International Individual Consultancy to Work with a Team of National Consultants/ Institution

Patronage (home visiting) system assessment with equity analysis

TERMS OF REFERENCE

Background and Context:

UNICEF Belarus Country Programme 2016-2020 aims to support the Government of the Republic in closing equity gaps in the realization of children's rights and applying the principle of the best interests of the child in national policy and decision-making. The focus will be on the most disadvantaged young children, including CWD, children deprived of parental care, juveniles in conflict and in contact with the law, children and women survivors of violence, and adolescents. Within "BELMED" 2016-2019, the Joint Programme of European Union, UN agencies and Ministry of Health of the Republic of Belarus, UNICEF Belarus will focus its assistance on increasing the availability and improving quality of social services for the most vulnerable group of children and their families.

The programme assists the Government in improving and monitoring the basic package of health services for children and pregnant women that is part of the health reform, emphasizing emergency obstetric and newborn care services to reduce preventable perinatal mortality and severe disability and provide high quality consultative services to families with children U5. To ensure that families can provide better care for their children, UNICEF will support the Ministry of Health to improve the quality of home visiting as the best way to reach out to young children at risk and assess their vulnerability to delays in development, malnutrition, violence, abuse and neglect. UNICEF will advocate for formation of responsible parenting culture in the society, and promote behaviors for safe and equally responsible motherhood and fatherhood. New technologies and communication strategies will influence the fostering of a culture of responsible parenting.

The country reduced infant and under-five mortality rates, as well as maternal mortality. In 2014, infant mortality was 3.5 deaths per 1,000 live births (3.2 in urban and 4.4 in rural areas) compared with 7.1 in 2005 (6.0 and 10.0, respectively), while under-five mortality was 4.4 deaths per 1,000 live births (4.0 in urban and 5.6 in rural areas) as compared with 9.3 in 2005 (7.5 and 14.1, respectively). The Government had made concerted efforts to maintain high levels of health care and immunization coverage and low rates of infant and under-five mortality, and to increase the survival rate of babies who are preterm and of low birth weight. Early identification is critical to ensure that vulnerable and at-risk children receive the additional services they need for child protection and early intervention. Home visiting matches parents with trained professionals to provide information and support throughout a child's first few years.

Patronage / home visiting system in the Republic of Belarus is a system of active surveillance of the child as a patient at home. The pediatrician and/or nurse make a number of visits to the baby in the first months of his/her life at home, and then mother starts attending the district children's policlinic. The system of free patronage observation applies to all newborns. From the hospital where the baby was born, information about the health statement would be necessarily transferred to the children's policlinics.

First patronage to the newborn must be made no later than 1-2 days after discharge from the maternity hospital; premature infants with symptomatic congenital abnormalities should be visited by perinatal nurse and/or on the day of discharge. The overall objective of the patronage is to create a program of rehabilitation of the child if needed, consult the mother on the developmental issues, but mainly related to physical development, as well as to assess the state of health of the child and

maternal health, socio-economic conditions of the family and, of course, to develop a training program for mothers, designed to meet the vital needs of the child.

Although the system exists, some inefficacies need to be addressed. The responsibility of supervising the 0-3 age group has been assigned to health services in the country. However, because of the critical shortage of the pediatricians and their unawareness of the complexity of young child's development, effective prevention technics, the focus of the national patronage/ home visiting system has been placed on the provision of the medical treatment on demand. In addition, the blame approach, which is still common in working with families, especially with at-risk families, discourages cooperation and incites families in need to become passive recipients of services. The most vulnerable groups of parents are young mothers, caregivers and single parents.

Properly designed and delivered home visiting programs improve short- and long-term child and family outcomes, including reducing the number of children and families in social danger, in need of state support, special health psycho-social services because of maltreatment and abuse, prevention of children's mental and physical health disorders, prevention of the child separation, abandonment and relinquishment, as well as the child's placement into residential care. Those outcomes, in turn, result in considerable cost savings and reduction of public burden.

Scope and overall purpose of the assignment

The consultancy is to provide technical assistance to the Ministry of Health and UNICEF Country Office in the conducting an assessment of the patronage/ home visiting system. Therefore, UNICEF intends to facilitate the patronage/ home visiting system assessment with equity analysis and is looking for international consultant and team of national consultants / institution to support its implementation.

The main ***purpose*** is to determine main strengths and weaknesses of the patronage/ home visiting system to enhance the process of timely identification of vulnerable children and families and to address disparities and inequities in basic mother and child assistance/support services.

Supervision:

In order to deliver this assignment, the international consultant and team of national consultants / institution will be working in close collaboration with UNICEF to develop assessment design, to undertake desk review of the legislative framework, to undertake the administrative data collection and data entry, and to provide raw data for analysis and interpretation. The national consultant(s) would also provide inputs, which will be specified in the ToR prepared by international consultant. The national consultant(s) will work jointly with UNICEF in close cooperation with Ministry of Health and other relevant national partners.

