

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title: <i>National/International Consultant to conduct Midterm Review for National Community Health Strategy 2022-2026.</i>	Type of engagement <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	Duty Station: Lusaka, Zambia. (Based at MoH)
<p>Purpose of the Assignment: Technical Assistance (TA) to Ministry of Health to conduct a Mid Term Review (MTR) for the National Community Health Strategy (NCHS) 2022–2026.</p>		
<p>Background information: The MOH with support from cooperating and implementing partners developed the second National Community Health Strategy (NCHS) 2022–2026 with its accompanying Monitoring and Evaluation (M & E) framework to provide guiding framework for the detailed planning and implementation of Community Health activities.</p> <p>The NCHS identifies Six Objectives that together will achieve the overall vision to contribute to Universal Health Coverage UHC by providing holistic Community Health services. The implementation of the six objectives and their strategies will be fulfilled through the various interventions and activities outlined in the NCHS Operational plan. Community Health extends health services to the last mile, providing access to care for those who have previously been left out, including for those in hard-to-reach areas.</p>		
<p>Scope of Work: The purpose of the mid-term review is to assess progress towards the attainment of the National Community Health Strategy (NCHS 2022-26) objectives after two and half years of implementation, and revise NCHS Operational Plan for the remaining duration.</p> <p>The specific objectives for the MTR are;</p> <ol style="list-style-type: none"> 1. To assess the department/unit’s progress and performance in the implementation of strategies/activities in the operational plan including cross cutting issues on gender and human rights towards the attainment of set target for the NCHS 2022 - 2026. 2. To identify enablers and barriers for the implementation of the National Community Health Strategy 2022-2026. 3. To review and revise the operations (program plans of the NCHS methodological approach) 4. To generate actionable recommendations to enable the Govt to guide the acceleration of the CBPHC interventions and inform future CBPHC interventions. 5. To assess the extent of collaboration across programmes and sectors, as well as coordination amongst partners intervening at community level. <p>The MTR will further provide insight into what worked well, what did not work well, where why and under which circumstances including looking at all pillars of the CHS and/or deepen focus on a few that have faced bottlenecks. This will inform decisions for programmatic adjustments for strengthening the whole continuum of Community Health service delivery. The findings of the MTR for the NCHS 2022-26 will provide insight in improving the strategies, and in the identification of new approaches for the potential strategy refinement and roll-out.</p> <p>The assignment will be carried out in close collaboration with the Ministry of Health’s Community Health and M&E Units responsible for and mandated to coordinate and lead the implementation of community health and conducting evaluations. The Consultant will be embedded within the MOH/CHU to provide day-to-day advisory, technical, and strategic support to conduct the midterm review in collaboration with all relevant Departments within MoH, other line ministries and the community health stakeholders The Consultant will be required to interact and engage with all key community health stakeholders for extensive consultations at all stages of midterm review process.</p> <p>UNICEF is one of the lead technical agencies supporting MoH in the development and implementation of community health interventions with the aim of institutionalising, integrating and sustaining community health as</p>		

an integral component of the PHC system towards achieving UHC. With technical, strategic, and advisory support of UNICEF’s Regional Office (RO) and New York Headquarters (NYHQ), under the umbrella of a global initiative called “Community Health Delivery Partnership (CHDP)”, Zambia being one the priority countries to receive the 7% Set Aside RR for community health and nutrition interventions. The MoH has officially requested UNICEF to provide Technical Assistance (TA) in this endeavour. This ToR has, therefore, been prepared to hire and deploy a National or International Public Health/ M&E expert to support the MoH undertake the midterm review for the NCHS 2022–2026.

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:

Not Applicable

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):

Not Applicable

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Budget Year: 2025	Requesting Section/Issuing Office: Health & HIV	Reasons why consultancy cannot be done by staff: The Health and HIV Section is currently supporting MoH to operationalize and implement the various community health interventions. In addition, the section leading and coordinating the development of the PHC strategy. The Ministry of Health staff are also overwhelmed with other competing priorities like the countrywide recruitment, training, & deployment of over 10,000 polyvalent/integrated CBVs) where their full participation is required. Conducting the MTR will require a dedicated TA/Expert to work with MOH and other partners. The TA will need to be embedded in the HP & CH Unit to work with M & E and the Dept. of Public health.	
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify: It is included in 7% Set Aside WP 2025			
Consultant sourcing: <input type="checkbox"/> National <input type="checkbox"/> International <input checked="" type="checkbox"/> Both		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)			
If Extension, Justification for extension:			
Supervisor: Health Specialist (CCH)	Start Date: 15 January 2025	End Date: 30 April 2025	Number of Days (working): 65 working days (3.5 Months – 22 days per month).
Work Assignment Overview: Under the overall guidance of the Chief Health and HIV; technical and day-to-day interactions and supervision of Health Specialist - CCH, the Consultant will work closely with the Community Health & M & E Units of MoH led by the Assistant Directors for Community Health/ M & E unit to complete this assignment.			
Tasks/Milestone:	Deliverables/Outputs:	Timeline (days/month)	Estimate Budget (US\$)

