**KENYA CO TERMS OF REFERENCE (TOR) FOR INDIVIDUAL NATIONAL CONSULTANT TO SUPPORT ADAPTATION OF SICK CHILD RECORDING FORM AND REFERRAL FOR LOW LITERATE CHVS/ CHWS**

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| **PART I**  |
| Purpose of Assignment | To provide technical support to the National, Isiolo and Turkana Health Management Teams Adapt Sick Child Recording Forms and Refferal for CHVs/ CHWS with Low Literacy Levels. |
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| Location of Assignment | *Nairobi/ Turkana/ Isiolo* |
| Duration of contract | **52 working days** |
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| Background and JustificationBackgroundAlthough the under-five mortality rate in Kenya has dropped significantly from 74 deaths per one 1000 live births in 2008 (KDHS 2008) to 52 deaths per 1000 live births in 2014 (KDHS, 2014) and 43 per 1000 live births in 2016 (Burden of Disease Study), about one in every 26 children still die before reaching age 1; and about one in every 19 do not survive to their fifth birthday. While Kenya has reported reduction in under 5 mortality rates across all regions, disparities persist with most deaths occurring in urban informal settlements and rural poor regions like Turkana and Isiolo counties among many more. These child deaths are largely due to conditions that are preventable and treatable. Diarrhea and pneumonia remain the top causes of post-neonatal mortality throughout Kenya and are highest in the Western and ASAL regions. Access to timely and quality treatment is substantially lower particularly in the ASAL region, where the average distance to the nearest facility is about 20- 50km. Turkana County is situated in the North-Western part of Kenya that borders South Sudan. It covers a total area of 77,000 Km², and is inhabited by a population of about 814, 193 persons. Children aged 0-14-year old constitute 46% of the total population. However, the proportion of 0-4-year old’s is lower due to high infant and under five mortality rates. The vast county is largely arid and underdeveloped with recurrent drought emergencies and insecurity due to conflict attributed to competition over limited resources. The rate of poverty is 94.3% compared to the national average rate of 45.9% (Annual Health Sector performance report 2014/2015). Eighty-two (82) percent of Turkana residents have no formal education with Loima constituency having the highest illiteracy rates of 93%. In addition, a total of 15% of the population have primary level of education only, while a dismal 3% of the population have secondary level of education or above. (‘*Pulling Apart or Pooling Together’ Report, KNBS, SID 2013*).Following devolution of health services, Turkana County has invested in expanding access to health which has reduced the distance to a health facility from 55kms to 35kms, slightly higher than Isiolo county which remains at 20 kms. In Turkana, the medical officer to population ratio is at 1:2148 while the nurses/midwives are 0.0358 per 10,000 population, while in Isiolo, the doctor’s population ratios stand at 1: 5000 and nurses 1: 1500. These are all way below the WHO minimum requirement of 23.  Justification**Integrated Community Case management (ICCM) in Turkana & Isiolo Counties**Evidence shows that fully trained and equipped community health workers, who are supported, supervised and supplied with medicines and equipment can identify and appropriately treat children with diarrhea, pneumonia and malaria, the major killers of children aged below 5 years. The integrated Community Case Management (ICCM strategy) focuses on reducing the unmet need for treatment in marginalized communities like Turkana and Isiolo that have limited access to health facilities. In 2016 & 2018 UNICEF and other partners have supported Turkana and Isiolo Counties to train and equip 420 and 138 Community Health Volunteers (CHVs) respectively to diagnose and treat two common childhood illnesses (diarrhea and Malaria) and to identify and refer children with Malnutrition and suspected pneumonia, and sick newborns to the nearest health facility for timely recommended treatment. However, iCCM implementation in the two counties has not picked up due to inability of CHVs to read and interpret the treatment guidelines and other tools due to high level of illiteracy. To address the above challenge, in 2016 UNICEF supported Turkana County to simplify the iCCM guidelines into a pictorial version adapted to the local context and in the local language. However, due to its complexity, the team was unable to simplify the Sick child recording and referral forms, which are critical for assessment, classification and treatment or referring a sick child. It is in this regards that a consultant was contracted in September 2018 to support this component. The consultant completed the following tasks;* Developed sick child recording form with graphic images to serve illiterate CHVs
* Developed / improved on danger sign graphic images, and moved them directly to the Referral Card
* Consultant also developed additional prototypes for supporting tools
* Developed and refined two full iterations of prototype of sick chidl recording and refferal forms

