|  |
| --- |
| **Heading:** **International Consultant for Conducting Health in Emergency Capacity Development Workshop in collaboration with UNICEF and US CDC, Myanmar 19th February – 3rd March 2020****Section in Charge**: Health and Nutrition**How does the consultancy relate to Multi Year Work Plan 2020-2021?** Activity 1.1 Capacity development that guides national, sub-national and health sector frameworks and plans, policy reform and budgetary allocations affecting children **Outcome reference**: Outcome 201By 2022, more children under five and women of reproductive age equitably access and utilize evidence-based health, HIV & nutrition interventions, including adoption of key behaviours, especially among vulnerable populations in most deprived states/ regions, conflict-affected and peri-urban areas**Output reference**: Output 201.001 By 2022, MoHS and other partners at national and sub-national level, including non-state actor areas, have increased capacity and accountability in evidence-based planning & budgeting for scaling up high-impact interventions as well as in monitoring results with equity |
| 1. Background:

East Asia and the Pacific is one of the most hazard-prone regions in the world. As reported by the World Disaster Report 2015, 48% of all disasters occurred in Asia in 2014 and over 85% of those killed and 86% those affected globally were also in Asia. According to ESCAP Asia-Pacific Disaster Report 2015, over the period 2005-2014 the Asia-Pacific region had 1,625 reported disaster events. Approximately 500,000 people lost their lives, around 1.4 billion people were affected, and there was $523 billion worth of economic damage. But more importantly, many of the disasters are transboundary, and hit the poorest and vulnerable population, particularly children.A vital part of prevention and response against disease outbreaks and other public health emergencies is a strong and resilient health system. However, a number of discrete areas of system vulnerability in the region; i.e., inadequately trained health professionals; weak infection prevention and control systems in hospitals; and, limited coordination mechanisms.In this context, as an agency established to work exclusively for protecting child rights in both development and humanitarian settings, it is imperative that UNICEF provides support to build capacities for public health emergencies and health in emergencies among both government, UN, INGO and other partners. The United States’ Centers for Disease Control and Prevention (US CDC) is the world leading and the most reputable public health institute and has enormous expertise and global experiences in the area of Public Health Emergencies and Health in Emergency. The partnership between US CDC and UNICEF can contribute to not only maximizing impacts of the workshop, but also enhancing regional and interstates collaboration on public health emergency through its strategic and professional guidance. |
| 1. Objectives of the consultancy:

The International Consultant is to provide technical and managerial support including organisation of sessions, facilitation and reporting during Health in Emergency (HiE) Capacity Development Workshop in collaboration with UNICEF and US CDC, Myanmar 19th February – 3rd March 2020. The workshop is being proposed to be conducted with 50 participants from Ministry of Health and Sports, Health Cluster members and UN agencies |
| 1. Geographic Area: The international consultant will work mainly for preparation and debriefing in Yangon (7 days) and facilitation and organization of the workshop in Nyaung Shwe/Inlay Lake, Shan State (7 days), Myanmar. The number of total days in country will be 14 days.
 |
| 1. Duration (including potential extension):

The duration of the work will start from 2nd January 2020 with remote preparation work prior to in-country arrival. In-country mission and workshop sessions will need to happen on 19th February – 3rd March 2020; and after that, additional remote work on final report and action plan/ recommendations to be completed by 31st March 2020 (total 60 days remote and in-country). This time frame is firm, especially the in-country mission as this is the only window provided by Ministry of Health and Sports for conducting the exercise and when the US CDC team and UNICEF EAPRO can come and support the facilitation of the workshop. |
| 1. Supervisor: Maternal and Child Health Specialist, UNICEF Myanmar Country Office
 |
| 1. Type of Supervision/support required from UNICEF:

