



ORGANISATION OF EASTERN CARIBBEAN STATES
INVITATION FOR EXPRESSIONS OF INTEREST

**Consultancy for Video Documentary on the Health Response and Lessons Learnt
Post Hurricanes Irma and Maria for Five OECS Member States**

The Organisation of Eastern Caribbean States (OECS) Commission invites interested eligible consultants to submit Expressions of Interest for the provision of consultancy services on a Video Documentary on the Health Response and Lessons Learnt for five OECS Member States, Post Hurricanes Irma and Maria.

The Terms of Reference and Guidelines for the Submission of Expressions of Interest for this consultancy are provided below.

ORGANISATION OF EASTERN CARIBBEAN STATES

TERMS OF REFERENCE FOR

Consultancy for Video Documentary on the Health Response and Lessons Learnt Post Hurricanes Irma and Maria for Five OECS Member States

BENEFICIARY COUNTRIES

Antigua and Barbuda, British Virgin Islands, Commonwealth of Dominica, Montserrat and Saint Kitts and Nevis

CONTRACTING AUTHORITY

The Contracting Authority for this Consultancy is the OECS Commission.

BACKGROUND AND RATIONALE

The Caribbean has been described as one of the most natural disaster prone regions in the world, with increased risk for volcanic eruptions, earthquakes, tsunamis, hurricanes and other extreme weather events. The impact of climate change has resulted increased severity and frequency of these extreme weather events. The 2017 Atlantic basin hurricane season, left an unprecedented mark in the Caribbean. Hurricane Irma over September 5th – 6th, made landfall as a category 5 hurricane causing catastrophic damage in the OECS member states of Anguilla, Antigua and Barbuda, the British Virgin Islands (BVI) the Commonwealth of Dominica, Montserrat and Saint Kitts. Two weeks later, during the week of September 18th – 20th, Hurricane Maria, the costliest Caribbean hurricane on record and the deadliest Atlantic hurricane since 2004, devastated Dominica and severely affected Antigua and Barbuda, Montserrat and Saint Kitts and Nevis. Confirmed deaths in the OECS as a direct result of these hurricanes were; 1 (Anguilla), 1 (Barbuda), 4 (BVI) and 29 (Dominica).

Hurricanes Irma and Maria had a catastrophic impact on all sectors of the affected OECS member states. It highlighted the vulnerabilities of the region and identified gaps in its health systems response. At a recent World Diabetes Foundation (WDF) funded Caribbean non-communicable diseases (NCD) Forum 2018 meeting held in Jamaica by Healthy Caribbean Coalition (HCC) “Strengthen Post Disaster Health Response Systems to provide NCD Treatment and Care in Disaster Settings” was identified as one on the priorities for the third UN high level meeting on NCDs.

This has prompted the OECS to secure funding from the WDF for a project “Addressing Diabetes in Disasters” which aimed to understand and decrease the risks directly due to natural disaster and the subsequent disruption in healthcare for vulnerable persons with diabetes other NCDs among the six recently affected Eastern Caribbean states.

Justification:

Emergencies can often directly impact health systems of an affected region or country, especially in resource-constrained areas like the OECS region. Health system recovery following an emergency is a complex and dynamic process. The World Health Organization (WHO) has developed and expanded on a general framework for describing health systems based on six building blocks; service delivery, health workforce, health information, medical commodities (including products, and technology), financing, and leadership and governance. They have recommended that Health system recovery efforts should be structured around these building blocks and have used this to develop the Post-Disaster Needs Assessment framework. While the WHO framework incorporates essential public health systems to some extent, further emphasis on public health services and programs needs to be included, especially in the context of recovery. That emphasis needs to account for many factors that influence the organization, priorities, quality, and performance of a public health system during the post-disaster recovery phase.

Outlining the public health system response to a disaster and documenting the lessons learnt can help lay the foundation for its sustainable long-term development leading to a more robust and resilient health system. The OECS Post Disaster Video Documentary on the Health Systems Response and Lessons Learnt, post Hurricanes Irma and Maria will help inform the road-map to address the underlying vulnerabilities that may have contributed to the extent of the disaster's effects, to strengthen the resilience of the health system and communities to manage better future disasters and their risks to health.