However, to finalise the whole package the following additional tasks were identified: development of a Job Aid for immunization, development of a job Aid for an algorithm for each treatment schedule and breath counting, among other tasks as stated in the task and deliverables table below. This will be used to improve and refine the sick child recording and referral forms developed during the first phase further. |
| **Scope of Work**The consultant, working closely with Turkana and Isiolo County Departments of Health, National level Child Health Unit and UNICEF National and Field Officewill undertake the tasks and outlined below:**Expected Deliverables, Reporting Requirements and Duration**The Whole Assignment should be completed by

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| **Tasks**  | **Timelines** | **% of time spent** | **Deliverables**  |
| Preparation for field work* Hold consultative meeting with the National Child health ICCM focal point in Nairobi, and respective County and sub county health management teams in Isiolo and Turkana
* Lead a user-centered design process in Kenya to contextualize the tools
* Develop pretesting strategy and scenarios
* Improve and align the draft field work tools (draft sick child recording forms, referral forms and job aid)
 | 8 days (2 days in Nairobi, 5 days in the counties) | 15 % |  Concept note and implementation plan that defines the strategies, scenarios and tools to accomplish the assignment |
| Review, pretesting and refinement of the Sick Child Recording Form job Aid to include:* A simplified Immunization Schedule
* Vaccine administration route
* Administration of Anti-malaria (AL)
* Administration of Amoxicillin
* Administration of Paracetamol
* Administration of Zinc & ORS
* Breath Counting
 | 8 days (8 days in Counties) | 15 % | Draft Sick Child Recording & Referral form job aid that includes the following :* A simplified immunization schedule job aid
* Vaccine administration route job aid
* Administration of Anti-malaria (AL) job aid
* Administration of Amoxicillin job aid
* Administration of Paracetamol job aid
* Administration of Zinc & ORS job aid
* Breath Counting job aid
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| Additional modifications to the Sick Child Recording Form (SCRF) and referral card (based on Phase 1 work):* Revision to prototype or testing strategy based on results of both national and County team meetings
* Preparation for further field-testing based on user feedback
* Partner training on how to collect feedback and user-centered design process
 | 7 days (7 days in the Counties) | 13. 5% | Modified SCRF delivered to MOH- Neonatal Child and Adolescent Health Unit (NCHAU) |
| Development of evaluation and testing criteria to ensure critical usability metrics are met for national scale-up [in partnership with UNICEF & MOH] | 2 days (2 days in Nairobi) | 4% | Evaluation and testing criteria for critical usability of the draft Sick Child Recording Form developed |
| Development of presentation and 2-days TOT workshop to present simplified tools, and train National and County teams on how to use them | 2 days (2 days in Nairobi) | 4% | A PowerPoint presentation for training TOTs and Training report on the simplified Sick Child recording form  |
| Two field visits in Kenya [locations to be determined] to aid prototype testing and finalized tool evaluations/training of trainers.* **ROUND 1 Prototype Testing** (Led by consultant in the field- gather user information in the field with data collector)

Agreed-upon edits to the tools upon return from each field visit. | 18 days (18 days in the counties) | 35% | Evaluation report |
| Documentation, dissemination and Report Writing.  Production-ready PDF and illustrator files of the final tools and guidelines for Turkana and Isiolo | 7 days (7 days in Nairobi) | 13. 5 % | Final simplified sick child recording and referral forms Final report of assignment  |
| **Total** | **52 days** | **100%** |  |

