

TERMS OF REFERENCE

SUMMARY

Type of Contract (tick the appropriate box)	Institutional Contractor	<input checked="" type="checkbox"/> Individual Consultant	Technical Assistance to IP (individual)
Title	Community HMIS Framework Consultant		
Purpose	Technical Assistance (TA) to MoH to develop an M&E framework with a set of indicators and an orientation package/guideline for community-based Health Management Information System (c-HMIS) aligned with the National Community Health Strategy (NCHS) 2019–2021 and Zambia HMIS (DHIS-2).		
Location	Remote (virtual) with at least two weeks in Lusaka (in case of international consultant)		
Type of consultancy: <ul style="list-style-type: none"> • Time-based • deliverable-based ¹ 	Deliverable-based (14 weeks)		
Start Date	15 th December 2020		
Reporting to	Health (RMNCH) Specialist, UNICEF		

BACKGROUND

The Government of the Republic of Zambia (GRZ) is committed to attain Universal Health Coverage (UHC) through providing quality health services to all its citizens, by strengthening its healthcare systems in a manner that is responsive, efficient and cost-effective. Community health platform extends health services down to the household level. Community health upholds proactive promotion of good health, disease prevention and control, basic curative care, and promotion of referral, rehabilitation, and palliative care.

As a backbone of UHC, Primary Health Care (PHC) and its subset of community health bridges the provision of essential health care between health facilities and the community. This is based on scientifically sound and socially acceptable methods and technologies that make health care accessible to all individuals and families in a community. This is achieved through community participation at a cost that both the community and the country at large can afford in the spirit of self-reliance and self-determination.

Community health with a component of social accountability is an approach to health beyond the traditional health care system, which focusses on equitable distribution of health services to achieve

¹ Time-based are consultancies with fees defined per day or month on an on-going and full-time basis (e.g. those who, under normal circumstances, are office-based and on a daily rate) with a minimum contract duration of one calendar month. While, deliverable-based consultants (e.g., those hired for a specific project or report and who normally work off-site) or individuals who are contracted through institutional/corporate service providers.

improved health outcomes. A continuing effort is required to secure meaningful community participation in the planning, design, and implementation, as well as monitoring and evaluation of community health services delivery.

The COVID-19 pandemic aggravated both supply and demand side barriers to access essential health services by the population, more specifically, utilization of maternal, new-born and child health (MNCH) services with reduced care-seeking from hospitals and health facilities due to the fear of infection. The health systems are overwhelmed with Covid-19 public health emergency responses. A strong community health programme is even more relevant and effective to reach the people with essential primary health care services addressing the challenges of access by the people to health facilities and hospitals; maintaining social distancing, crowd control and decongestion at hospitals; and personal and respiratory hygiene.

Strengthening community health systems has been central to Zambia's health sector strategies and approaches of reaching people with a standard package of essential health services towards attaining UHC. The MoH with support from EU, UNICEF and other partners developed and enacted the National Community Health Strategy (NCHS) 2019–2021. To support and facilitate the successful implementation of this strategy, an accompanying investment case has also been developed. The Ministry of Health Zambia has recently introduced the community Health Management Information System (c-HMIS) to provide routine information for decision making from the community health system. On the other hand, the NCHS 2019-2021 has no attendant monitoring and evaluation framework. It is envisaged that the c-HMIS indicators set should aligned with the NCHS to assure the sector availability of relevant reliable data that will track progress of the implementation of the NCHS based on the M&E Framework.

JUSTIFICATION

The Government Republic of Zambia (GRZ) through the Ministry of Health has committed to strengthen the community health system as a major element of intensified Primary Health Care based on Alma Ata 40 Declaration. Measuring the progress in planning and delivering equitable quality health services is central to its National Community Health Strategy (NCHS) through revitalizing Zambia's c-HMIS. The cHMIS and NCHS are both newly introduced strategic tools and thus not aligned. The NCHS was developed but without an M&E framework to track progress and thus the M&E framework with relevant robust set of indicators is not yet aligned with the routine information collection system of the HMIS/DHIS-2. The MoH doesn't have capacity, therefore, requested UNICEF's support to address this gap through developing M&E framework for the NCHS and the related indicators set for the c-HMIS.

Currently, UNICEF Health Section doesn't have internal capacity of developing the M&E framework for revitalizing the cHMIS in line with the National Community Health Strategy. The technical support sought from UNICEF's Eastern and Southern African Regional Office (ESARO) was also not feasible due to their acute staff shortage with the move of Regional Community Health Specialist to NYHQ. Moreover, developing this framework will require a dedicated M&E Technical Assistance (TA) expert

to work with MoH and other partners to develop the tools and framework, which is not a staff function. MoH needs the TA to be embedded in the Community Health Unit to work with the Division of M&E and the Division of Public Health of MoH.

OBJECTIVES / TARGET

The overall objective of the assignment is to develop an M&E framework with a set of indicators and an orientation package/guideline for community-based Health Management Information System (c-HMIS) aligned with the National Community Health Strategy (NCHS) 2019–2021 as well as Zambia’s Health Management Information System (HMIS) and District Health Management Information System 2 (DHIS-2).

