

## TERMS OF REFERENCE (TOR)

### SUMMARY

<b>Type of Contract (tick the appropriate box)</b>	Institutional Contractor	<input checked="" type="checkbox"/> <b>Individual Consultant</b>	Technical Assistance to IP (individual)
<b>Title</b>	Community Health Services Package (CHSP) Consultant		
<b>Purpose</b>	Technical support to MoH to develop the Community Health Services Package (CHSP) on operationalization and implementation of the National Community Health Strategy 2019–2021.		
<b>Location</b>	Home-based remote (8 weeks), Lusaka-based (16 weeks)		
<b>Type of consultancy:</b> • Time-based • deliverable-based	Deliverable based – 24 weeks (6 months)		
<b>Start date</b>	1 <sup>st</sup> June 2021		
<b>Reporting to</b>	Community Health Specialist, Health & HIV/AIDS Section		

### BACKGROUND

Zambia has achieved significant progresses in Reproductive, Maternal, New-born, and Child Health (RMNCH) services over the course of last decade. As per DHS-2018, 97 per cent of women received at least one Ante-Natal Care (ANC) check-up by a skilled healthcare provider, while 67 per cent had at least 4 ANC visits; over 95 per cent pregnant women had their blood pressure and blood haemoglobin level measured, while over 65 per cent had urine test done during ANC visit; 84 per cent of women delivered at health facilities while 80 per cent of births were attended by a skilled care provider of which 71 per cent were nurses or midwives; and over 70 per cent mothers and new-borns had Post-Natal Care (PNC) check-up with 48 hours of birth.

However, many challenges remain to be addressed including quality of care and coverage with equity. The DHS-2018 showed high Total Fertility Rate (TFR) of 4.7 children per women with wide urban-rural differences - rural TFR 5.8 while urban TFR 3.4. Teenage pregnancy remains high at 29 per cent and has not changed between the last two Demographic and Health Surveys. The new-born mortality rate (27/1000 live births) constitutes 62 per cent of the infant mortality (42/1000 live births) and 44 per cent of the under 5 mortality (61/1000 live births) rates in Zambia. The Neonatal Mortality Rate (NMR) increased from 24/1000 live births in 2014 to 27/1000 live births in 2018. The childhood mortality rates are higher in rural than urban population; and higher among the boys than the girls.

Zambia still has a long way to go to achieve the SDG target of Maternal Mortality Ratio (MMR) of 70 per 100,000 live births and the Under-five Mortality Rate (U5MR) of 25 per 1000 live births by 2030. Human resource constraints are one of the biggest challenges in improving maternal and child health status in Zambia. Forty seven per cent of the population do not have a health facility in vicinity of 5 kms (NHSP 2017-21); almost one third of human resources for health positions are vacant; Zambia has 0.07 doctors and 0.06 nurses per 1000 population which is far below the minimum recommended WHO standard of 2.3 healthcare providers (doctors, nurses and midwives) per 1000 population (WHO 2010).

The Government of the Republic of Zambia (GRZ) through the Ministry of Health aims at attaining Universal Health Coverage (UHC) in which all Zambians have access to essential health services without suffering financial hardship. Government places premium on attaining UHC through health systems

strengthening with strong focus on community and primary health care. As such, the country has developed and enacted the National Community Health Strategy (NCHS) 2019–2021 and the Community Health Worker Strategy (2010) aimed at re-positioning, expanding and institutionalizing the community health workforce and strengthening of community and primary health care platform to improve the provision of preventive, promotive and basic curative services. However, the institutionalization and operationalization of community health has not yet been fully in effect with development of various guidelines, tools and protocols as envisioned in NCHS 2019–2021. In order to efficiently provide health services that meet the basic needs of the community, a comprehensive yet contextualized Community Health Services Package (CHSP) needs to be developed and rolled-out. A well-articulated CHSP will allow for more effective budgeting and planning of health activities at the community level and contributes to increasing access to quality basic health services (NCHS Objective 3.0).

The Community Based Volunteers (CBVs) are one of the main cadres of health workers in community health who tend to work directly with implementing partners and are trained over shorter periods, usually with a focus on specific diseases. However, there are fragmentations of community-based volunteers (CBVs) with limited scale, no harmonized intervention package for CBVs, and there is inadequate guidance and/or no standards on the identification, selection and development of the CBVs including their operations, management and monitoring on the continuity and quality.

