

TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS/ CONSULTANTS

PART I	
Title of Assignment	CHW Service Package and training Guide Development consultancy
Section	Health Section
Location	Antananarivo, Madagascar
Duration	105 days (within a period of 6 months)
Start date	From: June 21, 2021 To: December 20, 2021

Background and Justification

Madagascar faces major health challenges. Respiratory infections, diarrheal disease, malaria, malnutrition, maternal and neonatal mortality, poor hygiene and sanitation, and limited water infrastructure are a burden on Madagascar's families, its communities, its health system, and the economy. With limited access to basic health services, every day 100 Malagasy children die primarily from common and preventable illnesses and 10 Malagasy women die from complications related to pregnancy and childbirth. The country's high maternal mortality rate has essentially remained unchanged for more than two decades. Across Madagascar utilization of health services is low; over the past several years, use of health services has remained at about one-third, the key reasons being cost of and distance to services.

CHWs have long been recognized for their role in reducing mortality and morbidity, and in expanding access to health services in low-resource settings. CHWs play a critical role in linking their communities to the health system and often serve as the first point of care. They provide care that is culturally appropriate and cost-effective, while also encouraging the community to be more engaged in health results. Working in many of Madagascar's 22 regions, 119 districts, 1579 communes, 17,485 fokontany (here "villages"), and 121,679 localities, many CHWs receive a small income from socially marketed products.

Despite significant progress towards achieving its Millennium Development Goals, Madagascar was unable to meet many of its targets. The Government of Madagascar has identified community health as a priority for improving health outcomes and is therefore updating its National Community Health Policy and Strategy. At the institutional level, Madagascar has a National Community Health Policy (PNSC) document in 2009 and updated in July 2017 which aims to improve the health status of the community through: (i) participation in socio-sanitary actions in the implementation of development programs and services and (ii) optimal access to an integrated package of promotional, preventive, curative, adaptation, emergency and monitoring activities. Several implementation documents have been developed including the National Strategic Plan for Strengthening the Community System 2019-2030 (PSNRSC, August 2019), Interministerial Decree 8014/2009 on Health Committees (CoSan); the 2018 Community Agents Package (PAC) Guide, the Community Activities Monthly Report (RMA); the Curriculum on Mobile Community Health (CommCare), etc.

The support for CHWs and their integration into health systems and communities are uneven across and within Madagascar; good-practice examples are not necessarily replicated and policy options for which there is greater evidence of effectiveness are not uniformly adopted. There is a need for evidence-based guidance on optimal health policy and system support to optimize the performance and impact of these health workers.

Purpose

The primary focus of the consultancy will be to review and develop an integrated national service Package and curriculum for the training of CHWs and their supervisors. The curriculum development is essential in continuing to institutionalize the CHW program, contributing to comprehensive healthcare delivery at the community level. This is an essential requirement to

ensure the sustainability of the National CHW program. Outputs from this consultancy will provide the foundation for sustainable community health interventions with an integrated approach. Additionally, the result will be a more comprehensive and coordinated national CHW program.

Methodology

The development of the Community health Package of service and training guideline will the standard WHO approach: review at national and regional level of the relevant literature on service package and community health, the assessment of the quality of the evidence including the assessment of the certainty of the evidence. The Training guide will incorporate key elements of supportive supervision and continuous monitoring and mentorship, data collection and supply systems. A Community health technical working Group, comprising a geographical representation across different constituencies (including policymakers, end-users of guidelines, experts, health professional associations, CHWs and labour union representatives) will guide the formulation of packages and training guide, with the support of a Steering Committee. Technical review workshops will serve as major platform for stakeholder engagement and validation of outcomes.

Scope of Work

The consultant will be expected to carry out the following tasks:

1. Support the MoH in the development of a comprehensive and integrated national Community Health Worker Package of Services and curriculum
2. Lead in the development of the CHW competency framework informed by the integrated approach of the National CHW Program.
3. Identify subject matter experts to develop training content of each module for consolidation and structuring by the consultant
4. Facilitate a multi-stakeholder consultation to include the CHW themselves to feed into the content, contributing to adaptations as per local social determinants and cultural practices
5. Develop modalities for pre-service training (e-learning, theory, practical's), competency based certification approach for CHWs who successfully completed pre-service training
6. Establish detailed plan and timeline for curriculum finalization and National CHW Program initial training schedule
7. Collaborate with DSSB/DFP and partners to facilitate pre-service training of CHWs i.e. develop training plan, rollout master and cascaded trainings using the approved curriculum
8. Coordinate activities relating to curriculum development and training (organization of meetings with MoH and partners, stakeholder engagement, etc) under the guidance of UNICEF from curriculum development to printing/dissemination
9. Facilitate complex multi-stakeholder conversations at both subnational and national levels to build consensus around the CHW package and multisectoral collaboration/coordination relating to the CHW program.
10. Lead in collaboration with MoH, partners, and internal UNICEF team the development, finalization, review, and assembly of facilitator guides, job aids, community based information system tools, supervision toolkit, and other curriculum materials to ensure consistency with CHW curriculum, national policy and MoH requirements while meeting MoH deadlines and in response to MoH needs
11. Support external relationship management in partnership with practice area lead, including regular communications and presentations.

