



(2<sup>nd</sup> Readvertisement – Updated Submission Deadline)

## **Terms of Reference for Health Service Strengthening Capacity Building Coordination Consultancy Services**

**Project:** TOGETHER project (uniting Towards Gender Equality for enjoyment of women’s and girls’ Total Health and Rights)  
**Date:** April 2022 to March 2027  
**Donors:** Global Affairs of Canada (GAC)/ADRA Canada  
**Contract:** Health Service Strengthening Coordination Consultancy (HSSCC)

### **1. Background and Rationale**

TOGETHER is a multi-sectoral project implemented by Adventist Development and Relief Agency (ADRA) which aims to increase the enjoyment of health-related rights for the most vulnerable children, adolescent girls and boys, and women and men in Cambodia, Kenya, the Philippines, and Uganda, especially those with intersecting vulnerabilities in indigenous, remote or resettlement settings. The project will empower individuals and communities to advocate for better sexual and reproductive health services and policies, and will educate and encourage young people to engage with their communities and their governments to make their voices heard. Specific project Goals and Key Objectives include:

1000-Increased enjoyment of health-related rights by the most marginalized adolescent girls, women and U5 children with intersecting identities in indigenous, remote or resettlement settings in Cambodia, Kenya, Philippines and Uganda

1100 - Increased equitable use of inclusive, respectful and quality health services by the most vulnerable adolescent girls’, women’s and U5 children’s rights holders living in indigenous, remote or resettlement settings of target areas.

1200 - Improved provision of gender-responsive, inclusive and environment-sensitive health and nutrition services by duty-bearers and responsibility-holders for the most vulnerable adolescent girls, women and U5 children in target areas.

1300 - Increased community-led, evidence-based multi-sectoral actions in reducing structural barriers preventing realization of health-related rights by the most vulnerable adolescent girls, women and U5 children in target areas

Project activities related to these services include: (1) Community and school based training on sexual and reproductive health and rights, water, sanitation and hygiene, climate resilience, and life skills to adolescent girls, young women, boys and young men; (2) training and support to health care staff, community health volunteers on women centred, safe, inclusive care and counselling; (3) training health care providers to provide comprehensive, gender-sensitive sexual and reproductive health services; (4) training on nutrition for caregivers of children under the age of five years old, pregnant and lactating mothers and their partners through kitchen gardening; and (5) equipping health centres to provide sexual and reproductive health care, from family planning consultations to supporting victims of sexual and gender-based violence in all four countries. ADRA in Cambodia is working with the PHDs, Provincial and District Administrative Offices and will conduct community based training and promotion in 318 in marginalized, indigenous, resettlement

settings villages of 71 communes in Steung Treng, Preah Vihear and Kampong Thom provinces. These activities will not be conducted in all areas simultaneously but will be carried out in 3 general phases over the 6 year period of the project from late 2021 through to mid 2027.

The TOGETHER project seeks to strengthen local health systems, working closely with local authorities and health facilities to improve health worker capacity and service coverage, including family planning and sexual gender-based violence (SGBV)-related prevention and care services, particularly for adolescence and youth. While ADRA will be working with the Community based activities in and out of school, **ADRA Cambodia** is seeking additional Output based capacity to plan and coordinate with the project team and local health officials for various training, monitoring, and other logistics related to the project MOH system capacity building objectives.

**Therefore, this consultancy TOR has been developed to seek a qualified Consulting-Contracting partner/team to provide these Health Service Strengthening Coordination Consultancy (HSSCC) services.**

## **2. Purpose, objectives and nature of the Required Responsibilities**

Based on the background above, ADRA is seeking Health Service Strengthening Coordination Consultants/(Contractors) to manage specific tasks as outlined in the scope of work which will contribute towards the overall project objectives. It is expected that the Consultancy team will contribute their experience, relationships, and technical skills to the overall TOGETHER project. They will be able to support the overall project team in motivating the MOH partners from local government health centers, Hospitals and other private providers to seek upgrading and make quantifiable improved services changes.

