

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title	Funding Code	Type of Engagement	Duty Station
Consultancy on technical assistance to the Department of Health for IMNCI Manuals Update		<input checked="" type="checkbox"/> Individual Consultant Full-Time <input type="checkbox"/> Individual Consultant Part-Time	Manila

Background

The National Objectives for Health (NOH) 2023-2028 is the blueprint of the health sector for medium term and this document is anchored on 8-Point Action Agenda. Of them, Action Agenda #7 flags criticality of an increasing availability of health workers in health facilities, institutions and communities; strengthening capacities of health workers to deliver health quality services; and improving working condition of health care workers at all levels of health care system.

The Integrated Management of Newborn and Childhood Illnesses (IMNCI) is a key intervention for a holistic approach to the reduction of childhood mortality and morbidity through targeting the most common causes of deaths in newborns and children under 5 years such as pneumonia, diarrhea, fever, and infections. Having been introduced by the WHO and UNICEF since the 1990s, evidence suggests IMNCI was significantly associated with a 15% reduction in child mortality when activities were implemented in health facilities and communities¹. The effectiveness of IMNCI stems from i) improving the skills of healthcare workers on holistic case management of common childhood illnesses, ii) employing the health systems strengthening approach to assure a conducive environment, and iii) promoting family and community practices. Therefore, it is crucial for the country to make strategic efforts to scale up the IMNCI approach in primary health care (PHC) nationwide and to ensure continuity of quality care for sick children both in inpatient and outpatient facilities as well at the community level. For scaling up, one of the key strategies is to build the capacity of health care providers on IMNCI and support them to translate their learnings into practice. Similarly, it is critical to build the capacity of community health workers to implement community IMNCI.

The Philippines is one of the first countries to adopt IMCI in 1996, and later integrated the neonatal case management as the IMNCI. The global evaluation on the status of IMNCI implementation conducted by the WHO in 2013 reported that the Philippines has effectively achieved key milestones on technical policies and guidelines, with coverage of 72% of districts nationwide². However, the status of roll-out of IMNCI at the facility levels has not yet been explored. A qualitative study in 2021 reported that healthcare workers including community health workers who have been implementing IMNCI faced various challenges. Despite the adaptation of relevant policy and technical documents since the introduction of IMNCI at the national level,

¹ Gera et al. 2016. Integrated management of childhood illness (IMCI) strategy for children under five.

² WHO Regional Office for Western Pacific. 2016. Status of IMCI Implementation in the Western Pacific Region.

the local governments were not informed of the IMNCI-specific orders or strategies, causing difficulties in securing resources to facilitate essential instruments³.

Moreover, it is necessary to revisit the child health and IMNCI packages, both in terms of content and delivery, (e.g., pre- and in-service trainings, IMNCI Computerized Adaptation and Training Tools (ICATT), On-the-Job Training (OJT), community-based delivery targeting Barangay Health Workers (BHWs)) to ensure the adequacy to attend the evolving health needs and align with different government approaches and tools. Since its introduction, the disease burden in the Philippines has changed over the past three decades. Mortality related to non-communicable diseases (NCDs) was one of the five most prevalent causes of deaths among children under five years of age and adolescents between 5 and 14 in 2021⁴. Additionally, healthcare workers having implemented IMNCI have indicated the lack of coherence among different frameworks for treatment management of childhood illnesses as the challenge.

Purpose of Activity/Assignment

This assignment aims to provide technical and operational support to the Department of Health (DOH) in updating the IMNCI manual, covering the facility-based and community-based service delivery, to align better with DOH's guidelines, such as Clinical Practice Guidelines (CPGs), and respond better to the needs of health systems and service users at the PHC level.

Scope 1: Updating the IMNCI Training Protocols for skilled health workers

Referring to the existing IMNCI Chart Booklet (DOH ver. 2019), the consultant is tasked to update the IMNCI Manual in a way that aligns with DOH's guidelines, consultations from professional societies and needs from local health systems and beneficiaries.

