

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title International Data and Analytics Consultant	Funding Code: SC201315 3210/A0/07/001/001/002	Type of engagement <input checked="" type="checkbox"/> Consultant	Duty Station: Abuja Nigeria
<p>Purpose of Activity/Assignment:</p> <p>Each year in Nigeria over 7.5 million babies are born, of whom about 300,000 die during their first month of life. Despite our gains for child survival whereby the under-five child mortality has decreased in the last decade, available data shows that the rate of decline is slow. It is important to understand and address bottlenecks at decentralized levels and tailor an accelerated response to fast-track reduction in under-five mortality rate. In its effort to support strengthening of the PHC system to be able to make high-quality health care services available, accessible and affordable to all Nigerians, especially women and children. The BMGF set up the PHC Leadership Challenge (PHC LC) following the endorsement of the Seattle declaration by Nigeria Governors which seeks to fill critical leadership gaps in primary health care systems development in Nigeria.</p> <p>UNICEF Nigeria country office in partnership with the NPHCDA and the Nigeria Governors Forum (NGF) is leading the implementation of the PHC LC whose approach is to measure progress against indicators as per an agreed performance monitoring framework (PMF) where each of Nigeria's 36 + 1 state performance will be assessed annually. The PMF includes (i) key indicators to measure the quality PHC leadership provided by Governors and how this impacts access and utilization of priority health and nutrition services for the population especially women/girls and children; (ii) the metadata of each indicator and (iii) guide to scoring state-specific performance against the PMF indicators.</p> <p>To effectively support and guide the technical team as well as the states in processes involving data analyses, decentralized digitalization of HIS, data visualization and data use and the like an understanding of the health data space (HMIS, DHIS2, RMNCAH) in Nigeria and global and national digital HIS strategies and practices is essential. This needs to be done across all levels, the PHC LCF technical committee and throughout the 36 + 1 states.</p> <p>UNICEF has worked closely with Government at national and State level, over the last 24 months, leading to the creation and implementation of the RMNCAH scorecards as an evidence-based system strengthening approach in all 36+1 states of the country. The score cards have generated interest across all levels and with policy and decision makers, program planners and implementers and various stakeholders. Discussions are also ongoing to explore how to better link these score cards towards more evidence based annual planning and resource allocations. There are also discussions towards testing and use of automated MNCH score card and other built in DHIS apps to enhance data use at national and sub national levels are also getting attention in Nigeria.</p> <p>UNICEF has upcoming work in the design of digital health support for facilities in 100 "Zero-dose LGAs" as well as other projects under development. These relate closely to extending the work of the RMNCAH scorecards and the PHC LC health service monitoring system. This may include programme specific scorecards, facility profiles, digitalization of health information systems and work to improve the design of the national information system, centered around the DHIS2, to allow inter-operability of currently siloed information systems.</p>			

Scope of Work:

Major Tasks to be accomplished during this consultancy include

- Support the ongoing national and 36+1 state RMNCAH scorecard system down to facility level. This includes capacity building and mentoring support to planning officers towards institutionalizing this work
- Support the PHC Leadership Challenge PHC system performance framework linked with the annual operational plans, the M&E Plan of the National Strategic Health Development Plan II and initiatives like the MSDAT. This includes work with the IVA to better understand state level performance.
- Support data quality and other aspects on data initiatives in the Health Section including the different accountability frameworks under the programme
- Support the review of DHIS2 indicators/data elements and NHMIS report forms and registers including the extension of scorecard related products, such as with program score cards (e.g.nutrition)
- Support the linkages between community scorecards or facility profiles and GIS based catchment population estimates and visualizations.
- Support Decentralized Digitalization of HIS and introduction of Automated data use apps.
- Support in building capacity of the HIS workforce

Any other related work with score cards and accountability mechanisms

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:

**Requestion Section/
Issuing Office:**
Health Section/Abuja
Country Office

Reasons why consultancy cannot be done by staff:

Given the breadth and scope of data inconsistencies, verticalization, and quality issues in Nigeria and building on the success and state ownership of the RMNCAH+N scorecards, continuing expert technical advice on data is critical to the success of the Health programme. Given the scope of work a n exceptionally skilled and well experienced consultant with ample knowledge on Nigeria’s data environment is required

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

Consultant sourcing:

National International Both

Request for:

New – Individual Contract

Extension/ Amendment

Competitive Selection: <input type="checkbox"/> Advertisement <input checked="" type="checkbox"/> Desk Review <input type="checkbox"/> Roster Single Source Selection <input type="checkbox"/>			
If Extension, Justification for extension: The need for the consultancy still persist and the consultant has performed excellently.			
Supervisor:	Start Date: <i>10 May 2024</i>	End Date: <i>30 November 2024</i>	Number of working Days <i>7 months</i>

Task/Milestone	Deliverable/Output	Delivery Deadline	Estimated Budget
1. Quarterly reporting on RMNCAH+N Scorecards used and updated in all 36 States and FCT, the national level, and LGA-Facility scorecards, along with extensions of scorecard methods and approaches as part of overall Health Information System reforms	Score cards reports of all 36 states and the FCT reported on the rmncah.org	End of Quarter 2 in 2024	
2. Support the PHC Leadership Challenge PHC system performance framework linked with the Nigeria Health Sector Renewal Initiative and SWAp Agenda of the FMOH	- State by state health services performance report of all 36 state and the FCT (part of PHC LC PMF) - Support provided to the Independent Verification Agent - Report of the analysis and evaluation of the IVA activities,	End of Quarter 3 in 2024	
3. Lead in HMIS support to FMOH and NPHCDA as well as the overall digital health program of the FMOH the Nigeria Health Sector Renewal Initiative and SWAp Agenda of the FMOH	Report of the assessment and the priority recommendation for action	Middle of Quarter 4 in 2024	

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.

Travel International (if applicable)	Travels – based on need, Tentative travel schedule to Nigeria (each travel lasting one month) • 15 May to 15 June 2024 • 15 August to 15 September 2024 • 01 to 30 November 2024		
Travel Local (please include travel plan)	TBD		
DSA (if applicable)	When traveling		
Total estimated consultancy costs¹			
Minimum Qualifications required: <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: Public Health or related discipline	Knowledge/Expertise/Skills required: Prior experience in data analytics used for documenting programs in public health A Master’s degree in Public Health and/or related technical field At least eight years or more experience working in MNCAH programs and/or health projects. Prior experience with HSS programming is an added advantage Demonstrated ability to produce high quality data and programmatic materials Experience in writing for UN agencies (human interest stories, reports etc) UNICEF specific experience will be a strong asset Fluency in oral and written English is required. Computer skills, including internet navigation and various office applications. Demonstrated ability to work in a multi-cultural environment and establish harmonious and effective working relationships, both within and outside the organization.		
Administrative details: Visa assistance required: <input type="checkbox"/> <input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:	If office based seating arrangement identified: <input type="checkbox"/> IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input type="checkbox"/>		
Request Authorized by Cluster Lead	Request Verified by HR:		

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.

The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

UNICEF offers [reasonable accommodation](#) for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.
