

TERMS OF REFERENCE

Section A

Title:	Consultancy to provide harmonized capacity development support on facility based and community based ECD services including development of resources and facilitating trainings				
Duty Station:	Beirut	Type of Engagement:	Individual consultant		
Request for:	New Contract				
Requesting Section:	Health & Nutrition	Focal Person:	Joelle Najjar, Health and Nutrition Officer		
Budget Year:	2022		Funding Code:	SC200471- Norway	
Start Date:	1-Sep-22	End Date: (when extension, enter new end date)	31-Mar-23	Number of Days (working):	95 Days
Included in AWP/RWP:	Yes		<p>Activity 1.2.2.3: Provide capacity building support and supportive supervision for healthcare providers/focal points at PHCs, nurseries, schools, private sector on ECD as part of nurturing care framework.</p> <p>Activity 1.2.2.8: Conceptualize an integrated model of basic ECD package following nurturing care framework through, midwives, nurses' orders, nurseries and other community facilities (field manual, training guidelines, capacity building, IEC materials, M&E framework</p>		
Work Assignment:					
<p>At present Lebanon is enduring a political gridlock after multiple failed attempts to break the year-long government formation impasse, as well as a severe and prolonged economic depression with inflation reaching triple digit and poverty rising sharply¹. The country has faced serious challenges following the aftermath of the financial crisis, the devastating effects of the COVID-19 pandemic and the massive Beirut port explosion in August 2020. The country also faces refugee hosting crisis after the onset of the Syrian war in 2011. Lebanon also hosts the largest number of refugees per capita in the world. The real Gross Domestic Product (GDP) growth has declined by 20.3% in 2020 and continued to contract to an extent that in July 2022 World Bank reclassified Lebanon to "Lower Middle-Income Country" from an 'Upper Middle-Income Country based on its annual gross national income (GNI) per capita numbers.</p> <p>While Lebanon has made significant progress is survive agenda and the prevention of communicable diseases in last decades, the recent protracted crisis, has slowed down or in some cases reversed back the achievements made.</p> <p>While the PHC's lifesaving services despite the recent years challenges has resulted in reducing the Under-5 mortality and the Neonatal Mortality Rates from 32 and 21 in 1990 to 7 and 4 in 2020, yet relatively significant proportion of young children are deprived of optimum developmental care and hence. Based on relatively old data source, the developmental delays and disabilities among children aged 2-9 which can reach up to 11% in some parts of Lebanon (Central Administration of Statistics, 2013). These issue</p>					

¹ World Bank Group. Macro Poverty Outlook (Middle East and North Africa). Country-by-country Analysis and Projections for the Developing World (2021). Available from: <https://pubdocs.worldbank.org/en/747731554825511209/mpo-mena.pdf>

TERMS OF REFERENCE

remains unattended specially for children from lower quintiles of wealth given their lack of access to developmental care and services. Unfortunately, the nutritional wellbeing as a corner stone of child optimum development is also hampered. Based on the results of a recent survey over 40% of children are suffering from a form of nutritional deprivation (such as Anemia and stunting) which imposes major risks to the developmental wellbeing of children during their earlier years. Young children can face multiple barriers at service delivery, community, and family level to benefit from a holistic early developmental care.

In Lebanon, the supply of childcare services is dominated by private providers (80%), followed by public providers (12%), and semi-private providers (8%). Childcare providers are concentrated in coastal areas, with the highest density being in Beirut and Mount Lebanon. This uneven distribution leads to low access to childcare providers in inland regions and rural areas. Noting that 75% of childcare providers receive children from surrounding areas, this suggests that commuting distance is an important factor affecting parents' choice on whether to send their children to a childcare center or not.

While 80% of childcare centers cater to children aged 1-3, only 58% cater to children between 0-1, and these are primarily private sector centers which generally tend to be more costly. This further prevents mothers from joining the workforce during the first year of their maternity. Affordability has also become a major concern since the start of the economic crisis in 2019. In 2021, the percentage of childcare providers servicing families with payment difficulties has doubled, reaching 41%. Additionally, due to the local currency devaluation and the significant increase in fuel prices, the monthly fees per child are no longer sufficient to cover the operational expenses of childcare providers. Therefore, to remain affordable, childcare providers are often constrained to compromise on quality which can negatively affect the healthy development of children².

