

**UNICEF Pacific**

**TERMS OF REFERENCE CONSULTANT**

**FOR INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) - VANUATU**

**Requesting Section:** Child and Maternal Health and Nutrition

**Date/Updated date: 10** September, 2018

**Programme Area and Specific Project involved: Output: 2** Health system capacities strengthened to deliver quality health and nutrition services that are adapted to the impacts of climate change, particularly in target countries.

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**Background:**

Vanuatu consists of about 82 geologically newer islands of volcanic origin and 65 of them inhabited. Vanuatu's total area is roughly 12,274 square kilometers, of which its land surface is roughly 4,700 square kilometers. Vanuatu is a lower middle income country according to the World Bank, 2018[[1]](#footnote-1). Vanuatu has a total population of 270,000. Half of its population is aged under 24 years old and its annual birth cohort is about 9,000.

Vanuatu’s infant mortality rate is 28 per 1,000 live births in 2013[[2]](#footnote-2) with an Under Five Mortality Rate (U5MR) of 31/1,000 live births[[3]](#footnote-3). The country did not achieve its 2015 MDG targets either for infant mortality or for U5MR[[4]](#footnote-4). In response, the Vanuatu government set new targets for child mortality under the National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy and Implementation Strategy 2017-2020 at 20 for IMR and 25 for U5MR per 1000 live births respectively to be met by 2020.

The Global Action plan on Pneumonia and Diarrhea (GAPPD) set specific targets for IMR and U5MR due to pneumonia and diarrhea through improving coverage for key interventions to be at or above at 90%[[5]](#footnote-5) . Coverage for life saving interventions for pneumonia and diarrhea are low in Vanuatu. For example: the proportion of children with diarrhea who are given oral rehydration therapy (ORT) increased from 54% in 2007 to 62% in 2013, and the proportion of children with suspected pneumonia treated with antibiotics also decreased from 48% in 2007 to 29% in 2013.[[6]](#footnote-6) In 2016, ARI visits of under 5 years old was 1136 and diarrhea was 381 according to the MOH. Highest number of diarrhea was reported in May, June and July. Other life-saving key intervention coverage are low including nutrition interventions[[7]](#footnote-7) while U5 mortality due to pneumonia and diarrhea takes 27 (13.6 each) percent of U5MR[[8]](#footnote-8). According to DHS 2013 data, both IMR and U5MR is high among rural, poor and less educated population of Vanuatu. Child mortality estimates-by the WHO and Maternal and Child Epidemiology Estimation Group (MCEE) 2017 report showed that approximately 30% of under 5 deaths are due to pneumonia and diarrhea.

IMCI is a core component of the GAPPD which consists of three key elements: 1) improving case management skills of health-care staff; 2) improving overall health systems and 3) improving family and community health practices. Evidence suggests IMNCI was significantly associated with a 15% reduction in child mortality when activities were implemented in health facilities and communities[[9]](#footnote-9).

In 2016, WHO conducted a Global review of IMCI implementation and revealed that IMCI implementation was uneven with coverage at scale rarely achieved. Failure to agree on sustainable funding and fragmentation of support led to a loss of built-in synergy around IMNCI’s three components while implementation focused on health worker training, more than health systems and family/community practices. Insufficient attention was paid to programme monitoring, targets and operational research. WHO and UNICEF did not provide sustained, focused leadership - as time went on, interest and funding for IMNCI waned. IMNCI suffered from blind spots in the lack of explicit emphasis on equity, community engagement and linkages to other sectors (education, WASH…)[[10]](#footnote-10).

Vanuatu was not exempt from the situation described above. Health systems are weak and offer limited support to child health and other health targets. According to the MOH planning unit, 24 per cent of provincial PHC facilities have no clinical staff, 53 per cent do not meet minimum staffing requirements and 70 per cent do not have the recommended number of health staff[[11]](#footnote-11). Health facility visits show that some essential commodities are not available. For example, low osmolality ORS is not available[[12]](#footnote-12) with health facilities still using the old ORS formula. Amoxicillin dispersible tablets were not available at any health facilities as per new WHO standard[[13]](#footnote-13), aid posts have benzyl-penicillin and co-trimoxazole while health center and dispensaries have amoxicillin tablets and syrups for treatment of pneumonia. Zinc is available in dispersible form. Counselling materials on pneumonia and diarrhea including use of dispersible tablets were not available at all health facilities. While aid posts are close to the community, “there is no clear strategy for the skilled health workers at health facilities (health centers and dispensaries) to engage with communities”[[14]](#footnote-14).