Expected Deliverables

Deliverables outlined below, to be due on a timeline to be agreed at the start of the contract. A time-bound work plan for the deliverable in Table 1 below will be developed by the consultant in the 1st week of the assignment.

TABLE 1. Deliverables

Deliverables	Working days	Payment Schedule
1. Inception report (after Desk Review of key documents- national strategies and policies, secondary data and 2018 Guide PAC, and Key informants' interviews) that present the Community Health landscape analysis in Madagascar	12 days	10%
2. Review the ongoing work on development of Guide PAC and <u>develop an evidence-based package of community interventions</u> along the continuum of care	7 days	15%
3. Present data and package of interventions for review/discussion with key stakeholders at national stakeholder workshop	1 days	
4. Development of guidance for <u>CHW preservice training</u> that should include: CHW selection criteria, Pre-service training duration, Competency domains for the curriculum for pre-service training of CHWs, Modalities for pre-service training (e-learning, theory, practical's), Competency based certification approach for CHWs who successfully completed pre-service training and training Plan	30 days	20%
5. Development of guidance <u>supportive supervision and continuous monitoring and mentorship</u> of CHWs: appropriate supervisor-supervisee ratio allowing for meaningful and regular supports	10 days	15%
6. Review existing tools and develop guidance for <u>Data collection and use</u> for Community health interventions: how CHWs will collect, collate and use health data on routine activities, including through relevant mobile health solutions, minimizing the reporting burden and harmonizing data requirements; ensuring data confidentiality and security; equipping CHWs with the required competencies through training; and providing them with feedback on performance based on data collected.	10 days	15%
7. Review existing <u>supply systems</u> for community health inputs and drugs and develop strategies for ensuring adequate availability of commodities and consumable supplies, quality assurance, and appropriate storage, stocking and waste management; integration in the overall health supply chain; adequate reporting, supervision, compensation, work environment management, appropriate training and feedback, and team quality improvement meetings.	30 days	15%
8. Present CHW preservice training curriculum, supportive supervision guide, data collection and Use tools and supply system strategies for validation at national Community health Technical working group meeting	5 days	10%

Payment Schedule

Payment will be made upon the satisfactory quality completion of deliverables as scheduled and described in the Payment Schedule. Travel (local) costs will be reimbursed as actual and as approved. Due to COVID-19 and the terms of this assignment, no international travel is anticipated for this assignment.

Desired competencies, technical background and experience

Academic qualification

- An Advanced university degree (Master's or higher) in public health, pediatric health, family epidemiology, or community health related sciences is required.

- A minimum of Eight (8) years of relevant professional work experience at the national and international levels in the area of planning and management and/or in relevant areas of maternal neonatal and child health care, experience working with community health programs, training material development and training facilitation is required.
- Good experience in Monitoring and evaluation or management information systems at country level will be an asset
- Prior relevant experience in health/nutrition program/project development and management in any UN system agency or organization is an asset.
- Experience working in a developing country is considered as an asset.
- Relevant experience in a UN system agency or organization is considered as an asset.
- Fluency in English is required. Knowledge of another official UN language (Arabic, Chinese, French, Russian or Spanish) is an asset.

Competencies

- Strong analytical, negotiation, oral and written communication skills
- Effective presenter including ability to adapt the message and visual aids for multiple audiences to deliver concise, impactful presentations of primary health care interventions.
- Effective facilitator with proven ability to engage and train a group of individuals at national level and for front line health workers as well
- Ability to work in a multi-cultural environment

Languages - Written and spoken fluency in both French and English (English desirable, French required)

Administrative issues

The consultant will work under the supervision of the Health Specialist, Health Systems Strengthening who will be responsible for the general coordination and scheduling and in close collaboration with the Chief of Health. Weekly meeting will be held between the consultant and its supervisor to discuss progress and adjustments. The Madagascar Health team will provide inputs along the different processes and will be consulted. The consultant will be provided with a desk office but will be using his/her own personal computer. The regular office hours will apply to the consultant. The payments will be made subject to the submission of progress reports.

Prepared by : Chris Ngwa

Alexandre Boon

Chief of Section Health

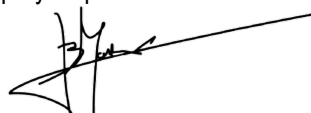
Alex Boon

Approved - 11.05.2021

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Jean Benoit Manhes

Deputy Representative



18.05.2021

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Willy Kiangga

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28.05.2-21