This TOR aims to hire a community health expert in response to the request from the Ministry of Health to UNICEF Zambia seeking technical support to develop a community-based integrated health services package to include national community health guidelines; standard community health interventions package; CBVs package including an incentive package; and orientation package for managers and health workers on the newly developed CHSP.

## JUSTIFICATION

The provisions of regulatory frameworks for community health structures, such as the Neighbourhood Health Committees (NHCs) and/or the Health Centre Committees (NCCs), have not yet been instituted with adequate guidelines, SOPs and tools. The regulatory frameworks of CBVs has not yet been established that led to the creation of fragmented community-based volunteers by various projects and initiatives with vertical approach without any integration and coordination. In addition, there are no written guidelines and no harmonized incentive packages to govern how CBVs should be selected and distributed which leads to fragmentation.

The weak community health structures are due to lack of guiding documents; hence there is a need to develop a package of integrated community health service delivery guidelines and establish governance and coordination structures at provincial and district level. Due to competing priorities, the Ministry of Health does not have capacity and therefore, requested UNICEF's support to address this gap through developing the Community Health Services Package (CHSP). The CHSP that would be developed under this consultancy assignment would be extremely critical for building community health systems and harmonization of services provided through community health platform. It would aid in addressing the issues of fragmentation of services and bring synergies of services across continuum of care, as well as integrating various services in the form of a comprehensive package. This is a crucial area of UNICEF's support, as an agency with its strategic niche and comparative advantage in Zambia as well as a key priority as an organization to support interventions leading to strong community and primary health care services through multisector, integrated service delivery approach towards universal health coverage.

## OBJECTIVES / TARGET

The main objective of this consultancy is to develop a comprehensive **Community Health Services Package (CHSP)**. The consultant is expected to cover four deliverables (documents): i) National Community Health Guidelines, ii) Standard Community Health Interventions Package, iii) Comprehensive CBVs Package outlining Selection, Management and Monitoring of CBVs including an Incentive Package, and iv) an orientation and training package for the health managers, health workers including CHWs, CBVs and community health stakeholders on newly developed CHSP.

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

Under the overall guidance and oversight of Chief Health & HIV/AIDS, and with direct supervision of the Community Health Specialist, the consultant will work closely with the Public Health Division and Community Health Unit (CHU) of MoH to collect data/information, consult on designing and developing the CHSP and ways to improve the planning, designing and management of the operationalization of community health.

### The specific tasks include the following:

- i. Desk reviews of existing documents (NCHS 2019-2021, CHWs Strategy 2010, NHCs/HCCs Guidelines), consultation with MoH, UNICEF (health, nutrition, education and child protection sections) WHO, UNFPA and other health sector partners (USAID, CHAI, CHAZ, NGOs) on the community-based avenues, platform, and approaches and develop a Plan of Action outlining how the assignment will be undertaken detailing the main activities and implementation timelines.
- ii. Draft the national community health guidelines outlining overall vision, strategies and approaches of institutionalizing community health system in Zambia; community-based avenues and platforms to reach the intended beneficiaries with quality community and primary healthcare services; integration and harmonization of various community-based service delivery platforms and avenues; synergies of various community-based structures such as NHCs/HCCs; and coordination, governance and management of community health programmes at national and sub-national level. The Guidelines can contribute to develop the next national strategies for community health as well as national health sector strategy.
- iii. Draft a comprehensive and standard community health interventions package across reproductive, maternal, new-born, child and adolescent health and nutrition; and other community-based services and care. The package is expected to integrate preventive, curative, rehabilitative and palliative services, specifically focused to integrated Community Case Management (iCCM) for common childhood illnesses, Early Essential New-born Care (EENC), and the nurturing care and parenting to promote Early Childhood Development (ECD). This would be done in close consultation with other relevant programme sections in UNICEF. The package may also include the public health emergencies response roles of CBVs.
- iv. Draft a comprehensive CBV package outlining identification, selection, equitable distribution, job description, management, monitoring and capacity development with continued learning as well as including an incentive package (both monetary and non-monetary) to ensure continuity, quality, retention, harmonisation and integration into the community health workforce and community health service delivery system as part of the institutionalizing community health in line with NCHS 2019–2021.

