



Call for Expression of Interest

Ministry of Health, Nutrition & Indigenous Medicine

Review of the implementation of the National Nutrition Policy of Sri Lanka (2010)

Procurement of the services of an External Consultant to review the implementation of the National Nutrition Policy of Sri Lanka (2010)

1. The Director, Nutrition Division on behalf of the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka invites expression of interest from a qualified, eligible consultant to conduct a critical review of the implementation of the National Nutrition Policy (NNP) including the National Nutrition Strategic Plan. This review of the National Nutrition Policy will be conducted in view of incorporating its recommendations in a proposed revising of the NNP in 2018.

No	Invitation for expression of interest No:	Name of the Procurement	Value of bid security
01	PA/Nut/11B/17/2016	Procurement of the services of an External Consultant to review the implementation of the National Nutrition Policy of Sri Lanka (2010)	N/A

2. An applicant should have a thorough knowledge on local and global nutrition programmes as well as the ability to conduct a review of the NNP.
3. Please find the Terms of Reference (ToR) for the provision of technical input to the review of implementation of the National Nutrition Policy at: www.health.gov.lk.
4. Interested consultants may obtain further information from the Dr. Anoma Basnayake, Nutrition Division of the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka on working days from 8.30am to 4.15pm. (Telephone: +94-112-559250)

5. Interested experts are asked to submit their expression of interest covering the points outlined in the ToR accompanied by the following documents:
 - Curriculum Vitae (CV)
 - Letter of Motivation outlining how your experience, skills, qualifications and professional networks fit with the required deliverables (Two A4 pages maximum).
 - Copies of the relevant articles/reports published through indication of web links
 - Brief proposal elaborating the methodology (one A4 page maximum)
6. Please send your detailed expression of interest including above mentioned documents under registered post to Director/ Nutrition, Nutrition Division, No555/5, Public Health Building, Elvitigala Mawatha, Colombo 05, Sri Lanka on or before the 16.00hours (Sri Lankan time) on 30th of September 2016.
7. Late applications will be rejected and applications will be assessed by the expert committee appointed by the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka immediately after closing of the applications.
8. The expert committee has the right to reject all the applications or part of the applications and further they reserve all the rights. Selected applicant will have to sign a contract with the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka.

Director
Nutrition Division
Ministry of Health, Nutrition & Indigenous Medicine
No 555/5
Public Health Building
Colombo 05

TERMS OF REFERENCE

Review the level of implementation of National Nutrition Policy to identify and improve nutrition related policy gaps to achieve Global Nutrition targets and SDGs

1. Background

Sri Lanka made impressive achievements in improving the health and nutritional status of its population between the 1970s and 2000. However, nutrition achievements have lagged in the last decade such that undernutrition levels are high in relation to Gross Domestic Products (GDP) and to infant mortality. The estate sector and rural population in some districts which has moderately high stunting rates and has had an unusually high and unchanged rate of 15% wasting prevalence in the last three decades. The 2012 National Nutrition and Micronutrient Survey shows that 13% of Sri Lankan children under five are stunted due to chronic nutrition deprivation, while 32% are iron deficient and 49% calcium deficient, and although statistics are not available, there is a high probability of deficiencies in other micronutrients. Both stunting and anaemia are linked to serious and largely irreversible consequences for health, education, development, and productivity.

Similar to other developing countries undergoing a nutrition transition, Sri Lanka is also seeing an increase in prevalence of overweight/obesity that coexists with undernutrition. According to the 2012 Survey it is an issue as children get older (adolescents aged 10-18 years: 4.6% were overweight, 1.4% obese), and especially as they grow into adulthood (25% of adult women are overweight, 7% obese; 22% of adult men are overweight, 4% obese). Rising adult obesity rates especially among the young urban Sri Lankan population (PLoS One. 2012;7(2):e31309) has increased the prevalence of cardio-metabolic risk factors, and further studies have shown that one in five adults has either diabetes or pre-diabetes

Despite improvements in poverty reduction, food availability and affordability is still a concern for many vulnerable households in Sri Lanka with in-built factors that have a negative impact on the nutritional status of the population. This problem is exacerbated by increasing living costs and irregularities in income earnings. Current food production systems are still influenced by seasonal patterns and do not respond to market demand. The most recent statistics (HIES 2012/2013) indicate that the national poverty headcount index has decreased from 22% to 6.5% over the last ten years¹. High price volatilities were observed for other food commodities such as fruits, vegetables, fish, milk products, cooking oil and meat, with an increase from 10-30% during the last five years (HARTI, 2013.) This has increased the number of poor households who have limited access to nutritious food. There is a significant 'nutrition gap' in Sri Lanka, the gap between what foods are available and what foods need to be available for good nutrition.