The Consultant team members, while not expected to work exclusively for the TOGETHER project, will be expected to be readily available at all times for communication, planning, strategizing, and other key tasks. ADRA Cambodia will have one Health System Strengthening Specialist (HSSS) as a technical Counterpart who will primarily work in collaboration with the consultant team towards completion of the Scope of Work and assist in some aspects of collaboration with the other components and partners of the project. It is expected that the MOH/PHD/OD/HC counterparts will conduct the majority of the technical capacity building but the consultant and ADRA Counterpart will participate and facilitate/Host sessions to ensure a positive environment for learning and behaviour change is maintained at all times.

## **3. Scope of Work**

The work of work of Consultant team will consist of the following key points and is intended to be conducted directly by the consultant team or approved counterparts:

- (i) Review project proposal plans and join both strategic and detailed implementation planning sessions over the life of the Consultancy period providing technical input contributing to the overall behavior change and Objective focused planning.
- (ii) Liaise with all relevant government partners, primarily the MOU and PHDs related to plans and Objectives.
- (iii) Conduct Capacity Building Needs Assessments for each of the key training and empowerment components of the project.

- (iv) Work with PHD/MOH, and partners to develop specific Objectives, Curriculums, Training Plans including financial plans, Effectiveness Monitoring tools, etc. for each of the projects training outputs/plans as listed in the table below. Host Review and planning sessions with key partners, including ADRA staff, to review these training plans and how they relate to the other project interventions and the needs of various beneficiary groups.
- (v) Support the PHD/ODs in selecting the right medical staff for each training. Work with PHDs/OD and local administrative leaders to select Private Care Providers (PCP) to join trainings and follow-up.
- (vi) Conduct or support training with PHD/Partner trainers and provide monitoring and feedback to the training teams.
- (vii) Develop and carry out comprehensive post training monitoring and evaluation plans to ensure that expected changes are progressing and being implemented as planned in the workplaces of those trained.
- (viii) Prepare and submit planning, training, and monitoring/evaluation reports to ADRA project management for all significant activities conducted.
- (ix) Note: the ADRA Health System Strengthening Specialist (HSSS) and other financial logistics staff will provide the financial roles and procurement of supplies needed for all training and other activities.

Key Objective areas of the consultancy will support the following project Outputs and Activity objectives:

1211-Gender responsive training conducted for HC staff, CHVs and other duty-bearers on women-centred, safe, inclusive care and counselling, including SGBV response, STI prevention and treatment

- 1211a-Train HC staff & Private providers in MOH Migrant Health Policy and Guidelines, 4 (days training)
- 1211b-Train HC staff & Private providers in Adolescent Friendly SRHR, (4 days training)
- 1211c-Train HC staff & Private Providers in SRHR Counseling Skills, (4 days training)

1212-Local stakeholders supported in creation / strengthening of adolescent-friendly, in-community, safe confidential and inclusive Help-centres addressing SGBV, SRHR and teenage pregnancies

- 1212a-Train Commune Women's and Children's Council (CWCC) members by PHD/WA in Organizing Counseling services (4 days training)

1213- CHVs (VHSGs) and TBAs supported on conducting inclusive, respectful SRHR and SGBV outreach and dignity services for adolescent girls and women with special needs or in remote settings

- 1213a-Train VHSG in SRHR by PHD/OD/HC (3 days at HC/CC)
- 1213b-Conduct Midwifery Network Meetings in Remote Areas (MW/TBA/CWCC) (8 meetings)

1222- Training on inclusive (maternal and child) nutrition counselling, tailored to adolescent girls, young mothers and mothers with special needs, also utilizing Peer Learning Platform (PLP) conducted for health care providers and educators

- 1222a:-Train HC MWs in Nutrition Counseling (LTP/MMM) (4 days training)

**Notes on Target Areas:**

1. The TOGETHER Project will work only in the Sandan District of Kompong Thom for the initial phase.
2. The TOGETHER Project will work about 80% of the Communes in the PVH province and 50% of the communes in the Steung Treng Province. The HC’s targeted for the Capacity building will be primarily the ones in or near the other community based activities.

**Capacity Building Work Tasks for Training Coordination**

(Note: Project Years referenced are YR 2 – March 2022 to Feb. 2023, YR3 –Mar 2023 to Feb 2024, YR4 – Mar 2024 to Feb 2025, YR5 – Mar 2025 to Feb 2026, YR6 – March 2026 to Feb 2027.) The following task are indicative of the work and time frame for tasks – minor adjustments will be made based on circumstances arising and Annual Work Plans as approved by the donor.

