Title: Contextual analysis: Community Engagement and Health in Vanuatu

Location: Desk based

Commencement Date: August / September

Position reports to: Program Director

Background

CARE is an international humanitarian aid organisation fighting global poverty, with a special focus on working with women and girls to bring lasting change to their communities. As a non-religious and non-political organisation, CARE works with communities to help overcome poverty by supporting development projects and providing emergency assistance.

CARE is working with the Ministry of Health to launch an innovative pilot project focussed on inclusive governance and community engagement for the health sector. The pilot will trial CARE’s global Community Scorecard (CSC) approach as a means for engaging both communities and service providers in dialogue about improving health outcomes.

The CSC approach brings together the demand side ("service user") and the supply side ("service provider") of a particular service or programme to jointly analyse issues underlying service delivery problems and find a common and shared way of addressing those issues. It is an exciting way to increase participation, accountability and transparency between service users, providers and decision-makers. This approach has been evaluated as highly effective in other regions of the world, but it has not been trialled in the Pacific, neither by CARE nor, to our knowledge, other development actors. CARE proposes that piloting this approach in Vanuatu and enhancing it through digital media strategies could offer innovative solutions for the health sector challenges in Vanuatu and potential learning for the broader Pacific.

The CSC approach is focussed on increasing and improving the quality of engagement and dialogue between communities and health sector stakeholders in order to both increase community engagement and community-led action in achieving health outcomes as well as to strengthen accountability and responsiveness of the system to communities. The approach fosters constructive and inclusive discussion which aligns with traditional ways of working in Vanuatu where dialogue is valued as a path for shared understanding and problem solving. In addition, the project will overlay

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1 This draft terms of reference is for the purposes of consultant identification but is subject to revision based on consultation with other stakeholders. The final terms of reference will be agreed with the selected consultant prior to contracting.
the approach with digital technology solutions designed to influence behaviour and system change. Communities will be empowered as ‘technology enabled service users’, provided with the tools and skills to collect and report on real time data and record stories from community members that captures their personal experiences, needs and hopes in relation to health service provision. Digital stories will be captured and communicated in a way specifically designed to influence and motivate change both within communities and within the health system and service providers.²

The goal of this project is to contribute to improved health outcomes in Vanuatu through piloting a community centred social accountability model for the health sector which leverages community engagement and digital media to increase effectiveness. The project will focus in specifically on health issues of particular concern to women and girls such as sexual and reproductive health.

The outcomes sought by the project are:

- Greater shared understanding between communities and health sector stakeholders of community health concerns, in particular the needs of women, girls and people living with a disability
- Increased engagement by communities in health including identifying and implementing local solutions to health issues
- Greater responsiveness and social accountability of the health system to community needs, especially needs of women, girls and people with disability
- An inclusive governance and social accountability model based on the CSC approach has been tested, adapted for the Vanuatu context and documented.

In order to shape the pilot, the project wishes to understand and build on previous experiences and lessons learned relating to community engagement and inclusive governance in the health sector in Vanuatu. Long standing programs such as the Village Health Worker Scheme, work to strengthen village health committees and public health programs run by government, donors (including UNICEF, World Bank, the Australian Government) and non-government organisations (such as Save the Children, World Vision and Wan Smol Bag) have all generated important learning about how Ni-Vanuatu communities engage with health issues which will be important information to base the design of the CSC pilot on.

² Despite challenges for basic services to reach remote locations, Vanuatu’s telecommunications and digital technology is developing at a rapid rate. Mobile phone ownership increased from 11% in 2007 to 64% in 2013 and 90% of the country has mobile network coverage (1). The quality of Vanuatu’s internet connection significantly improved in 2014 with the arrival of fibre optic cable and the use of tablets as a form of data collection is becoming mainstream even for the collection of 2016 census data (2).
**Purpose**

CARE is seeking a consultant to conduct an analysis of community engagement and inclusive governance relating to health in Vanuatu in order to provide recommendations for the design of the CSC pilot. The insights generated by the study will assist in the design of community and government service provider engagement strategies, the adaptation of the CSC tool to the local context and the design of technology products to support the pilot.

