

Consultant's Terms of Reference to conduct a Scoping Study of Health Needs, Barriers and Opportunities in multiple provinces in Papua New Guinea.

1. Organisational context

ChildFund Papua New Guinea (CFPNG) is registered as a local NGO under the Papua New Guinea Association Incorporation Act, working to reduce poverty for children in developing communities. ChildFund Papua New Guinea was established by ChildFund Australia, which is a member of the ChildFund Alliance – a global network of 12 member organisations which assists almost 23 million children and their families in 70 countries.

ChildFund began work in Papua New Guinea in 1994 and works in partnership to create community and systems change which enables vulnerable children and young people, in all their diversity, to assert and realise their rights.

Projects are implemented in seven provinces across the country, in both rural and urban settings, with a focus on maternal and child health, nutrition, water and sanitation, education, and child protection and resilience against family and sexual violence. ChildFund PNG also prioritises climate change and disaster preparedness.

In 2015, ChildFund PNG established the country's first ever Family and Sexual Violence Counselling Hotline which operates in Port Moresby and provides national coverage for survivors.

2. Background

Papua New Guinea (PNG) suffers from a heavy burden of communicable diseases, maternal and child morbidity and deaths¹. Many health indicators have remained stagnant over the past decade, made worse by an underperforming health system and low government investment. Maternal mortality rates are the highest in the region (between 215 to 733/100,000 live births²); child vaccination rates have declined resulting in an outbreak of polio in 2018^{3,4}; TB infection has emerged as a national health emergency⁵; and stunting affects 50% of rural children under 5⁶. These outcomes are further expected to worsen in the face of the Covid-19 epidemic and its additional burden on already weak essential health services.

¹ Government of Papua New Guinea. National Health Plan 2011 - 2020

² WHO, Papua New Guinea Maternal Health Fact Sheet.

http://www.wpro.who.int/papuanewguinea/areas/maternal_health/maternal_health_factsheet_papuanewguinea/en/

³ National Department of health, Sector Performance Annual Review 2012 - 2016, National Report.

⁴ International Federation of Red Cross And Red Crescent Societies. 2019. Papua New Guinea: Polio Outbreak - Emergency Plan of Action Final Report DREF n° MDRPG009. <https://reliefweb.int/report/papua-new-guinea/papua-new-guinea-polio-outbreak-emergency-plan-action-final-report-dref-n>

⁵ WHO, 2018. Let's Kick TB out of PNG. <http://www.wpro.who.int/papuanewguinea/mediacentre/releases/20180213-kick-tb-out-png/en/>

⁶ National Statistical Office, 2009-2010 *Household Income and Expenditure Survey (HIES)*.

CFPNG's health program has operated successfully in Central Province for over two decades and during this time has contributed to improved health outcomes for rural and remote communities in partnership with the Central Provincial Health Authority. Projects focus on improving access to Primary Health Care through integrated health outreach services, increasing child vaccinations, strengthening Tuberculosis (TB) control programs, developing community volunteer networks, upskilling of health care workers, and building the capacity of the district and provincial health system. Most recently during the Covid-19 pandemic, CFPNG has been able to support the mobilization of resources and personnel to conduct Covid-19 awareness, prevention, and vaccine promotion activities in Central Province.

With a strong relationship and track record across Central Province, CFPNG is now looking to extend this expertise to support new areas of high need in adjacent populations in 2021-22. This will begin with an initial scoping exercise to identify locations with high health needs and feasible operating environment, before designing a limited set of pilot activities that build on the strengths of CFPNG's existing approaches. The expansion of CFPNG's health approaches to new geographical areas will aim to strengthen both core primary health services and Covid-19 response.

CFPNG also works in a number of provinces through other sector programs including Covid-19 Response, Gender and Protection in East New Britain; and Education Emergency Response and Recovery in Western, Sandaun, and Madang Provinces.

3. Purpose

CFPNG is taking a strategic step to identify new locations to implement health interventions through local partners. The ability for CFPNG staff to respond and support the health needs in new locations will require more in-depth knowledge about the needs, opportunities and challenges of prioritised locations.

The work of this consultancy will focus on conducting an initial scoping study that will assess:

- 1) identified high need locations and target populations based on key maternal and child health indicators; and
- 2) feasibility of operating and forming local partnerships in identified prioritised locations, with a view to expanding CFPNG's health program into a new province.