Outputs	Project Activities listed above	Capacity Building Milestones/Outputs
1211	<ul style="list-style-type: none"> <li>• 1211a-Train HC staff &amp; Private providers in MOH Migrant Health Policy, Guidelines, Services</li> </ul>	<ul style="list-style-type: none"> <li>• 1211a- Train 76 HC staff &amp; Private providers in MOH Migrant Health Policy and Guidelines by trainer from MOH/PHD at provincial health department</li> <li>• Estm 11- (4 days training) (275 in 6 years = 3 staff/HC, 10 ADRA staff, 14 PCP from district) (Y2=1 session; Y3=3 sessions; Y4=7 sessions)</li> </ul>
1211	<ul style="list-style-type: none"> <li>• 1211b-Train HC staff &amp; Private providers in Adolescent Friendly SRHR services</li> </ul>	<ul style="list-style-type: none"> <li>• 1211b-Train 76 HC staff &amp; Private providers in Adolescent Friendly SRHR through evidence based methodology will be provided by trainer from MOH/PHD</li> <li>• Estm. 11 sessions (4 days training) (275 in 6 years = 3 staff/HC, 10 ADRA staff, 14 PCPs from district) (Y2=2; Y3=5; Y4=4)</li> </ul>
1211	<ul style="list-style-type: none"> <li>• 1211c-Train HC staff &amp; Private Providers in SRHR Counseling Skills</li> </ul>	<ul style="list-style-type: none"> <li>• 1211c-Train 88 HC staff &amp; Private Providers in Counseling Skills will be provided by MOH/PHD and TPO</li> <li>• Estm 11 sessions (4 days training) (300 in 6 years = 156HC, 160 PPs) at Provincial Health Department(Y2=5; Y3=5;Y4=2)</li> </ul>
1211	<ul style="list-style-type: none"> <li>• The consultants will reports to the senior project Manager after completing each training</li> </ul>	<ul style="list-style-type: none"> <li>• The consultants will send the reports in a few days after each training (11*3 trainings=33 reports)</li> </ul>

<b>Output 1212</b>	<ul style="list-style-type: none"> <li>• 1212a-Train CWCC by PHD/WA in Organizing (SRHR) Counseling services</li> </ul>	<ul style="list-style-type: none"> <li>• 1212a-Train CWCC by PHD/WA in Organizing Counseling services (3 days) (64 persons in 6 years = 2 CWCCs/commune) at district level</li> <li>• 6 –sessions (Y2=2; Y3=2;Y4=1, Y5=1)</li> </ul>
<b>1212</b>	<ul style="list-style-type: none"> <li>• The consultants will reports to the senior project Manager after completing each training</li> </ul>	<ul style="list-style-type: none"> <li>• The consultants will send the reports in a few days after each training (1*6 trainings=6 reports)</li> </ul>
<b>1213</b>	<ul style="list-style-type: none"> <li>• 1213a-Train VHSGs in SRHR (Promotion) by PHD/OD/HC</li> </ul>	<ul style="list-style-type: none"> <li>• 1213a- Train CHV (Village Health Support Group member VHSGs) in SRHR by PHD/OD/HC (3 days at HC/CC, 2 person/village= 636 CHVs over 6 years) at community level</li> <li>• 22-sessions= 3 day trainings at HC/commune level (Y2=7; Y3=7;Y5=8)</li> </ul>
<b>1213</b>	<ul style="list-style-type: none"> <li>• 1213b-Conduct Midwifery Network Meetings in Remote Areas (MW/TBA/CWCC) (Linking HC Midwives to village level traditional Midwives)</li> </ul>	<ul style="list-style-type: none"> <li>• 1213b-Conduct Midwifery Network Meetings in Remote Areas (MW/TBA/CWCC) by quarterly at community level, the meeting will be coordinated by MW/CWCC, Consultant and ADRA staff</li> <li>• 15 HC Networks x 8 meetings - one time in each of 15 HC locations for 8 quarters (Y2=15; Y3=15)</li> <li>• This activity is following up on additional areas where this not done in the former ADRA EMBRACE project – 2016-2020</li> </ul>
<b>1213</b>	<ul style="list-style-type: none"> <li>• The consultants will report to the senior project Manager after completing each training</li> </ul>	<ul style="list-style-type: none"> <li>• The consultants will send 1 training report in a few days after each training (1*22 trainings= 22 reports) and report of each meeting (1*8 Qss=8 reports)</li> </ul>
<b>1222</b>	<ul style="list-style-type: none"> <li>• 1222a- 1222a:Train HC MWs in Nutrition Counseling (LTP/MMM)</li> <li>• The consultants will report to the senior project Manager after completing each training</li> </ul>	<ul style="list-style-type: none"> <li>• 1222a- Trained HC MWs in Nutrition Counseling (LTP/MMM) in 49 HC x 2 = 104 participants. 4 trainings (Y1=1; Y2=2; Y3=1)</li> <li>• The consultants will send 4 training reports n a few days after each training (1*4 trainings=4 reports)</li> </ul>
<b>Cross-Cutting Tasks</b>		

