

TERMS OF REFERENCE

Training of health extension workers and facility based staff on 7 point plan for diarrhoea prevention and control

Background

1.1 About Plan¹

Plan is an international, humanitarian, child centred development organization without any religious, political or governmental affiliations. Plan is committed to achieving a world in which all children realize their full potential in societies that respect people's rights and dignity. Pakistan is one of the 50 programme countries in which Plan operates. Plan International's operations in Pakistan commenced in 1997 and the organization currently implements programmes in the districts of Chakwal, Vehari, Rajanpur, Rahim Yar Khan, Layyah, Multan, Bahawalpur & Muzaffargarh in Punjab, Nowshera, Charsada, Mardan, D.I Khan, Sawabi, Peshawar, and Haripur in Khyber Pakhtunkhwa, Thatta, Hyderabad, Badin, Kashmor, Sanghar, Ghotki and Khairpur in Sindh, Ziarat, Jaffarabad & Naseerabad in Baluchistan, Gilgit, Astore, Hunza Nagar, Guanache, Skardu & Ghizer in Gilgit Baltistan and Neelum, Bagh and Kahuta in Azad Jammu & Kashmir. In addition Plan Pakistan also works in the squatter settlements of Islamabad, the capital city of Pakistan. Plan International, Pakistan is actively engaged in disaster risk reduction and its management and has played important role in saving life during the 2005 earthquake and remained actively engaged in providing response to the population affected by 2010 super floods and 2011 floods.

Plan International Pakistan is implementing its fourth country strategic plan which is developed around an overarching country goal that states, **"All girls and boys and young women and men realise their full potential in a protective, stable and resilient environment without any discrimination or exclusion"**. The country goal is supported by six strategic objectives. One of the main objectives is Increasing access of children and their families to equitable and inclusive WASH services and demonstrates adoption of improved WASH practices.

1.2 Project brief

Plan International Pakistan in partnership with RB has conceptualized a program to offer simple, effective and low cost interventions to reduce deaths from diarrhoea. Using the WHO and UNICEF 7 point plan for treatment and prevention of childhood diarrhoea deaths a multi-sectoral approach is implemented to make a lasting reduction in the diarrhoea burden in the medium to long term. The 7-point plan proposes two treatments for diarrhoea (fluid replacement to prevent dehydration and zinc treatment) and a prevention package with five main elements (rotavirus and measles vaccinations, promotion of early and exclusive breastfeeding and vitamin A supplementation, promotion of hand washing with soap, improved water supply quantity and quality, and community wide sanitation promotion).

Through a series of activities outlined below, and working with a well-established network of partners in country, Plan International Pakistan expects the programme to be able to

¹Detail information are available on www.plan-international.org

contribute to RB's global goals around health and hygiene, specifically those framed around diarrhoea prevention:

- At least a 50% reduction in the prevalence of diarrhoea amongst children under the age of five in the targeted areas by the end of the programme
- 50% reduction in incidence of acute diarrhoea among children under the age of 5 in the targeted areas by the end of the programme
- An estimated 80% reduction in diarrhoea Case Fatality Rate in clinics in under five deaths in the targeted areas by the end of the programme
- 13% across intervention reduction in diarrhoea related deaths amongst children under the age of five in the targeted areas by the end of the programme

The programme as implemented by Plan International Pakistan will be guided by RB's global level aims but also informed by extensive experience in the sector and the learning from an earlier RB funded pilot project 'Project Hope'.

Based on the leanings from the pilot project implemented in Dhori village of Sargodha district, Plan International Pakistan and RB have designed a joint scale up program for diarrhoea reduction among under five children. The geographical focus of the scale up of "Diarrhoea Reduction Program through Hygiene Promotion and Women Empowerment" is Punjab province. The selection of the province is based on a large population size as compared to other provinces, as well as a larger number of under five children being affected by diarrhoea-related morbidity and mortality. As per the PSLM (Pakistan Social and Living Standards Measurement) report of 2014 the diarrhoea incidence among under-five children in last two weeks at the time of survey is 24%. In Punjab 26,000 children die from diarrhoea annually.

The programme is designed for three years in which Plan International Pakistan, RB and Government of Punjab will jointly implement this programme in Punjab.

The project will be implemented by the key stakeholders / partners, which includes, Plan International Pakistan, RB, Public Health Engineering Department, Local government and community development department, Lady Health Worker programme, Education department and health departments Government of Punjab and Plan International Pakistan implementing partners. All the partners will work in coordination as per the pre-defined TORs of the WASH core group at provincial and district level. All the key decisions and progress updates and tracking will be done at each level. The smallest unit will be a village wash committee and UC (Union Council) WASH committees.

Project Objectives:

Outcome - 1. Improved access to diarrhoea prevention and control services increased to 50% households from the baseline in intervention area by 2019

1.1 Access to safe drinking water increased for 50% of households from baseline in the intervention area.

1.2 Access to safe sanitation increased in at least 80% of household in the intervention area

1.3 Access to inclusive diarrhoea prevention and control services are available both at the facility and in the community in the intervention area

Outcome - 2. 80% of the households are aware and practise the diarrhoea prevention and control options in the intervention area by 2019.

2.1 Community awareness and practices on diarrhoea prevention and control improved for at least 90% households

2.2 Effective participation of children, as change agents to practice improved WASH and Health behaviour in 80% of the intervention villages

Outcome - 3. Provincial, District and Community structures are capable and accountable to provide quality diarrhoea prevention and control in the intervention area by 2019.

