

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

National consultant to support development of operational guidelines for MOH’s Policy on Community Participation for Health (PCP-H)	Duty Station: Phnom Penh
<p>Purpose of Activity/Assignment:</p> <p>Strengthening community-based models of primary healthcare are one of the Cambodia’s top priorities. Since 2003, the Village Health Support Group (VHSG) and Health Centre Management Committee (HCMC) systems have served as the Ministry of Health’s community-based primary health mechanism as outlined in the Community Participation Policy for Health (CPP-H).¹ In September 2007, The Ministry of Health’s (MoH) Department of Planning and Health Information (DPHI) initiated a national dialogue on Community Participation with the goal of revising the CPPH, but which was never finalised. In December 2019, the decentralization and de-concentration (D&D) reform process was sped up by the issue of Sub-decree 193 on “Decentralization of Health Management Functions and Service Delivery to the Capital and Province Administration”. These reforms are having an impact on the delivery of public health services to communities. D&D involves a shift in responsibility for implementation and management of service delivery, including primary health care services, to provincial and district-level authorities. Additionally, this reform process is also an opportunity to strengthen community participation and social accountability for health in the country².</p> <p>The COVID-19 response and vaccination in Cambodia highlighted the importance of community engagement and multi-sector coordination at all levels, as a critical success factor in curbing transmission through prevention and high vaccination uptake. Following the acute phase of the pandemic, the MoH has taken lessons learned from the pandemic to inform the new Health Strategic Plan 2023-2033 (HSP4), new Primary Health Care Booster Implementation Framework (PHC-BIF) and a new Policy for Community Participation for Health (PCP-H). Recently, the PHC-BIF was endorsed and finalised by the Government and the PCP-H endorsement is in process. The immediate critical next phase will be to develop an operational guidance – including guidelines, tools, as well as the initial roll-out of the PCPH in targeted priority provinces.</p> <p>The National Centre for Health Promotion (NCHP), MoH is the technical department leading on the development of operational guidelines for PCP-H, in collaboration with key Ministries, e.g., Ministry of Interior (Mol), National Committee for Sub-National Democratic Development Secretariat (NCDD-S), Ministry of Economy and Finance (MEF) and other MoH departments), sub-national institutions and partners, including UNICEF.</p>	
<p>Scope of Work:</p> <p>This national consultancy assignment will be to support NCHP in the development of operational guidelines and tools for the PCP-H through a multi-stakeholder process at national and sub-national levels. The duration of the consultancy is envisioned for an 8-month period starting from November 2023 to June 2024.</p> <p>The consultant will provide strategic support to NCHP day to day, and collaborate closely with UNICEF and other Government stakeholders, especially members of technical committees for PCP-H and PHC-BIF. The consultant, under the leadership of NCHP will also facilitate coordination with other actors,</p>	

¹ Ministry of Health (2003). Community Participation Policy for Health. Phnom Penh, Cambodia.

² WB, 2020: Project Information Document (PID), Health Equity and Quality Improvement Project - Phase 2 (P173368), Concept Stage | Date Prepared/Updated: 08-Dec-2020 | Report No: PIDC29879

including development partners especially those supporting programmes that have a strong community health component, including WHO, CNP, HEQIP-II pooled partners, other UN agencies, Global Fund and GAVI partners, and CSOs/NGOs. Consultant must have his/her own laptop for the work.

Key tasks and deliverables include:

1. Inception report on the current policy on community participation for health (PCP-H) with a Road Map of the development of the operational guidelines for the PCP-H with clear and realistic timeline and specific activities.
2. Desk review: review of literature, recent assessments, and other information sources relevant to PCP, for instance, VHSG mapping and key program reports.
3. Design, plan, and conduct multi-stakeholder consultations and analysis complemented by field assessment, including key informant interviews and focus group discussions where needed, at both national and sub-national level (including field visits to 3 provinces)
4. Consolidate and document the findings from the desk review and the stakeholder consultation and analysis as well as field assessments in approximately 3 provinces.
5. Draft the outline of the operational guidelines
6. Assist NCHP to organize various consultations as well as technical team meeting of the NCHP/MoH: collect evidence and updates, prepare materials for the consultation, take note all inputs provided from key partners and stakeholders, and document.
7. Assist international consultant to develop the operational guidelines for the PCP for health.
8. Assist NCHP to finalize the operational guidelines for the PC-P for health.

