

TERMS OF REFERENCE

SHORT TITLE OF ASSIGNMENT

Consultant to strengthen community health program in 4 provinces in Vanuatu

BACKGROUND

The World Health Organization (WHO) defines primary health care (PHC) as a “*whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment*”¹. PHC entails of three interrelated and synergistic components:

- Evidence-informed multisectoral policy and action to systematically address the broader determinants of health
- Meeting people’s essential health needs throughout their lives through primary care and essential public health functions as central elements of integrated health services
- Empowering individuals, families and communities as health advocates, co-developers, caregivers and self-carers

Vanuatu is one of the countries that have renewed commitment on PHC in the 2018 Declaration of Astana to accelerate progress on universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs). This commitment is underscored in the Vanuatu 2030 People’s Plan which described the country’s development goal of a healthy population that enjoys a high quality of physical, mental, spiritual, and social well-being. One of the strategies to achieve this goal is ensuring the population of Vanuatu has equitable access to affordable, quality health care. The Vanuatu 2030 People’s Plan is complemented by the Vanuatu Health Sector Strategy 2021 – 2030 which is a guiding document for the development and improvement of the country’s health sector and describes the health sector’s approaches in the planning and implementation of health programmes at all levels including communities. Role of communities in the creation of health and well-being has been recognized by the Vanuatu Health Sector Strategy 2021 – 2030. The strategy highlights that empowerment and community engagement, ownership and leadership in health promotion, policy contribution and accountability at all levels, including for management of health facilities, are essential elements of the Vanuatu’s PHC.

Vanuatu is also at the forefront of the climate change crisis. Vanuatu faces immense challenges due to its vulnerability to climate change and natural disasters. The 2021 World Risk Index identified the country as the most at-risk nation globally for natural disasters. Vanuatu's Revised and Enhanced first Nationally Determined Contribution (NDC – 2021 to 2030) embodies the nation's utmost ambitions regarding adaptation, mitigation, and addressing loss and damage, aligning with its commitment to the 2015 Paris Agreement on Climate Change. The pivotal role of communities have been further emphasized in this strategic document through 20 mitigation commitments, 116 adaptation commitments, and 12 loss & damage commitments centered around community engagement, mobilization, and accountability.

While the Village Health Workers (VHWs) program of the Ministry of Health in Vanuatu has a potential to play a central role in realizing the vision of comprehensive community based PHC, so far the focus has been on delivery of curative health services at fixed aid posts with less emphasis on the engagement and linkages with various community actors and platforms for health promotion. Similarly, health committees established for each health area throughout Vanuatu form an important part of accountability mechanisms at community level,

¹ WHO and UNICEF. A vision for primary health care in the 21st century: Towards UHC and the SDGs.

their functionality vary, particularly in empowering the most unprivileged and underserved members of the communities.

This consultancy will explore the potential roles of various community actors and platforms in strengthening the community health program of the Ministry of Health. In addition to the village health workers, community stakeholders with the strong network and influence will be identified, engaged and mobilized to pilot a package of community health and nutrition interventions in 4 focus provinces (Malampa, Penama, Sanma and Shefa) where UNICEF and Ministry of Health collaborate on sub-national health system strengthening. The learnings from the pilot will be used in improving policies, strategies and programs, and scaling up a comprehensive package of community health and nutrition interventions nationwide.

OBJECTIVE / SCOPE OF WORK

This Consultancy is aimed at strengthening the community health program of the Ministry of Health as per the comprehensive community based PHC vision articulated in the national policy/strategy documents. Specifically, the consultant is expected to:

- Lead evidence-generation on the community health and nutrition landscape through community mapping, stakeholder analysis, and capacity assessment in selected urban and rural areas of 4 focus provinces (Malampa, Penama, Sanma and Shefa). This will include current situation analysis and identification of opportunities for strengthening community health and nutrition outcomes, with special attention to:
 - Community outreach with preventive, promotive, and curative service
 - Community empowerment to provide oversight for service delivery and to co-develop better health
 - Interface between health service providers (including VHWs) and communities
 - Representative participation of the communities
- Design and support implementation, monitoring and documentation of community health and nutrition pilot in 1 urban community and 1 rural community each in 4 provinces. The pilot design should include not only the intervention package but also clearly defined roles and responsibilities of stakeholders with their linkages/relationships and monitoring framework/tools with measurable indicators for performance tracking. The pilot interventions are expected to last for 6 months.