The international consultant and a team of national consultants /institution will report to ECD Officer of UNICEF Belarus with a regular de-briefing on the progress of the consultancy to UNICEF Representative. The national consultant / institution will work on a daily basis with staff of UNICEF CO (ECD officer, M&E Specialist) and with identified national partners.

The specific tasks of the consultancy:

- Review background information on the Mother and Child Health outcomes of Belarus, national statistics, ongoing healthcare & social programmes, policy and legal framework, etc.
- Undertake an assessment of existing patronage / home visiting system (following the UNICEF Determinant Analysis Framework and the WHO HS building blocks) in Belarus under health

care and other sectors, including an analysis of equity in utilization and quality of these services, which will include the following components (Annex 1).

- Elaborate the methodology for the field data collection by research subjects, including sampling, research techniques. The international consultant and the team of national consultants /institution will be responsible for conducting surveys in accordance with the methodology proposed.
- Based on the assessment of the existing services and the enabling environment consultants should provide recommendations for the improvement of the existing services (following the HS blocks) and assess the feasibility of implementing a "Blended Home Visiting" model (based on the UNICEF Regional Guidelines) and provide recommendations for the implementation of such a model (using the HS building blocks).
- The international consultant and the team of national consultants / institution are encouraged to propose own solutions ensuring reliability of collected data and cost-effectiveness of research approaches. In any case, the field research should provide findings to answer research questions as outlined above.
- Organize a consultative process under the guidance of the UNICEF CO Representative, ECD officer and M&E Specialist with major in-country stakeholders to discuss the recommendations and make a presentation of the final report.

Deliverables:

1. Home-based ***Induction report*** to be submitted 15 days prior to the country mission:
    - draft methodology of the assessment;
    - ToR for national consultant(s).
2. Country mission (estimated at 10 days) in collaboration with the selected national consultant(s) to finalize and agree on the methodology and data collection instruments of the assessment. Initiate the assessment by conducting interviews with relevant partners and do needed fieldwork.
3. Home-based assistance and further guidance in data collection and data entry for the national consultant(s), as required;
4. Home-based ***Draft report*** to be submitted within 15 days after the country mission;
5. Home-based ***Final report*** to be submitted within 30 days from the country mission. The final report to be provided in English, accompanied by the two page Summary in English based on UNICEF format;
6. ***Executive summary*** based on UNICEF template to be submitted together with Final report;
7. ***PowerPoint presentation*** featuring the main findings of the assessment, concluding observations and recommendations to be submitted together with the Final report.

Timeframe:

The selected international consultant and subsequently hired national consultant(s) will work for the period of 3 months, from October 25, 2016, to February 20, 2017 (subject to change).

Official Travel: One in-country mission with duration of approximate 10 days (subject to change).

Payment and conditions :

Payment will be processed following the satisfactory and timely completion of the above listed deliverables, as per the following schedule:

- 40% upon timely & satisfactory completion of the assessment design, including field-data collection and data entry, and successful onset of the field data collection, desk review and inception report submission;
- 40% upon timely & satisfactory completion of the data analysis and submission of draft study report;
- 20% upon timely & satisfactory completion of final report and presentation of the assessment findings.
- UNICEF will reserve copy right of all developed materials. UNICEF will be free to adapt and modify them in the future. This ToR is an integral part of the contract (SSA) signed with the international consultant.
- UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if deliverable(s) incomplete, not finalized or for failure to meet deadlines (fees reduced due to late submission: 1 month-10%; 2 months-25%; over 3 months – payment withhold).

Qualification or Specialized Knowledge/Experience Required:

- PhD or equivalent in public health, economics, management, public administration with a minimum of 10 years of working experience in the relevant field;
- Proven experience in providing consultancy services in relevant public health areas, such as health services management, health care evaluation, social work at PHC level ;
- Previous experience in implementation of relevant or similar consultancy work in the CEE/CIS region would be an asset;
- Strong facilitation, training, and communication skills;
- Excellent analytical thinking, report writing, training and communication skills;
- Must be familiar and actively use relevant statistical programmes and all relevant computer applications in general;
- Proven experience in conducting feasibility studies, health market survey and needs assessment for health investments, health sector business processes re-engineering;
- Knowledge of the UNICEF global priorities;
- Experience in implementation of development projects in transition economies, experience in working with high level ministerial staff and local authorities would an asset;
- Proven ability to innovate, plan and execute ideas as well as transfer knowledge and skills;
- The consultant(s) should be fluent in spoken and written Russian and English;
- Advanced computer skills.

HOW TO APPLY:

Interested candidates should submit:

- CV
- P11
- A detailed project proposal explaining the methodology, planned activities, lengths of the in country and outside the country workdays, scope of work for national consultant
- Financial proposal for the consultancy work (the calculation should include fees for international and national consultants);

Total number of days for in-country missions may be subject to changes and will be determined in consultation with UNICEF, upon signing the contract. Applicants should base their financial proposal on the provisional number of days given in the ToR.

The deadline for the submission of proposals is 11 October, 2016, 18:00. Proposals should be submitted for the attention of Nadzeya Lukina at nlukina@unicef.org.

Annex1:

Description of existing patronage/home visiting services for MCH should cover the following characteristics.

