CONSULTANCY

Call for proposal

This consultancy is requested by:

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<tr>
<th>Unit</th>
<th>Child Health and Development</th>
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<td>Department</td>
<td>Maternal, Newborn, Child and Adolescent Health and Ageing</td>
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1. Purpose of the Consultancy

Document and evaluate countries’ current practices in respect of monitoring early childhood development by frontline workers by assessing how this content is incorporated into counselling cards and home-based records. Present the findings in a technical meeting of experts and synthetize the conclusions drawn during the meeting.

2. Background

WHO, UNICEF and the World Bank in collaboration with PMNCH and the ECD Action Network launched the Nurturing Care Framework for early childhood development in 2018. The health sector is uniquely well placed to support nurturing care and monitor young children’s development. The current drive towards Universal Health Coverage provides the incentive to optimize health services and deliver them with quality. As countries are strengthening service packages to include attention to responsive caregiving and opportunities for early learning, a common demand arises for guidance on monitoring individual children’s development. Developmental monitoring aims to keep track of, and support, each child’s development. Besides motor milestones agreed as part of WHO growth standards, there are no global recommendations for monitoring children’s individual development in primary health care services. Yet, we know that a range of approaches to detecting children at risk exist. Home-based records are increasingly being used to disseminate information concerning milestones and other development- and risk-relevant information to caregivers. There is an urgent need for evidence synthesis, a review of country practices, stakeholder consultation and consensus to identify best practices and develop guidance on developmental monitoring at the frontline, to inform counselling by trained providers and inform the content of home-based records, so that future investments are well targeted and risks of under- or over-investment at different levels of the health system are minimized.

3. Planned timelines (subject to confirmation)

Start date: 01/02/2020
End date: 31/07/2020

4. Work to be performed

Output 1: a detailed analysis of the home-based records currently being promoted in countries by governments and implementation partners, as well as a set of policies and standards of similar measures promoted by professional associations.

Task 1: In the first round of examination, home-based records of 160 countries will be examined and classified as either a) including early child development content related to milestones, developmental monitoring, stimulation and responsive caregiving, and/or household- and family-level risks (including maternal mental health and violence in the home); or b) not.
Task 2: From those countries which are coded (a), a stratified random sample will be taken of 3 countries per WHO region (AFRO, PAHO, EMRO, SEARO, WPRO, EURO) and national policies and approaches to monitoring children’s development by frontline workers will be analyzed further.

Task 3: Global key informants will be engaged and a list of NGOs, INGOs, CBOs who have developed and deployed their own home-based records at a district- or sub-national or national-level will be identified. The home-based records utilized by these organizations will then be gathered and analyzed according to the same frame as the nationally-endorsed versions, described above.

Task 4: In parallel of the descriptive work, the incumbent will engage with leading professional associations and explore their approaches to the implementation of these measures. Key areas which will be explored include a) which milestones are recommended and at which time points by key paediatric health associations, b) the degree to which professional associations recommend or see the need for contextual adaptation of developmental monitoring by country, c) the degree to which approaches other than milestones are recommended, and what they are expected to detect.

Task 5: The incumbent will participate in a technical meeting and present the findings. The incumbent will also assist in writing relevant section of the meeting report.

**Technical Supervision**

The selected Consultant will work on the supervision of:

| Responsible Officer: | Bernadette Daelmans, team lead, child health and development  
|                       | Pura Solon, scientist, child health and development |
|                       | Email: daelmansb@who.int  
|                       | solonp@who.int |
| Manager:              | Anshu Banerjee, Director, Department of Maternal, Newborn, Child and Adolescent Health and Ageing |
|                       | Email: banerjee@who.int |

**5. Specific requirements**

- **Qualifications required:**
  
  Essential: A first university degree in developmental psychology or behavioural sciences, combined with an advanced university degree (corresponding to a Masters’ degree) in public health. Desirable: An advanced university degree (corresponding to a Doctorate level degree) in developmental psychology or behavioural sciences.

- **Experience required:**
  
  Essential: A minimum of 10 years’ experience in public health programming for child health and development including the development of normative guidance for early childhood development. Desirable: Experience with WHO, the UN or other international organizations; experience in developing evidence-based normative guidance or policy documents

- **Skills / Technical skills and knowledge:**

  Essential:

  - Senior scientific, programmatic and/or clinical expertise in the field of early childhood development with practical experience in any of the following or related areas: promotion of early childhood development
in primary care services; monitoring early childhood development in primary care services; monitoring children’s development using specific assessment tools.

- Experience of engaging with diverse stakeholder groups including from government, implementation partners, UN agencies, academia, and civil society.
- Awareness and understanding of the public health needs for child health and development in low and middle-income countries
- Demonstrated ability to work under pressure and to deliver high quality written work within short timelines

Desirable skills:
- Experience in synthesizing qualitative evidence

- Language requirements:
  Essential: English (expert level)
  Desirable: French or Spanish (intermediate level)

6. Place of assignment
Based in Geneva, Switzerland

Visas requirements: it is the consultant’s responsibility to fulfil visa requirements and ask for visa support letter(s) if needed.

7. Remuneration
The estimated duration is 60 working days with varying intensity according to the tasks within the stipulated timeline, equivalent to 0.5 FTE for 6 months. Candidates are requested to submit a proposal of expected remuneration with their application.

8. Medical clearance
The selected Consultant will be expected to provide a medical certificate of fitness for work.

9. Travel
The Consultant is not expected to travel as part of this assignment and any travel arrangements deemed necessary will be subject to a separate travel authorization.

All travel arrangements will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive subsistence allowance. Visas requirements: it is the consultant’s responsibility to fulfil visa requirements and ask for visa support letter(s) if needed.

10. Closing date for submission

9 January 2020 at 17:00 Geneva Time. Interested candidates are invited to send a letter of intent and CV to daelmansb@who.int, copy to cartillierl@who.int, using 2020/ULC/MCA/0001 proposal in subject line.