**Work relationships:** 1. The consultant will work under the overall supervision of the Head of Neonatal Child Health and Adolescent Health, Ministry of Health and guidance of the UNICEF Child Health Specialist
2. The consultancy will be for a maximum period of **52 days**
3. The consultant will spend 38 days ( 73%) of the time in the field
4. The UNICEF Zonal offices and KCO will support the coordination of the national child health teams and County health management teams at the county level
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| **Payment Schedule**The assignment will be for a period of 52 days starting from 1st April 2019. Payment will be made upon receipt of the following:* Upon satisfactory completion of tasks, Payment will be made in 2 installments: 45% after completion of first 3 tasks and 55% after completion of remaining tasks.
* Payments will be made against report and deliverables of each activity
* Deliverables that meet MOH and UNICEF’s quality standard and are “cleared” by MoH and UNICEF supervisors.
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| **Required qualifications, desired competencies, technical background and experience****(Consult with HR on this prior to signing off on the TOR)*** Advanced degree in Health or Social Sciences
* Minimum five (5) years of demonstrable work in a relevant design field with clear examples of completed work in the public health, international development, or user-centered design sectors.
* Demonstrable experience planning and executing user-centered design research in the public health or international development sectors.
* Demonstrable experience prototyping and co-creating with low-literacy and/or low-numeracy stake-holders.
* Demonstrable project management, prototyping, and production design experience.
* Demonstrable experiencing coordinating graphic design, print, and material vendors.
* Previous experience with Kenya Community Health Volunteers strongly preferred.
* Professional fluency in the following software: Microsoft Word, PowerPoint, Adobe Creative Suite, [Adobe Illustrator, Photoshop, InDesign, and Acrobat Software] required.
* Excellent knowledge of English is required.
* Consultant must provide own workstation and software.
* Consultant must be willing and able to travel for extended periods of time in rural Kenya.
* Proven experience in iCCM job aid development for illiterate community- an added advantage
* Knowledge of Kenya and program implementation area has added value

Languages required: English is preferred language.**Note: Potential candidates are required to share previous work done on similar assignments with their application.**Administrative issuesThe consultant is expected to work in Turkana and Isiolo (80%) of the time with the rest of the period spent in Nairobi both at UNICEF and MOH offices. The consultant will not be provided with a laptop computer but will have access to internet and working space at UNICEF. Any cost incurred to enable the consultant successfully to carry out the assignment, such as phone, will be covered entirely by the consultant. |

**Conditions**

UNICEF will meet the cost of traveling (flight) using the most economical means on a reimbursement basis as per UNICEF policy. UNICEF will also provide transport to the consultant in high security risk areas (in this case Turkana and Isiolo Counties).

As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

The candidate selected will be governed by and subject to UNICEF’s General Terms and Conditions for individual contracts. The consultant will work under the overall and supervision of the National Head of Neonatal Child Health and Adolescent Unit and guidance of the UNICEF Child Health Specialist The consultancy will be a maximum period of 52 days. The contract can be terminated with immediate effect if the performance of the contractor is not satisfactory. UNICEF and GoK shall have property right to all the materials developed during the consultancy. Penalties for Unsatisfactory Performance or Incomplete Assignment:

* Final payment of fees for this assignment will only be affected upon satisfactory completion of services and certification to that effect by the Supervisor of this assignment.

The consultant is expected to commit fully to this task as per the TOR and adhere to the tasks, subject to inclusion of additional duties as required by the supervisor in consultation with UNICEF Child Health Specialist. The consultant will not have supervisory responsibilities nor authority on UNICEF budget and other resources.

Ethical Considerations

All products and data developed or collected for this agreement are the intellectual property of UNICEF and the Government of Kenya (MOH-NCHAU). The consultant may not publish or disseminate the final report, or any other documents produced from this work without the express permission of and acknowledgement of UNICEF and MOH (NCHAU).