Tackling Pneumonia in Bangladesh Project-Phase 2

Funded: SCHK

Terms of Reference (ToR)

for

Conducting Community Integrated Management of Childhood Illness (C-IMCI) gap analysis to help costing, planning and advocating for effective C-IMCI implementation in Barishal

June 2022

Save the Children
Health and Nutrition Sector

1. PROJECT SUMMARY

Type of Study	**Conducting Community Integrated Management of Childhood Illness (C-IMCI) gap analysis and mini-investment case development to address the non-availability of C-IMCI commodities in Bangladesh**
Name of the project	Tackling Pneumonia in Bangladesh-Phase 2
Project Start and End dates	June 2021-December 2022
Project duration	19 months
Project locations:	Barishal
Thematic areas	Health, and Nutrition
Donor	Individual/private through SCHK
Overall objective of the project	To strengthen and expand support for improving access to protect, prevent and treat interventions for the reduction of morbidity and mortality of under five children from pneumonia.

2. INTRODUCTION

Pneumonia is often said as the 'forgotten killer' since it has not been addressed adequately over the decades to save many children. This project is undertaken to strengthen and expand support for improving access to quality services for diagnosis and treatment of childhood pneumonia, ensuring children to have equitable access to vaccines for preventing childhood pneumonia, and increasing coordination and investment in interventions to protect against childhood pneumonia in Barishal district. The project is working with MOHFW for improve child survival from Pneumonia in Bangladesh.

3. BACKGROUND AND CONTEXT

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend integrated community case management (iCCM) as a key child survival strategy[1]. iCCM is an equity-based strategy to equip, train, support, and supervise community health workers (CHWs) to deliver life-saving treatment interventions for malaria (in malaria porn area), pneumonia, and diarrhea to children[2]. However, iCCM here in Bangladesh refer as the Community based Integrated Management of Childhood Illness (C-IMCI). In 1995, Bangladesh adopted IMCI in the key strategy for child survival. Starting with facility based IMCI (F-IMCI), the country later on included community implementation

[*] Since this will be part of GFF application and it is aimed to mobilizing resources for non-malaria commodities, we call it "mini-investment case"

[1] World Health Organization, UNICEF. WHO/UNICEF joint statement on Integrated Community Case Management (iCCM): an equity-focused strategy to improve access to essential treatment services for children. Geneva: World Health Organization; 2012. [Accessed 2020 October 22]. Available from: https://www.unicef.org/health/files/iCCM_Joint_Statement_2012(1).pdf and
World Health Organization, UNICEF. UNICEF-WHO overview and latest update on integrated community case management: potential for benefit to malaria programs. Geneva, Switzerland: World Health Organization; 2015. [Accessed 2020 October 22]. Available from: https://www.unicef.org/health/files/WHO-UNICEF_iCCM_Overview_and_Update_(FINAL).pdf

[2] World Health Organization, UNICEF. UNICEF-WHO overview and latest update on integrated community case management: potential for benefit to malaria programs. Geneva, Switzerland: World Health Organization; 2015. [Accessed 2020 October 22]. Available from: https://www.unicef.org/health/files/WHO-UNICEF_iCCM_Overview_and_Update_(FINAL).pdf

of IMCI, referred as community based IMCI (C-IMCI) consisting of Community Case Management (CCM), counselling, orientation of village doctor and opinion leaders. However, over the time it is continued as CCM from Community Clinic. The Basic Health Worker (BHW)[3] training package was updated on 2019 following WHO recommended IMCI.

Successful implementation of the C-IMCI program requires the existence of adequate policies addressing benchmark components of C-IMCI[4]. Furthermore, the scalability of the C-IMCI program requires their incorporation into national-level priorities with corresponding funding and sustainability components[5]. A national strategy paper on C-IMCI under the development process for providing directions and guidelines on the introduction, adaptation, and implementation of C-IMCI. C-IMCI will be implemented through Community Clinic and the community health care provider (CHCP) is the key person who executes C-IMCI.

Bangladesh is currently implementing Universal Health Coverage (UHC) in line with Sustainable Development Goal (SDG)[3] on ensuring good health and well-being for all. Primary healthcare and community health have been identified as the implementation strategy toward fulfilling the C-IMCI strategy. Bangladesh made a commitment to primary health care (PHC) and providing health for all in 1978 when it became a signatory to the Alma Ata Declaration on Primary Health Care, just seven years after independence. Forty years on, and in spite of some occasional political back-stepping from different governments, public programs in PHC have grown considerably, driven initially by a dynamic post-independence national development program and later influenced by international initiatives such as the Millennium Development Goals, by international donors, and by the growing momentum towards universal health coverage, which is now linked to the government's commitment to the Sustainable Development Goals. Success factors for women and child health[6] in 2015 and Primary Health Care system a comprehensive case study in Bangladesh[7] in 2017 highlighted the need for a clear policy direction, informed the MOH&FW, and ensured financing for community health programs with continuing quality community health service delivery. These documents also focused on continuing successful community-based approaches, which may also help reduce inequities.