1. Preparatory phase Inception report to demonstrate understanding of the TOR and inception meeting with MoH, UNICEF and Core Group Team or Community Health TWG. Desk review. Comprehensive desk review of key documents, information, data/statistics, triangulation of different studies - Review and analysis of relevant documents including the community health programmatic documents & reports, recent studies and research reports, developmental and social reports. - Critical analysis of available data with regards to the national guiding documents. The midterm review of the community health unit will benefit from and use optimally the data collected through the Country-Led Evaluation report.	Inception report – with plan of action of main activities and implementation timelines.	10 days	15%
	Synopsis of desk review Data collection tools designed and developed – and shared with MOH and UNICEF for review.	15 days	23%

<p>Key informant interviews and discussions consultative processes, and observations in field missions.</p>			
<p>2. Data Collection Phase* Lead and coordinate field assessments and key informant interviews i.e.</p> <p>(a) Assessment of the performance of the NCHS indicators against set targets in the CH – M & E Framework utilizing secondary data.</p> <p>(b) Assessment of the alignment and implementation status of the strategies and activities across the health programs utilizing secondary data.</p> <p>(c) Assessment of the program and functioning of the Unit/Sector in the Public Health Department and its influence to the implementation of the program strategies and achievement involving primary (qualitative) data collection.</p> <p>Including working closely with MoH and partners) on the implementation modalities for community health; plus data analysis.</p> <p>Draft assessment report and share with MoH and UNICEF for review and consolidation.</p> <p><small>*(Field level data collection will be majorly supported by other organizations like FAH, Global fund etc. and UNICEF will be coordinating the activity with support from consultant)</small></p>	<p><i>Draft Assessment Report -</i> Assessment report produced.</p> <p>Slide deck on MidTerm Review available.</p>	<p>15 days</p>	<p>23. 5%</p>
<p>3. Validation/Consensus Building Workshop Facilitate stakeholders’ consensus workshop to validate the draft MidTerm Review report for the NCHS 2022 – 2026 with MOH M&E, HP & CHU and programmes, provinces, districts, communities, and key partners.</p> <p>Finalisation of Mid Term Review report and summary</p>	<p><i>Final edited and validated document of the Midterm Review for the NCHS 2022 – 2026</i> (Inputs from the community health stakeholders incorporated into the final draft M & E framework.</p> <p>Workshop report.</p>	<p>15 days</p>	<p>23.5%</p>
<p>4. Dissemination and Advocacy Dissemination of the MTR report to MOH and Stakeholders.</p> <p>Submission of final report</p>	<p><i>Final assignment report and dissemination plan submitted</i> - dissemination (plan) of agreed recommendations across different stakeholders. Final Report on the completion of assignment.</p>	<p>10 days</p>	<p>15%</p>

Estimated Consultancy fee (All inclusive)	Professional fees @/day for 65 days		
Travel International (if applicable)	N/A		
Travel Local (please include travel plan)	2 local field trips		
DSA (if applicable)	N/A		
Total estimated consultancy costsⁱ			
Minimum Qualifications required:	Knowledge/Expertise/Skills required:		
<input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines <ul style="list-style-type: none"> At least a master’s degree in any of the following fields: Demography, Statistics or Public Health or Biostatistics, or Strategic Management or Project Management, or Monitoring & Evaluation or any other relevant field. 	<ul style="list-style-type: none"> At least 10 years of practical and demonstrated experience in designing Monitoring and Evaluation frameworks, development of Results Frameworks, M&E Plans, National Strategic Plans and institutional operational plans in Child Health (particularly for government institutions). Demonstrated experience in Programme design, data collection and analysis. Demonstrated experience in institutional and organizational capacity building in community health/child health. Excellent interpersonal and communication skills and experience in working with a wide range of individuals in government, private sector and civil society. Excellent analytical and research skills, and well-developed report writing skills. Be able to communicate effectively (in spoken and written) English. 		
Administrative details:	<input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based: If office based, seating arrangement identified: <input checked="" type="checkbox"/> at MOH. IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input type="checkbox"/>		
Visa assistance required: <input type="checkbox"/> Transportation arranged by the office: <input type="checkbox"/>			

ⁱ Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

Text to be added to all TORs:

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures, and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual

contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.