While recognizing the social and economic benefits related to the fair accessibility to quality ECD services, given the dire situation in the country, in addition to facility based ECD services, other delivery platforms and channels must be utilized including community-based initiatives and providing support to parents through digital technology or other innovative approaches.

Building on the work conducted in 2020, the LCO has initiated the integration of the ECD programme at different levels, including the upcoming Multi-Service Child Centers concept, community based ECD initiatives and integration of ECD in the CHW wellness package for PHCs and CHWs.

Objectives:

The objective of this consultancy is to:

- 1) support UNICEF Lebanon CO to adopt, contextualize and develop a standard package of resources for the ECD workforce for their use at all levels of facility, community, and household (home visitation) for harmonized approaches
- 2) Provide systematic capacity development support to partners and stakeholders who will be involved in provision of ECD services in different settings.

Methodology:

1. To undertake a desk review of available UNICEF's and other existing resources on Early Childhood Development facility and community-based services and home visitation. This stage will also include carrying out meetings with key stakeholders to get a better understanding on needs, context, and to ensure no duplication of efforts are done throughout this initiative.
2. Development of SOPs for the minimum standard services to be delivered at facility and community level including home visitation, which will clarify the roles of ECD facilitator or any other personnel who is expected to deliver facility and community based ECD services and home visitation

² <https://blogs.worldbank.org/arabvoices/study-childcare-services-lebanon-reveals-struggling-sector>

TERMS OF REFERENCE

3. UNICEF ECARO has developed 22 ECD and home visitation modules, among which 12 are shortlisted that are as follows :

- 1- Introduction to resource Modules
- 2- Resource Module for ECD facilitators and home visitors
- 3- Early years
- 4- Role of Home visitors and ECD facilitators
- 5- Promoting parent-child attachment
- 6- Common parenting concerns
- 7- Home environment and safety
- 8- Caring and empowering
- 9- Children who develop differently
- 10- Responsive feeding
- 11- Healthy Weight Physical Activity
- 12- Immunization.

These modules will be adopted to the context of Lebanon to be used for systematic capacity development and pre-service training of ECD facilitators, Community health workers and Health workers at facility level. This includes preparation of the training plan and curriculum, PowerPoint presentations, Pre/Post Tests, Agenda, handouts, including exercises, tools, and training evaluation.

4. Facilitate trainings (a minimum of one training per month for 30 Participants per training) to train ECD facilitators, Community health workers and relevant personnel among health, education and nutrition sectors' partners. This includes on the job training, coaching and supportive supervision (Days per training is subjected to change based on the training package developed. Modality of training is to be confirmed based on desk review and meetings with key stakeholders). To monitor the effectiveness of the training roll out, appropriate evaluation of the trainings will need to be developed and conducted.
5. Where there is need the consultant will provide technical support to develop the ECD technical content for other documents, tools or digital technology around ECD

The consultant should ensure that there are linkages and proper coordination between key stakeholders on ECD including regular coordination with the Nutrition sector and Ministry of Public Health (PHC unit and Mother and child unit) .

UNICEF Health and nutrition officer and Nutrition Manager will provide support and guidance as needed.

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:

N/A

TERMS OF REFERENCE

Child data role <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;">N/A</div>					
More information is available in the Child Safeguarding SharePoint and Child Safeguarding FAQs and Updates					
Reasons why consultancy cannot be done by staff:		<ul style="list-style-type: none"> • Specialty needed for training curriculum development for ECD workforce trainings • UNICEF ECARO has developed 22 ECD and home visitation modules, among which 12 are shortlisted to be adopted to the context of Lebanon, this demands a full-time commitment to go through all the shortlisted modules and to contextualize them. • fulltime commitment needed to complete these tasks, and provide the capacity building support (including trainings and on the job coaching) to multiple sectors/sections (Health, Nutrition and Education) • Experience in training and facilitation on ECD and Nurturing care framework for humanitarian frontliners. • Support needed is on mid-term basis and it's focused on one main task that cannot be administered by existing staff. 			
Consultant sourcing:		<input checked="" type="checkbox"/> National	<input type="checkbox"/> International	<input type="checkbox"/> Both (National & International)	
Consultant selection method:		Competitive Selection (Advertisement/Desk Review/Interview)			
Evaluation Criteria – Please specify (indicate point weightage below)					
Point system: (i.e. 70/30)	a	Technical	70	Supervisor of the Consultancy/Contractor:	
	b	Financial	30		
Minimum Qualifications Required:		An Advanced University Degree in Early Child development, Health , Nutrition or equivalent.		If Other, Enter Disciplines:	Medical professional,
Years of Experience required:		At least 5 years			
Knowledge/Expertise/Skills required:		The applicants should have a combination of ECD technical knowledge, facilitation skills, coordination skills, as well as experience in content development. The desired qualifications, experience and skillset of the consultant(s) are: Qualification <ul style="list-style-type: none"> • Demonstrated qualification in ECD and nurturing care framework • Specialty in training curriculum and content development for ECD workforce trainings • At least 5 years of work experience in ECD programmes and capacity development. • Demonstrated experience and creativity in the designing and delivering trainings relevant to ECD, health and nutrition. 			