It is expected that the completed M&E framework with a robust set of indicators will enable MoH to effectively track the implementation progress of all community-based health programmes, define key indicators for each result area and generate information that articulates how the different community-based programmes are performing towards achievement of medium and long term goals of PHC towards UHC.

Specific Objectives / targets:

- i. To develop an M&E framework for the NCHS 2019-2021 to including a robust set of relevant indicators for the c-HMIS and Zambia HMIS/DHIS-2.
- ii. To develop an orientation and training package for the newly developed M&E framework and indicators aligned with NCHS 2019-2021.

DESCRIPTION OF THE ASSIGNMENT (SCOPE OF WORK) / SPECIFIC TASKS

Under the overall guidance and oversight of Chief Health & HIV/AIDS, the consultant will work closely with the M&E and Public Health Divisions of MoH to collect data/information, consult on the design of the framework and relevant indicators and ways to improve the planning, designing and management of cHMIS to monitor the progress of implementation of NCHS and to evaluate the outcomes of community health.

The specific tasks include the following:

- i. Desk reviews of existing documents (HMIS/DHIS-2, cHMIS, and NCHS 2019-2021), consultation with MoH, UNICEF, WHO, and other health sector partners (USAID, CHAZ, NGOs) on the design of the M&E framework and develop a Plan of Action outlining how the assignment will be undertaken detailing the main activities and implementation timelines.
- ii. Draft a comprehensive M&E framework including recommendations for its implementation.
- iii. Facilitate stakeholders’ consensus workshop to validate the draft M&E framework for the NCHS and the c-MHIS indicator set. A workshop report should be developed for each consensus building workshop held.
- iv. Draft an orientation package and guidelines on the new frameworks and indicators that will be used during orientation workshops/trainings of health care staff and stakeholders.

- v. Intra-assignment knowledge transfer to designated MoH Community Health Unit's Officers on the NHCS M&E framework and the c-HMIS indicator set.
- vi. Preparation and submission of an assignment report on completion of the assignment.

The consultant will be expected to complete all tasks from a sustainable capacity development perspective, and in this regard should work closely with the Community Health and M&E units of MoH, sharing skills with team members that they can apply in further improvements of the M&E framework.

DELIVERABLES AND TIME-FRAME

Tasks	Expected Output	Deliverables	Timeframe (Tentative)	Payment Schedule
a) Desk reviews of existing documents (HMIS/DHIS-2, cHMIS, and NCHS 2019-2021), consultation with MoH, UNICEF, WHO, and other health sector partners (USAID, CHAZ, NGOs) on the design of the M&E framework.	Plan of Action (PoA) outlining how the assignment will be undertaken detailing the main activities and implementation timelines.	Inception report with PoA	2 Weeks	1 st payment (20%)
b) Draft a comprehensive M&E framework including recommendations for its implementation	M&E framework with set of indicators drafted in consultation with MoH and partners.	Draft M&E framework with set of indicators	3 Weeks	2 nd Payment (30%)
c) Facilitate stakeholders' consensus workshop to validate the draft M&E framework and c-HMIS indicators for the NCHS.	A workshop report with inputs and recommendations of MoH and partners.	Final draft of M&E framework with set of indicators	2 weeks	
d) Draft an orientation package and guidelines on the new framework and indicators that will be used during orientation workshops/trainings of health care staff and stakeholders.	An orientation package including guidelines on the new indicators for the c-HMIS developed.	Draft orientation package including guidelines on the new indicators for the c-HMIS.	3 weeks	3 rd Payment (30%)
e) Transfer knowledge and skills to designated MoH	Improved knowledge and skills of MoH	Assignment completion report with	2 weeks	Final (4 th) Payment (20%)

Community Health Unit's Officers on the NHCS M&E framework and the c-HMIS indicators.	Community Health Officers on new c-HMIS indicators and reporting.	skills transferred including areas of continued improvement.		
f) Preparation and submission of an end of assignment report on completion of the assignment including finalizing all deliverables.	All documentations of the assignment completed and finalized.	Final Report on the completion of assignment.	2 weeks	

REPORTING REQUIREMENTS

As outlined in the deliverables, the following are the reporting requirements for this consultancy assignment:

1. An inception report with detailed Plan of Action
2. Draft M&E framework with list of indicators for c-HMIS (including a workshop report with inputs and recommendations of MoH and partners to validate the draft M&E framework with list of indicators for c-HMIS)
3. Revised final version M&E framework with list of indicators for c-HMIS
4. Draft orientation package including guidelines on the new indicators for the c-HMIS
5. Capacity building report with knowledge and skills transferred including areas of continued improvement.
6. Draft final Report on the completion of consultancy assignment

MANAGEMENT OF THE ASSIGNMENT

Under the overall guidance of Chief Health and HIV/AIDS, the consultancy assignment will be managed and supervised by the Health (RMNCH) Specialist with direct day-to-day interaction and support of the UNICEF Community Health Specialist and in coordination with relevant sections of UNICEF Zambia Country Office (PME, Nutrition, WASH, Education/ECD and Child Protection); and in collaboration with MoH M&E and Public Health Divisions, and the MoH Community Health Department. The technical oversight will also be provided by UNICEF ESA Regional Health Specialists for HSS and Community Health. The consultant will provide weekly updates to UNICEF based on the activities outlined in the ToRs and will be provided required guidance and support in coordination with MoH.

