



## Terms of Reference (TOR) for Consultancy for Barriers and Enablers Analysis Study - Philippines

Assignment	Terms of Reference for Consultancy for Barriers and Enablers Analysis Study - Philippines
Published date	January 22, 2026
Concept note submission date	February 6, 2026
Program	Maternal Newborn Health and Nutrition
Contract Type	Consultancy Contract
Duty Station	Philippines with travel to relevant province, districts, and municipalities
Expected Place of Travel	Pangasinan Province
Contract Duration	12 weeks Tentative start date of March 1, 2026 (subject to change)
Version	#1.0
Expression of interest submission	Interested applicant should submit proposal (maximum 4 pages) with budget in English by email to: Olena Karelina <a href="mailto:proposals@nutritionintl.org">proposals@nutritionintl.org</a> Subject header: "Expression of Interest – Consultancy Barriers and Enablers Analysis Study – Philippines"

## Consultancy Purpose

Nutrition International is undertaking a Barrier and Enabler Analysis to better understand the factors influencing the delivery and uptake of gender responsive nutrition services in the Philippines. The effectiveness of timely, high quality, and adequate nutrition interventions depends heavily on the functionality of health service delivery platforms and the strength of multisectoral nutrition programming led by Local Government Units (LGUs) and Local Nutrition Committees (LNCs) at provincial, municipal, and barangay levels. Although national policies and guidelines exist to support maternal and child nutrition, implementation remains uneven across provinces. Generating evidence on the supply side and demand side barriers, as well as the enablers that support service delivery and program adoption, is essential for designing targeted, evidence-based strategies for health system strengthening and behaviour change.

Through this study, Nutrition International aims to produce qualitative insights into the systemic and contextual factors that either hinder or facilitate the provision and uptake of gender integrated nutrition services. The findings will directly inform the development of customized capacity building packages, behaviour change strategies, and multisectoral health system strengthening approaches that align with gender responsive programming principles. These components will be incorporated into the Project Implementation Plan (PIP) to guide effective and sustainable implementation.

To support this work, Nutrition International seeks the services of a qualified local consultant to lead the barrier and enabler analysis. The consultant will be responsible for examining the operational, behavioural, and contextual factors affecting service delivery and program uptake, and for proposing actionable recommendations that will shape project design and implementation.

## Project Background Information

### 1. About Nutrition International

Nutrition International is a global nutrition organization headquartered in Ottawa, Canada, which aims to transform the lives of vulnerable people, especially adolescent girls and women of reproductive age; pregnant women and their new-borns; and infants and young children by improving their nutritional status and health as these groups often have the greatest unmet needs. For more than 30 years, Nutrition International has focused on delivering low-cost, high-impact nutrition interventions to people in need targeted towards reducing anaemia, birth defects, low birth weight and stunting. Working alongside governments as an expert ally, Nutrition International implements programs with local governments and partners in selected high-burden countries in Africa and Asia.

### 2. Background and context

The Philippines has made progress in reducing child undernutrition, yet it remains a major public health concern. Stunting affects 23.6% of children under five, with wasting at 5.6% and underweight at 15.1%, driven by micronutrient deficiencies, diarrhea, low birth weight, and maternal anemia. Maternal nutrition indicators are similarly concerning: 21.8% of pregnant women are anemic and 19.1% are nutritionally at risk, while 9.7% of lactating women experience chronic energy deficiency despite rising overweight and obesity<sup>1</sup>. Evidence shows that improving maternal nutrition during pregnancy is critical to reducing stunting risk

<sup>1</sup> FNRI-DOST National Nutrition Survey, 2023

factors, including low birth weight and preterm birth.

WHO guidance (2020) recommends Multiple Micronutrient Supplementation (MMS) over iron-folic acid (IFA) due to its impact on reducing low birth weight and small-for-gestational-age births<sup>2</sup>. The Philippines began MMS distribution in 41 provinces in 2018, and a draft national policy now includes MMS for pregnant women; in 2024, over 220,000 women received MMS. However, gaps in coverage, provider adoption, and adherence persist. In response, and in line with priorities identified by the Department of Health, National Nutrition Council, and local stakeholders, Nutrition International proposes a targeted intervention in Pangasinan to strengthen F1KD nutrition services, improve MMS uptake and adherence, build provider capacity, and reinforce local nutrition governance through existing government systems.

### **3. Project Description**

The overall project objective (ultimate outcome) is to improve the nutritional well-being of pregnant women and children under five years of age in Pangasinan Province by strengthening nutrition services and nutrition governance through gender-responsive and multisectoral programs.