4. RATIONAL OF THE DOCUMENTATION

Like many other countries, Bangladesh does not have costed implementation plans for financing the C-IMCI component. It is mostly dependent on donor funding and technical support. A comprehensive and government-mandated gap analysis of C-IMCI would facilitate realistic costing of actual C-IMCI resource needs in the country. It would also serve as an important tool to develop mini-investment case which could help advocacy for mobilizing resources as well as supporting nationwide scaling up of C-IMCI implementation in Bangladesh.

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[3] Health Assistant (HA), Family Welfare Assistant (FWA) and Community Health Care Provider (CHCP)

[4]Agnes Nanyonjo, Helen Counihan, Sam Gudoi Siduda, Kassahun Belay,Gloria Sebikaari & James Tibenderana (2019) Institutionalization of integrated community casemanagement into national health systems in low- and middle-income countries: a scoping review of the literature. Global Health Action, 12:1, 1678283, DOI: 10.1080/16549716.2019.1678283

[5] Diaz T, Aboubaker S, Young M. Current scientific evidence for integrated community case management (iCCM) in Africa: findings from the iCCM evidence symposium. J Glob Health. 2014; 4:020101.

[6] Success factors for women's and children's health by Ministry of Health and Family Welfare, Bangladesh 2015

[7] Primary health care systems (PRIMASYS), comprehensive case study from Bangladesh by Alliance for health policy and System Research and WHO 2017

Save the Children International (SCI) had preliminary discussions with MoH&FW about the priority and need for technical assistance on this topic. The MoH&FW agreed to let SCI conduct a comprehensive gap analysis and costing for C-IMCI implementation in Barishal district which would be facilitating similar task to be replicated for nationwide C-IMCI program planning. Both the gap analysis and the investment case development will be a consultative process with key stakeholders and with MoH&FW both at national and district level. The National Newborn Health Program and Integrated Management of Childhood Illness (NNHP&IMCI) will lead this task with necessary support and technical assistance, including services from an experienced local consultant.

4.1 Objectives of the documentation

The objective of this activity is to provide technical assistance to the Bangladesh MoH&FW to conduct a comprehensive gap analysis for C-IMCI in Barishal district to inform country needs and to highlight available resources and budget allocation gaps. The C-IMCI gap analysis will inform the mini-investment case which will be developed as an advocacy tool for raising awareness about gaps and needs for C-IMCI among national policymakers and development partners in Bangladesh.

4.2 Stakeholders/audiences

The key stakeholders/audiences for this documentation study are:

Stakeholder	Further information
Project donor	SC HK
Primary implementing organisation	Save the Children, Bangladesh
Implementing partners	NA
Stakeholders	National Newborn Health Program (NNHP) & Integrated Management of Childhood Illness (IMCI), Directorate General of Health Services (DGHS), MCH unit, Directorate General of Family Planning (DGFP); Community Based Health Care (CBHC), USAID, UN Agencies (e.g., UNICEF, WHO); Bangladesh Paediatric Association (BPA); brac, icddr,b
Beneficiaries	NNHP & IMCI program & stakeholders working with childhood pneumonia in Bangladesh; Global Child Health and IMCI community

5. ACTIVITY DESCRIPTION

We will hire a Bangladeshi national consultant with the necessary skillset and experience in planning child health/C-IMCI and costing/budgeting to complete this task. The consultant will be responsible for the expected deliverables (as listed below). S/he will consolidate available Bangladesh national policy and strategy documents and other relevant documents and available secondary data and will summarize the current C-IMCI related policies and current C-IMCI program status in Bangladesh in a 1-2 pager brief document. This consolidation and summary document will inform the task for conducting the gap analysis for Barishal district using the community health planning tool

(CHCPT version 2.00). The SCI will provide the tool to the consultant and necessary technical resources for effective use of the tool. Necessary supportive technical assistance will come from the in/out-country Child Health/IMNCI working group, child health experts at SCI-Bangladesh, SC US, and the NNHP&IMCI. Also the consultant will need to collect relevant data/information from MOHFW sources and relevant Key Informant Interviews. Upon completion of the gap analysis, the consultant will develop the C-IMCI mini-investment case, incorporating data from the completed gap analysis. *All* these activities will be conducted under the MoH&FW's leadership facilitated by SCI Bangladesh and participation of key stakeholders in child health program implementation.

