TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title District technical support on the acceleration of malaria elimination in Papua.		**Type of engagement** ☐ Consultant (ZCON) ☐ Individual Contractor Part-Time ☒ Individual Contractor Full-Time	**Duty Station:** **District Consultants:** Assigned in Multiple Districts in Papua

Purpose of Activity/Assignment

Indonesia aims to achieve elimination of malaria by 2030. While the number of malaria-free districts are increasing (to date 318 districts of 514 have been certified malaria-free), the number of malaria cases have stagnated in the last three years. Among the remaining non-malaria-free districts (196) only 23 remain high endemic, of which 23 are in Papua, West Papua, and NTT provinces. These provinces contributed to more than 90% of malaria cases in the country. As part of the 2021-2025 Country Program Action Plan (CPAP) of the Government of Indonesia and UNICEF cooperation, UNICEF is supporting the acceleration of malaria reduction in these provinces for the achievement of Indonesia's efforts to eliminate malaria by 2030.

To date, malaria incidence is highest in Papua province with Annual Parasite Incidence (API) 81.4 and a number of malaria cases 279,956 in 2021. Among its 29 geographically challenging districts, 8 are low endemic while the other 21 have high (17) and moderate (4) endemicity. The highest incidence exceeding API of 100 occurred in nine (9) districts: Mimika, Mamberamo Raya, Keerom, Sarmi, Kabupaten Jayapura, Kep. Yapen, Waropen, Asmat, and Kota Jayapura.

West Papua province has the second highest malaria incidence in Indonesia with API 8.13 and a total of 7,108 malaria cases recorded in 2019. While West Papua has observed an overall reduction of cases, among its 13 districts, 3 are low endemic while the other 10 have high (4) and moderate (6) endemicity. The four high endemic districts are Manokwari Selatan, Manokwari, Teluk Wondama and Tambrauw. West Papua province also has three difficult to reach districts i.e Tambraw, Maybrat and Pegunungan Arfak which makes it difficult to establish and effectively monitor a good malaria program. UNICEF will work in two of these three hard to reach districts.

Malaria incidence is third highest in NTT province with API 1.7 and 9,419 cases of malaria recorded in 2021. While NTT has observed an overall reduction of cases and five of its districts have been certified malaria free, among the remaining 17 districts, 14 are classified as low endemic and the other 3 as havinghigh endemicity. The three high endemic districts are all located in one island of Sumba, contributing to about 94 per cent of cases in the province.

Malaria incidence is the fourth highest in Maluku province with an API of 0.49 and 810 malaria cases in 2021. The province has just eliminated its high endemic district in 2019. Currently, the 11 districts are having either low (9) or moderate (2) endemicity. None of the districts have eliminated malaria.

UNICEF and Provincial Health Offices of Papua, West Papua, NTT, and Maluku have identified the high endemic districts needing direct technical support from UNICEF to accelerate the reduction of malaria. To speed up the progress in malaria elimination, UNICEF will hire 2 contractors covering multiple geographic areas in the high endemic districts as follows:

Malaria Contractor - Multiple Districts in Papua

1. **Keerom and Jayapura (based in Keerom)**
2. **Mimika and Nabire (based in Mimika)**

Scope of Work

The contractors will focus on the below tasks:

1. Strengthening malaria surveillance
2. Ensuring compliance to standard protocol in malaria diagnosis and treatment in public and private health facilities, including integrated malaria program (malaria in pregnancy program, integrated management of childhood illnesses, integration with immunization, nutrition, WASH, PIS PK, and school health program)
3. Facilitating capacity improvement of malaria program management towards malaria elimination, including evidence-based integrated planning for funding allocation and prioritization of targeted areas for malaria

interventions; strengthened monitoring evaluation; improved strategic analysis capacity; and fostering innovation; and accountability process of malaria funding
4. Strengthening the community system in malaria control and prevention including the management of Village Malaria Cadres, village-based malaria control, community engagement, behavior change communication, and community-based vector control
5. Strengthening and ensuring the sustainability of the supportive environment for malaria control towards elimination through stakeholders mapping, cross-sector advocacy, development or finalization of local regulation and increased budget commitment
6. Contribute in ensuring the continuation of malaria services and other Essential Health Services during the COVID-19 pandemic.