- (i) **Conducting consultations** with existing information, DOH's stakeholders, professional pediatric, nursing and midwifery societies, and academe specialised in both health and nutrition at the national and subnational levels. Consultations will focus on discussing the updated quality of care standards and other guidelines to be reflected in the IMNCI, the implementation of IMNCI (e.g., minimum requirement on medicines, equipment for child health services), adequacy of the tools, bottlenecks and opportunities of institutionalizing the IMNCI. The consultation results will serve as a foundation for IMNCI Manual update.
- (ii) **Updating the IMNCI Manual**, including the IMNCI Chart Booklet, Participants Manual, Facilitators' Guide, Course Directors' Guide, and Guide for Post-Training Monitoring and Supervision, by building on synthesized recommendations, to align with the latest clinical practice guidelines and other relevant policies.

³ Renosa et al. 2021. "The staff are not motivated anymore": Health care worker perspectives on the Integrated Management of Childhood Illness (IMCI) program in the Philippines.

⁴ Institute for Health Metrics and Evaluation (IHME). 2024. Global burden of disease study 2021.

Scope 2: Identifying opportunities for the community-based IMNCI

As the IMNCI consists of facility-based and community-based service delivery, the consultant is tasked to help understand the current landscape of initiatives engaging Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNSs) that might already include IMNCI-related activities or have potentials to converge.

- (i) **Conducting Landscape Analysis** on existing capacity building and training programs for BHWs and/or BNSs, which maintains similar objectives as the IMNCI, and synthesizing opportunities for community-based IMNCI to integrate and harmonize.

- (ii) **Conducting consultations** with DOH’s stakeholders, particularly but not limited to bureaus responsible for development of BHWs/BNSs as well as skilled health workers for alignment. Other stakeholders such as relevant professional societies, NGOs/CSOs working with BHWs/BNSs, and academes can be consulted as needed. Consultations will focus on validating the preliminary findings obtained during the Landscape Analysis implementation, and expanding the findings to formulate recommendations grounded in reality.

Scope of Work

The consultant under this assignment will assist DOH in updating the IMNCI manual and developing tools to capacitate IMNCI implementers (i.e., skilled health workers, health managers and DOH officials), while identifying evidence-based recommendations on integrating BHWs/BNSs into IMNCI implementation at the PHC level. The assignment will employ a qualitative method to collect information from secondary sources (e.g., literatures, previous IMNCI Implementation Assessment of DOH), and primary sources (e.g., consultation, key informants interviews) to harness complementary information in formulating recommendations. The consultant is responsible for managing data collection method/s as needed, including consultation and KIIs, in cooperation with the DOH and UNICEF.

Child Safeguarding

Is this project/assignment considered as “Elevated Risk Role” from a child safeguarding perspective?

YES NO If YES, check all that apply:

Direct contact role YES NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

Child data role YES NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the Child Safeguarding SharePoint and Child Safeguarding FAQs and Updates			
Budget Year: 2026	Requisition Section/Issuing Office: Health and Nutrition Section / Philippines Country Office		Reasons why consultancy cannot be done by staff: A specialty is needed in training package update which targets various audiences (participants, facilitators, course directors, health managers). This requires a strong command in collecting qualitative information and formulating it into training materials that abide DOH's quality standards. Therefore, someone with teaching experience is needed.
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:			
Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both		Request for: <input checked="" type="checkbox"/> <u>New SSA – Individual Contract</u> <input type="checkbox"/> Extension/ Amendment	
Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> <u>Competitive Selection (Advertisement/Desk Review/Interview)</u>			
If Extension, Justification for extension:			
Supervisor Carla Orozco	Start Date 20 April 2026	End Date 19 October 2026	Working Days 126 working days

Work Assignment Overview	
<p>This consultancy will need to work closely with the Health and Nutrition Section and facilitate technical collaboration act as a liaison between the DOH and UNICEF, for instance, preparing for and administering structured consultation to effectively ascertain necessary information, which would be centric in completing all assigned tasks. The assignment will have flexible working hours. The consultant may be requested to present in-person in any case of request by the DOH and UNICEF.</p>	
Tasks and Activities	Timelines
1. Conduct a desk review of available information with regards to the IMNCI, clinical practice guidelines, child health policies and programs in preparation of consultative meetings.	1 month
2. Facilitate the consultative meetings with professional societies, and other relevant child health policies and programs to reflect the up-to-date guidelines on the IMNCI manual.	2 month

