

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS.

Title: Conducting health assessment survey on Integrated management of newborn and childhood illness (IMNCI) for Rwanda.	Funding Code: SC200094, 3750/A0/06/100/0 02/003	Type of engagement <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	Duty Station: Kigali, Rwanda.
Purpose of Activity/Assignment: The purpose of this consultancy is to lead IMNCI Health facility survey at all its steps including preparation and adaptation of IMNCI health facility survey tools, the orientation of surveyors and testing tools, data collection and data analysis, facilitating presentations, integration of inputs and report writing to a final approved health facility assessment survey report.			
Scope of Work: The individual consultant will conduct a desk review of existing documentation, interviews with staff from the Government, health facilities and key selected stakeholders, participate in different workshops and produce a draft report of IMNCI assessment survey for Rwanda to be presented to a designed steering committee, Newborn and Child Health Subgroups; and the Reproductive, Maternal, Newborn, Child and Adolescent Health Technical Working Group (RMNCAH TWG) for review, inputs/comments, and consolidation to a final IMNCI survey report.			
Background. The Government of Rwanda adopted and started implementing the Integrated Management of Newborn and Childhood Illnesses (IMNCI) in 2006. The IMNCI strategy/approach aims to reduce mortality and morbidity from common illnesses in children less than 5 years. More than two-thirds of under-five mortality is due to a few common illnesses namely respiratory infections, malaria, diarrhoea, malnutrition, measles, HIV and AIDS and TB, which often occur in combination in a sick child and present with similar signs and symptoms. Integrated management of childhood illnesses is, therefore, an appropriate approach in ensuring holistic care of young children at community and primary health care facility levels; and enables effective use of resources in managing common childhood conditions. According to Rwanda DHS results, under-five mortality decreased from 50 /1000 live births in 2014/2015 to 45/1000 live births (LB) in 2019/2020 while it was 76/1000 live births in 2010, and 152/1000LB in 2005. Neonatal mortality contributes significantly to the under-five mortality making the inclusion of newborn intervention in the integrated management of childhood illnesses (IMCI) strategy inevitable. Integrated management of newborn and childhood illnesses (IMNCI) is, therefore, one of the strategies contributing to the reduction of child morbidity and mortality. This has been implemented in Rwanda since 2006, fifteen years ago. Justification and Rationale of conducting IMNCI Health Facility assessment survey In 2015, nine years after the implementation of IMNCI in all health centres; Rwanda Ministry of health/Rwanda Biomedical Centre has conducted the first Countrywide IMNCI health facility survey. It was			

strongly recommended that a Healthy Facility Survey needs to be conducted every 2 years to monitor the progress of implementation of recommended actions and inform the strategic planning process.

Audit of under-five deaths which occurred in hospitals in 2020 showed that 48% of children died before 48 hours after admission, 39% among them before 6 hours and inadequate prereferral management has been identified for 42% of audited cases.

Therefore, six years after the first IMNCI health facility survey and implementation of IMNCI clinical mentorship, there is a need to conduct another IMNCI Health facility survey to determine the quality of care provided to under-five children in health facilities using existing IMNCI guidelines.

Overall Objective of IMNCI assessment survey.

The general objective of this survey is to evaluate the quality of care delivered to under-five sick children at the first-level health facilities (Health centres) level.

The specific objectives are:

1. To determine current levels of clinical care (assessment and management) of sick children at the Health centres level
2. To measure key indicators of quality care and monitor progress of IMCI strategy at health facilities
3. To determine the quality of counselling given at outpatient health facilities and caretakers' understanding of home treatment for their sick children
4. To determine the current availability of key system support that is required for the implementation of IMNCI
5. To assess the level of implementation of the recommendations/actions derived from the 2015 IMCI assessment survey
6. To recommend further approaches and interventions that further improve the quality of IMNCI Services at health facilities.

Methodology.

It will be a cross-sectional health facility survey. Catchment area for a total of 24 hospitals out of 46 (52%) in four Provinces and the City of Kigali and a total of 146 health centres out of 510 (28%) in those hospitals catchment areas will be randomly selected for this health facility assessment survey. Calculation leading to an accepted cluster sample selection will be made, with the assurance of a 95% confidence interval.

"The key subject in this survey will be a child after verbal caretaker consent. A total of 679 (first 5 children) under-five children attending IMNCI services for the first time per health center on the day of the survey are expected to be observed during the survey. Inclusion criteria for those children are to be aged from 2 months up to 5 years, attendance for the first visit for any symptom or condition covered by IMCI".

The surveys will focus on 40 indicators grouped into five the following five categories: health facility indicators, management indicators (assessment, classification, treatment, and counselling), caretaker indicators and health care knowledge indicators.

The WHO IMCI Health Facility Survey methodology will be used to measure health workers' skills in assessing, classifying, treating, and counselling sick children aged from two months to five years and assess the health facility support available for IMCI implementation.

The WHO generic IMCI Health facility survey tools and guidelines will be adapted to Rwanda IMCI guidelines and will be field tested during the training session of surveyors and tablets will be used for data collection.

