INDIVIDUAL CONSULTANT PROCUREMENT NOTICE

Date 08.05.2020

Consultancy Title: Consultant implementation DHIS2 tracker- STP

Project name: Implementation DHIS2 tracker in Sao Tome e Principe (STP) linked to Social Registry.

Description of the assignment: The role of the International Consultant (IC) is to Technically support the STP national team of the Ministry of Health, WHO and UNDP to install, configure the DHIS2 track system software inside the already DHIS2 platform, to train trainers and to train MoH SNIS personnel, by setting up and transferring demographic and health data so on linked to the Social Registry.

Duty station: Sao Tome, Sao Tome and Principe

Period of assignment/services (if applicable): July 2020 until 31 December 2021 see annex 1 (different periods to be defined by consultant).

Proposal should be submitted by email to procurement.st@undp.org no later than 31 May 2020 at 00:00 PM. Any request for clarification must be sent in writing, or by standard electronic communication to the e-mail: luis.abello@undp.org with cc/ antonia.daio@undp.org; wadson.cruz@undp.org. Procurement Unit will respond in writing or by standard electronic mail and will send written copies of the response, including an explanation of the query without identifying the source of inquiry, to all consultants.

1. BACKGROUND

The Sustainable Development Goal (SDG) Fund Joint Programme (JP) will support the Ministry of Labor, Solidarity, Family and Professional qualification (MLSFPQ) to fully implement the Social Registry (SR) – including the draft of a legal framework and the revision of questionnaire and registration approach - to enable its use by several targeted social programmes. It will build on the current support given by the World Bank to the MLSFQ to update the cash transfer beneficiary database, but it will go beyond it with a view to ensuring the interoperability of the SR with different monitoring information systems of social programmes. This way, it is expected that it can be effectively linked to a set of interventions aimed at improving the access of vulnerable and extreme poor families not only to cash transfer schemes, but also to social services in three on six districts of the country. The main objective of the JP is to accelerate

some key SDG targets by fostering cross-sectoral synergies through cross-sectoral coordination while expanding social protection coverage via the Vulnerable Family Programme and social pensions. Social sector interventions to be linked to the SR through the JP include 1) parental education; 2) youth engagement in the social sector; 3) access to a health services package, including essential preventive and curative health and nutrition care jointly with case management and monitoring that will be made available to beneficiaries listed in the social registry. Monitoring and case management will be possible thanks to the interoperability of the Social Registry and the DHIS2 with an individual tracker module.

The National Health Information System (SNIS) of São Tomé and Príncipe, through different programs has been set up in order to make available to decision-makers, public and private organizations, development partners and to a large extent the quality information to make fair and appropriate public health decisions.

The health information system (HIS) is a set of interrelated instruments, standards and activities that provide information useful for health decision-making and that facilitate program planning and management, as well as monitoring and carrying out periodic evaluations for the objectives set. It is an essential component of the national health service and a subcomponent of the National Statistical System (Law 5/98). Its main objectives are to strengthen data collection capacity and health programming.

There are currently several parallel information subsystems linked to the different programs, sometimes without coordination between them, which leads to a central dispersion of the focal points, a situation which can lead to duplication of data and an increase in costs and maintenance of parallel information circuits.

Considering that the activities of collection, elaboration, presentation, interpretation, sending, reception, quality control and data backup are currently compromised due to the aforementioned constraints; and to have a system used and known in other countries, it is necessary to grow up the system (DHIS2) which was initially extended to PNLP, PNLT, PNLS systems, Epidemiological Surveillance and Reproductive Health Programs (PSR) for the DCS, then for the health information system in general, in order to guarantee a reliable surveillance and monitoring system.

These terms of reference are developed to enable the recruitment of a consultant who will assist the Ministry of Health, UNDP and WHO in setting up inside the actual DHIS2 system an individual tracker system for the social register. See annex1 for activities and chronogram.

