

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS Early Screening Consultant

Background:

Over the past two decades, Mongolia has made significant progress in maternal and child health. Between 2000 and 2019, the under-5 mortality rate decreased from 42 to 16 per 1,000 live births, while the infant mortality rate dropped from 33 to 13 per 1,000 live births. However, there are large geographical disparities in available equipment and qualified doctors between urban and rural areas. There is an increased risk of non-communicable diseases, injuries, and environmental risks, especially from air pollution. Early action is needed to address the main causes through the lifecycle approach. With a total population of 3.3 million,¹ Mongolia is home to 1.15 million children, 780,000 youth and adolescents and more than 100,000 people with disabilities.² The number of children with cardiovascular diseases, autism and other developmental issues is increasing in Mongolia and early screening can prevent from many diseases' severity and disability.

Group A Streptococcal infection causes rheumatism, a disease most commonly occurs among children in developing countries that leads to death or life-long disability. There is no cure for rheumatism (rheumatic heart disease) and the damages to the heart valves are permanent. In Mongolia, 1 in 4 patients with chronic tonsillitis and 10 per cent of patients with rheumatism are the children aged 10-19. Based on a preventive screening result, at least 10 per cent of school children are at risk of developing rheumatism (2017 Report by New Public Health NGO). Rheumatism is the most acquired heart disease globally in people under age 25. It starts as a sore throat from a bacterium called *Streptococcus pyogenes* (group A streptococcus) which can pass easily from infected person's upper respiratory tract to another person. Strep infections are most common in childhood. Rheumatic fever mostly affects children and adolescents in low- and middle-income countries, especially where poverty is widespread and access to health services is limited. (WHO, 2022). According to 10-year (2011-2021) morbidity data for all Mongolians, 29.1 per cent of all cases were among children. Out of which, Respiratory tract infections take the 1st spot for all age categories under 15, per 1000 children. (Center for Health Development, 2022)

The partnership between UNICEF and the Government of Luxembourg has started to implement Prevention and Reduction of Child Rheumatic Heart Disease (PCRD) Project in Mongolia and the project aims to address the gaps in the enabling environment, as well as supply and demand in the primary health care domain; and build up new sustainable system to prevent Child Rheumatic Heart Disease in Mongolia.

1. Purpose of Assignment:

The purpose of this role is to, under the guidance of the Health Specialist and direct supervision of Health Officer (PHC/PHE), facilitate UNICEF Mongolia's coordination support to effective implementation of Primary Health Care Integration and PCRD project through active engagement with Project Advisory Committee and, Technical Working Group (TWG) that consist of various



stakeholders and subject matter experts; Technical roles include supports to integration and implementation of primary health care and Early Screening Program; all promotion works of healthy lifestyle (behaviour change, practice, and knowledge) among children, adolescents, parents, teachers and PHC providers; and create enabling environment (policy, strategy, coordination, planning, monitoring), as well as supply (resources and human capacity and equipment).

2. Scope of Work:

- Inception report, containing comprehensive review of current and future PHC package of services (with focus on early screening, well-kid visit), towards UHC, and priority actions
- Ongoing contribution to policy advocacy, PAC meetings
- Technical inputs to Multi steps risk and prevalence survey report
- 1st draft of detailed SOPs and quality assurance means for the services rendered by the PHC/ CHW and toolkits for PHC managers
- Feedback, improvement and submission for approval of the detailed SOPs and KPIs and managers’ toolkit; Development of the training content for the PHC managers
- Development of the training content for the PHC managers
- SBCC campaign (Nationwide healthy lifestyle campaign including dental and hand hygiene) reports including flyers, posters, video contents, TV spots etc.,
- Progress (according to approved AWP) and Final report, containing recommendations of sustainability

3. Contract duration (start and end date): 12 months

4. Type of engagement: Deliverable based consultant

5. Deliverables, Timeframe and Payment Schedule:

Deliverables	Delivery Deadline
Inception report, containing comprehensive review of current and future PHC package of services (with focus on early screening, well-kid visit), towards UHC, and priority actions <ul style="list-style-type: none"> • Ongoing contribution to policy advocacy, PAC meetings • Technical inputs to Multi 	30 Sep 2024

steps risk and prevalence survey report	
1 st draft of detailed SOPs and quality assurance means for the services rendered by the PHC/ CHW and toolkits for PHC managers	30 Nov 2024
Feedback, improvement and submission for approval of the detailed SOPs and KPIs and managers’ toolkit	28 Feb 2025
Development of the training content for the PHC managers Training report	30 April 2025 30 May 2025
SBCC campaign (Nationwide healthy lifestyle campaign including dental and hand hygiene) reports including flyers, posters, video contents, TV spots etc.,	30 Oct 2024 30 July 2025
Progress updates and Final reports, containing recommendations of sustainability	31 Dec 2024 30 June 2025 30 Aug 2025

6. Travel plan:

At least three to four project provincial sites (provincial hospitals and FHCs) are expected to be visited, and travel may happen with other office travel visits.

7. Project Management:

The direct supervisor will be the health Officer (PHC/PHE), UNICEF Mongolia.
 Frequency of performance review: each time when progress report is submitted.

8. Qualifications and requirements:

- Bachelor’s degree in medical science or postgraduate education in Public Health, Health Care Management, Hospital Management, and or epidemiology. Other health-related



education may be complemented with qualifications or training in health-related fields. Specializing in pediatrics or cardiology is an asset.

- A minimum of 3 years working experience in health project management at the national or global level is required.
- At least 2 years of relevant professional experience working in the government agency at national level is desirable.
- Working experience in communication and Social and Behavior Change Communication is an asset.
- Experience working in UN system agency or other international organization is an asset.
- Strong understanding of different evaluation tools and design and its methods
- Ability to work collaboratively with diverse teams and stakeholders.
- Proficiency in public speaking and presenting complex information clearly.
- Proficiency in English and Mongolia is required.

Note: (text should 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.