**TERMS OF REFERENCE**

**Project Coordinator for Component 1 / National Training Specialist**

**(TIME-BASED CONTRACT)**

**Ref: MN-MoH-292429-CS-INDV**

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| **Project** | COVID-19 Emergency Response and Health System Preparedness Project and E-Health Project | | | |
| **Financier** | World Bank, Loan no. 65940 | | | |
| **Implementing Agency** | Ministry of Health of Mongolia | | | |
| **Source** | National | | **Category** | Individual |
| **A. BACKGROUND**  **COVID-19 PROJECT**  The Project consists of  **Component 1: Emergency COVID-19 Prevention and Response**  Sub-component 1.1 Risk Communication and Community Engagement  Sub-component 1.2 Response support  Sub-Component 1.3 Human resource development  Sub-component 1.4 Creating an enabling environment for One Health  **Component 2: Strengthening Health Care Delivery Capacity**  Sub-component 2.1 Provision of medical and laboratory equipment and reagents  Sub-component 2.2 Provision of medical supplies, including PPE and medicines  **Component 3: Implementation Management and Monitoring and Evaluation**  **Component 4: Contingent Emergency Response Component (CERC)**   1. **Component 1: Emergency COVID-19 Prevention and Response.** The aim of this component is to slow down and limit the spread of COVID-19 in the country and improve preparedness for future public health emergencies. This will be achieved through providing immediate support for a comprehensive communication and behavior change intervention, strengthening capacity for active case detection and response, building an enabling platform for One Health and strengthening capacity of the health work force to manage the current and future public health emergencies. This component will be expanded with evidence based, strategic communication activities to raise public awareness on the rationale for vaccinating, include the preparation of (i) a detailed vaccine deployment plan, and, based on the WHO Fair Allocation Framework to identify priority population groups to receive vaccination; (ii) development of a monitoring and evaluation system, and a human resource deployment and training plan for effectively delivering a vaccine program. 2. **Sub-component 1.1: Risk communication and community engagement.** There will be a comprehensive communication and behavior change intervention to support key prevention behaviors (hand washing, social distancing etc.), including i) developing and testing messages and materials; and ii) further enhancing infrastructure to disseminate information from national to aimag and soum levels, and between the public and private sectors. Community mobilization will take place through existing Government and community institutions such as Aimag/city and Soum/district Governor’s offices, health and education sector social workers, local CSOs, and bagh/khoroo (lowest administrative unit) Governors and doctors. A community engagement, risk communication, and social distancing program for the highly populated capital city will also be mobilized. Communication campaigns will include messages regarding appropriate care for sick family members, to decrease health risks to caregivers (often female) and provide information on to minimize psychosocial impacts. These modes for communication will include TV, radio, social media and printed materials as well as outreach through the community health workers who will need to be trained and compensated for this activity. This component will be expanded with evidence based, strategic communication activities to raise public awareness on the rationale for vaccinating selected target populations, vaccine safety and vaccine deployment process; to address misinformation and vaccine hesitancy to build confidence and trust in vaccines, reduce stigma around COVID-19 vaccine; and create demand for and positive attitude and behavior towards the vaccine among the public. It will also ensure development of community complaint and feedback mechanisms for Project activities and vaccine provision. 3. **Sub-component 1.2: Response support.** This sub-component will help to strengthen disease surveillance systems, and epidemiological capacity for early detection and confirmation of cases; combine detection of new cases with active contact tracing; support epidemiological investigation; strengthen risk assessment; and provide on-time data and information for guiding decision making and response and mitigation activities. It will improve public health emergency preparedness including health facility preparedness. Aimag/district hospitals will prepare pandemic preparedness and response plans that are grounded in sound gender analyses and needs of other vulnerable populations. Support under this sub-component will: i) improve management of public health events and emergencies; ii) place incident management systems within the health sector and across other sectors, including at local levels; iii) develop a monitoring and evaluation system to measure performance of health security systems; iv) improve coordination on public health emergencies and disaster management within the health sector and beyond at national and local levels; v) continue to strengthen system readiness to implement emergency plans, and vi) conduct strategic risk assessment and health risk and resource mapping. Activities will be expanded to include the preparation of (i) a detailed vaccine deployment plan, and, based on the WHO Fair Allocation Framework to identify priority population groups to receive vaccination; (ii) development of a monitoring and evaluation system to record the details of the recipients of vaccine as well as vaccine adverse effects while benefitting from the fairly robust personal identification system available in the country; and (iii) districts/ aimags to design, adapt, and scale innovative service delivery and community mobilization plans; local community-based organizations will be contracted to perform such actions where relevant. 4. **Sub-component 1.3: Human resource development.** This component will finance activities related to preparedness, capacity building and training. It will enhance human resource capacity in diagnosing and treating COVID-19 and conduct epidemiological and clinical research. Key areas will include support for i) training for emergency care doctors, nurses and paramedical staff in diagnosing, triage, and providing first aid care; ii) training for health care staff on infection control; iii) building diagnostic capacity for COVID-19 at the national; district and aimag level; iv) providing psychosocial support to frontline responders; v) translating, adapting and disseminating guidance to triage, treat, manage and follow up people with mild suspected symptoms in primary care settings, non-health facilities, community settings and at home; v) epidemiological and clinical research studies to take stock of the COVID-19 detection and treatment. Activities will be expanded to include a human resource deployment and training plan for effectively delivering a vaccine program. 5. **Sub-Component 1.4: Creating an enabling environment for One Health.