized by extremely low weight-for-height, MUAC < 115mm, weight-for-height Z-score < -3 SD, visible severe wasting, or nutritional edema, poses a critical challenge in Telangana. According to NFHS-5, 8.5% of children under 5 years have SAM, with limited access to care. This translates to approximately 1.85 lakh children in the State requiring treatment at any given time.

The advertised consultancy will be based in one of the intervention districts for undertaking one/two assigned Block/Project — closely working with the Department of Women Development and Child Welfare. The consultant will support the implementation of SAM management interventions, both at facility and community levels, and facilitate interdepartmental coordination under Poshan Abhiyaan for effective delivery.

2. PURPOSE OF ASSIGNMENT

To provide technical assistance to the District/Block to support evidence-based planning, budgeting and monitoring of CMAM and MAMI programmes using a system strengthening approach with a focus on targets planned under 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 basic objective is to support Department of Health and Family Welfare, & Department of Women Development & Child Welfare, in the intervention district and blocks in the state of Telangana, to implement CMAM as a technical support with the following objectives:

- Technical assistance for improving coverage, continuity, quality, and impact of the SSFP programme in the intervention Blocks/District.
- Support supervision, technical and managerial leadership at district and block level to implement CMAM.
- Assist in implementing prevention-focused activities to address and reduce malnutrition among children under five in the assigned district.

5. MAJOR TASKS TO BE ACCOMPLISHED

Establishment of Baseline & Hotspots of wasting:

- Under SSFP/CMAM at the assigned geographies, identification of wasted children will involve active and passive screening using a systems approach at designated intervals. Meeting the targets set by state and organizational teams to reach these children in intervention areas will be a priority.
- Periodic mapping of hotspot areas and regions with inadequate service delivery by district and block WDCW and HFW departments within intervention geographies will be crucial.

Capacity Building and Implementation of CMAM/SSFP:

- Support capacity building of the block level field functionaries on all aspects of SSFP- Technical feeding and management protocol, Supply Chain of fortified supplementary nutrition, MIS and Community Mobilization and Communication.
- Support training and recurrent capacity building of the ICDS staff bi-annually to adhere to the treatment and feeding protocols. Constant handholding and supportive supervision are to be planned and operationalised.
- 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.

Supply Chain Strengthening

- Establish a mechanism for timely indenting and distribution of the fortified supplementary nutrition to be provided for SAM/MAM children under five through the ICDS.
- Strengthen the service delivery platforms for vitamin A, deworming and IFA supplementation programs under the DHFW and DWDCW to prevent and address the problem of malnutrition.

Community-Based Interventions

- Implement Social and Behavior Change Communication (SBCC) initiatives (with technical guidance and support from UNICEF SBC team) to raise awareness among caregivers and communities about optimal Infant and Young

Child Feeding (IYCF) practices, such as early initiation of breastfeeding, exclusive breastfeeding, and appropriate complementary feeding.

- Strengthen linkages with Agriculture, Panchayati Raj Institutions (PRIs), and other relevant departments within the assigned district to encourage kitchen gardens, improve dietary diversity, and promote household water sanitation and hygiene practices for better nutritional outcomes.
- 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.

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 and district 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 government line departments to review the CMAM program
- Coordinate with multiple stakeholders at district level.

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>Establishment of baseline and hotspots of Wasting</p> <ol style="list-style-type: none"> 1. Detail out a comprehensive data on wasting prevalence in the assigned geography, and identify high-burden areas for targeted interventions 2. Based on the data analysis and program indicators, prepare detailed reports including identified children, anthropometric measurements, follow up details, for further improving the service delivery. 3. Plan a monitoring schedule with ICDS Block and District staff for periodic monitoring and identification of hotspots and improving follow up mechanism. 	<ul style="list-style-type: none"> • Periodic mapping of hotspot areas, areas with poor service delivery in WDCW & HFW • Periodic identification of wasted children through active and passive screening through community mobilization activities
2.	<p>Capacity building and implementation of CMAM/SSFP</p> <ol style="list-style-type: none"> 1. Document and share training plan and facilitation report alongwith participant list and pre-post assessments 2. Training monitoring report available and shared with State CMAM consultant and stakeholders 	<ul style="list-style-type: none"> • Facilitate planning and capacity development for CMAM with guidance from State CMAM consultant, WDCW, HFW and Organization for assigned district • Plan and support recurrent trainings of WDCW and HFW frontline workers (AWT, ASHA, ANM) and supervisory cadre for implementation of CMAM