Supervisor:	Start Date:	End Date:	Number of Days (working)
Health Officers in Papua, with guidance from respective Field and Jakarta Health Specialist	*June 2022*	*May 2023*	*Approx. 10 – 11 months full time*

Tasks/Milestone:	Deliverables/Outputs	Timeline
1. Strengthening malaria surveillance	▪ Analysis of malaria epidemiology situation including trend by time and place using smallest administrative unit (village); analysis by Plasmodium species, patient age and gender, and recommendation for future action, including for prioritization of village to be intervened using IMP ▪ Analysis of malaria in pregnancy services during ANC and screening of malaria among sick children including coverage, positivity rate, IMR, MMR, trend by time and operational challenge; and recommendation for future action. ▪ Analysis of case findings activities conducted by Village Malaria Workers, including coverage, positivity rate, and operational challenge, and recommendation for future action. ▪ Analysis of malaria diagnosis and treatment availability and capacity in each Puskesmas and at village level facilities (Pustu, Poskesdes, Polindes) as well as outreach activities (Pusling and Posyandu); and recommendation for future action.	Monthly basis
2. Ensuring compliance to standard protocol in malaria diagnosis and treatment in public and private health facilities, including integrated malaria program (malaria in pregnancy program, integrated management of childhood illnesses, integration with immunization, nutrition, WASH, PIS PK, and school health program)	▪ Report on (1) established network of malaria laboratories for quality assurance involving private facilities, (2) proficiency level of district cross checker microscopist/analyst, (3) proficiency level of health service level microscopist/analyst (4) report on quality assurance activity routinely conducted by selected DHOs. ▪ Report on (1) established network of malaria treatment including logistic of drug among public and private health facilities, district and province pharmacies, local private pharmacies, and malaria cadres, (2) malaria treatment SOPs developed. ▪ Report on (1) district data review on malaria integrated program implementation (MiP, IMCI/MTBS, School Health Program, PIS PK, nutrition, immunization and WASH), (2) report on efforts to increase coverage and quality of malaria integrated program.	Monthly basis

3. Facilitating capacity improvement of malaria program management towards malaria elimination including evidence-based integrated planning for funding allocation and prioritization of targeted areas for malaria interventions; strengthened monitoring evaluation; improved strategic analysis capacity; and fostering innovation.	▪ Report on malaria intervention inside the planning document of the district (RPJMD, RAD, etc), the DHO, the Puskesmas, and the Village; identified planning process to be involved with, and effort on assisting the planning process with good quality data analysis for better targeting and prioritization of intervention including BCC effort. ▪ Report on routine monitoring and evaluation activities and efforts to improve the mechanism for example the Puskesmas microplanning process or the integrated supportive supervision.	Monthly basis
4. Strengthening the community system in malaria control and prevention including the management of Village Malaria Cadres, village-based malaria control, community engagement, behavior change communication, and community-based vector control.	▪ Report on support to Village Malaria Cadres training, operation and management. The Identified bottleneck in VMC system against Active Case Findings target. ▪ Report on efforts conducted in the villages or by villages on malaria control and the support initiated by Puskesmas/District to encourage village-based malaria control including on community engagement, behaviour changec and vector control. Map intervention by villages to better analyse village-based situation.	Monthly basis
5. Strengthening the community system in malaria control and prevention including the management of Village Malaria Cadres, village-based malaria control, community engagement, behavior change communication, and community-based vector control.	▪ Report on result of stakeholder mapping and advocacy plan or activities conducted to identified stakeholders. ▪ Local Malaria Elimination Regulation with technical guidance as attachment to the regulation and report on increased budget commitment	Monthly basis
6. Contribute to ensuring the continuation of malaria services and other Essential Health Services during COVID 19 Pandemic.	▪ Report on result of stakeholder mapping and advocacy plan or activities conducted to identify the stakeholders. ▪ Local Malaria Elimination Regulation with technical guidance as attachment to the regulation and report on increased budget commitment	Monthly basis

Minimum Qualifications required:	**Knowledge/Expertise/Skills required:**
☒ Bachelors ☐ Masters ☐ PhD ☐ Other Enter Disciplines: Medical Doctor or degree in health or health related subject.	▪ At least 2 years of experience in the field of public health. ▪ Experience with government, health systems and administration regulations ▪ Experience in malaria program is an advantage ▪ Experience in Eastern Indonesia is an advantage ▪ Pro-active and resourceful, effective communication skills in negotiating and liaising with counterparts and partners.