LOCATION AND DURATION

The consultancy assignment will be accomplished by the selected M&E expert remotely (in case of international candidate) and also based in Lusaka. The total period for the assignment is not negotiable but the consultant (s) can vary time spent on each specific deliverable as long as at approved total duration (14 weeks) for the assignment is not exceeded. The consultant will also have an in-country assignment in or around Lusaka, Zambia. UNICEF will cover the costs of in-country

assignment mission. The consultant needs to factor in the costs of 2 domestic travels in their proposal.

- *Expected starting date of assignment: No later than 15th Dec 2020*
- *Foreseen finishing period or total duration: No later than 30th April 2021*

While working for in-country assignment, the consultant will be based (embedded) in the MoH Community Health Department and UNICEF CO Lusaka. The consultant will also be required to be travelling to the field for consulting with Provincial and District Health Offices (PHOs/DHOs) as per needs identified jointly by UNICEF and MoH.

PAYMENT SCHEDULE

Payment	Conditions
1st payment (20% of total contract value)	Upon submission of Inception report
2nd payment (30% of total contract value)	Upon submission of draft M&E framework
3rd payment (30% of total contract value)	Upon Submission of draft orientation package
Final (4 th) payment (20% of total contract value)	Final Report

QUALIFICATION/SPECIALIZED KNOWLEDGE AND EXPERIENCE

- At least a master's degree in any of the following fields: Development Studies, Economics, Statistics, Public Policy, Public Administration and Strategic Management, Project Management, Monitoring & Evaluation or any other relevant field.
- At least 7 years of practical and demonstrated experience in designing Monitoring and Evaluation frameworks, development of Results Frameworks, M&E Plans, National strategic plans and institutional operational plans (particularly for government institutions);
- Demonstrated experience in Programme design, data collection and analysis;
- Demonstrated experience in Institutional and organizational capacity building;
- Excellent interpersonal and communication skills and experience in working with a wide range of individuals in government, private sector and civil society;
- Excellent analytical and research skills, and well-developed report writing skills;
- Be able to communicate effectively (in spoken and written) English.

EVALUATION PROCESS AND METHODS

Item	Evaluation Criteria	Points
	Technical Evaluation Criteria	
1.0	Overall Response	
1.1	Understanding of UNICEF's requirement based on RFP documents.	
1.2	Understanding of the Consultancy which UNICEF wants to enter based on the documents.	
1.3	Understanding of developmental issues within Zambia and UNICEF's role in supporting and coordinating with the Government and other stakeholders.	

Item	Evaluation Criteria	Points
2.0	Company profile and key personnel	N/A
2.1	Range and depth of organizational experience with similar projects	
2.2	Client references	
2.3	Number of customers, size of projects, number of staff per project	
2.4	Samples of previous work	
2.5	Key personnel: relevant experience and qualifications of the proposed team for the assignment	
3.0	Proposed Methodology and Approach	
3.1	Proposed work plan and approach of implementation of the tasks as per the ToR	
3.2	Implementation strategies, monitoring and evaluation, quality control mechanism	
3.3	Technologies used - compatibility with UNICEF	
3.4	Innovative approach	
3.5	Total Technical Scores	80%
4.0	Financial Proposal	20%
4.1	Financial Proposal	
5.0	Grand Total	100%

Only proposals which receive a minimum of 70% points under a technical evaluation will be considered technically compliant.

ADMINISTRATIVE ISSUES

- *Interviews if necessary, indicating for which experts/position (in general, the evaluation of experts is conducted on the basis of their CVs).*
- *Whenever possible, bidder should be requested to provide an all-inclusive cost in the financial proposal. Bidder should be reminded to factor in all cost implications for the required service / assignment*
- *When travel is expected as part of the assignment, it shall be clearly specified (e.g. location, duration, number of journeys ...etc.) in the TOR. Bidder shall be required to include the estimate cost of travel in the financial proposal. It is essential to clarify in the TOR that i) travel cost shall be calculated based on economy class travel, regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC).*
- *Unexpected travels shall also be treated as above.*
- *Resources and facilities to be provided by UNICEF; e.g. access to printer, office space...etc.*

POLICY BOTH PARTIES SHOULD BE AWARE OF (ONLY APPLICABLE FOR INDIVIDUAL CONTRACTS)

- *Under the consultancy agreements, a month is defined as 21 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.*
- *Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.*
- *No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.*

- *For international consultants outside the duty station, signed contracts must be sent by fax or email.*
- *No consultant may travel without a signed contract and authorisation to travel prior to the commencement of the journey to the duty station.*
- *Unless authorised, UNICEF will buy the tickets of the consultant. In some cases, the consultant may be authorised to buy their travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed beforehand.*
- *Consultants will not have supervisory responsibilities or authority on UNICEF budget.*
- *Consultant will be required to sign the Health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.*
- *The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant.*