

UNICEF – Timor-Leste

Terms of Reference (TOR) for Individual Consultancy to Develop Communication Response to disease outbreak and Strengthening of Routine Immunization Programme

Requesting Section: Child Survival and Development

Nature of Consultancy: Individual consultant to review, finalize and cost the national health promotion strategic plan 2020 – 2024; develop communication guidelines for emergency/diseases outbreak response and related IEC materials to strengthen health promotion interventions including routine immunization as well as develop health promotion monitoring platform.

1. Background:

Timor-Leste is prone to outbreaks for diseases preventable by vaccination. The most recent was the measles outbreak which hit the country from January till November 2019. Based on the report issued on 9th December 2019 by the epidemiologic department of the Ministry of Health (MOH), there were 431 suspected cases [cumulative], out of whom 23 cases were confirmed positive: 1 case in March, 2 cases in July, 3 cases in August, 7 cases in September, 8 cases in October and 2 cases in November. The last confirmed case was on the 5th November 2019 (onset of symptoms on 3rd November). Majority of positive cases are from Dili: 20 cases (87%) in Dili while 2 cases are from Covalima and 1 case from Manatuto Municipalities. According to the surveillance disaggregated data by age, children (up to 5 years) are most affected (61% of cases) as reflect in the table below:

Age	Number of confirmed cases
≤ 1 year	2
> 1 year to 5 years	12
>5 years to 10 years	6
>10 years to 15 years	2
>15 years	1 (26 years old)
Total confirmed cases	23

The outbreak has been closely associated with the low coverage of Measles containing vaccine (MCV). According to the 2018 Health Management Information System (HMIS) report, approximately 30 per cent of children in Timor-Leste did not received any dose of the measles and rubella (MR1) vaccine at 9 months, while 50 per cent children did not received the second dose of MR vaccine (MR2) at 18 months of age. This low immunization coverage has been confirmed by the findings of the Rapid Convenience Assessment (RCA) conducted in Dili Municipality in August (at the onset of the outbreak). This is the reason why the occurrence of outbreak has been associated with the poor coverage of Measles containing vaccine.

In February 2020, UNICEF received a request from the MOH to provide technical assistance (TA), through a consultant (s), to review and finalize a costed health promotion strategic plan; develop communication guidelines for emergency/diseases outbreak response and related IEC materials to strengthen health promotion interventions including routine immunization as well as develop health promotion monitoring platform. This TA was supposed to start early 2020 but the emergency of COVID-19 hampered the movement of people [globally], hence it was difficult to provide this TA at that time. The MOH prioritized its focus on COVID-19 response. Due to the importance of this support, the technical team has discussed with the Health Promotion department to revamp this activity, hence the need to recruit the required consultant.

2. Purposes of the Assignment:

To strengthen the Health Promotion program for the preparedness and response to disease outbreak through increasing immunization coverage in Timor-Leste. This will be done through the review and finalization of a costed national health promotion strategic plan 2020 – 2024; develop communication guidelines for emergency/diseases outbreak response and related IEC materials to strengthen health promotion interventions including routine immunization as well as develop health promotion monitoring platform

3. Programme Area and Specific Project Involved:

Health, Nutrition, WASH and Communication for Development

4. Supervisor: Chief of Child Survival and Development (CSD) Section

5. Work Assignments and work schedule: Deliverables/End Product (s) and Time Frame:		
Activity	Deliverable/s	Timelines
5.1.1 Conduct desk review on the recent communication response to the emergency /diseases outbreak, existing research on social norms and behaviours and existing health promotion materials, evaluate/assess effectiveness of existing communication channels in Timor-Leste, health promotion ME and reporting digital platform (TLHIS), interact with key partners, and develop inception report and workplan.	<ul style="list-style-type: none"> Inception report (include research methodologies, samples and questioners for formative research) and workplan. 	10 days
5.1.2 Conduct primary formative research on social and behaviour change related to health, Immunization, nutrition and WASH practices in Timor-Leste, and gap assessment on health facilities capacity on health promotion, intervention, ME and Reporting.	<ul style="list-style-type: none"> Preliminary Findings report of Formative Research presented to MOH and stakeholders Final report of formative research. 	30 days
5.1.3 Conduct internal consultative meetings, regarding national strategic planning of health promotion (include SBCC strategies for immunization, Nutrition, MNCH and WASH); communication guidelines and key messages for IEC materials for emergency/outbreak response and strengthening immunization, Nutrition, MNCH and WASH program	<ul style="list-style-type: none"> Internal meeting report on documents and key messages based on feedback from internal consultative meeting or workshops 	10 days
5.1.4 Based on the information collected under 5.1.1, 5.1.2 and 5.1.3 review, update and finalize the national health promotion strategic plan with solid social and behaviour change communication strategies to improve immunization, Nutrition, MNCH, sanitation and hygiene programs; including costing and M&E Plan and digital platform for reporting.	<ul style="list-style-type: none"> Editable [advanced] version of the national health promotion strategic plan including costing and M&E Plan Digital health promotion ME and reporting platform 	45 days
5.1.5 In collaboration with government and partners develop communication response guidelines for emergency/ disease outbreak response and related SOPs.	<ul style="list-style-type: none"> Communication materials for preparedness and response guidelines for disease outbreak and SOPs 	30 days
5.1.6 Develop key messages for communication materials (IEC) for Outbreak preparedness and response including providing behaviour change communication messages targeted to avert outbreaks of communicable diseases and strengthening immunization, Nutrition, MNCH and WASH (i.e. scripts for various media channel such as movies/Video, Public service announcement, messages for Posters, stickers, brochures, and songs/music.	<ul style="list-style-type: none"> Key message of the communication materials for outbreak preparedness and response and strengthening immunization, nutrition, MNCH and WASH; Pre-testing and training report; Stakeholders' consultation and report. 	30 days
5.1.7 Conduct workshop with stakeholders to review and validate the documents developed under 5.1.4, 5.1.5 and 5.1.6.	<ul style="list-style-type: none"> Validated national health promotion strategic plan; 	10 days