Structure of services:

- Where are patronage/home visiting services located?

- What specialists are involved?

- Who is responsible for coordination, supervision?

- What is the chain of command for implementation and reporting?

Target population:

- How is the client base determined? Who is visited? All parents and newborns?

- *Enhanced services for special groups? How are decisions made for additional, enhanced services? Are there normative services for special groups?*

Content of visits:

- How often does the home visitor visit a typical "new family"? How are decisions made for families with special needs?

- What are the services for children and families with special needs?

- What is the evidence-base for the service components delivered?

- Visit implementation (number of families per home visitor? amount of time per family? does home visitor use a check list of services to be delivered?)

Service delivery:

- Is home visiting an exclusive function or partial function (same nurse also works in clinic? Other professionals?)

- Continuity of care (does family have same nurse or feldsher from pregnancy through the early years? Other professionals?)

- How is the process managed from pregnancy through the early years (0-5 y.o) (Case management? Assessment of progress?)

- Actual content of services delivered compared to needs and expectations of the involved families?

- What are the approaches used with families? How is capacity built?

Inter-sectoral collaboration

- Is there a clear referral path within the health system and between health to social services, child protection, police, and education? Are the case management responsibilities clearly defined?

- What is the mechanism of coordination with other services (for children with disabilities, children at-risk/exposed to abuse, neglect, domestic violence, receiving benefit payments, etc.)

- Are the community based social services available?

- What child protection issues are dealt with within the home visiting system?

- Are there obligations to report abuse and neglect?

- How is domestic violence handled (obligation to report? accountability/code of conduct?) What is the coordination mechanism with protection services?

- How is reporting and negotiating with the families? What ethical considerations are taken into account?

Assessment of effective coverage (utilization of quality service) of home visiting services (including estimation of children/families being under-served and barriers, bottlenecks):

- *Supply side (existing coverage, range and quality of services provided, readiness and availability of resources);*
- *Demand side (community needs of nursing services; extent of utilization of services by children and families);*
- *What is the quality of services? (effective coverage)*

Enabling Environment (according to HS blocks):

I. Leadership and Governance

Legislation, Policies, Guidelines

- What is the legislative base for home visiting?

- Who defines the home visitor's scope of practice?

- Are there fixed protocols? Are there normative services by age/stage: early and late pregnancy, newborn care, young infant care, older infant and young child care?

- Definition of relationship with other sectors and pathways of coordination?

- What are the existing guidelines, protocols and practice for referral and interaction within the health system (PHC; ECI cabinets, secondary and tertiary health services, including specialized services for children with disabilities both in education and health sectors, etc.) and between services in health education, social, child protection, police systems, , system, etc.

Quality Management

- Who is responsible for quality assurance e.g. licensing, practice standards? What is the process for quality assurance e.g., regular performance reviews, accreditation?

- How are home visiting programs assessed and by whom? How are assessment data used?

- What is the role of the national vs. local governments in the provision of home visiting services?

II. Health Financing

- Who finances home visiting services e.g., national government, local governments, non-governmental organizations, private entities?

- To what extent do salaries or bonuses reinforce good practices/ preventive practices

- Are services available privately?

- Any out-of-pocket payments for public services?

- Current costs and flow of funds;

- Estimation of future resource requirements to address inequities both in current access and scope of services provided (cost benefit analysis and feasibility plan for full coverage of patronage nursing services)

III. Health Workforce

Profile

- Profile of home visitors (profession, age, training, etc.)

- What percentage of home visiting is conducted by patronage nurses, general practitioner, pediatricians, other medical and non-medical personnel?

- Who else provides home visiting services for maternal and child health?

- Distribution of home visitors by regions (rural vs. urban) within country?

Training

- What education do home visitors have? Who provides education for home visitors?

- What are the opportunities for ongoing education? Are curricula evidence-based and aligned to the international standards?

- What professional training have the existing home visitors received.

- Do the curricula cover essential modules for a "blended home visiting" model?

- Are there any plans for improved home visitor/nursing education?

Benefits

- How do the salaries of home visitors compare to other professionals?

- What is their job security? Professional upward mobility?

- What benefits are provided to home visitors- car allowance, overtime?

- Are there problems attracting persons into home visitor services- if yes why?

- Image/public perception of patronage nurse as a health professional

IV. Health Information System

- *What reports are provided by the home visitor and how is the information used?*
- *What data are collected on home visiting activities?*
- *What indicators are used to monitor maternal child health outcomes?*
- *Who collects this data? Who analyses this data?*
- *How is the data used?*
- *What kind of data collection system is used (electronic, paper records, case notes)?*
- *Is confidentiality discussed and honored?*
- *Is information collected from the family available to the family (level of transparency)*
- *Is data available to the public?*

V. Essential medical products/technologies

- *Tools and equipment used during the visit (equipment, education materials, checklists?)*
- *Are any home-based records (baby book) in use?*
- *Availability of parent education materials, toys for demonstration*
- *Who do they refer patients to, to receive essential medical products?*
- *Are there financial barriers to receiving essential medical products listed above?*