The two specific objectives (intermediate outcomes) of the project are: 1) increase the use of gender-responsive nutrition services among children under five and pregnant women, and 2) enhance the implementation of multisectoral and gender-responsive nutrition programs by local governments in Pangasinan Province in the Philippines.

**Specific Objective 1 (intermediate outcome 1100). Strengthening Health Systems to Delivery of Quality Nutrition Services** will be achieved through the implementation of the following major activities:

- **Improving Frontline Service Capacity (immediate outcome 1110)** Enhancing capacity of health and nutrition service providers in selected province to deliver quality, gender responsive nutrition interventions (Antenatal Care services, Maternal Nutrition with focus on IFA, MMS supplementation, post-natal care services including on Nutrition Counselling, Promotion of Exclusive Breastfeeding, Complementary Feeding, Vitamin A Supplementation and Growth Monitoring and Promotion)
- **Integrating MMS into ANC Services (immediate outcome 1120)** by conducting an MMS readiness assessment in Pangasinan; supporting the development of provincial MMS operational plans aligned with national DOH guidance; updating and disseminating Social Behaviour Change Communication (SBCC) materials to improve understanding of MMS benefits and uptake; training and mentoring facility and community health workers on MMS counselling, side-effect management and adherence follow-up; documenting implementation experiences, challenges and enablers; and providing technical assistance for the development of costed MMS implementation roadmaps. The project will support the strengthening of MMS supply chain management systems to ensure a steady supply from national and/or local governments but will not finance the procurement of MMS.
- **Enhancing Community Knowledge and Engagement (immediate outcome 1130)** will be achieved through the review, update and translation of gender-responsive SBCC materials for effective community use; using findings from the gender and human rights assessment to tailor community messaging and engagement approaches; strengthening the conduct of community awareness sessions with caregivers, influencers and support groups; and, strengthening community level demand creation for MMS supplementation through ANC, exclusive breastfeeding, age-appropriate complementary

<sup>2</sup> WHO, 2020: Nutritional interventions update: multiple micronutrient supplements during pregnancy

feeding, Vitamin A Supplementation and growth monitoring and promotion assessments.

**Specific Objective 2 (intermediate outcome 1200). Nutrition Governance for Gender Responsive and Multisectoral Nutrition Programs** will be accomplished through the implementation of the following major activities:

- **Strengthening LGU Capacity (immediate outcome 1210)** through the provision of technical assistance to local nutrition committees and project sites staff on LNAP development and management; review and update of existing LNAPs to ensure they are gender-responsive, multisectoral and costed; coaching and mentoring of project sites staff on program management and implementation; support operationalization of SBCC strategies at LGU level; and, develop knowledge products to share effective practices, lessons and recommendations.
- **Evidence-Based Policy and Financing for Nutrition (immediate outcome 1220)** will be supported by updating the NNC Compendium with emerging evidence and effective practices; facilitating national annual stakeholder review workshops; strengthening LGU capacities for data management, analysis and evidence-informed planning; building leadership capacity of Local Chief Executives; conducting learning and advocacy events for increased domestic financing for nutrition; and, strengthening LGU forecasting, costing, budgeting, nutrition commodity stock monitoring and reporting.
- **Civil Society and Women's Organization Engagement (immediate outcome 1230)** will be facilitated by supporting the LGUs to adopt policies expanding LNC membership to include CSOs and WOs; mapping and assessing eligible CSOs and WOs for engagement; providing technical assistance based on assessed gaps; co-developing evidence-informed advocacy messages on gender-responsive nutrition; and, supporting CSOs and WOs to engage in planning and accountability mechanisms.

### **3.1. Project Areas and Reach**

The project will benefit an estimated 140,800 direct beneficiaries and 435,300 indirect beneficiaries living in Pangasinan Province covering at least 28 municipalities. Final beneficiary targets will be confirmed and adjusted if required once baseline survey results and population assessments are completed.

Pangasinan Province has been selected based on the following criteria: (i) prevalence and magnitude of stunting, (ii) designation as priority provinces under the Philippine Plan of Action for Nutrition (PPAN), and (iii) the absence of coverage by the Philippine Multisectoral Nutrition Project (PMNP), which will prevent duplication and extend support to underserved areas.

## **4. Assignment Details**

### **4.1. Study Objectives**

#### Primary Objectives:

To identify and analyze supply-side and demand-side barriers and enablers affecting the delivery of gender-responsive maternal and child nutrition services and programs through health service delivery platforms and LNC programming implementation of Local Nutrition Action Plan (LNAP) in the Province of Pangasinan.