- v. Prepare an orientation and training package including job-aid on the newly developed CHSP for the health managers and workers including CHWs and CBVs and the community health stakeholders.
- vi. Design and conduct stakeholders' consultation workshop to validate the draft CHSP with all three packages (National guidelines, Interventions package and CBV package) and the training/orientation package. Finalize the CHSP and Orientation/Training package based on the recommendations of the stakeholders' consultation workshop.
- vii. Prepare and submit the assignment completion report together with finalized versions of all four deliverables (National guidelines, Interventions package, CBV package and training package).

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 Unit (CHU) of MoH, sharing skills with CHU/MoH team members that they can apply to further improve the planning and implementation of activities to institutionalise the community health system.

#### EXPECTED DELIVERABLES

Tasks	Expected Output	Deliverables	Timeframe (Tentative)	Payment Schedule
1. Desk reviews of existing documents (NCHS 2019-2021, CHWs Strategy 2010, NHCs/HCCs guidelines, draft Volunteer Policy and related situation analysis and any other regional and global documents), consultations with MoH, UNICEF health, nutrition and child protection sections, WHO, UNFPA, and other health sector partners (USAID, CHAI, CHAZ, NGOs) on the community-based avenues, platforms, and approaches; and develop a Plan of Action (PoA) outlining how the assignment will be undertaken detailing the main activities and implementation timelines.	Plan of Action (PoA) outlining how the assignment will be undertaken detailing the main activities and implementation timelines.	Inception report with PoA	3 weeks	1st payment (20%)
2. Draft the national community health guidelines outlining overall vision, strategies and approaches of institutionalizing community health system in Zambia; community-based avenues and platforms to reach the intended beneficiaries with quality community and primary healthcare services; integration and harmonization of various community-based service	Improved community health vision, strategies, and approaches on operationalisation of NCHS.	Draft national community health guidelines.	4 weeks	

<p>delivery platforms and avenues; synergies of various community-based structures such as NHCs/HCCs; identification of children exposed to serious harm and referral to social welfare; coordination, governance and management of community health programmes at national and sub-national level.</p>				
<p>3. Draft a comprehensive and standard community health interventions package across reproductive, maternal, new-born, child and adolescent health and nutrition; and other community-based services and care. The package is expected to integrate preventive, curative, rehabilitative and palliative services, specifically focused to integrated Community Case Management (iCCM) for common childhood illnesses, Early Essential New-born Care (EENC), and the nurturing care and parenting to promote Early Childhood Development (ECD) The package will identify procedures for referral to other sectors including social welfare in cases where children are exposed to serious harm.</p>	<p>Standard community health interventions package defined.</p>	<p>Draft package of standard community health interventions.</p>	<p>3 weeks</p>	<p>2<sup>nd</sup></p>
<p>4. Draft a comprehensive CBV package outlining identification, selection, equitable distribution, job description, management, monitoring and capacity development with continued learning as well as including an incentive package to ensure continuity, quality, retention, harmonization and integration into the community health workforce and community health service delivery system as part of the institutionalizing community health in line with NCHS 2019–2021.</p>	<p>A comprehensive CBV package defined.</p>	<p>Draft version of CBV package.</p>	<p>4 weeks</p>	<p>Payment (30%)</p>
<p>5. Prepare an orientation and training package including job-aid and training</p>	<p>Capacity building tools available on</p>	<p>Final version of orientation</p>	<p>4 weeks</p>	

plan on the newly developed CHSP for the health managers and workers including CHWs and CBVs and the community health stakeholders.	administering CHSP.	and training package on CHSP.		
6. Design and conduct stakeholders' consultation workshop to validate the draft CHSP with all three packages (National guidelines, Interventions package and CBV package) and the Training/Orientation packages. Finalize the documents (all packages) based on the recommendations of the stakeholders' consultation workshop.	Stakeholders' consensus with key recommendations documented to finalize the CH packages.	Final version of Community Health Interventions Package (CHSP) and Orientation/Training package.	3 weeks	3rd Payment (30%)
7. Prepare and submit the assignment completion report together with finalized versions of all four deliverables (National guidelines, Interventions package, CBV package and training package).	All documentations of the assignment completed and finalized.	Final Report on the completion of assignment.	3 weeks	Final (4 <sup>th</sup> ) payment (20%)

**Note:** All deliverables need to be validated by the Community Health Unit (CHU) of MoH and UNICEF. The write up of all outputs above should be in a clear language that can be easily understood, avoiding long sentences, jargon, abbreviations and technical terms to the extent possible, and should as necessary define the terms used.