S. No.	Deliverable	Major tasks/Activities/Duties
		<ul style="list-style-type: none"> Support institutionalization of MAMI and CMAM for <6m infants under guidance from State CMAM consultant and Organization
3.	<p>Supply Chain and Service Delivery Strengthening</p> <ol style="list-style-type: none"> Monitor the SSFP service delivery package being provided to the beneficiaries. Conduct supportive supervision and follow up visits to ensure timely service delivery to the beneficiaries. Identify gaps and suggest corrective actions by collaborating with the HFW, DWDCW, PRIs. Work on aligning the VHSND plans with the SSFP activities. Document the supply chain strengthening mechanism practices and ensure timely reporting 	<ul style="list-style-type: none"> Facilitate the timely delivery of fortified supplementary nutrition to at-risk children under five and pregnant and lactating women through Anganwadi Centers (AWCs). Enhance convergence with routine immunization, Vitamin A supplementation, and deworming initiatives to tackle underlying health issues contributing to malnutrition.
4.	<p>Community based Interventions and mobilization</p> <ol style="list-style-type: none"> Identify prominent community influencers, including local leaders, school teachers, and members of self-help groups (SHGs), within the intervention areas. Conduct sessions and maintain regular engagement with the influencers on preventive aspects of nutrition practices, and their role in community mobilization Monitor the progress during supportive supervision visits and evaluate impact of their activities on improvement in nutrition outcomes. 	<ul style="list-style-type: none"> Work with the village or community level influences like, local leaders, peer educators, SHGs, on IYCF preventive aspects under the SSFP. Strengthen mothers' collectives to foster peer-to-peer learning and community-led solutions to prevent malnutrition.
5.	<p>Monitoring and Reporting</p> <ol style="list-style-type: none"> Monthly monitoring and travel plan prepared and updated on need based Monitoring tools/checklist filled, compiled for assigned district and blocks by conducting travel and analyse on monthly basis including follow up recommendations Status report on follow up recommendations Timely inputs in the MIS for documenting IMSAM program Document the gaps and recommendations; submit to stakeholders for further action and follow up Minutes of the joint review meetings available and documented at block, district and state level on quarterly basis Share detailed monthly report as per the CMAM indicators with Organization, WDCW and HFW 	<ul style="list-style-type: none"> Develop monitoring and travel plan for assigned district and block under guidance from District and State CMAM consultant and execute it monthly. 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 health facility and tracking them back to community in the assigned district. Support in ensuring accurate data input in the MIS for IMSAM Facilitate district and block level joint review meetings with WDCW, HFW, AIIMS and other stakeholders to strengthen implementation of CMAM on quarterly basis Facilitate planning, capacity development and coordination among all team members for monitoring essential nutrition services for CMAM
6.	<p>Review, monitoring and supportive supervision and overall mentoring</p> <ol style="list-style-type: none"> Timely inputs in the MIS for documenting IMSAM program Share Monthly Progress report 	<ul style="list-style-type: none"> Support in establishing linkages between Facility and Community management of SAM children for strengthening IMSAM Facilitate review meeting at district and block level and converge with different stakeholders

S. No.	Deliverable	Major tasks/Activities/Duties
	3. One case study/success story/best practice is shared with State CMAM consultant every quarter 4. Document minutes of review meetings	<ul style="list-style-type: none"> Document and develop progress reports, share best practices/success stories on CMAM program
Grand Total	Total Consultancy 24 months	Total Travel days within assigned district (15 per month) @ 360

7. OFFICIAL TRAVEL INVOLVED (ITINERARY AND DURATION) NIL

Travel within assigned district and blocks 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

- Post graduate degree/diploma/Graduate in Nutrition / Public Health Nutrition/ MD/ MPH/ MHA/ MHM / Equivalent Science stream
- Work experiences of more than 2 years in the field of Nutrition Policy and planning, maternal health, child development and nutrition, emergency nutrition, social work.
- Experience of working with UN agencies, or international organizations will be an added advantage
- Female candidates are preferred looking into the sensitivity of the field work involved in the position.
- 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 performing.

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.