**UNICEF Pacific**

**TERMS OF REFERENCE**

**Development of Community Engagement Service Packages (‘How To’ Guide)**

 **CONSULTANT**



**Requesting Section:** UNICEF Health and Nutrition

**Date/Updated date:** November 12, 2018

**Programme Area and Specific Project involved: Output 3:** Caregivers have improved knowledge and skills to adopt recommended health and nutrition care practices.

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**Background:**

The Republic of Kiribati includes three islands-Gilbert, Phoenix and Line-and comprises 32 atolls and one elevated coral island with a total land area of 811 square kilometres dispersed over five million square kilometres of ocean. The terrain in Kiribati is low lying; most islands are less than two kilometres wide and less than two meters above sea level, making it extremely vulnerable to climate change and natural hazards.

Kiribati has the second lowest life expectancy amongst Pacific Island Countries (PICs) after Papua New Guinea, and faces a double burden of communicable and non-communicable diseases (NCDs) and of under and over-nutrition. The country has one of the highest tuberculosis prevalence rates in the region, and NCDs increased more than three-fold between 2005–2010.

Health is a priority focus for the Government of Kiribati’s development plan 2016-2019. UNICEF’s long-term commitment to improving health seeking behavior for maternal and child health in Kiribati is in line with priority area 3 of Kiribati’s development plan 2016-2019 which is “improved maternal, newborn and child health”. In addition to this, the Ministry of Health and Medical Services (MHMS) has set six objectives in the health strategic plan that include: improve maternal, newborn and child health; address gaps in health service delivery and strengthen the pillars of the health system. UNICEF’s multi-country programme (MCP) 2018-2022 outcome 3 states “Caregivers have improved knowledge and skills to adopt recommended health and nutrition care practices”.

In August 2018, the MHMS and UNICEF finalised the development of community engagement guidelines, which provide guidance on health worker engagement with communities: individuals, families, communities and local governance structures. District, public and primary health care workers all have community responsibilities in their job description, however, health worker interest in community engagement appears focused on what the community can do for the health system and not what the health worker can do for the community. Remnants of a stronger primary health care ethos exist in the form of village welfare groups, and a ‘health’ seat on the island council however, perceptions are that community structures do not concern themselves with health matters as these were viewed as the responsibility and accountability of the MHMS.

**Purpose of Assignment:** The purpose of the assignment is to take the next step in implementation of the Community Engagement Guidelines and collaboratively design a ‘How To’ Guide or toolkit for Health Workers at frontline facilities that encompasses the agreed community engagement activities detailed in the Community Engagement Guidelines; and to agree on a strategy for building skills on the use of the toolkit.

The ‘How To’ Guide (toolkit) will be for use by the DPNO, Public Health Programme and Primary Health Care workers when engaging with individuals, families, communities and members of local governance structures.

The Guide (tool kit) will enable planning and budgeting decisions to be made by health workers, island councils, and district principle nursing officers. The assignment will provide answers to the following broad questions:

1) How do health workers carry out the community engagement activities outlined in the community engagement guidelines?

2) How do supervisors conduct supportive supervision of health workers vis a vis community engagement activities?

3) What skills gaps need to be addressed in order to effectively use the toolkit and what strategies will address these gaps in a sustainable manner?

**Scope of Work/ Work Assignments:**

The assignment will use a collaborative approach that places the MHMS in the forefront of the development and roll out of the ‘How To’ Guide (toolkit) for community engagement, working with the MHMS Health Promotion Department, Department of Nursing Services, and the Nursing School.