3.	Draft the update of the IMNCI manual based on findings from the desk review and consultative meetings.	1 month	
4.	Finalize the update of the IMNCI manual under the direction of DOH-DPCB	1 month	
5.	Conduct the Landscape Analysis on existing capacity building and training programs for BHWs/BNSs for the community-based IMNCI to align with	1 month	
Deliverables		Due dates	Payment Terms
1.	Inception report , pertaining results of desk review that lay out (i) topics/areas for consultations within the current IMNCI that mismatch DOH's guidelines; (ii) background on capacity building and training programs for BHWs/BNSs, including stakeholders mapping.	May	
2.	2 Concept notes for consultative meetings for scope 1 and scope 2. Alongside technical contents of IMNCI to align with DOH's guidelines, the consultation should highlight key points such as (i) what are new management recommendations at the community level; (ii) what is the effective referral pathway; (iii) minimum requirements on medicines, equipment, and supplies for sustained implementation.	May	
3.	Consultative meeting reports for scope 1 and scope 2, summarizing and synthesizing on key results, identifying opportunities to align with existing tools/initiatives/program (minimum number of reports: 2).	July	
4.	Draft IMNCI Manual (incl. Chart Booklet, Facilitators' Guide, Course Directors' Guide, Guide for Post-Training Monitoring and Supervision). The IMNCI Manual should also provide annexes, such as referral networks, apex referral centers, etc.	August	
5.	Finalized and approved IMNCI Manual (incl. Chart Booklet, Facilitators' Guide, Course Directors' Guide, Guide for Post-Training Monitoring and Supervision)	September	
6.	Landscape Analysis report entailing the current landscape of upskilling initiatives and pre-service/in-service curricula for BHW/BNS that are designed or implemented by the DOH, CHDs and their attach agencies, academes, NGO/CSO and other partners. It shall assess whether IMNCI-related contents are already incorporated, while presenting opportunities and recommendations for integration, if not.	October	
Total			

Estimated consultancy fee	Unit cost	Unit	Total PHP
Travel international (if applicable)			
Travel local (please include travel plan)			

DSA (if applicable)			
Total estimated consultancy costs			
<p>Minimum Qualifications required:</p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Disciplines: Public Health/ Medical/ Health Research/global or international health/ Health policy and/or management or another relevant technical field</p>	<p>Knowledge/Expertise/Skills required:</p> <p>Required</p> <ul style="list-style-type: none"> Advanced University Degree in Pediatric Medicine, Pediatric Nursing and other relevant field of pediatrics. 7+ years of relevant professional experience in child health/or IMNCCI-related areas. Professional experience in conducting public health research. Professional experience in reviewing, revising, updating and/or developing policies, manuals of procedures and/or guidelines. Professional experience in medical and/or health science teaching. Professional experience in complex settings, particularly engaging with multidisciplinary stakeholders. <p>Desired</p> <ul style="list-style-type: none"> Previous work experience with the DOH and/or CHDs would be an asset. Direct experience in training modules/manuals design, pre-service and/or in-service curriculum development, and capacity-building program development is an asset. Proven knowledge of United Nations human and child rights standards, UNICEF's values and ethical standards; Cultural, gender, religion, race, nationality and age sensitivity and adaptability; Excellent command of English is a requirement. 		
<p>Administrative details:</p> <p>Visa assistance required: <input type="checkbox"/></p> <p>Transportation arranged by the office: <input type="checkbox"/></p>	<p><input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:</p> <p>If office based, seating arrangement identified: <input type="checkbox"/></p> <p>IT and Communication equipment required: <input type="checkbox"/></p> <p>Internet access required: <input type="checkbox"/></p>		
<p>Request Authorized by Section Head</p> <p>Alice Nkoroi, OIC H&N 27-03-2026</p>	<p>Request Verified by HR:</p> <p>Agnes Gargyan, Human Resource Specialist 30-03-2026</p>		

United Nations Children's Fund

Approval of Chief of Operations (if Operations):

Approval of Deputy Representative (if Programme)

Behzad Noubary

05-04-2026

Representative (in case of single sourcing/or if not listed in Annual Workplan)