## REPORTING REQUIREMENTS

As outlined in the deliverables, the consultant is expected to submit the following reports in both hard and soft copies to UNICEF in MS word and PDF format.

- a) Inception report with detailed Plan of Action.
- b) Draft national community health guidelines.
- c) Draft package of standard community health interventions.
- d) Draft version of CBV package.
- e) Draft orientation and training package on CHSP
- f) Final version of Community Health Interventions Package (CHSP) and orientation and training package on CHSP.
- g) Final Report on the completion of assignment

The consultant will also be expected to submit weekly and/or monthly updates to UNICEF for assignment progress review and to provide necessary support to overcome any challenges and/or obstacles to smooth completion of the assignment.

## CONTRACT MANAGEMENT

Under the overall guidance of Chief Health and HIV/AIDS, the consultancy assignment will be managed and supervised by the Community Health Specialist. The RMNCAH Specialist and Community Health Officer will assist in coordination with relevant sections of UNICEF Zambia Country Office (PME, C4D,

CAPE, Nutrition, WASH, Education/ECD and Child Protection); and in collaboration with MoH Public Health Division and the MoH Community Health Unit (CHU). 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 expert remotely for first 8 weeks (two months) and then based in Lusaka. The total period for the assignment is not negotiable but the consultant can vary time spent on each specific deliverable, as long as, at approved total duration (24 weeks) for the assignment is not exceeded. The consultant will also have in-country assignment missions in Zambia for 16 weeks. UNICEF will cover the costs of in-country assignment mission.

- *Expected starting date of assignment: No later than 1 June 2021*
- *Foreseen finishing period or total duration: No later than 30<sup>th</sup> November 2021*

While working for in Lusaka assignment (16 weeks), the consultant will be based (embedded) in the MoH Community Health Unit 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. UNICEF will meet the costs of domestic travel, as necessary.

### PAYMENT SCHEDULE

Payment	Conditions
1 <sup>st</sup> payment (20% of total contract value)	Upon submission of Inception report with POA and Draft national community health guidelines.
2 <sup>nd</sup> payment (30% of total contract value)	Upon submission of draft packages of standard community health interventions; CBV incentive package; and orientation and training package.
3 <sup>rd</sup> payment (30% of total contract value)	Upon submission of final version of CHSP and orientation & training package.
Final (4 <sup>th</sup> ) payment (20% of total contract value)	Upon submission of assignment completion report with all four deliverables.

The payment will be made after the validation of the deliverables by the Community Health Unit (CHU) of MoH and UNICEF.

### QUALIFICATION/SPECIALIZED KNOWLEDGE AND EXPERIENCE

- At least a master's degree in any of the following fields: Public Health, Community Health, Maternal and Child Health (MCH), Health Promotion, Communication, Development Studies, Epidemiology, or any other relevant field.
- At least 7 years of practical and demonstrated experience in designing and developing national guidelines, protocols, SOPs and standards on health sector programmes, specifically, public health, community health, health promotion and MCH for government institutions;
- Demonstrated experience in designing and developing institutional and organizational capacity building protocols and tools in health sector programmes;
- Demonstrated experience in programme design, data collection and analysis;

- 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
	<b>Technical Evaluation Criteria</b>	
<b>1.0</b>	<b>Overall Response</b>	
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.	
<b>2.0</b>	<b>Company profile and key personnel</b>	
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	
<b>3.0</b>	<b>Proposed Methodology and Approach</b>	
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	<b>Total Technical Scores</b>	<b>80%</b>
<b>4.0</b>	<b>Financial Proposal</b>	<b>20%</b>
4.1	Financial Proposal	
<b>5.0</b>	<b>Grand Total</b>	<b>100%</b>

#### ADMINISTRATIVE ISSUES

- Interviews, if necessary, indicating for which experts/position to recommend as in general, the evaluation and selection is done based on the review of CVs and sample of similar work/products.
- 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 estimated 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' professional fees 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 authorization to travel prior to the commencement of the journey to the duty station.*
- *Unless authorized, UNICEF will buy the tickets of the consultant. In some cases, the consultant may be authorized 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.*