3.1 Provincial and district policies, strategies and plans for diarrhoea prevention and control around the 7 point plan are developed, resourced and operationalised

3.2 Provincial and district institutional capacity strengthened for effective diarrhoea prevention and control

Objectives of Training

- To build the capacity of community outreach staff on home based management of diarrhoeal cases among under five children with an emphasis on diarrhoea prevention.
- To build capacity of facility based staff to give prompt and effective treatment to diarrhoea cases referred to facility along with diarrhoea prevention package.
- To train the vaccinators/LHW on measles and rota virus vaccination
- To develop the clinical guide lines of diarrhoea treatment for facility based staff

Key Deliverables

- Trainings of health extension workers on home based management of diarrhoea
- Trainings of health facility staff on effective treatment to diarrhoea cases
- Training of vaccinators and LHW on measles and rota virus vaccination
- Development of clinical guide lines for health facility staff
- Development of training evaluation tool
- Training reports

Type of trainings

- 75 Facility based staff are trained through three TOT sessions on seven point plan for diarrhoea prevention and control (One TOT in each year)
- 3,672 LHWs and LHSs and public sector health care providers and private providers trained on 7 point plan for diarrhoea prevention and control (48 immediately after inception, 1608 as year I, 1356 in year II and 660 in year III)
- 380 people (district trainers and vaccinators) are competent to deliver quality routine immunization including measles and rotavirus (152 in Year II and 228 in year III)

Tabulated number of trainings

Type of Training	# of Trg Events	Total # of Trg Pax	Year 1	Year 2	Year 3
			Training Location - Narowal	Training Location- Rahim Yar Khan	Training Location - Multan
			# of Pax/ Trg	# of Pax	# of Pax
TOT of Facility Based Staff on seven point plan for diarrhoea prevention and control (2.5 Day Trg)	3 (30 Pax per Trg)	75	25-30	25-30	25-30
3,672 LHWs and LHSs and public sector health care providers and private providers trained on 7 point plan for diarrhoea prevention and control (2 Day Trg)	123 (30 Pax per Trg)	3,672	48 imdiately after inception 1608 in year 1	1356	660
District trainers and vaccinators are competent to deliver quality routine immunization including measles and rotavirus (2 Day Trg)	13 (30 Pax per Trg)	380	0	152	228

Timeline

- January 2, 2017 to December 29, 2017 for first Phase, January 1, 2018 to December 31, 2018 for Second Phase and January 1, 2019 to December 31, 2019 for third phase

Criteria for Selection

The consulting firm must apply with relevant team with appropriate qualifications to carry out the diarrhoea treatment and prevention package. The team leader must have a degree in Public Health along with relevant experience of organising clinical trainings for health extension workers and facility based staff. The key trainers must have a strong clinical background along with training expertise. Previous experience of working with LHW program and EPI as a trainer will be given preference.

1. Payments

The consultant shall be paid in following phases

1st installment with the approval of inception report (15% of total contract value)

2nd installment on completion of trainings of First Phase (20% of total contract value)

3rd installment on completion of trainings of Second Phase (30% of total contract value)

Last installment on completion of trainings of Third Phase (35% of total contract value)

The payments for trainings would be based on the Total number of events and participants.

Taxes will be deducted as per the rules of Government of Pakistan.

2. Content of the Proposal

The eligible firms and organisations are requested to come up with a training methodology, brief out line of proposed trainings for all the three phases of the project. Along with this it is requested to propose the post training evaluation plan for all the key trainings. The post training evaluation plan will be utilised by the health department to assess the training impact.

We invite interested candidates to submit the following application documents:

The consultant/organisation is required to submit a detailed Technical and Financial proposal. The technical proposal must contain:

- A detailed methodology for training methodology for small group clinical trainings
- A detailed work plan including dates for submission of the draft and final Report
- Evidence of availability of appropriate qualifications, manpower and key staff that will constitute the team.
- CVs of the assigned team member(s) detailing relevant experience.

The financial proposal must be submitted in Pak Rupees with a detailed break up of all activities budgeted for, showing unit, unit cost and duration.

Ethical and child protection Considerations

The organisation/consultant must follow Ethical Principles² for involving human subjects in a research and obtain written/ verbal consent from the human subjects. Permission from elder must be sought if the children under 18 years are involved as subjects. Signed informed consent of each child and his/ her parents will be taken after explaining purpose of the study and its usage. Individual responses should not be shared to observe confidentiality of data. Plan will ensure that no risk or harm is involved in this study. Study findings will provide evidence to implementers and planners in that it will benefit the population overall. The consultant should understand and sign child protection policy of Plan International, Pakistan at time of signing agreement with Plan. In case, the report contains photos; the consultant has to take written consent from the photographed person, on a form will be shared by Plan and should be submitted in original form separately along with final report. Moreover, to protect the children, do not use their real names when providing a quote in the report. The preferred style for giving reference to an individual child is to provide the false name instead of its real name, age and where he/she is from. Consultant shall avoid plagiarism¹ of any kind and abide by the principle of intellectual property and joint data ownership in the case of study carried out in collaboration with others. The final report will be scanned for potential plagiarism and the study report will be rejected if the copied contents exceed 10%.

Submission Procedure:

The technical and financial proposals (both in hard form and soft copy of only technical proposal) should be sent in separate sealed envelopes. Please submit proposals to The Country Director, Plan International Pakistan, 3rd Floor, Kamran Centre, 85-East, Jinnah Avenue, Blue Area, Islamabad by or before 1300 hrs. Monday January 9th, 2017.

Only short listed applicants will be contacted. Plan reserves the right to reject any or all proposals and is not bound to any legal claim in this regard. No telephone inquiries will be entertained.

²Helsinki Declaration 2012: Ethical Principles for Research Involving Human Subjects

¹Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Research misconduct does not include honest error or differences of opinion.