The MoH Vanuatu seeks technical assistance in defining its national strategy on IMCI through reviewing the IMCI program, national guidelines, training modules/packages, and developing a costed multi-year action plan for the next five years inclusive of the recent WHO recommendations.

**Purpose of Assignment:**

The overall purpose of the assignment is to work in collaboration with the Ministry of Health in developing a country specific IMCI plan of action and tailored guidelines and tools to meet Vanuatu specific needs to health services and respond to the high infant and under 5 mortality rates. The assignment will inform Vanuatu’s current situation in managing childhood illness, the barriers that impede a sustainable IMCI implementation and the steps in moving forward.

The deliverables will ensure Vanuatu has in place standard guidelines to address the case management of sick children under the conditions typical of peripheral facilities, focusing on the most common serious conditions, such as ARI, Diarrheal diseases, Malaria and Malnutrition[[15]](#footnote-15). In a resource constrained setting, integrated (combined) guidelines will optimize health service delivery to children, instead of separate guidelines for each illness which can affect a child.

The IMCI guidelines and tools will;

Guide the health workers to treat sick children appropriately hence reducing mortality and morbidity associated with the major causes of childhood illness.

Be used by supervisors for onsite training of health workers during supportive supervision

Inform the planning and procurement of essential drugs and supplies

The deliverables will inform MOHMS to;

Establish and scale up the implementation of IMCI coverage in all health care facilities

Strengthen the healthcare system through increasing access to essential medicines, vaccines, strengthening supply chain management, increasing healthcare financing, improving leadership & management

Strengthen a referral patient oriented system

Strengthening coverage of curative and preventative measures for sick children

This assignment will provide a roadmap to the MoH on how to build capacity of the health sector to provide quality IMCI services at PHC facilities. Key deliverables will assist the government to approve and implement costed 5-year action plan, evidence based, high impact child survival interventions through IMCI and IMCI training modules specifically designed for Vanuatu.

The deliverables should be able to answer the following three questions:

What is the current status of IMCI implementation in Vanuatu?

What are the barriers that impede sustainable IMCI implementation in Vanuatu?

What needs to be done differently to scale up IMCI?

How much will be the cost for scaling up IMCI nationwide?

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**Scope of Work/ Work Assignments:**

Under the MOH Task Force close guidance and supervision, the consultant will undertake the following assignments in Vanuatu:

1. Conduct a comprehensive review of current IMCI practices (facility based and community based IMCI) and implementation to identify successes and gaps. This will include targeted interviews with stakeholders in government and partners with field visits to select sites or clinics;

1. Identify gaps of health system component of IMCI through field visits to urban and rural health facilities and meeting relevant focal points of the MOH, identify opportunities to remove bottlenecks and possibilities to align IMCI with anticipated developments of leadership/governance, human resource, information/monitoring, communication, and essential supplies.
2. Identify opportunities to strengthen community components of IMCI in order to reach every child.
3. Develop a costed multi-year IMCI action plan which will encompass among other things (a) improving case management skills of health staff (b) Improving the health system (c) Improving family and community practices based on recent WHO/UNICEF global review findings.

1. Develop a clear monitoring and evaluation matrix for the multi-year IMCI action plan
2. Review the currently used IMCI training curriculum, develop training modules and job aid package through adapting standard WHO/UNICEF guidelines into Vanuatu context. Each guideline should not exceed more than 20 pages. Explore options for scaling up ICATT and using distance IMCI (d-IMCI) modules and community based IMCI in the country.
3. Review current pre-service IMCI training curriculum; revise and make recommendations for improvement
4. Conduct a training of trainers (ToT) with the finalized training package.
5. Prepare a brief (3 pager) reflection/observations document on this consultancy
6. Conduct end of assignment briefing with MOH, the IMCI and UNJP partners and UNICEF Pacific Suva.

**Work Schedule:**

The duration of consultancy is for the period of 3 months in two phases from October – November, 2018 and February, 2019. The consultant is expected to work in Vanuatu to deliver the output.

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**Payment Schedule**

**Financial Proposal**

Consolidated consultancy fee including living allowance and anticipated travel costs should be included in the financial offer by the applications. Financial offer should provide the detailed breakdown of the cost items.

**Payment Schedule**

Payments will be made upon delivery of the following deliverables. However, the timeline of deliverables can be negotiated based on competing priorities.