	<ul style="list-style-type: none"> Validated communication response guidelines for disease outbreak and SOPs Validated key messages for communication materials for outbreak preparedness and response and strengthening immunization, nutrition, MNCH and WASH. 	
5.1.8 Presentation of health promotion strategic plan, communication response guidelines for disease outbreak and SOPs to the council of directors for feedback and endorsement, submission of final documents and report of the consultancy	<ul style="list-style-type: none"> Finalized of the National Health Promotion strategic plan, guidelines, SOPs and communication materials; in both English and tetum languages Final consultancy report 	15 days
<p>6. Estimated Duration of Assignment: The time window for the work is approximately 9 months [180 working days] from May 2021 to February 2022 but work could be accomplished earlier (or earlier satisfactory completion of the deliverables). This contract is therefore proposed as a lumpsum contract of for all anticipated/required deliverables.</p>		
<p>7. Official Travel involved: Applicable</p>		
<p>11. Proposed Payment schedule based on deliverable: Lumpsum payment based on deliverables:</p> <ol style="list-style-type: none"> 1st payment (10%) on submission of inception report and workplan (deliverable 5.1.1 above) 2nd payment (30%) on submission of draft updated national strategic planning of health promotion and communication response guidelines and its SOP for emergency or diseases outbreak (deliverable 5.1.2. and 5.1.3 above) 3rd Payment (30%) on submission of draft IEC materials and reports of consultative meetings and workshops (deliverable 5.1.4 and 5.1.5 above) 4th payment (30%) on submission of all approved documents and presentation report (deliverables 5.1.6 and 5.1.7 above) 		
<p>12. Qualifications or Specialized Knowledge /Experience Required:</p> <ul style="list-style-type: none"> Advanced university degree in Medicine, health sciences, nutrition, Public Health, Health Promotion, Social and Behaviour Change Communication or related disciplines. 8 and/or above years' practical experience in developing countries in communication for immunizations, Nutrition, MNCH and WASH, primary health care and emergency context. Knowledge of Social and Behaviour Change Communication initiatives Knowledge of UNICEF immunization programme guidelines, emergency policies, and financial, supply and administrative rules is an advantage. Fluency in English (verbal and written). Good written and spoken skills in the language of the humanitarian operation. Knowledge of another UN language is an asset. Experience in developing communication guidelines for outbreak response Experience in developing communication materials (IEC) for immunization, Nutrition, MNCH and WASH. Experience in the design and layout of reports. 		
<p>13. Contract Supervisor Chief of Child Survival and Development Section with technical supervision by the head of Health Promotion Department of the Ministry of Health (MOH) and communication for development officer.</p>		
<p>14. Type of Supervision that will be provided: Guidance on strategic planning, development of communication strategies for emergency/outbreak and C4D materials will be provided by UNICEF communication and immunization officers as well as the chief of section and other CSD program staff, specifically on their respective areas of work. Feed-back and improvement needs</p>		

on products developed will be provided by MoH Public Health Directorates and Emergency Units, UNICEF C4D, health and nutrition, and WASH staff and communication staff.

15. Consultant's Work Place and Resource Requirement:

- The consultant will be mainly based at the Ministry of Health's Health Promotion Department with occasional base at UNICEF office [consultants' office];
- UNICEF will provide a desk with internet connection for communication work, when the consultant is working from UNICEF office and arrange meeting venues as needed
- Consultant will be responsible to cover the payment of enumerators and translator to support his/her work if needed.

16. Nature of "Penalty Clause" to be Stipulated in Contract:

a. Late Delivery:

Without limiting any other rights or obligations of the parties hereunder, if the Contractor will be unable to deliver the services by the delivery date stipulated in the Contract, the Contractor shall:

- (i) Immediately consult with UNICEF to determine the most expeditious means for delivering the services and,
- (ii) Use an expedited means of delivery, at the Contractor's cost, if reasonably so requested by UNICEF.

b. Non-Performance:

In case of failure by the Contractor to perform under the terms and conditions of this Contract, UNICEF may, after giving the Contractor reasonable notice to perform and without prejudice to any other rights or remedies, exercise one or more of the following rights:

- (i) Procure all **or** part of the services from other sources, in which event UNICEF may hold the Contractor responsible for any excess cost occasioned thereby. In exercising such rights UNICEF shall mitigate its damages in good faith;
- (ii) refuse to accept delivery of all **or** part of the services;
- (iii) terminate the Contract without any liability for termination charges or any other liability of any kind of UNICEF;
- (iii) for late delivery of services **or** for services which do not meet UNICEF's terms of reference/statement of work and are therefore rejected by UNICEF, claim liquidated damages from the Contractor and deducts 0.5% of the value of the services pursuant to a Contract per additional day of delay, up to a maximum of 10% of the value of the Contract. The payment or deduction of such liquidated damages shall not relieve the Contractor from any of its other obligations or liabilities pursuant to the Contract.