** This subcomponent will strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases. Working with the General Authority for Veterinary Services (GAVS), Ministry of Food, Agriculture, and Light Industry (MOFALI) and National Emergency Management Agency (NEMA), capacity for joint response for new and emerging infectious diseases will be supported. This subcomponent will i) organize National Bridging Workshops (NBW) to analyze and improve the collaboration between the MOH, GAVS, MOFALI for the prevention, detection, and response to zoonotic diseases and other health events at the animal-human interface; ii) enhance institutional policies, plans, procedures and linkages to facilitate improved multi-sectoral communication, coordination and collaboration; iii) strengthen public health law enforcement and review to address inconsistencies; iii) conduct joint surveillance and risk assessments by MOH and GAVS; and iv) create joint data sharing platform between MOH and GAVS, both for early warning systems and joint control of disease outbreaks.   **E-HEALTH PROJECT**  The Project Development Objective is to improve integration and utilization of health information and E-Health solutions for better health service delivery in selected pilot sites.  Component 1: Building The E-Health Integration System.  Component 2: Institutional Strengthening and Capacity Building  For Component 2 consists of several sub-components, one of which falls under this Terms of Reference, which is:  - Basic computer skills user training. This involves training and capacity building to improve the computer literacy of health services providers through training in subjects such as: (i) basic computer literacy skills; (ii) why computers are useful in healthcare environments; and (iii) use of office and internet applications. Project investments include: (i) contract for a local consultant for development of the coursework; (ii) training of trainers; and (iii) the training. **COMMENT from Munkh-Ochir: I think this basic training was done, right? In that case remove this para? Or leave it?**  - IT technical training. This involves training to improve the IT skills and competence of NHIC staff in topics such as: (i) large-scale project management and technical management skills; (ii) network management; (iii) information security and patient confidentiality management; (iv) health statistics; (v) operations of a web-based, cloud-based facility; (vi) operations of a health data warehouse, and (vii) specific training in the use of the HIEP messaging platform and clinical profile systems (the applications being built under the Project). Project investments include: (i) development of course materials; (ii) local and overseas training courses; and (iii) the trainings.  **B. OBJECTIVES OF THE ASSIGNMENT**  The assignment objectives are overseeing all aspects of the Project Implementation Unit (PIU), ensuring consistency of the Project Component 1 under COVID-19 project, performing overall coordination and follow up of the Project Component 1 activities, providing guidance to PIU staff, coordinating project activities with other implementing agencies and officials, and generally assisting the Ministry of Health of Mongolia (MOH) in the successful implementation of the Component 1 of the Mongolia COVID-19 Emergency Response and Health System Preparedness Project, and also coordination of trainings to be conducted under E-Health Project.  **C. TERMS OF REFERENCE (DETAILED TASKS/EXPECTED OUTPUT)**  Project Coordinator for Component 1 / National Training Specialist will:   1. Efficiently and effectively manage the contracts under Component 1, monitoring and evaluating performance and operating effectiveness, and report project performance evaluations and feedback to Project Director and Project Steering Committee (PSC). 2. Coordinate daily activities of PIU staff responsible for Component 1 and create friendly-environment to increase performance and operating effectiveness. 3. Coordinate training activities under and E-Health Project 4. Provide support in effective organization of trainings, workshops and meetings among the stakeholders. 5. Develop a robust plan to roll out training for health professionals and managers and coordinate the trainings and assess the outcomes of the trainings. IT specialists in the health sector should receive general training to ensure skills are up to date. Selected IT specialists are trained to take ownership of and ensure sustainability of the e-health advances under this Project. This could include information system network security management, IT audit and compliance, cloud technology, professional certification in Microsoft, Linux servers, network administration and information security. A training plan could be drawn up for IT specialists in the health sector across the country. 6. Participate in development of project plans, provide relevant support in review and approval of the plans by the relevant authorities. 7. Participate in internal monitoring of the project plan. 8. Assist the IPIU during audits by auditing firms, the World Bank and the Government of Mongolia. 9. Carry out other tasks as reasonably requested.   **D. CLIENT’S INPUT AND COUNTERPART PERSONNEL**   1. Services, facilities and property to be made available to the Consultant by the Client: table, chair, internet, access to printing and copying at the Integrated Project Implementation Unit office. 2. Professional and support counterpart personnel to be assigned by the Client to the Consultant: Not applicable. 3. Client will provide the following inputs, project data and reports to facilitate the preparation of the reports: Not applicable. | | | | |
| Places of Assignment: | | Months | | (dd/mm/yyyy) |
| Ulaanbaatar | | 11.5 months with some travels to the countryside | | 16 May 2022 - 31 March January 2023 |
| ***\**** The obligatory office work hours are 09:00-18:00 with a lunch break between 13:00-14:00 hours Monday through Friday. It is assumed that at least half of Saturdays in each month shall also be working days. The Mongolian Official Public National Holidays are respected. | | | | |

**MINIMUM QUALIFICATIONS REQUIREMENTS**

Project Coordinator for Component 1 / National Training Coordinator will at least have a Bachelor’s degree; Minimum of 8 years of relevant experience in the field of project management or civil service, with at least 3 years of proven professional managerial experience and training coordination. Written and oral English and Mongolian proficiency and computer skills are required.

Advanced level of English in written and spoken (supported by certificates or other relevant documents).

**HOW TO APPLY**

**Interested individuals are requested to prepare the following documents and submit the application to below email address no later than 16:00 hours of 12 May 2022:**

- Cover letter expressing your interest in the position with a statement of your skills and abilities.

- Curriculum vitae (CV) in the English language highlighting relevant skills/experience.

- Copies of diploma and certificates to prove education, specialization and knowledge.

- 2 reference letters from the previous last two employers.

Integrated Project Implementation Unit, COVID-19 Emergency

 Response and Health System Preparedness Project, E-Health Project

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Submitted documents shall not be returned. Only shortlisted individuals will be contacted.