ACTIVITIES, DELIVERABLES AND TIMELINES, PLUS PAYMENT SCHEDULE PER DELIVERABLE

ACTIVITY	DELIVERABLES	ESTIMATED TIME TO COMPLETE	PAYMENT (%)
Community scoping, mapping, and capacity assessment to analyse the current situation – opportunities and challenges	Deliverable 1: Scoping and mapping report for Malampa province		
	Deliverable 2: Scoping and mapping report for Penama province		
	Deliverable 3: Scoping and mapping report for Sanma province		
	Deliverable 4: Scoping and mapping report for Shefa province		
	Deliverable 5: Consolidated scoping and mapping report with recommendations for community health program pilot		
Community health and nutrition pilot design,	Deliverable 6: Community health program pilot project design		

implementation, monitoring and documentation, in close collaboration with Provincial health teams and health facility staff	developed, in close consultation with provincial health teams		
	Deliverable 7: Community health program pilot training manual developed		
	Deliverable 8a: Completed orientation of facility-based health workers to clarify roles and responsibilities and training of community groups on pilot project in Sanma		
	Deliverable 8b: Completed orientation of facility-based health workers to clarify roles and responsibilities and training of community groups on pilot project in Penama		
	Deliverable 9a: Completed orientation of facility-based health workers to clarify roles and responsibilities and training of community groups on pilot project in Malampa		
	Deliverable 9b: Completed training of community groups on pilot project in Shefa		
	Deliverable 10: Consolidated training report		
	Deliverable 11: Community health program pilot monitoring tools developed		
	Deliverable 12a: 1st field monitoring on pilot implementation in Malampa completed after 3 months of implementation		
	Deliverable 12b: 1st field monitoring on pilot implementation in Penama completed after 3 months of implementation		
	Deliverable 12c: 1st field monitoring on pilot implementation in Sanma completed after 3 months of implementation		
	Deliverable 12d: 1st field monitoring on pilot implementation in Shefa completed after 3 months of implementation		
Deliverable 13: Consolidated 1st field monitoring report with			

	challenges, lessons learned, best practices, and recommendations		
	Deliverable 14: Updated pilot project training manual and monitoring tools based on field monitoring recommendations and stakeholder consultation		
	Deliverable 15a: 2nd field monitoring on pilot implementation in Malampa completed after 6 months of implementation		
	Deliverable 15b: 2nd field monitoring on pilot implementation in Penama completed after 6 months of implementation		
	Deliverable 15c: 2nd field monitoring on pilot implementation in Sanma completed after 6 months of implementation		
	Deliverable 15d: 2nd field monitoring on pilot implementation in Shefa completed after 6 months of implementation		
	Deliverable 16: Consolidated 2nd field monitoring report with challenges, lessons learned, best practices, and recommendations		
	Deliverable 17: Pilot project data analysis report (based on pilot project data collected and reported from pilot partners) after completion of the 6-month pilot		
	Deliverable 18: Pilot project final report and presentation		
	Total		100%

QUALIFICATIONS, SPECIALIZED EXPERIENCE AND ADDITIONAL COMPETENCIES

Bachelors Masters PhD Other

- Certificate in nursing, health services, community development, or other relevant disciplines. Any equivalent combination of education and/or work experience may be considered.
- More than 5 years of professional work experience on community health and/or nutrition program management.
- Knowledge and understanding of the Vanuatu health system specifically village health workers program.
- Working experience with international organisations is an asset.
- Language: English and Bislama
- Ability to work in a team, capacity to deliver within tight deadlines, good interpersonal skill and accountable to his/her action.

CONDITIONS OF WORK AND CLARIFICATION ON SUPERVISION

The consultant will be reporting to the Health and Nutrition Specialist, and will be based in Port Vila, UNICEF Vanuatu office with travel to Malampa, Penama, Sanma and Shefa provinces. UNICEF will provide workspace, and insurance. Travel (transport and DSA) and communication (phone and internet credit) costs for activities and deliverables related provinces shall be covered by UNICEF but must be included in the contract of the consultant.

ADMINISTRATIVE ISSUES

- 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.
- The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts. UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.
- No contract may commence unless the contract is signed by both UNICEF and the consultant/ contractor.
- Consultant/Contractor will be required to complete mandatory online courses (e.g. Ethics, Prevention of Sexual Exploitation and Abuse and Security) upon receipt of offer and before the signature of contract.

GUIDANCE FOR APPLICANTS

- Please submit a **separate financial offer** along with your application. The financial proposal should be a **lump sum amount for all the deliverables** and should show a break down for the following:
 - Monthly / Daily fees– based on the deliverables in the Terms of Reference above
 - Travel (economy air ticket where applicable to take up assignment and field mission travel)
 - Living allowance where travel is required
 - Miscellaneous- to cover visa, health insurance (including medical evacuation for international consultants), communications, and other costs.