Supervision will be required on agenda and curriculum settings for the exercise, in-country travel and visa arrangement and administrative support: Liaise with stakeholders and participants prior to the workshop for any preparatory activity; Organize and facilitate logistical support for the workshop; Provide consultant with relevant information to prepare adequately for the workshop. For facilitation of the session the consultant will work together in a team with US CDC partners and regional health advisers from EAPRO Bangkok. The fees are expected to be lumpsum payments including consultant’s living expenses during in-country missions and international air-tickets. Domestic travel/air and local transport will be provided by UNICEF |
| 1. Description of assignment:
 |
| **Tasks** | **End Product/deliverables** | **Duration/****Deadline/ % of fee Payable** |
| Provide Health in Emergency (HiE) Capacity Development Workshop design, facilitation and evaluation Plan and Agenda in consultation with representatives from CDC, UNICEF HQ and the UNICEF Regional Office in Bangkok | Detailed HiE Capacity Development Workshop design, facilitation and evaluation plan and agenda | 1st Feb 2020/20% |
| Organise and manage team of facilitators from UNICEF EAPRO and US CDC, provide direct facilitation during the workshop preparation and sessions | In-country mission for HiE Capacity Development Workshop | 3rd March 2020/50% |
| Evaluation of the exercise, using a set of indicators, based on the workshop objectives, the focus will be to assess how well the understanding of Health in Emergency programme by workshop participants.  | **Evaluation and final report of the workshop** | 31st March 2020/30%  |
| 1. Advertisement / Invitation / Request for Expression of Interest

The consultancy will be published both to the wider UN vacancy and UNICEF open vacancy. The vacancy will be advertised. HR Unit will be responsible for publishing in UN and UNICEF websites |
| 1. Selection process (EOI to be attached to TOR)

Interested candidates are required to complete the Expression of Interest Form circulated with the call for proposals, answering the technical questions included. The consultant will be identified by UNICEF based on a competitive selection process, taking into account the candidate’s experience, the quality of the answers produced, and of the lump-sum requested.If deemed opportune, UNICEF will require a telephone interview with shortlisted candidates.  |
| 1. Qualification and specialized knowledge/experience required for the assignment:
* Advanced university degree in one of the following fields is required: medicine, public health, paediatric health, family health, health research, global/international health, health policy and/or management, environmental health sciences, biostatistics, socio-medical, health education, epidemiology or another relevant technical field
* A minimum of ten years of professional experience in one or more of the following areas, at the international level, is required: public health planning and management, maternal and neonatal health care, or health emergency/humanitarian preparedness.
* Experience working with UNICEF or US CDC Atlanta on Health Emergency Preparedness and Response is considered as an asset.
* Working experience in preparing and facilitating training or workshop on Health in Emergency is desirable

  |
| 1. Other conditions:

The consultant will work remotely during preparation and after in-country mission until submission of final report.The consultant will travel from country of origin to Yangon and to workshop venue in Nyaung ShweThe consultant will utilise personal laptop and but will require workspace together with CDC team during preparation and mission in-country with Wi-Fi internet access**Life and health insurance** UNICEF does not provide or arrange life or health insurance coverage for consultants and individual contractors, and consultants and individual contractors are not eligible to participate in the life or health insurance schemes available to United Nations staff members. Consultants and individual contractors are fully responsible for arranging, at their own expense, such life, health and other forms of insurance covering the period of their services as they consider appropriate. The responsibility of UNICEF is limited solely to the payment of compensation for service-incurred death, injury or illness as per the provisions detailed below.**Insurance for service-incurred death, injury or illness**Consultants and individual contractors who are authorized to travel at UNICEF expense or who are required under their contract to perform services in a UNICEF or United Nations office shall be provided with insurance coverage, through a UNICEF-retained third-party insurance provider, covering death, injury and illness attributable to the performance of official UNICEF duties. Compensation in the event of service-incurred death, injury or illness shall be equivalent to amounts stipulated in the agreement between UNICEF and the insurance provider. **Payment**Payment schedules should be directly linked with deliverables at specific time intervals. Payments should be processed based on satisfactory delivery of the services/products as certified by the supervisor/ manager.**Confidentiality:** The documents produced during the period of this consultancy will be treated as strictly confidential, and the rights of distribution and/ or publication will reside solely with UNICEF. The contract signed with the consultant will include the other general terms defined by UNICEF. |
| 1. Nature of Penalty Clause to be stipulated in the contract:

UNICEF Myanmar reserves the right not to pay the Contractor or withhold part of the payable amount if one or more requirements established for this assignment is not met or deadline set for the accomplishment of the tasks is missed. |