1. Internalise, fully comprehend and refer to newly endorsed Community Engagement and Supportive Supervision Guidelines, and the Kiribati health service delivery context.
2. Work with MHMS to form a multi-sectoral task force that includes Health Promotion, Department of Public Health, Department of Nursing Services to oversee the development of this ‘How To’ Guide. Draft a ToR for the functioning of the Task Force and include collaboration with other sector Ministries such as Education, WASH, Social Welfare, Justice and Child Protection to contribute to the content of this Guide.
3. In collaboration with the MHMS Task Force design a service package toolkit with discreet ‘How To’ modules on at least:
	1. catchment mapping and census which aligns to Reach Every District (RED) microplanning;
	2. community outreach which aligns with RED recommendations,
	3. home visits,
	4. counselling individuals and groups,
	5. community dialogue,
	6. community demonstrations,
	7. engagement with local governance structures (island councils, village welfare groups),
	8. community events and campaigns.
	9. Planning and budgeting for community engagement
4. Design and weave in the concept of the “at risk child” and “at risk mom” collaboratively developing ‘at risk’ criteria. ‘At risk’ criteria should include cross cutting issues with a clear and simple introduction as to why health workers are at the forefront of recognising cross cutting issues and referring to appropriate service providers. Examples of criteria for ‘at risk’ children and women to consider (but is not necessarily limited to) immunization drop outs, domestic and gender based violence, violence, neglect or exploitation of the child, out of school children, children in households without toilets, disabled child/mom, waning child development milestones.
5. Include the pathways for referral for health issues, and for other sectors (child protection, GBV, WASH, Education, Social Welfare, Justice, etc.)
6. Include details of community development techniques to foster community involvement in health.
7. Develop a ‘how to’ module for the supervisor on How To do supportive supervision and on the job training for community engagement
8. Conduct an initial pretest of the Guide keeping in mind that UNICEF and the MHMS will consider digitizing the guide.
9. Collaborate with the Nursing School and Department of Nursing Services to identify skills gaps in operationalizing the Guide.
10. In collaboration with the Nursing School and Department of Nursing Services design the strategy for sustainably addressing the skills gaps in this area – both immediate and longer-term strategies.
11. In the final draft, include illustrations/suggested illustrations as necessary.

List of documents to review. Note this list is not exhaustive:

* MHMS Documentation on how PHC and community engagement was designed in the past
* UNICEF/WHO Care for Child Development
* Supportive Supervision Guidelines
* Community Engagement Guidelines
* Reaching Every District Approach

**Work Schedule:**

The validity of the consultancy will be for 5 months. Within that 5 month period, 90 billable days are included. The consultant will travel to Suva for a briefing and discussion before onward travel to Kiribati. The consultant will factor in the need to present a near final version of the product – if possible remotely from Kiribati.

**Payment Schedule**

Payment is based on the deliverables outlined in the deliverables/Product section detailed below

**Deliverables/End Products**

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| **Deliverable** | **Details** |
| Deliverable 120% | * Inception Report approved by UNICEF and MHMS including a documents review and detailed workplan with timelines within the first 2 -3 weeks.
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| Deliverable 230% | * National consultations (Health promotion, Department of Nursing Services, DPNOs, nursing school, Nutrition, RMNCAH, Education, Sanitation, Social Welfare, Justice, etc)
* Draft ToR for Task Force approved by UNICEF and MHMS
* Brief report from health facility and community visits including Island Councils and Village Welfare Groups – Tarawa and at least outer islands from 2 districts
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| Deliverable 330% | * Draft ‘how to modules’ approved by UNICEF and MHMS before pre-testing
* Pre-tested/final modules approved by UNICEF and MHMS
* Skills Gap Analysis
* Debrief at Kiribati and Suva levels
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| Deliverable 420% | * Final Toolkit approved by UNICEF and MHMS
* Strategy for bridging the skills gap immediately and longer term to build capacity on the How To guides among health staff and supervisors
* Short reflections 3-5 pages with recommendations for the future
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Timelines are flexible with a preferred start date of February 2019 for 5 months.

**Supervisor Name and Type of Supervision that will be provided:**

The consultant will work under the overall supervision will be by UNICEF CFO Kiribati and technical guidance by the UNICEF Pacific Chief of Child Survival and Development. Day to day collaboration will also be with the UNICEF Kiribati Health Team. UNICEF will facilitate operational support as required.

The consultant will work jointly with the Department of Health Promotion and the Department of Nursing Services specifically with District Principle Nursing Officers (DPNOs).