The causal framework for malnutrition identifies food insecurity, non-optimal maternal and child feeding and care practices and the lack of safe water, sanitation and health services as underlying causes of malnutrition, while immediate causes of malnutrition are identified as inadequate maternal and child nutrient intake and infections (Multi-sector Action Plan for Nutrition, 2013, pg

¹ Household Income and Expenditure Survey - 2012/13, Preliminary Report

10-11). Basic causes can be attributed to limited resources, poor institutional capacity, infrastructure and cultural practices. Wide disparities in nutrition exist between districts, emanating from social and economic status (wealth, quintiles and level of education), and this is of significance and serious concern. Given these determinants it is clear that to reduce maternal and child malnutrition in an effective and sustainable manner, a multi-sector approach is required to address a host of issues including the lack of availability and access to nutritious food, poor capacity, gaps in non-health interventions to improve children's diet, malnutrition advocacy, behaviour change communication and inadequate monitoring and evaluation systems.

The immediate and underlying causes of malnutrition in Sri Lanka, with significant prevalence in selected population groups, requires evidence-based, large-scale and equitable policy, for future program actions particularly for the most vulnerable children, adolescent girls and pregnant women.

2. Objective of assignment:

The objective of the assignment is to assess the current policy related gaps and system failures that hinder the further achievement of nutrition related indicators and recommend key policy revisions needed to include in the National Nutrition Policy.

Scope of work

Consultant must ensure to review all the available information, government strategy documents and both local and global evidence, and prepare a policy brief presenting the following:

- Overview of current nutrition status of the population (throughout the life cycle) in Sri Lanka and emerging issues
- Identification of key problems and factors behind poor nutrition outcomes in children in Sri Lanka
- Summary of level of implementation of existing national nutrition policy and what is known about what works or doesn't work in relation to local and global evidence
- Identification of what future policy should focus on and recommendations for future actions to achieve global nutrition and SDG targets.

The policy review should be between 15-30 pages long, suitable for printing, and should be graphic designed

A separate 2 page summary should be prepared for potential use in advocacy to Minister of Health and other senior leaders.

3. Duty station: based in Colombo

4. Duration: To be completed within three months of signing the contract (to support in preparation of National Nutrition Policy in 2018).

5. **Supervisor:** Director, Nutrition Unit, Ministry of Health,

6. **Description of assignment:**

Tasks	End Product/deliverables	Time frame
<ul style="list-style-type: none"> Propose a study plan and submit to Director Nutrition and expert committee for approval. 	Study plan and tools for data collections	15 days
<ul style="list-style-type: none"> Review of the available information, government strategy documents related to nutrition both local and global evidence 	Comprehensive review of available materials	30 days
<ul style="list-style-type: none"> Conduct meetings with key policy makers from government counterparts 	4 to 6 meetings	10 days
<ul style="list-style-type: none"> Analyze the findings, mainly focusing program and policy gaps 	Primary analysis	15 days
<ul style="list-style-type: none"> Workshop to present preliminary findings to the expert group appointed by Ministry of Health, Nutrition & Indigenous Medicine 	Presentation to expert group	1 day
<ul style="list-style-type: none"> Produce a policy gaps covering the scope of work and incorporating the comments at the preliminary finds presentation. The report should be between 15-30 pages long, suitable for printing, and should be graphic designed 	Inception report	15 days
<ul style="list-style-type: none"> Produce a separate 2 page summary for the potential use in advocacy to Minister of Health, Nutrition & Indigenous Medicine and other relevant senior officials 	A policy summary	3 days
<ul style="list-style-type: none"> workshop to present study findings to the expert committee 	Power point presentation	1 day

7. Qualification or specialized knowledge/experience required for the assignment :

- i. Specialist in Public Health or Nutrition
- ii. Prior experience specifically related to review of; policy implementation or nutrition programmes
- iii. Ability to communicate with the service providers and other stakeholders involved in nutrition related activities as well as the public
- iv. Ability to research and prepare reports of a similar nature with excellent English writing skills

8. Conditions:

According to the timeline and approved budget, Ministry of health will pay the consultant. Data collected during the assignment should not be used for any other purposes without prior approval from Ministry of health.

Consultancy Fee

Two million rupees.

Indicative level of remuneration

Proposed level of remuneration is paid in three installments as noted below:

25% payable on signing the contract

50% on developing the inception report and presented to the expert committee

25% on acceptance of the final review report to the expert committee

(Consultant need to cover the travel, board and lodging expenses, workshops and other expenses related to the study)

10. Endorsed by:

Signature :

Date :15/09/2016

Name: Dr.L.B.H.Denuwara, Director/Nutrition