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| 1st payment (40%) at end of the first month | Deliverables 1:  Inception report including an activity based work plan approved by UNICEF and MOH.  Report covering assignments listed above 1,2,3 |
| 2nd payment (30%) at the end of second months | Deliverables 2:  National costed IMCI action plan approved by UNICEF and MOH (assignments listed above 4 and 5) |
| 3rd Payment (30%) at the end of third months | Deliverables 3:  Updated IMCI guidelines and job aids for assignments 6,7,8 and 9  Training report from IMCI training of trainers.  End assignment reflection/observation paper (3-5-page) to explore from the perspective and drawing the expertise of the consultant exploring their thoughts on implementing IMCI in Vanuatu and what would they do if they were to operationalize the document.  Debriefing UNICEF Pacific, UNICEF Vanuatu field office and MOH Vanuatu. |

All products should be in electronic and hard copy submission.

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

The consultant will work under the overall guidance from the Chief, Health & Nutrition Section, Suva, with overall supervision by the Maternal & Child Health Specialist based in Vanuatu. Technical direction, contract management and quality assurance will be provided by Suva based Maternal and Child Health Specialist. The Chief of UNICEF Vanuatu Field Office will support Day to day supervision

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

The duration of full-time consultancy is 3 months in 2 phases.

The lump sum contract includes fees, living expenses and incidentals, cost of travel to and cost of one trip in economy class on the following route: Place of recruitment-Solomon Islands. However, the consultant has to make own arrangements for international travel to and from Solomon Islands upon approval of consultancy. UNICEF will agree with the consultant the required travel within SI and UNICEF will cover these transport costs. DSA will not be provided in addition as living allowance has already been included.

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**Consultant’s Work Place:**

The consultant will be based in UNICEF Vanuatu Field Office premises in Port Vila, Vanuatu. The consultant should bring his/her own computer/ laptop.

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

Qualifications

* University (preferably advanced) degree is required in medicine, public health, international/global health, maternal and child health, pediatrics or any other relevant field.

Experience

* At least 7 years of experience, at the national and international levels, on IMCI program design and implementation, maternal and child health, pediatrics with strong program management skills
* Familiarity with the development and implementation of IMCI action plan, and designing IMCI training packages including ICATT, dIMCI and C-IMCI.
* Experience working in the Pacific and in low resource settings will be an advantage
* Proven ability to conceptualize, innovate, plan and execute ideas.
* Good writing and communication skills.
* Computer skills, including strong quantitative analysis and reporting tools.

Languages

* Fluency in written and spoken English required.

Competencies

* Solid analytical, negotiating, communication and advocacy skills.
* Demonstrated ability to work in a multi-cultural environment and establish harmonious and effective working relationships, both within and outside the work place.
* Versatility, judgment and maturity.

**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.

1. https://data.worldbank.org/?locations=VU-XN [↑](#footnote-ref-1)
2. VNSO & SPC, *Vanuatu Demographic and Health Survey 2013*; 2014. [↑](#footnote-ref-2)
3. VNSO & SPC, *Vanuatu Demographic and Health Survey 2013*; 2014. [↑](#footnote-ref-3)
4. VNSO & SPC, *Vanuatu Demographic and Health Survey 2013*; 2014.Vanuatu’s Health Sector Strategy set targets for IMR is 20 and U5MR to be 25 per 1000 live births by 2016 respectively. [↑](#footnote-ref-4)
5. GAPPD http://www.who.int/maternal\_child\_adolescent/epidemiology/gappd-monitoring/en/ [↑](#footnote-ref-5)
6. Levisay, A, *RMNCAH Situation Analysis and Core Indicator Report for Vanuatu*, 2015. [↑](#footnote-ref-6)
7. VNSO & SPC, *Vanuatu Demographic and Health Survey 2013*; 2014. [↑](#footnote-ref-7)
8. http://www.who.int/test/others/gappd/# [↑](#footnote-ref-8)
9. Cochrane review on IMCI (2016) quoted in WHO Report “Towards a Grand Convergence for Child Survival and Health”, November, 2016 [↑](#footnote-ref-9)
10. ibis [↑](#footnote-ref-10)
11. RMNCAH Gap analysis report, 2016, UNICEF. [↑](#footnote-ref-11)
12. UNICEF low osmolality ORS is available in some areas procured by UNICEF. [↑](#footnote-ref-12)
13. Revised WHO classification and treatment of childhood pneumonia at health facilities, 2014 [↑](#footnote-ref-13)
14. Gabrielle Appleford, Vanuatu gap analysis in Community engagement and supportive supervision, December, 2017. [↑](#footnote-ref-14)
15. It is important to note that UNICEF and the MoH recently finalized guidelines and training for undernutrition, specifically integrated management of acute malnutrition and maternal, infant and young child feeding. These do not need to be duplicated, only captured in a wholistic manner. [↑](#footnote-ref-15)