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:

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):

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




Budget Year: 2021/2022	Requesting Section/Issuing Office: Child Health	Reasons why consultancy cannot be done by staff: Highly Intensive time-consuming work that required a dedicated expert to be technically supervised and coordinated by UNICEF and Government staff.
----------------------------------	---	---

Included in Annual/Rolling Workplan: Yes No, please justify:

<p>Consultant Level:</p> <p><input type="checkbox"/> Junior <input checked="" type="checkbox"/> Middle <input type="checkbox"/> Senior</p> <p>Consultant sourcing:</p> <p><input type="checkbox"/> National <input type="checkbox"/> International <input checked="" type="checkbox"/> Both</p> <p>Consultant selection method:</p> <p><input type="checkbox"/> Competitive Selection (Roster)</p> <p><input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)</p>	<p>Request for:</p> <p><input checked="" type="checkbox"/> New SSA – Individual Contract</p> <p><input type="checkbox"/> Extension/ Amendment</p>
--	--

If Extension, Justification for extension:

Supervisor:	Start Date:	End Date:	Number of Days (working)
Emmanuel Manzi	1 st February 2022	30 th April 2022	Approx. 60 working days.
Work Assignment Overview			
Tasks/Milestone:	Deliverables/Outputs:	Timeline	Estimate Budget
<ul style="list-style-type: none"> •Prepare an inception report with assessment tools, clear plan of action, timelines, and timelines for conducting the IMNCI assessment survey for review, inputs and validation by the steering committee. 	<p>1). Final approved Inception report and tools - presented to and validated by the IMNCI survey steering committee (to be established by RBC and MOH), Child Health Technical Working Group and RMNCAH TWG – and approved by the director of Child Health/MCCH manager in RBC.</p>	10 th February 2022	20%
<ul style="list-style-type: none"> •Develop content and first draft of IMCI Health Facility Survey and submit it to a technical steering committee team, Child health and Neonatal sub-groups; and RMNCAH technical working group for review and inputs. •Incorporate the inputs from IMNCI assessment survey steering committee, Child health/Neonatal sub-Technical Working Groups; and prepare the second draft to be presented in RMNCAH Technical Working Group for inputs and validation. 	<p>2). A preliminary draft IMNCI assessment survey report – presented in different forms of graphs and data charts (columns, bar/line graphs, dual-axis, area charts, stacked bar charts, mekko charts, pie charts) explaining/explaining status, trends, and comparisons between indicators and overtime for the different indicators and draft narrative survey report comprising situational analysis, a description of actual status for the listed objectives (1 to 6), achievements, challenges, key priorities and IMNCI improvement plan reflecting evidence-based methodology and tools, Monitoring, and evaluation framework.</p>	15 th March 2022	40%
<ul style="list-style-type: none"> •Incorporate inputs from the RMNCAH Technical Working Group and submit a preliminary draft report of IMCI Health Facility assessment Survey and presentation to RBC and UNICEF. •Compile revised feedback/inputs/comments and submit the final version of the IMNCI survey report and presentation with annexes to RBC for approval. •Submit final validated/approved IMNCI assessment survey and presentation with annexes to UNICEF. 	<p>3) A final IMNCI assessment survey report - presented in different forms of graphs and data charts (columns, bar/line graphs, dual axis, area charts, stacked bar charts, mekko charts, pie charts) explaining/explaining status, trends, and comparisons between indicators and overtime for the different indicators and draft narrative survey report comprising situational analysis, a description of actual status for the listed objectives (1 to 6), achievements, challenges, key priorities and IMNCI improvement plan reflecting evidence-based methodology and tools, Monitoring, and evaluation framework. Validated by the Child Health program focal points, IMNCI assessment survey Steering committee, Child Health TWGs, RMNCAH TWG, and consolidated with inputs from MoH and RBC focal points –</p>	30 th April 2022	40%

	ready for approval by qualified government institutions/forums.		
Estimate Budget			\$12,000
Travel International (if applicable)	TBD		
Travel Local (please include travel plan)	TBD		
DSA (if applicable)	TBD		
Total estimated consultancy costs¹			\$12,000
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: University degree in Medicine or Nursing and a master's degree in Public Health, Child health or Global Health.		Applicant(s) will be assessed based on the following criteria: •Familiarity with IMCI approach including being IMCI National Trainer for at least 5 years •Familiar with the Rwanda health system from decentralized (Primary health care level) to National level. •Prior similar experience in facilitating IMNCI Health facilities survey will be an advantage. •Prior experience in carrying out successfully the consultancy in the Maternal, Newborn and child health domain. •Demonstrated competence in oral and written English language skills, including a proven ability to prepare reports and proposals in a clear, concise manner. (The program may ask shortlisted applicants for copies of previous evaluation reports).	
Administrative details:		<input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:	
Visa assistance required: <input type="checkbox"/> Transportation arranged by the office: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>		If office based, seating arrangement identified: <input type="checkbox"/> IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input type="checkbox"/>	
Request Authorised by Section Head		Request Verified by HR:	
Kondwani Ng'oma, Chief of Child Health 		Liliane Maiga, HR Specialist 	
<i>Approval of Deputy Representative Operations (if Operations):</i> _____		<i>Approval of Deputy Representative (if Programme)</i> Min Yuan  _____ 21.01.2022	
<i>Representative (in case of single sourcing/or if not listed in Annual Workplan)</i> _____			

¹ 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.