The DHIS2 linkage with the social registry will ensure that the vulnerable population will be linked to health services and will have their health and nutrition status closely monitored and adequately referred to services within the health system. UNDP and WHO are responsible for this output and the implementing partners are Ministry of Health, INE and health facilities.

2. SCOPE OF WORK, RESPONSIBILITIES AND DESCRIPTION OF THE PROPOSED ANALYTICAL WORK

Main objective

- Technically support the STP national team of the Ministry of Health, WHO and UNDP to install, configure the DHIS2 track system software inside the already DHIS2 platform, to train trainers and to train MoH SNIS personnel, by setting up and transferring demographic and health data;
- Contribute to improving the availability of quality data through DHIS2.

Specific objectives (see annex 1 & 2)

- Design and program the basic modules (forms) on the DHIS2 platform for all levels of the health pyramid of São Tomé and Principe;
- The SR is linked to DHIS2 and information can be analyzed;
- Train the national technical team on the configuration and maintenance of said module in the DHIS2 system;
- Train the national DHIS2 technical team in the use and administration of the DHIS2 track platform.

Expected results (see annex 2)

At the end of the mission, the consultant is expected to achieve the following results:

- The technical team is trained in the configuration and maintenance of the DHIS2 track system;
- The health statistics track directory module is programmed on the DHIS2 platform for all levels of the health pyramid of São Tomé and Principe;
- The DHIS2 national technical team is trained in the use and administration of the DHIS2 track platform.

The achievement of the previous results should be able to respond to:

- Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population);
- Percentage of vulnerable population who are monitored;
- Percentage of vulnerable children who regular attend health center's for development monitoring, disaggregated by child age group, gender and disability.

Deliverables

At the end of the mission, the consultant should present to the UNDP based in the chronogram activities proposed in the annex 1.

- A manual of DHIS2 track management procedures for ordinary users as well as for system administrators available;
- An automated module or diagram of the directory of health statistics on the DHIS2 platform, designed based on the traditional model, containing information presented in the form of cross tables and graphs;

- A mission report containing the technical aspects of the management and administration of the DHIS2 platform available.

Methodology

The consultant or multitask teams will present his work plan for the total duration of his mission, highlighting the different assigned tasks:

- Workshops;
- Revision of data transmission forms from health posts and other technical documents;
- Field visits;
- Interview with authorities and health professionals;
- Financial implementation proposition issue from budget in annex 3.

Global competence:

- Consultant with competence in the field of health information system;
- Promote teamwork, information sharing, collaboration and cooperation with others;
- Recognize and respond appropriately to the ideas, interests and concerns of others;
- Contribute with practical innovative ideas and approaches to deal with difficult situations;
- Strive to provide quality services focused on consultation objectives;
- Demonstrate good written and oral communication skills

Main skills

- Ability to embody the values and standards of the United Nations;
- Sensitivity and flexibility regarding differences in culture, gender, religion, ethnical group, nationality and age.

Functional skills

- Recognizes and responds appropriately to the ideas, interests and concerns and needs of the customer requesting technical assistance;
- Capacity for innovation in terms of ideas and approaches when faced with difficult or new situations;
- Ability to work within short deadlines and complete required tasks on time;
- Sense of requirement in the written work (structuring, format, presentation).

3. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

Education

The consultant or multitask teams must be senior with the following qualifications:

- Hold a university degree equivalent to Bac + 5 in computer science and programming; or university training in public health with experience on DHIS2 tracking;
- Be a distinguished DHIS2 expert in the field of design and customization and have proven experience of at least 5 years in the management of the national health information system;
- Have field experience in the field of evaluation and management of the DHIS2 platform;
- Have skills in teaching and team building of National teams;
- Demonstrate an excellent capacity for initiative and great creativity;
- Have good analytical and writing skills;
- Additional experience in the design and / or management of the global health information system is an asset.

Technical competence

- Have good knowledge of communication and social mobilization in the health field.