**Consultant’s Work Plan and Official Travel Involved:**

The consultant is expected to make his/her own return travel arrangements from place of recruitment to Fiji and Kiribati on the most direct route and economical class and include this in the submission of budget. Provisions will be considered, both in the validity of the contract and in the budget after the submission of draft products (draft ‘how to’ modules and draft skills gap analysis) for the consultant to return home while UNICEF and the MHMS review, reflect and provide feedback.

The consultant is also required to organize his/her own visa to the duty station-UNICEF will provide a support letter to assist with visa approval.

**Consultant’s Work Place:**

The consultant will be based at the MHMS/UNICEF Office in Kiribati.

The Consultant will be accompanied on the initial visit by a designated staff member from the UNICEF Suva office. A debrief should be provided to the UNICEF Suva Office and could be done remotely. The consultant will maintain regular contact/ communication (once per week) with the technical supervisor for technical support and for providing weekly updates by email, skype or telephone as required.

In-country travel will be arranged by UNICEF, by facilitating the logistics arrangements for the field visits with the MHMS.

**Qualifications or Specialized Knowledge/Experience Required:**

Qualifications: Master’s degree in relevant field. Specialist in primary health care/community development for health.

Experience: minimum 7-10 years relevant experience;

experience leading a collaborative design of community engagement products desirable

experience in the Pacific or small island nation context an asset;

Languages: English

Competencies: working with others, leadership, technical area of community development/toolkit development

**General Conditions** **of Contracts for the Services of Consultants / Individual Contractors**

**1. Legal Status**

The individual engaged by UNICEF under this contract as a consultant or individual contractors (the “Contractor”) is engaged in a personal capacity and not as representatives of a Government or of any other entity external to the United Nations. The Contractor is neither a "staff member" under the Staff Regulations of the United Nations and UNICEF policies and procedures nor an "official" for the purpose of the Convention on the Privileges and Immunities of the United Nations, 1946. The Contractor may, however, be afforded the status of "Experts on Mission" in the sense of Section 22 of Article VI of the Convention and the Contractor is required by UNICEF to travel in order to fulfill the requirements of this contract, the Contractor may be issued a United Nations Certificate in accordance with Section 26 of Article VII of the Convention.

**2. Obligations**

The Contractor shall complete the assignment set out in the Terms of Reference for this contract with due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices.

The Contractor must respect the impartiality and independence of UNICEF and the United Nations and in connection with this contract must neither seek nor accept instructions from anyone other than UNICEF. During the term of this contract the Contractor must refrain from any conduct that would adversely reflect on UNICEF or the United Nations and must not engage in any activity that is incompatible with the administrative instructions and policies and procedures of UNICEF. The Contractor must exercise the utmost discretion in all matters relating to this contract.

In particular, but without limiting the foregoing, the Contractor (a) will conduct him- or herself in a manner consistent with the Standards of Conduct in the International Civil Service; and (b) will comply with the administrative instructions and policies and procedures of UNICE relating to fraud and corruption; information disclosure; use of electronic communication assets; harassment, sexual harassment and abuse of authority; and the requirements set forth in the Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

Unless otherwise authorized by the appropriate official in the office concerned, the Contractor must not communicate at any time to the media or to any institution, person, Government or other entity external to UNICEF any information that has not been made public and which has become known to the Contractor by reason of his or her association with UNICEF or the United Nations. The Contractor may not use such information without the written authorization of UNICEF, and shall under no circumstances use such information for his or her private advantage or that of others. These obligations do not lapse upon termination of this contact.

**3. Title rights**

UNICEF shall be entitled to all property rights, including but not limited to patents, copyrights and trademarks, with regard to material created by the Contractor which bears a direct relation to, or is made in order to perform, this contract. At the request of UNICEF, the Contractor shall assist in securing such property rights and transferring them to UNICEF in compliance with the requirements of the law governing such rights.

**4. Travel**

If UNICEF determines that the Contractor needs to travel in order to perform this contract, that travel shall be specified in the contract and the Contractor’s travel costs shall be set out in the contract, on the following basis:

1. UNICEF will pay for travel in economy class via the most direct and economical route; provided however that in exceptional circumstances, such as for medical reasons, travel in business class may be approved by UNICEF on a case-by-case basis.
2. UNICEF will reimburse the Contractor for out-of-pocket expenses associated with such travel by paying an amount equivalent to the daily subsistence allowance that would be paid to staff members undertaking similar travel for official purposes.