	<ul style="list-style-type: none"> <li>Facilitate Coordination, Planning, and integration of all MOH training activities as listed above with the other project community and government level interventions leading to the higher level project Objectives.</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate a solid review process between key project stakeholders for each of the training curriculums and post-training mentoring plans</li> </ul>
	<ul style="list-style-type: none"> <li>Prepare and conduct a pre and post training evaluation tools, conduct analysis of the results.</li> <li>Prepare a brief training report to the ADRA Project manager on the results of each training and the modifications to the training based on the evaluation results.</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct comprehensive field based monitoring and review of service provision by MOH partners at HC and OD Hospital levels. This will include gathering of observations and information from clients of SRHR services and relevant feedback given to both ADRA and MOH partners.</li> </ul>
	<ul style="list-style-type: none"> <li>Participate in monthly project planning and integration sessions with the overall project managers and leaders.</li> <li>Prepare and facilitate regular debriefing and planning sessions with the PHD/OD leadership to coordinate all supported activities and report to the Project Coordination Committee meetings that will be held 3-4 times per year by ADRA project leadership.</li> </ul>

#### 4. Who the Health Strengthening Service coordination Consultants will work with:

#	Step/Activity	Key Actors
1	Preparation: TOR and SOW methods	Consultant work with TOGETHER Senior Project Manager, MEL Specialist
2	Preparation: Consultant contracting, TOR review, Review of project documentation and preparation of detailed Health Strengthening Service Plans	Consultant work with ADRA Associate Country Director , M&E Coordinator
3	Prepare training curriculums/guidelines	Consultant work with MOH/PHD/OD/HC/ADRA (HSSS)/ADRA APM
4	Preparation: Preparation of Key Activity plans into the AWP	Consultant, ADRA (HSSS), National M&E Coordinator, Senior Project Manager
5	Trainings: Coordinate and implement with the project team	Consultant work with, Senior Project Manager, ADRA (HSSS), other relevant ADRA Component staff as needed
6	Reports: Prepare training reports of each training in a few days after training	Consultants send report to the TOGETHER ADRA (HSSS) and Senior Project Manager
7	Reports: prepare budget/finance reports	Coordinated with the ADRA (HSSS) who will ensure the Consultants have all needed supplies and that the PHD partners and

		participant logistics are met based on pre-approved plans.
8	Report Preparation: Semi-annual/annual /final report	Consultant work with Senior Project Manager and Associate Country Director

## 5. Outputs and deliverables

Reports of the trainings and planning included budget.

- a) **Planning**-Consultants work with TOGETHER team a) during monthly calendar meeting and AWP workshop; b) Share to HSSS/SPM/MEL Specialist at monthly planning sessions before starting activity
- b) **Training curriculum**- Consultants work with MOH/PHD/MOWA, PWA to develop/review training curriculum based in MOH guidelines and share to APM/AD at least a few days before training start.
- c) **Conduct Midwifery Network Meetings**-Consultants prepare meeting agendas with PHD/HC and then share the meeting agenda to TOGETHER team a few days before the meeting start
- d) **Reports**– Reports of trainings, monitoring and coaching for activities under 1211, 1212, 1213 and 1222, see the table above

## 6. Health Strengthening Service Consultants – Qualifications/Technical Experience Required and nature of Consultancy team.

