**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

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| **Title****District technical support on acceleration of malaria elimination in Papua and West Papua**  | **Funding Code (WBS and Grant/Fund ID)** | **Type of engagement**[ ]  Consultant (ZCON)[ ]  Individual Contractor Part-Time [x]  Individual Contractor Full-Time | **Duty Station:**Assigned Districts in Papua and West Papua |
| **Purpose of Activity/Assignment:** Indonesia is aiming to achieve malaria elimination in 2030. While number of malaria free districts increasing (to date 318 districts of 514 have been certified malaria free), number of malaria cases stagnated in the last three years. Among the remaining non malaria free districts (196) only 23 remains high endemic, of which 22 are in Papua, West Papua, and NTT provinces. These provinces contributed to more than 90% of malaria cases in the country. As part of the CPAP (Country Program Action Plan) of the RI – UNICEF cooperation 2021 – 2025, UNICEF is supporting the acceleration of malaria reduction in these provinces for the achievement of Indonesia malaria elimination 2030 In Papua, among the 29 districts, 15 are high endemic, 7 have moderate endemicity, and 7 are low endemic. In West Papua, among the 13 districts, 4 are high endemic, 6 moderate, and 3 low endemics. In NTT, among the 22 districts, 3 are high endemic, 2 moderate, 14 low endemics, and 3 have been certified malaria free. The Provincial Health Office of Papua, West Papua, and NTT have identified districts needing direct technical support from UNICEF to accelerate the progress in malaria elimination. UNICEF is hiring individual contractor to be based in the districts. The contractor will work closely with the District Health Office, and will be responsible to support below districts:1. Mappi
2. Yahukimo
3. Pegunungan Bintang
4. Teluk Wondama
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| **Scope of Work:**The contractor will focus on the below tasks during the contract:1. Strengthening malaria surveillance
2. Ensuring compliance to standard protocol in malaria diagnosis and treatment in public and private health facilities, including integrated malaria program (malaria in pregnancy program, integrated management of childhood illnesses, integration with immunization, nutrition, WASH, PIS PK, and school health program)
3. Facilitating capacity improvement of malaria program management towards malaria elimination including evidence based integrated planning for funding allocation and prioritization of targeted area for malaria interventions; strengthened monitoring evaluation; improved strategic analysis capacity; and fostering innovation; and accountability process of malaria funding
4. Strengthening community system in malaria control and prevention including the management of Village Malaria Cadres, village-based malaria control, community engagement, behavior change communication, and community-based vector control.
5. Strengthening and ensuring sustainability of supportive environment for malaria control towards elimination through stakeholders mapping, cross-sectors advocacy, development or finalization of local regulation and increased budget commitment
6. Contribute in ensuring the continuation of malaria services and other Essential Health Services during COVID 19 Pandemic.
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| **Child Safeguarding** Is this project/assignment considered as “[Elevated Risk Role](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Guidance%20on%20Identifying%20Elevated%20Risk%20Roles_finalversion.pdf?CT=1590792470221&OR=ItemsView)” from a child safeguarding perspective?       [x]    YES    [ ]    NO     If YES, check all that apply:                                                                                                                                                    **Direct contact role**[ ]  YES     [x]   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:

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| One of the roles of the contractor is to ensure that malaria services was given to children through different platform. While the contractor is not directly providing service to children, the contractor might conduct monitoring and supervision activities to the service.  |

**Child data role**[x]  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):

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|   The contractor will have access to individual malaria data including name and age group. Contractor must sign Non -Disclosure Agreement prior to receiving access to malaria data from the District Health Office. |

More information is available in the [Child Safeguarding SharePoint](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/SitePages/Amendments-to-the-Recruitment-Guidance.aspx) and [Child Safeguarding FAQs and Updates](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Child%20Safeguarding%20FAQs%20and%20Updates%20Dec%202020.pdf)  |

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| **Budget Year:** | **Requesting Section/Issuing Office:** | **Reasons why consultancy cannot be done by staff:** |
| *2021* | *Health Unit* | *The tasks required full time work in the district.* |
| **Included in Annual Supply plan/HR workforce plan***:* [x]  Yes [ ]  No, please justify: |
| **Consultant sourcing:**[x]  National [ ]  International [ ]  Both**Consultant selection method:** [ ]  Competitive Selection (Roster)[x]  Competitive Selection (Advertisement/Desk Review/Interview) | **Request for:**[x]  New SSA – Individual Contract[ ]  Extension/ Amendment |
| **If Extension, Justification for extension:** |  |
| **Supervisor:** | **Start Date:** | **End Date:** | **Number of Days (working)** |
| *Health Officers in Papua and West Papua with guidance from respective Field and Jakarta Health Specialist*  | *8 May 2021* | *20 April 2022* | *11.5 months* |