**5. Statement of good health**

Before commencing work, the Contractor must deliver to UNICEF a certified self-statement of good health and to take full responsibility for the accuracy of that statement. In addition, the Contractor must include in this statement of good health (a) confirmation that he or she has been informed regarding inoculations required for him or her to receive, at his or her own cost and from his or her own medical practitioner or other party, for travel to the country or countries to which travel is authorized; and (b) a statement he or she is covered by medical/health insurance and that, if required to travel beyond commuting distance from his or her usual place or residence to UNICEF (other than to duty station(s) with hardship ratings “H” and “A”, a list of which has been provided to the Contractor) the Contractor’s medical/health insurance covers medical evacuations. The Contractor will be responsible for assuming all costs that may be occurred in relation to the statement of good health.

**6. Insurance**

The Contractor is fully responsible for arranging, at his or her own expense, such life, health and other forms of insurance covering the term of this contract as he or she considers appropriate taking into account, among other things, the requirements of paragraph 5 above. The Contractor is not eligible to participate in the life or health insurance schemes available to UNICEF and United Nations staff members. The responsibility of UNICEF and the United Nations is limited solely to the payment of compensation under the conditions described in paragraph 7 below.

**7. Service incurred death, injury or illness**

If the Contractor is travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contract, or is performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval, the Contractor (or his or her dependents as appropriate), shall be entitled to compensation from UNICEF in the event of death, injury or illness attributable to the fact that the Contractor was travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contractor, or was performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval. Such compensation will be paid through a third party insurance provider retained by UNICEF and shall be capped at the amounts set out in the Administrative Instruction on Individual Consultants and Contractors. Under no circumstances will UNICEF be liable for any other or greater payments to the Contractor (or his or her dependents as appropriate).

**8. Arbitration**

1. Any dispute arising out of or, in connection with, this contract shall be resolved through amicable negotiation between the parties.
2. If the parties are not able to reach agreement after attempting amicable negotiation for a period of thirty (30) days after one party has notified the other of such a dispute, either party may submit the matter to arbitration in accordance with the UNCITRAL procedures within fifteen (15) days thereafter. If neither party submits the matter for arbitration within the specified time the dispute will be deemed resolved to the full satisfaction of both parties. Such arbitration shall take place in New York before a single arbitrator agreed to by both parties; provided however that should the parties be unable to agree on a single arbitrator within thirty days of the request for arbitration, the arbitrator shall be designated by the United Nations Legal Counsel. The decision rendered in the arbitration shall constitute final adjudication of the dispute.

**9. Penalties for Underperformance**

Payment of fees to the Contractor under this contractor, including each installment or periodic payment (if any), is subject to the Contractor’s full and complete performance of his or her obligations under this contract with regard to such payment to UNICEF’s satisfaction, and UNICEF’s certification to that effect.

**10. Termination of Contract**

This contract may be terminated by either party before its specified termination date by giving notice in writing to the other party. The period of notice shall be five (5) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a total period of less than two (2) months and ten (10) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a longer period; provided however that in the event of termination on the grounds of impropriety or other misconduct by the Contractor (including but not limited to breach by the Contractor of relevant UNICEF policies, procedures, and administrative instructions), UNICEF shall be entitled to terminate the contract without notice. If this contract is terminated in accordance with this paragraph 10, the Contractor shall be paid on a pro rata basis determined by UNICEF for the actual amount of work performed to UNICEF’s satisfaction at the time of termination. UNICEF will also pay any outstanding reimbursement claims related to travel by the Contractor. Any additional costs incurred by UNICEF resulting from the termination of the contract by either party may be withheld from any amount otherwise due to the Contractor under this paragraph 10.

**11. Taxation**

UNICEF and the United Nations accept no liability for any taxes, duty or other contribution payable by the consultant and individual contractor on payments made under this contract. Neither UNICEF nor the United Nations will issue a statement of earnings to the consultant and individual contractor.

\*\* All Programme TORs to be approved by Deputy Representative and Operations TOR to be approved by Operations Manager.