**Scope of work**

1. The review methodology will employ a combination of desk review and key stakeholder interviews with government and non-government representatives. The desk review will analyse existing documentation about community engagement in health including relevant research, published and grey literature, official health data, agency project reports from government and peers, lessons learned, and feedback from key stakeholders. Key stakeholder interviews will be conducted by phone if the consultant is not already in country. If needed, interviews with community members in local language can be facilitated in coordination with CARE staff by providing an interview guide for CARE staff to conduct interviews and feedback.

2. The review should embed a strong gender analysis throughout and focus in on the aspects of health most relevant for women and girls, in particular sexual and reproductive health and health services for women and girls affected by domestic or sexual violence. The review should also consider health services at the national, provincial and community level, but as a priority focus in on the health services delivered to communities in rural and remote areas.

3. The review should analyse the following issues:
   a. Analysis of current experiences and trends in community engagement with health services, including overview of existing engagement mechanisms (eg village health committees, village health workers), strengths, weaknesses, successes, gaps and opportunities.
   b. Priority health issues for women and girls and the enablers and barriers to accessing health services, in particular around sexual and reproductive health and in relation to health services for survivors of violence.
   c. Trends in health seeking behaviours and practices in Vanuatu and relationship to health outcomes and the factors which motivate or discourage people, especially women and girls, from seeking health care.
   d. Social inclusion considerations in particular how people with disabilities engage with health services and are included in community engagements with health.
   e. Current use of data and technology in the health sector and what channels exist to leverage technology this in rural contexts.
   f. Other issues identified by the consultant as relevant to the purpose of the review.

4. Examples of success and good practices should be identified and shared wherever possible, identifying the key factors that contributed to success. These could be examples such as where a peer or partner has had a very successful program engaging the community in health issues; or where a community has played a particularly active role in improving health outcomes; or where there is a particularly positive example of the relationship between the community and health service providers.

5. Risks and pitfalls to be aware of in the Vanuatu context should be identified and highlighted. This might include approaches that have been tried but not proven successful in the past.
6. Recommendations should be developed on how this project can best support the strengthening of community engagement with the health sector in Vanuatu including identifying opportunities, potential barriers to success, suggested approaches for engaging communities and service providers, adapting the CSC model and data and technology components of the project.

**Estimated Timeline and deliverables:**

The consultancy will commence in August 2017 (start date to be agreed) for a total of 20 days. Key deliverables will include:

- A 2 page inception report detailing understanding of terms of reference, proposed approach and support requirements, accompanied by the following annexes: Proposed Report Format; Key stakeholders to be interviewed; Key Interview Questions within 1 week of commencing consultancy (end August).
- Draft report including executive summary, analysis and evidence, recommendations and references (end September).
- Final report incorporating feedback from CARE (mid-October).
- A summary Powerpoint presentation of key findings to accompany final report (max 15 slides) (mid-October)

**Selection Criteria**

The principal consultant should possess the following credentials:

- A strong understanding of and proven experience of the health sector in Vanuatu
- A strong understanding of and proven experience of how gender and health intersect in Vanuatu
- Proven experience in data analysis and report writing
- Fluency in English essential; fluency in Bislama regarded highly
- CARE strongly encourages women candidates to apply.

**Fees and Payment**

The consultant(s) are expected to provide their daily fee rate as part of their expression of interest.

**Application process**

Expressions of interest from potential consultants should include the following:

- A 2-3 page proposal describing understanding of the ToR, proposed approach and estimated work plan with key dates
- Full CV of consultant(s), which includes full details of relevant experience and references
- Daily fee rate
- A writing sample of a report of a similar nature prepared by the lead consultant.

Written expressions of interest should be emailed to: Charlie Damon by 21st August 2017.

Contact: Charlie.Damon@careint.org