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| **\*Work Assignment Overview (SMART)** |
| Tasks/Milestone: | Deliverables/Outputs | Timeline | Estimated Budget  |
| 1. Strengthening malaria surveillance
2. Ensuring compliance to standard protocol in malaria diagnosis and treatment in public and private health facilities, including integrated malaria program (malaria in pregnancy program, integrated management of childhood illnesses, integration with immunization, nutrition, WASH, PIS PK, and school health program)
3. Facilitating capacity improvement of malaria program management towards malaria elimination including evidence based integrated planning for funding allocation and prioritization of targeted area for malaria interventions; strengthened monitoring evaluation; improved strategic analysis capacity; and fostering innovation; and accountability process of malaria funding
4. Strengthening community system in malaria control and prevention including the management of Village Malaria Cadres, village-based malaria control, community engagement, behavior change communication, and community-based vector control.
5. Strengthening and ensuring sustainability of supportive environment for malaria control towards elimination through stakeholders mapping, cross-sectors advocacy, development or finalization of local regulation and increased budget commitment
6. Contribute in ensuring the continuation of malaria services and other Essential Health Services during COVID 19 Pandemic.
 | * Analysis of malaria epidemiology situation including trend by time and place using smallest administrative unit (village); analysis by plasmodium species, patient age and gender; and recommendation for future action, including for prioritization of village to be intervened using IMP
* Analysis of Malaria in Pregnancy services during ANC and screening of Malaria among sick children including coverage, positivity rate, IMR, MMR, trend by time and operational challenge; and recommendation for future action.
* Analysis of case findings activities conducted by Village Malaria Workers, including coverage, positivity rate, and operational challenge; and recommendation for future action.
* Analysis of malaria diagnosis and treatment availability and capacity in each Puskesmas and at village level facilities (Pustu, Poskesdes, Polindes) as well as outreach activities (Pusling and Posyandu); and recommendation for future action.
* Report on (1) established network of malaria laboratory for quality assurance involving private facilities, (2) proficiency level of district cross checker microscopist/analyst, (3) proficiency level of health service level microscopist/analyst (4) report on Quality Assurance activity routinely conducted by selected DHOs.
* Report on (1) established network of malaria treatment including logistic of drug among public and private health facilities, district and province pharmacies, local private pharmacies, and malaria cadres, (2) Malaria treatment SOPs developed.
* Report on (1) District data Review on malaria integrated program implementation (MiP, IMCI/MTBS, School Health Program, PIS PK, nutrition, immunization and WASH), (2) Report on effort to increase coverage and quality of malaria integrated program.
* Report on malaria intervention inside the planning document of the District (RPJMD, RAD, etc), the DHO, the Puskesmas and the Village; identified planning process to be involved with, and effort on assisting the planning process with good quality data analysis for better targeting and prioritization of intervention including BCC effort.
* Report on routine monitoring and evaluation activities and effort to improve the mechanism for example the Puskesmas microplanning process or the integrated supportive supervision.
* Report on support to Village Malaria Cadres training, operation and management. Identified bottleneck in VMC system against Active Case Findings target.
* Report on effort conducted in the villages or by villages on malaria control and the support initiated by Puskesmas/District to encourage village-based malaria control including on community engagement, behaviour change and vector control. Map intervention by villages to better analyse village-based situation.
* Report on result of stakeholder mapping and advocacy plan or activities conducted to identified stakeholders.
* Local Malaria Elimination Regulation with technical guidance as attachment to the regulation and report on increased budget commitment
* Analysis of malaria services/intervention disruption during COVID-19 pandemic as well as other essential health services and recommendation to improve the situation.

Activity ReportWorkplan for the next reporting period | 20 Jun 2021 |  |
|  | Bi-Monthly progress report. | 20 Aug 2021 |  |
|  | Bi-Monthly progress report.  | 20 Oct 2021 |  |
|  | Bi-Monthly progress report.  | 20 Dec 2021 |  |
|  | Bi-Monthly progress report | 20 Feb 2022 |  |
| Final analysis on malaria situation of respective district. | Final progress report and update analysis on malaria situation, malaria program, and malaria intervention status and recommendation for future action. | 20 April 2022 |  |

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| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** |
| [x]  Bachelors [ ]  Masters [ ]  PhD [ ]  Other Enter Disciplines: Medical Doctor or degree in health or health related subject. | * At least 2 years of experience in the field of public health.
* Experience with government, health systems and administration regulations
* Experience in malaria program is an advantage
* Experience in Eastern Indonesia is an advantage
* Pro-active and resourceful, good communication skills in negotiating and liaising with counterparts and partners.
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| **Administrative details:**Visa assistance required: [ ] Transportation arranged by the office: [ ]  |  [ ]  Home Based [x]  Office Based: at District Health OfficeIf office based, seating arrangement identified: [x] IT and Communication equipment required: [ ] Internet access required: [ ] UNICEF email account required: [ ]  |