Findings will be used to inform decision making regarding (1) the selection of a single new location to implement health interventions and (2) the design of pilot activities for future work in the selected location. **These works have been separated into two components (A & B), allowing for applicants to apply for one or both parts based on their capacity and availability.**

The objective of the assessment will answer the following questions:

A. Needs assessment component:

1. What locations can be prioritised for support based on levels of high health needs, the alignment of those needs with the current ChildFund Health Program strategy, and intersecting Sexual and Gender Based Violence (SGBV), and Child Protection needs?
2. What are the priority needs based on health data/indicators, and consultation with community stakeholders - prioritising outcomes for mothers, children under 5, and young people.

3. What is the level of progress on existing provincial health plans? Are there existing health programs with which to coordinate and prevent overlap? What areas of CFPNG's health expertise align strategically to fill gaps and priorities of the local health services?
4. Are there further, significant data limitations that could not be addressed in the course of work (ie. Could not be sourced or collected) and which may hinder the design and/or implementation of future activities?
Are there any other high needs that may fall within CFPNG's capacity that it could potentially program in?

B. Feasibility assessment component:

- Is there an open environment supportive of INGO actors to be introduced (ie. There is not an already crowded INGO environment, and local government and community stakeholders are supportive of potential partnership)? This should be evidenced by a mapping of key health and other INGO actors, their locations and services.
- What opportunities are present for local partnership with CSOs and subnational health departments. Identify likely partners or key focal points at government (provincial, district), NGO/CSO, and community levels for CFPNG to engage with, and provide recommendations for CFPNG to consider direct implementation vs. working through partners.
- What are the key logistical/access considerations that may impact ability to operate in priority locations (and will it be realistic to program there given transport options, cost and location of potential target villages/wards)?
- What are the other potential opportunities and/or barriers that could affect implementation of new activities in the priority locations (activities such as establishing community health volunteers and conducting outreach health services)? These could include cultural, economic, geographical, infrastructure related opportunities and challenges.
- What risks can be identified that may impact success of expansion, and are there any recommended mitigation strategies to consider during later activity design.

The findings of the assessments should provide clear recommendations on where and how CFPNG can approach the delivery of health interventions in a new location.

Findings of the needs assessment will also be presented back to provincial stakeholders including health departments, in order to contribute to their knowledge and data.

The consultant/s will work closely with the CFPNG health staff who will shadow interviews and community activities to assist the building of relationships between stakeholders and CFPNG in preparation for future partnership.

4. Scope of Work

The project will hire an external consultant/s to support a needs and feasibility assessment in two selected provinces with a focus on health, SGBV, and child protection. The assessment will occur in three stages:

Stage 1	Initially, the study will cover three shortlisted provinces for desk review. Provinces are to be confirmed but tentatively: <ul style="list-style-type: none"> - Oro, - Milne Bay, and - Gulf Provinces
Stage 2	Results of the desk review will inform the selection of two provinces for in-depth assessment and data collection;
Stage 3	Based on overall findings, a recommendation will be put forward for partnership with only one most suitable province.

The consultant will identify priority sectoral and geographical areas of need; assess appetite for partnership from local government authorities, communities, and NGO actors; and flag potential opportunities and barriers that could affect expansion. Staff from CFPNG will be closely involved, both as a learning exercise in conducting assessments, and to begin establishing relationships on the ground.

These works have been divided into two parts which may be conducted separately by two consultants, or together by one.

A. Needs assessment component, key tasks:

- Conduct a desk review of three shortlisted provinces to collate and interpret secondary data, government reports, provincial plans, NGO literature, etc. for initial indications of need and to identify data-gaps to be addressed in later survey and data collection.
- Conduct desk research and semi-structured interviews with relevant actors to map existing health programs, including their geographical coverage, specific health activities covered, and any associated NGOs/CSOs supporting implementation. From this, indicate potential gaps and opportunities in health coverage.
- Present initial findings to CFPNG to help prioritise two provinces for further in-depth assessment.
 - Design data collection methodology/plan to address data gaps, focusing on health outcomes and service provision (quality and access).
 - Lead the quantitative data collection process, utilising household surveys, observation checklists and/or anthropometric measurements. This will include developing questionnaires and methodologies, data collection plans, training and managing enumerator teams. CFPNG staff will be available to support under the direction of the consultant.
 - Lead the qualitative data collection process, including focus group discussions and key informant interviews of stakeholders. This will include compiling key stakeholder lists, developing interview tools, data collection plans, and conducting interviews/FGDs (additional interviewers may be utilised but it is the responsibility of the consultant to train and ensure quality of interviews is achieved).
- Analyse and present draft findings and recommendations to CFPNG for discussion and feedback, followed by revision and submission of a final assessment report.

- In the interests of data transparency, provide feedback and dissemination of summarised data back to key stakeholders that were consulted during data collection, including subnational health departments and communities surveyed.