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:

[There would be no direct contact with children](#)

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):

[The data to be used is not personally-identifiable](#)

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Budget year: 2023	Requesting Office: Health and Nutrition	Section/Issuing Reasons why consultancy cannot be done by staff: The consultancy requires an advanced level and specialized skills, and dedicated time for analysis to meet the programme objective for this assignment. The skills and the time required cannot be met within current CO resources.
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:		
Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both Competitive Selection: <input checked="" type="checkbox"/> Advertisement <input type="checkbox"/> Roster <input type="checkbox"/> Informal competitive (Low Value Contract) Single Source Selection: <input type="checkbox"/> (Emergency - Director's approval)		
If Extension, Justification for extension:		
Supervisor: Chief of Health and Nutrition	Start Date: 1 December 2023	End Date: 30 June 2024

Work Assignments Overview	Deliverables/Outputs	Delivery deadline	Estimated Budget (Percentage of payment)
1. Prepare inception report on the current PCP-H with a Road Map for the development of its operational guidelines with clear and realistic timeline and specific activities.	<ul style="list-style-type: none"> - Inception report incorporating finding from desk review and Road map for the development of PCP-H operational guidelines with timeline and activities endorsed by MoH. - ToR of a coordination mechanism to oversee the development of PCP-H operational guideline drafted. 	December 31, 2023 (15 workdays)	15%
2. Design methods and tools, and plan for multi-stakeholder consultation and analysis.	<ul style="list-style-type: none"> - Methods and tools and plan for multi-stakeholder consultation and analysis, including field assessment adopted by the technical group for the PCP-H operational guideline development. - Tools are ready for use. 	January 31, 2023 (10 workdays)	15%
3. Support NCHP in conducting multi-stakeholder consultation and analysis, including field assessment and ethnography where needed, at both national and sub-national level.	<ul style="list-style-type: none"> - Conduct field visits and assessments in 3 provinces - Consolidated documentation of multi-stakeholder consultation, the finding from stakeholder analysis as well as the finding from field assessment, including ethnographic studies. - Draft the outline of operational guidelines 	February 29, 2024 (40 workdays)	20%
4. Draft outline of the operational guidelines	<ul style="list-style-type: none"> - Draft outline of the operational guidelines for the PCP-H adopted 	April 30, 2024 (25 workdays)	20%

for PCP-H, including tools and M&E plan.	by the technical group for the PCP-H operational guideline development		
5. Assist NCHP to organize various consultations as well as technical team meeting of the NCHP/MoH in order to finalize the operational guidelines for the PCP-H..	<ul style="list-style-type: none"> - Evidence and updates as well as materials necessary/required for the consultation available as advised by the technical group for the PCP-H operational guideline development. - Reports/minutes of all consultations/meetings documented. 	May 31, 2024 (15 workdays)	15%
6. Assist international consultant to develop the operational guidelines for the PCP for health.	<ul style="list-style-type: none"> - Support provided to collect local Evidence and updates as well as materials need for the PCP-H operational guideline development 	June 30, 2024 (15 days)	15%
Total		120 days	100%

Minimum Qualifications required*:	Knowledge/Expertise/Skills required*:
<input checked="" type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input checked="" type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: Advanced degree in public policy, Public Health, Community Health, Research and/or other related disciplines	<ul style="list-style-type: none"> - Minimum of 5 years work experience in relevant areas with and proof of previous experience conducting similar work related to development of national policies, operational guidelines, and training. Work on multi-sector and sub-national guidelines is an asset. - Must have an excellent understanding of Cambodia's health system.

	<ul style="list-style-type: none"> - Experience working with sub-national administrative structure and key reforms and policies, including D&D is an asset. - Excellent qualitative research, communication, strong written skills required.
<p>*Minimum requirements to consider candidates for competitive process</p>	<p>*Listed requirements will be used for technical evaluation in the competitive process</p>
<p>Submission of applications:</p> <ul style="list-style-type: none"> ▪ Letter of Interest (cover letter) ▪ CV or Resume ▪ Performance evaluation reports or references of similar consultancy assignments ▪ Financial proposal: All-inclusive lump-sum cost including 30 days local travel to approximately 3 provinces (exact location to be discussed), accommodation cost for this assignment as per work assignment as well as health insurance. 	
<p>Evaluation Criteria (This will be used for the Selection Report (for clarification see Guidance))</p> <p>A) Technical Evaluation (75 points)</p> <ul style="list-style-type: none"> ▪ Quality and feasibility of technical proposal – 30 points of the technical score. Applicants are required to submit their cover letter, CV as well as a max. 2-page technical proposal describing the strategic approach, to achieved deliverables of this consultancy. Medical insurance (health and medical evacuation) for the entire duration of the contract is required by the consultant. ▪ Previous work in a similar capacity for health and/or any other social sectors with proven quality of work (this includes past assessments, large stakeholder consultation workshops, guidelines, reports, policy papers/briefs, technical documents that the candidate has developed/published in the past) - 30 points of the technical score ▪ Other research, meta-analysis, desk review, qualitative research, conducted in the field of community health and public policy - 15 points of the technical score <p>B) Financial Proposal (25 points)</p> <p><i>The maximum number of points shall be allotted to the lowest Financial Proposal that is opened /evaluated and compared among those technical qualified candidates who have attained a minimum 60 points score in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price.</i></p> <p><i>The Contract shall be awarded to candidate obtaining the highest combined technical and financial scores, subject to the satisfactory result of the verification interview.]</i></p>	

¹ 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

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.