#### Secondary Objectives:

- To assess health system gaps across key pillars including workforce, service delivery, products and logistics, health information systems, governance, and financing that affect

the provision of gender-responsive nutrition services.

- To identify supply-side and demand-side barriers and enablers including system capacities, resources, knowledge, social norms, and gender dynamics influencing the quality, uptake, and continuity of maternal and child nutrition services.
- To generate actionable recommendations to inform targeted capacity building, program strengthening, and health system strengthening interventions under the Local Nutrition Action Plan (LNAP) implementation.

#### **4.2. Assessment design and scope**

This assessment will use a formative qualitative design to identify key supply-side and demand-side barriers and enablers affecting the delivery of gender-responsive maternal and child nutrition services under the Local Nutrition Action Plan (LNAP) in Pangasinan Province.

The assessment will include desk review, landscape analysis, qualitative data collection, and stakeholder mapping. The supply-side assessment will examine the six WHO health system strengthening pillars and the National Nutrition Council (NNC) guidelines for local nutrition planning, with particular focus on the structure and functioning of Local Nutrition Committees (LNCs). The demand-side assessment will explore behavioural, social, and structural drivers influencing service uptake and nutrition practices at household and community levels.

#### **Scope of Interventions**

The assessment will focus on key maternal and child nutrition interventions delivered through health system and multisectoral platforms, including antenatal care, maternal nutrition with emphasis on Multiple Micronutrient Supplementation (MMS), nutrition counselling, exclusive breastfeeding, complementary feeding, vitamin A supplementation, and growth monitoring and promotion services.

#### **Geographic Scope and Settings**

The assessment will be conducted at provincial and municipal levels in Pangasinan Province. Municipalities will be selected by Nutrition International in consultation with the Provincial LGU, CHD Region I, and NNC Region I Office.

Data collection will take place across Local Nutrition Committee platforms, provincial and municipal health offices, Rural Health Units, Barangay Health Centers or Stations, and selected community settings.

### **5. Assignment Methodology**

The assignment will apply a qualitative descriptive approach using multiple data collection methods, which may include:

- Review of relevant policies, guidelines, program documents, and previous assessments
- Key informant interviews, in-depth interviews, and focus group discussions
- Health facility assessments, service delivery observations, and supply chain reviews, where relevant

In coordination with Nutrition International, the consultant agency will identify appropriate stakeholders, including program managers, service providers, community leaders, and beneficiaries. The final respondent list will be confirmed jointly and may extend beyond the indicative list provided in Annexure 1.

The proposal should describe the sampling approach, including justification of sample size and

strategies to ensure representation and data saturation. It should also outline procedures for data management, analysis, and interpretation, including disaggregation by sex, age, and geography where feasible.

The consultant agency must present a clear team structure, detailing roles, responsibilities, and relevant technical experience.

### **5.1. Analytical Framework**

The assessment will be guided by the **WHO Health System Strengthening Framework**, examining barriers and enablers across the following pillars:

- Health workforce
- Service delivery
- Products and logistics
- Health management information systems
- Governance
- Financing

A gender lens will be applied across all pillars to examine gender norms, decision-making dynamics, service access, inequities, and opportunities for gender-transformative programming, including male engagement and household support mechanisms.

## **6. Deliverables and Timeline**

### **Deliverable 1: Inception and Workplan Development (Weeks 1–2)**

Develop a detailed workplan and assessment approach aligned with the agreed objectives. Nutrition International approval will be required prior to commencement of field activities.

#### **Tasks include:**

- Documentation of inception and design workshop decisions
- Development of a detailed workplan and timeline with milestones, roles, and responsibilities
- Finalization of assessment protocol, sampling approach, and quality assurance plan
- Development and submission of data collection tools (IDI, FGD, and observation guides)

### **Deliverable 2: Stakeholder Mapping and Desk Review (Weeks 3–4)**

Conduct a desk review and stakeholder mapping to inform the assessment scope and contextual understanding.

#### **Tasks include:**

- Review of relevant national and subnational policies, LNAP documents, guidelines, and program reports
- Development of a stakeholder matrix outlining roles, influence, and interlinkages across provincial, municipal, and community levels
- Identification of key actors involved in nutrition planning, financing, and gender integration

### **Deliverable 3: Field Data Collection and Preliminary Findings (Weeks 5–8)**

Implement qualitative data collection to assess supply-side and demand-side barriers and enablers across selected municipalities.

#### **Tasks include:**

- Conduct key informant interviews, in-depth interviews, and focus group discussions
- Undertake health facility and service delivery assessments where relevant
- Ongoing coordination with Nutrition International and local partners
- Submission of a preliminary findings brief summarizing emerging themes and data collection progress

#### **Deliverable 4: Data Analysis and Validation (Weeks 9–10)**

Analyze collected data and validate preliminary findings with key stakeholders.