B. Feasibility assessment component, key tasks:

- Conduct a desk review of three shortlisted provinces to collate and interpret policy documents, maps and access/travel routes, climate change reports, provincial plans, NGO literature, etc. for initial indications of policy alignment, accessibility, strengths/weaknesses in governance structures and potential partners, socio-cultural or linguistic barriers, expected impacts of climate change, and to identify data-gaps to be addressed in later survey and data collection. From this, indicate potential barriers or leaders that hold influence over health programming.
- Present initial findings to CFPNG to help prioritise two provinces for further in-depth assessment.
 - Design data collection methodology/plan to address data gaps, focusing on assessing feasibility.
 - Lead the quantitative data collection process (if required), potentially utilising household surveys, observation checklists and/or any other relevant methods. This will include developing questionnaires and methodologies, data collection plans, training and managing enumerator teams. CFPNG staff will be available to support under the direction of the consultant.
 - Lead the qualitative data collection process, including focus group discussions and key informant interviews of stakeholders. This will include compiling key stakeholder lists, developing interview tools, data collection plans, and conducting interviews/FGDs (additional interviewers may be utilised but it is the responsibility of the consultant to train and ensure quality of interviews is achieved).
- Analyse and present draft findings and recommendations to CFPNG for discussion and feedback, followed by revision and submission of a final assessment report.
- In the interests of data transparency, provide feedback and dissemination of summarised data back to key stakeholders that were consulted during data collection, including subnational health departments and communities surveyed.

The consultant will work closely with CFPNG project coordinator who will be available to support the scoping assessment, stakeholder engagement, resource mobilisation, etc. If two consultants are selected, they will also be expected to work cooperatively in order to coordinate data collection, share information, and minimise repeated interruption of the same stakeholders.

CFPNG's key areas of sectoral and cross cutting interest:

- priority health areas: maternal health, child health and vaccinations, child nutrition, sexual and reproductive health (considering separate needs of male/female youth and men/women), TB infection, water sanitation and hygiene (WASH), and Covid-19.
- disaggregating (where possible) data on gender and adults/children with disability, and considering gender and disability inclusion across the assessment design, methods, findings and recommendations.
- understanding of the SGBV and CP situation in communities (key issues, prevalence, resources, referral points) and how they are formally or informally integrated with health systems.

5. Methodology

The study will utilise a combination of quantitative and qualitative methods as described above, including analysis of secondary data, literature review, household survey, in-depth interviews, focus group discussions, observations.

The consultant will be required to develop detailed methodologies and share these with CFPNG's health team and ChildFund Australia Technical Advisors for feedback and adjustment prior to data collection.

All data collection plans must include Covid-19 safe practises for infection prevention including ensuring enumerators implement mask wearing, hygiene and other prevention behaviours when in the field.

6. Deliverables and Indicative Timetable

The consultant is expected to deliver the following outputs:

1. Submission of an inception report covering findings of the desk review, identification of areas of interest for field research, outline of this rationale and plan for primary data collection, and any specific considerations for different provinces. The consultant will submit the inception report and present these initial findings at a workshop for discussion with the CFPNG senior management team and ChildFund technical advisors to ensure agreement prior to the development of data collection tools.
2. Submission of detailed methods, interview lists and tools for the planned data collection; as well as training plans and materials for staff/enumerators.
3. Submit a draft final report covering the findings and analysis of the entire data collection process, recommendations and conclusions by the consultant. The consultant will submit this draft final report and also present the contents at a meeting with the CFPNG senior management team and ChildFund technical advisors as an opportunity to discuss, validate and clarify findings.
4. Submit a final report with revisions based on the inputs and feedback on the draft report.
5. In the interests of data transparency, provide feedback and dissemination of summarised data back to key stakeholders that were consulted during data collection, including subnational health departments and communities surveyed. This will include sharing of non-sensitive data reports, holding meetings to verbally feed-back to community leaders, and any other appropriate means for the consulted groups.