Linguistic knowledge

- Knowledge of Portuguese or Spanish (spoken and written) to train local staff. English/French are an asset.
- Have good written and oral communication skills

4. DOCUMENTS TO BE INCLUDED WHEN SUBMITTING THE PROPOSALS.

Interested individual consultants or multitask teams must submit the following documents/ information to demonstrate their qualifications:

1. Proposal:

(i) Explaining why they are the most suitable for the work;
(ii) Provide a brief methodology on how they will approach and conduct the work;
(iii) Fill Offeror's Letter, attached.

2. Financial proposal.

3. Personal CV including experience in similar projects and at least 3 references.

5. FINANCIAL PROPOSAL

[The procuring UNDP entities will choose among one of these two mechanisms. The lump sum approach is the preferred method, as it clearly links deliverables and payments transferring any unforeseen risks for the completion of the deliverable to the consultant. Once the mechanism has been selected, the other one shall be deleted to avoid any misunderstanding]

- **Lump sum contracts**

The financial proposal shall specify a total lump sum amount, and payment terms around specific and measurable (qualitative and quantitative) deliverables (i.e. whether payments fall in installments or upon completion of the entire contract). Payments are based upon output, i.e. upon delivery of the services specified in the TOR. In order to assist the requesting unit in the comparison of financial proposals, the financial proposal will include a breakdown of this lump sum amount (including travel, per diems, and number of anticipated working days).

- **Contracts based on daily fee**

The financial proposal will specify the daily fee, travel expenses and per diems quoted in separate line items, and payments are made to the Individual Consultant based on the number of days worked.

Travel;
All envisaged travel costs must be included in the financial proposal. This includes all travel to join duty station, as well as travels inside the country if applicable.

In general, UNDP should not accept travel costs exceeding those of an economy class ticket. Should the IC wish to travel on a higher class he/she should do so using their own resources.

In the case of unforeseeable travel, payment of travel costs including tickets, lodging and terminal expenses should be agreed upon, between the respective business unit and Individual Consultant, prior to travel and will be reimbursed

6. EVALUATION

[The procuring UNDP entities will choose among one of these two evaluation methods prior to submit the Individual Consultant Procurement Notice. Once the evaluation method has been selected the other one shall be deleted to avoid any misunderstanding]

Individual consultants or multitask teams will be evaluated based on the following methodologies:

1. Lowest price and technically compliant offer

When using this method, the award of a contract should be made to the individual consultant whose offer has been evaluated and determined as both:

a) responsive/compliant/acceptable, and

b) offering the lowest price/cost

"responsive/compliant/acceptable" can be defined as fully meeting the TOR provided.

2. Cumulative analysis

When using this weighted scoring method, the award of the contract should be made to the individual consultant or multitask teams whose offer has been evaluated and determined as:

a) responsive/compliant/acceptable, and

b) Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.

* Technical Criteria weight; [70%]

* Financial Criteria weight; [30%]

Only candidates obtaining a minimum of 55 point would be considered for the Financial Evaluation

Technical	*70%*	*70*
• Hold a university degree equivalent to Bac + 5 in computer science and programming; or university training in public health with experience on DHIS2 tracking;	15%	15
• Be a distinguished DHIS2 expert in the field of design and customization and have proven experience of at least 3 years in the management of a national health information system;	25%	25
• Overall methodology proposed	20%	20
• Fluency in Portuguese or Spanish	10%	10
Financial	*30%*	*30*

ANNEX

ANNEX 1- CRONOGRAM ACTIVITIES

ANNEX 2- OFFEROR'S LETTER TO UNDP CONFIRMING INTEREST AND AVAILABILITY

ANNEX 3- INDIVIDUAL CONSULTANT GENERAL TERMS AND CONDITIONS

ANNEX 4- BREAKDOWN OF COSTS SUPPORTING THE AL-INCLUSIVE FINANCIAL PROPOSAL