##### **Tasks include:**

- Thematic analysis organized by health system pillar and gender dimensions
- Preparation of a synthesized barrier and enabler matrix
- Facilitation of a stakeholder validation workshop
- Integration of validation feedback into the analysis

#### **Deliverable 5: Final Assessment Report and Dissemination Materials (Weeks 11–12)**

Produce final assessment outputs and dissemination materials.

##### **Tasks include:**

- Final assessment report including:
  - Barrier and enabler analysis by health system pillar
  - Integrated gender analysis
  - Actionable recommendations by intervention level and stakeholder audience
- Development of a two-page policy brief
- Preparation of dissemination materials (PowerPoint presentation and infographics)
- Final presentation of findings to Nutrition International and partners

### **7. Duration and Implementation Arrangement**

This consultancy will be undertaken over a maximum period of 12 weeks, commencing on March 1, 2026 (subject to change).

The consultant or consulting organization will report directly to the Project Director and will work in close coordination with Nutrition International's technical and project teams.

The assignment is home-based in the Philippines. The consultant or organization is expected to provide their own required IT equipment, including a laptop, mobile phone, and reliable internet connectivity. Travel time from home to project sites will not be counted as working days under this consultancy.

### **8. Required Experience and Competencies**

The selected consultancy agency should demonstrate:

#### **Research Expertise**

- Proven experience in qualitative research design and implementation
- Experience with barrier analysis and health systems research
- Track record of conducting research in low-resource settings in Southeast Asia, preferably from Philippines
- Minimum 10 years of experience in conducting research activities.

#### **Sector Knowledge**

- Deep understanding of maternal and child nutrition programs and policies (and multisectoral program)
- Knowledge of Philippines health system context and structures
- Familiarity with gender-responsive programming and gender analysis methodologies

#### **Capacity and Resources**

- Experienced research team with qualitative research skills, local language proficiency
- Strong project management and coordination capabilities
- Capacity for ethical research conduct and research compliance

## **Quality Standards**

- Experience in qualitative data analysis using rigorous methodologies
- Ability to produce policy-relevant, actionable research findings
- Strong report writing and stakeholder communication skills

## **9. Budget and Resource Requirements**

The consulting agency will be responsible for:

- All field research expenses (transportation, accommodation, honoraria for participants)
- Data collection tool development and adaptation
- Data management and analysis
- Report writing and dissemination materials development
- Stakeholder engagement and validation workshops

## **10. Ethics approval and data security**

This assessment is intended as a programmatic and formative implementation assessment and may not meet the definition of human-subjects research. The need for formal ethics committee approval will be reviewed and confirmed during inception discussions with Nutrition International and relevant government counterparts. Regardless of the final determination, the assessment will adhere to core ethical principles, including voluntary participation, informed consent, confidentiality, and secure data management.

## **11. Application Procedure**

Interested applicants should submit the following documents in word format in English by email to: Olena Karelina (proposals@nutritionintl.org) with the subject header “Expression of Interest – Consultancy for Barriers and Enablers Analysis Study – Philippines” no later than February 6, 2026

- Four pagers (maximum) technical proposal proposed methodology, and implementation plan
  - Technical proposal should include a submission letter, availability of consultants, professional experience (not included in 4 page limit)
  - Updated and detailed copy of CVs for all team members involved
- Financial proposal in PHP and CAD, including daily rates, travel costs etc.
- Sample of similar previous works, clearly identifying the contributions made by the consultant
- 2-3 professional references

## 12. Annexure 1

### Supply-side respondents:

- DOH-CHD Nutrition Program Coordinator
- NNC-Regional Nutrition Program Officer (RNP)
- Provincial Health Officer (PHO) and Provincial Nutrition Action Officer (PNAO)
- Municipal Health Officers (MHO) and Municipal Nutrition Action Officers
- Health facility managers (District, Municipal, City health centres)
- Health and nutrition service providers: doctors, Public Health Nurses (PHN), staff nurses, nutrition counsellors, dieticians
- Midwives and Rural Health Midwives (RHM)
- Frontline health workers: Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNS)
- Support staff: supervisors, monitors, pharmacy staff, storekeepers, data managers
- Cross-sectoral frontline workers: family planning workers, education workers, social welfare workers
- Local Nutrition Committee (LNC) members (Government and NGO representatives)

### Demand-side respondents:

- Pregnant women and women of reproductive age
- Mothers/caregivers of children under five years
- Fathers and male household members/partners
- Community leaders and influencers