6. EXPECTED DELIVERABLES

- A summary report on the current C-IMCI related policies and current C-IMCI program status in Bangladesh in a 1-2 pager brief document.
- Completed Community Health Planning and Costing Tool (CHCPT) 2.00 displaying current implementation status, scale-up projections, total funding required, current funding status and sources and allocation gaps for C-IMCI implementation.
- A draft report on gap analysis to help costing, planning and advocating for effective C-IMCI implementation in Barishal to be shared for review and finalization by the Child Health/IMNCI working group, child health experts at SCI-Bangladesh, SC US, and the NNHP&IMCI
- Informed by the gap analysis document, a mini-investment case* to be drafted, reviewed and finalized by Child Health/IMNCI working group, child health experts at SCI-Bangladesh, SC US, and the NNHP&IMCI

**Specifically for Barishal; might be extrapolated to estimate national resource need which could help* to leverage domestic/other sources of funding for C-IMCI *implementation)*.

Save the Children project team will provide-

- Technical assistance and input for
  - using the community health planning tool (CHCPT version 2.00),
  - outline of deliverable and PPT slide deck reports,
  - finalization of list for Key Informant Interviews and relevant tools for data collection, as needed
- Documents and/or link of document of childhood pneumonia, IMCI, EPI and other relevant documents.
- Technical inputs and feedback throughout the process of this assignment.
- Support for a letter of introduction from MOHFW for the interview and other activities, if needed.
- Organize a sharing meeting with NNHP and relevant other stakeholders to share the key findings of the assignment

7. REPORTING AND DOCUMENTATION MANAGEMENT

The whole process of documentation assignment should take 30 working days during the period of 01 August 30 September 2022

7.1. Operational Plan and Timeframe

The following activities and timeline are listed in the table below. Deliverables will be due on the specified date and will be agreed to at the start of the contract.

Major Tasks/Key Milestones	Approximate completion date**	Deliverables
1. Desk Review of key reports/ documents, including Bangladesh national strategies and policies and secondary data.	1-6 August 2022	• A summary report on the current C-IMCI related policies and current C-IMCI program status in Bangladesh in a 1-2 pager brief document. • Completed Community Health Planning and Costing Tool (CHCPT) 2.00 displaying current implementation status, scale-up projections, total funding required, current funding status and sources and allocation gaps for C-IMCI implementation. • A draft report on gap analysis to help costing, planning and advocating for effective C-IMCI implementation in Barishal to be shared for review and finalization by the Child Health/IMNCI working group, child health experts at SCI-Bangladesh, SC US, and the NNHP&IMCI
2. Complete C-IMCI costing exercise using the tool: CHCPT version 2.0	7- 25 August 2022	
3. Draft report and PowerPoint slide deck with results of gap analysis presented in a participatory workshop with MoH&FW and stakeholders to verify and validate assumptions and data.	25 August-02 September 2022	
4. Final report incorporating inputs and feedback received.	02 September 09 September	
5. Final and completed costed C-IMCI tool incorporating inputs from stakeholders	10-18 September 2022	
6. Completed C-IMCI mini-investment case	19-25 September 2022	Informed by the gap analysis document, a mini-investment case* to be drafted, reviewed and finalized by Child Health/IMNCI working group, child health experts at SCI-Bangladesh, SC US, and the NNHP&IMCI **Specifically for Barishal; might be extrapolated to estimate*

Major Tasks/Key Milestones	Approximate completion date**	Deliverables
		national resource need which could help to leverage domestic/other sources of funding for C-IMCI *implementation).*

**Assuming the consultant hiring will be completed by (date) and the consultant can start working from (date)

8. TECHNICAL CRITERIA

8.1 Profile of Consultant

The consultant should have the following experience and expertise:

- A higher degree (Master) in Sociology/social science/MPH related subjects
- Proven experience (minimum 5 years) in producing IMCI/Child health-related document in the Bangladesh context.
- Proven experience in producing reports for UN agencies, international organizations, and /or donors as well as with development organizations/NGOs
- Excellent report writing skills in English
- Experience of working with DGHS/IMCI program will be added advantage

Contact person: Manager Field Implementation, Save the Children.

9. ANNEXES

Annex 1: SCI Child safeguarding policy

TOR prepared by:	Dr. Md. Shohel Rana, Md. Nazmul Haque
TOR endorsed by:	Dr. Sabbir Ahmed
TOR approved by:	Shah Mohammad Rashed
Date of sign off:	

Interested individual consultant, may submit their technical and financial proposal along with CV, TIN certificate and NID copy to the following email address: prosanta.roy@savethechildren.org. Application closing date: July 06, 2022.