TERMS OF REFERENCE

	<ul style="list-style-type: none"> • Fluent spoken and written communication skills in Arabic and English • Excellent analytical and report writing skills <p>The consultant should have the following personal attributes:</p> <ul style="list-style-type: none"> • Self-motivated and able to work independently • Excellent organization and planning skills; detail oriented • Flexibility to adapt to changing conditions and requirements • Ability to deliver on tight time frames and meet deadlines within agreed budgets <p>Languages: Fluent in Arabic and English reading, writing, and speaking.</p>
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Section B

Work Assignment Expected Results			
Tasks/Milestone:	Deliverables/Outputs:	Timeline	
1. To undertake a desk review of available UNICEF's and other resources on Early Childhood Development facility and community-based services and home visitation. The desk review stage will also include carrying out meetings with key stakeholders to get a better understanding on needs, context, and ensure no duplication of efforts are done throughout this initiative.	Inception report including the layout of the training content/ modules and the results of the consultations	5 Days	
2. Development of SOPs for the minimum standard services to be delivered at facility and community level including home visitation, which will clarify the roles of ECD facilitator or any other personnel who is expected to deliver facility and community based ECD services and home visitation	Draft SOPs for the minimum standard services to be delivered at facility and community level including home visitation	10 Days	
3. Adjust and adopt available training packages/modules on ECD (facility based and home visitation) in developed by UNICEF ECARO for	12 modules on ECD (facility based and home visitation) are contextualized and localized for Lebanon context. Including preparation of the training plan and curriculum, PowerPoint	20 Days	

TERMS OF REFERENCE

systematic capacity development and pre-service training of ECD facilitators (based on the ECARO's ECD modules series)	presentations, Pre/Post Tests, Agenda, handouts, including exercises, tools, and training evaluation.		
4. Facilitate monthly trainings of 4 days to train ECD facilitators, Community health workers and other cadre on the essential ECD modules and the SOPs	10 trainings of at least 4 days are carried out to train ECD facilitators, Community health workers and other cadre on the essential ECD modules, including 6 training reports entailing the results of the pre-post-tests. Number of days per training is subjected to change based on the training package developed. Modality of training is to be confirmed based on desk review and meetings with key stakeholders).	40 Days	
	Monthly on the job coaching and training to the centers and communities assigned by UNICEF	10 Days	
5. Where there is a need to provide technical support to develop the ECD technical content for other documents, tools or digital technology around ECD	Technical ECD content for the digital technology or other platforms are reviewed	10 Days	
		Total budget Available:	
Estimated Consultancy fee:			

Other Expenses:			
Travel International (if applicable)	N/A		
Travel Local (please include travel plan)	Local travel will include transportation of the consultant to various training venues in four governorates: Beirut/Mount Lebanon, South, North, and Bekaa.	36 Days	
DSA (if applicable)	N/A		
In case of Individual Contracts, Annual Leave (1.5/month) and Holidays	N/A		

TERMS OF REFERENCE

Total estimated consultancy costsⁱ

Section C

Administrative details	
<input type="checkbox"/> Visa assistance required <input checked="" type="checkbox"/> Transportation arranged by the office <input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Ministry Based	<input type="checkbox"/> Office Based <input type="checkbox"/> If office based, seating arrangement identified <input type="checkbox"/> UNICEF email account required <input type="checkbox"/> IT and Communication equipment required
Developed by:	Reviewed by:
Request Authorised by Section Head:	Request Verified by HR:
<i>Approval of Deputy Representative (if Programme)</i>	<i>Approval of Deputy Representative Operations (if Operations)</i>
<i>Representative (in case of single sourcing/or if not listed in Consultant Plan)</i>	

ⁱ 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

TERMS OF REFERENCE

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