Note that the timeline is subject to negotiation with the Consultant

Indicative dates	Outputs and Activities	Number of Days
	<ul style="list-style-type: none"> Orientation meetings with CFPNG team and technical advisors Inception report - outlining methodology and workplan 	2
	<ul style="list-style-type: none"> Conduct desk review and initial meetings with actors in POM 	5 - 10

Indicative dates	Outputs and Activities	Number of Days
	<ul style="list-style-type: none"> Presentation of desk review and initial findings of three provinces. Participate in workshop to prioritise two provinces for in-depth assessment. 	
	<ul style="list-style-type: none"> Development of field data collection methodologies and tools - share with CFPNG for review Preparation for data collection, logistics, hiring enumerators, training enumerators 	8
	<ul style="list-style-type: none"> Travel and conduct data collection in selected province #1 Travel and conduct data collection in selected province #1 	15 - 20
	<ul style="list-style-type: none"> Synthesis and analysis of findings Draft findings and recommendations Hold workshop to present draft to CFPNG for discussion 	10 - 15
	<ul style="list-style-type: none"> Edit and finalise report for submission 	3
Total number of days		48-58 days

Depending on the capacity of applicants, it is proposed that these works will take under 60 days over both components A & B, to be completed by end of November 2021. If two groups are employed, then components A & B may be done in parallel over a shorter period.

7. Management and Reporting Arrangements

The Consultant will report to Ms Olive Oa, Health Program Manager. All reports must be written in English and provided in an electronic format (Microsoft Word). Copies of training materials, collected datasets and analyses should also be provided in Excel or Word files, as appropriate.

8. Confidentiality

All discussions and documents relating to this ToR will be treated as confidential by the parties.

9. Child Safeguarding

The Consultant will undertake the Services to a high standard; use its best endeavors to promote the best interests of ChildFund; protect the reputation of ChildFund and work in a manner consistent with the mission, vision and policies of ChildFund (see Child Safeguarding Policy/Child Safeguarding Code of Conduct PSEAH policy and Employee Code of Conduct). ChildFund Australia has a zero-tolerance policy to abuse, exploitation and harassment in all its forms.

10. Counter-Terrorism and Anti-Money Laundering

ChildFund Australia acknowledges its obligation under the Australian laws relating to counter-terrorism and anti-money laundering. In order to meet its obligation, the consultant is obligated to provide information required for ChildFund to undertake counter terrorism screening before engagement. The consultant's name, date & place of birth and ID number will be checked against Department of Foreign Affairs and Trade (DFAT) consolidated list, National Security Australia list, World Banks listing and the Asian Development bank listing to ensure not engage with entities or individuals appearing on the lists.

11. Conflict of Interest

The Consultant must declare any financial, personal, family (or close intimate relationship) interest in matters of official business which may impact on the work of ChildFund

12. Fraud and Corruption prevention and awareness

ChildFund Australia has a zero approach to fraud and corruption act. The successful consultant will be required to comply with ChildFund Australia's fraud and corruption prevention and awareness Policy and act against any form of fraud or corruption and not offer, promise, give or accept any bribes.

13. Insurance

The successful applicant will be required to have in place insurance arrangements appropriate to provision of the requirement in this TOR including (without limitation) travel insurance.

14. Acknowledgment and Disclaimer

ChildFund, its Board and staff make no express or implied representation or warranty as to the currency, reliability or completeness of the information contained in this ToR. Nothing in this ToR should be construed to give rise to any contractual obligations or rights, expressed or implied, by the issue of this ToR or the submission of Expression of Interest in response to it. No contract would be created until a formal written contract is executed between ChildFund and a selected consultant.

Selection Criteria for Consultant

ChildFund Australia is seeking an individual or team of consultants with significant knowledge and experience in project evaluations and program design; sectoral expertise in health (and preferably also child protection), and a strong understanding of Gender Equity, Disability and Social Inclusion Principles. The Consultant must be available for distance and face-to-face meetings, as necessary.

The lead consultant/s will be required to meet the following requirements:

- *Specialises in health sector, preferably with sound knowledge of maternal and child health, nutrition, WASH and child protection issues and challenges in PNG.*
- *Strong experience leading or conducting independent research, such as program evaluations, needs assessments, or other studies. Experience managing enumerator teams is an advantage.*
- *For Component A - strong experience in quantitative data methods including survey design and statistical analysis. For Components A & B, strong experience in qualitative methods.*
- *Previous International Development experience, preferably in PNG, if not the Pacific. Preferably understands the political and NGO environment of PNG.*
- *Knowledge of working in very low resource and remote locations; ability to work flexibility in such conditions.*
- *Fluency in English and Tok Pisin; excellent writing and communication skills.*

Applications should include:

- *CV(s) and details of 2 referees*
- *proposal containing clearly indicating interest in Component A, B or both; a summary of experience and competence for the required work; outline of assessment framework and methods (including any comments on the TOR); proposed timeline and work plan with number of days specified.*

- *financial proposal outlining professional fee (with number of days specified). Domestic flights, transport and enumerator field costs for the data collection activities will be covered by CFPNG and should not form a part of the financial proposal.*
- *one example of an assessment report similar to that described in this ToR that was drafted by the consultant*