



Examination of climate and nutrition in World Vision Ireland's PGII Programme Terms of Reference (ToR)

World Vision Ireland was established as a registered Irish charity in 1983. World Vision Ireland's primary objective is to support our field operations, both in terms of our core long-term development programmes and humanitarian & emergency relief. We do this by raising private, institutional and Governmental funds, by informing the Irish public about humanitarian issues as witnessed first-hand by World Vision in the field, and by influencing Irish Governmental policy in the areas of long-term development and emergency relief. World Vision Ireland is a member of the World Vision International partnership, which is both the largest emergency relief and Child Sponsorship agency in the world.

Background

World Vision Ireland is one of Irish Aid's six key partners for the implementation of Irish Aid's Programme Grant (PG) II cycle (2017- 2022).

World Vision Ireland's Programme Grant (PG) II is called Access: Infant and Maternal Health Plus (AIM Health Plus). AIM Health Plus is a maternal and child health programme being implemented in Uganda, Tanzania, Sierra Leone, and Mauritania. The goal of AIM Health Plus is to reduce neonatal and under-five mortality rates by 20% and maternal mortality ratios by 15% in each of the Programme sites between 2017 and 2021. To achieve this goal, AIM Health Plus focuses on five outcomes: 1) Children and their mothers are well nourished 2) Children are protected from illness and are managed appropriately when ill 3) Children and their caregivers' access and utilise essential maternal and newborn care (MNC) services 4) Health Governance and partnerships strengthened at micro, meso and macro levels 5) MNCH outcomes accelerated and amplified through the use of digital technology.

AIM Health Plus implements World Vision (WV)'s "7-11" strategy, a package of seven interventions for mothers (e.g. attending antenatal class, increased folic acid and iron supplements) and eleven for children younger than two years (e.g. exclusive breastfeeding, vaccinations, eating food rich in Vitamin A and iron for growth) which are high-impact and low-cost, intended to reduce mortality and morbidity among mothers, newborns and children. The 7-11 strategy employs three core project models to bring about 360-degree support for behaviour change related to maternal, new-born and child health (MNCH) practices at the individual, household, community and environmental levels. These models are:

1. Timed and Targeted Counselling (ttC) at the household level through community health workers (CHWs). ttC is a World Vision model whereby the "7-11" interventions covering the first 1,000 days of life are promoted to mothers and their supporters through home visits by CHWs, using a timed and targeted and dialogue behaviour change counselling approach.
2. Community Committees (COMMs) at the community level. This approach consists of health-focused community groups empowered to coordinate and manage activities leading to increased community capacity, improved community health and strengthened community health systems and civil society.

3. Citizen Voice and Action (CVA) at the environmental level. Citizen Voice and Action is World Vision's primary approach to community level advocacy. It aims to increase dialogue between ordinary citizens and the duty bearers who provide services to the public. It also aims to improve accountability from the administrative and political sections of government (both national and local) in order to improve the delivery of public services.

AIM Health Plus has been implementing these core project models in partnership with local Ministries of Health (MoHs). In addition, the programme has been focusing on strengthening health facilities' capacity to provide quality health care and delivering context-specific nutrition interventions to address the barriers faced in each programme site to improve nutrition outcomes.

The first objective of the programme is to ensure children and their mothers are well-nourished. Results from the mid-term review showed high rates of food insecurity at household level (% households that are severely food insecure range: 11%- 50%) while children 6-59months with a minimum acceptable diet ranged from 17% - 49%. The mid-term review further showed that stunting rates of children 6-59months remain high across all programme areas. While there was some improvement in the percentage of children 6-59months who were wasted or underweight, the rates were still high.

Countries in Sub-Saharan Africa are particularly vulnerable to the impacts of climate change due to the region's reliance on rainfed agriculture, highly variable weather, and high rates of poverty¹². Though AIM Health Plus has introduced context-specific nutrition interventions to improve nutrition outcomes, challenges to food availability and diversity remain. Changing weather patterns are being experienced across programme areas with longer dry periods and less predictable wet seasons impacting food production and availability at community and household levels, as well impacting household nutrition.

World Vision Ireland seeks to examine the patterns of climate change and nutrition across the four AIM Health Plus programme countries. It further seeks to map the nuanced responses taking place within the programme and what learnings can be taken from this to inform future World Vision Ireland programming.

Scope of Work

This piece of work aims to examine, and correlate, the patterns of climate change and nutrition across the four AIM Health Plus programme countries. It further seeks to map and examine the context specific approaches taking place to improve household food security and diet diversity within the programme. Based on this, recommendations can be made for future programming, particularly within the context of predicted changes in climate and weather.

While the approach to this examination is open to the consultant, it is expected to include:

- An extensive literature review and analyses of background information, evidence and learning on patterns of climate change and nutrition across the four AIM Health Plus programme countries

¹Boko, M., Niang, I., Nyong, A., Vogel, C., Githeko, A., Medany, M., . . . Yanda, P. (2007). Climate Change 2007: Impacts, Adaptation, and Vulnerability. Retrieved from Cambridge, United Kingdom and New York, NY, USA: <https://www.ipcc.ch/report/ar4/wg2/>

² Kotir, J. H. (2010). Climate change and variability in Sub-Saharan Africa: a review of current and future trends and impacts on agriculture and food security. *Environment, Development and Sustainability*, 13(3), 587-605. doi:doi:10.1007/s10668-010-9278-0

- Mapping and analyses of context specific approaches taking place to improve household food security and diet diversity within the programme
- Key Informant interviews with AIM Health Plus programme staff, local partner staff, World Vision International staff

Due to COVID-19 restrictions and limitations on travel to and within programme countries, a remote approach is preferred.

Outputs

The expected outputs are:

- Approach and action plan outlining timeline and key deliverables
- A learning brief summarising key findings and recommendations (Maximum of 4 pages).
- A final report that sets out methodology, findings, conclusions, and recommendations. The report should be no more than 20 pages long excluding annexes and with an executive summary and include a case study on actions that have worked well from AIM Health Plus, World Vision or further afield.

Timeframe

The consultancy work is scheduled to start in June 2021 and the following milestones are envisaged:

- Expression of Interest – to be submitted by 14th May 2021.
- Research approach and action plan completed 25th June 2021.
- Learning brief and report by August 27th, 2021.

Management of Consultancy

Clodagh McLoughlin, Senior Programmes Officer - Development Programmes (PGII) will manage the consultancy.

Consultant Requirements

The consultant should have research skills. In addition, they shall have the following expertise and qualifications:

- Master's degree or equivalent in a field related to sustainable development, climate change, governance, resilience, public health, international development or other relevant fields
- At least 5-7 years of working in the field of environment/climate change/public health or related issues
- Demonstrated skills in programme and policy-relevant research
- Proven skills in a range of quantitative and qualitative research methods
- Excellent analytical, written and verbal communication skills
- Fluent in English. Working knowledge in French is an added advantage

Other:

- Consultants shall be required to sign and abide by child and adult safeguarding policies
- The context requires a flexible mindset in regard to planning, approaches, methodology, dates among others. Hence, the consultant should be prepared to respond according to changes in context.

Application and Selection Process

Interested and qualified applicants are invited to submit an application of no more than 2 pages to programmes@wveu.org by 5pm Wednesday 19th May 2021. The application should include an approach to the work, timelines, a proposed budget and 2 references. It should be accompanied by an UpToDate CV.