The **Health Strengthening Service Strengthening Consultant Team** and should consist of at least 1 technical person who is dedicated to the project at all times and other technical specialists full or part-time as determined to be necessary. The Consultant Representative/Team should come with the following skills and experience in Cambodia:

1. At least 10 years of work in implementation of community based rural development projects in the Health, WASH, SRHR and Gender Empowerment sectors.
2. Have quality, verifiable, experience in working with MOH/PHD at least 6 years for MNCH capacity building programs with an International perspective.
3. Be aware of and have access to major government strategies, capacity building methods and trends in the relevant intervention areas of Reproductive Health service strengthening.
4. Have interpersonal participatory communication and facilitation skills that are effective in MNCH and medical waste management, useful, quality information from both project staff, implementation partners and community beneficiaries including government partners.
5. Have effective skills at negotiating with and motivating MOH health system personnel.
6. Be efficient and clear in preparing reports/communication (in Khmer and English).
7. The Consultant Team will be able to work out of the ADRA office when in the District/Field areas (2 field offices planned at any one time and changing locations every 2 years) but will be required to work closely with provincial and operational district.

## 7. Tentative Time Frame

The **HSSCC** contract will have the following conditions:

- A. The Consultant will need to be able to start activities by the Beginning of April 2022 – earlier if possible.

- B. Based on ongoing support by donors, the end of the contract March 2027 (based on current plans).
- C. Additional details are available by contacting the senior project manager at Phone # 012-239-106 (Mr. Roth Rumnea).

## 8. Consultant Application and Selection Process

The Consultant/Consultant Team selection process will include two stages to reduce undue work by interested Consultants.

- **Step One:** Consultants/Contractors will submit a suitability/relevant experience statement, including
  - Statement of past relevant experience with references that respond to the Criteria in TOR section #6 above.
  - CV of the lead members and CVs or indicative CVs of the remaining members of the team.
  - A commitment to availability for the entire period of the assignment regardless of the scenario that specific members of the team may need to change.
  - Other documentation that presents justification and evidence of qualification to fulfill the contract role.

ADRA Cambodia will review and Short List to a maximum of 3 Consultants from **Step One** who will be invited to proceed to **Step Two** at which time they will receive additional primary project Documents for review and planning and will have access to the project management team for consultation and questioning. The applicants will have the right to request for more clarifications during this phase. Contact information for interested Consultants is below.

- **Step Two:** Short listed Consultants will be required to submit their Technical proposal including:
  - Additional technical strategies and an explanation of the key steps and experience that will be used to fulfill the contract based on the additional documentation provided of the key project plans.
  - Additional CVs of key consultant(s) or partners who will work on the contract clearly showing the qualification and experience of the consultant and his/her team.
  - Proposed indicative budget as a basis of the contract fees to be charged which will be paid on an output basis including:
    - # of Technical team members allocated to the tasks, level of time/effort, and indicative remuneration levels.
    - Transportation cost estimates
    - Supplies and administrative support costs
    - Other relevant costs
    - Noted that the project will allocate 2 motorbikes for the consultancy team to use while in the field project areas. All other equipment will need to be covered in the consultancy budget.
  - Proposed timeline
  - Contact details of three organizations/ institutions/ companies recently worked with or other relevant references.



Upon receiving the additional **Step Two** information, ADRA will have interviews with perspective candidate team and then the ADRA Cambodia Administrative Committee will choose the final Consultant candidate and contractual negotiations will commence.

**9. Means of Submission: All interested and qualified consultants should send his/her application to:** [rithyl@adracambodia.org](mailto:rithyl@adracambodia.org), and [marks@adracambodia.org](mailto:marks@adracambodia.org) If there are additional questions please contact ADRA Cambodia (Mr. Roth Rumnea) at 012-239-106 for this consultancy.

**10. Application Timeframe – (Re-Advertisement revised Deadline)**

**All applications for Step 1 should be submitted by email by Friday April 1st, 2022 17:00 hrs deadline. Applications received after this time will not be considered.**