OBJECTIVES:

The main objective of the Consultancy is to produce a documentary film that captures the health systems' response and lessons learnt in the participating OECS Member States affected by recent natural disasters that can be used as a regional advocacy tool for strengthening the health response in disasters. The aim of the documentary is to understand and decrease the risks directly due to natural disasters and the subsequent disruption in healthcare for vulnerable persons with diabetes, hypertension and other NCDs among the five recently affected Eastern Caribbean states.

The specific objectives of the consultancy are to:

1. document the health systems' movement between relief, recovery and development through the following;
 - 1.1. the post-disaster and ongoing response activities of existing emergency and humanitarian programmes;
 - 1.2. health sector and community initiatives aimed at establishing a path for longer-term recovery;
 - 1.3. the health sector's response in addressing emergent post-disaster issues that affect health;
 - 1.4. the gaps in response;
 - 1.5. the lessons learnt; and
 - 1.6. the identification of the new and evolving post-disaster priorities for health

2. understand the effects of natural disasters on vulnerable persons with diabetes, hypertension and other NCDs in Eastern Caribbean states post hurricanes Irma and Maria.

SCOPE OF SERVICES:

The consultant is expected to produce a documentary film on the health systems' response to natural disasters and lessons learned in the OECS member states most affected by hurricanes Irma and Maria. The consultant will be expected to travel to the five member states, Antigua and Barbuda, the British Virgin Islands, the Commonwealth of Dominica, Montserrat and Saint Kitts and Nevis, to create an educational and promotional product or products – ranging from a full-length film to a series of short episodes for use in media platforms for full and unlimited use by the project funders and stakeholders.

The films will include graphics and narration and the pace and style will be aimed primarily at the Ministries of Health and disaster response partners, but with the intent of being widely shared through social media platforms and beyond the target audience to include the general public. The footage will draw from footage already produced in the pre-and-direct-post hurricanes Irma and Maria. The product should be available in English and HD broadcast quality. The rough cut of every phase of the documentary should be provided to OECS for review and comments.

The script for the documentary will be guided by and based on interviews with key health officials and disaster response agencies. It will also be informed by the recently conducted debriefings by PAHO with clear indications of the lessons learnt and the recommended next steps.

The documentary will capture stories from the most vulnerable communities as identified by the Caribbean Development Bank Country Poverty Assessments to ensure the stories of the most vulnerable are captured. It will also capture the stories of persons with diabetes and hypertension and other NCDs.

The documentary will capture information on, but not limited to the following;

1. General Effects of Disasters on Health

- 1.1. Immediate Health Problems Related to the Hurricanes Irma and Maria
- 1.2. Access to health services for persons with NCDs in the immediate short-term and long-term post-disaster;
 - 1.2.1. Availability and access of services for persons with diabetes and hypertension
 - 1.2.2. Impact on continuity of care for persons with diabetes and hypertension related complications
 - 1.2.2.1. end stage renal failure (persons requiring dialysis)
 - 1.2.2.2. blindness
 - 1.2.2.3. amputations
 - 1.2.2.4. heart failure (on controlled medications)
 - 1.2.3. Access to essential NCD medications
 - 1.2.4. Access to healthy food options to meet special dietary needs

- 1.3. Epidemiologic Surveillance and Disease Control
 - 1.3.1. Risk of Outbreaks Following Disasters
 - 1.3.2. Setting Up a Disease Surveillance System
 - 1.3.3. Surveillance systems for NCD patients requiring long-term care
- 1.4. Population displacement
 - 1.4.1. Displacement and movement of persons with NCDs within and between countries
 - 1.4.1.1. Interactions with their health systems
 - 1.4.1.2. provision and follow-up between different providers and settings
 - 1.4.1.3. Impact of the disaster on the health systems of countries not directly affected but provided care for NCD patients from affected countries
 - 1.4.2. Displacement and movement of health staff of affected countries
- 1.5. Long-Term Health Effects Caused by Disasters

2. Disaster preparation plans;

- 2.1. Before hurricanes Irma & Maria
 - 2.1.1. Structuring Health Disaster Management
 - 2.1.2. Role of Health and National Disaster Management Agencies
 - 2.1.3. National Health Disaster Management Program
 - 2.1.4. Preparedness of the Health Sector
- 2.2. During the passage of hurricanes Irma & Maria
 - 2.2.1. Disaster Mitigation in the Health Sector
 - 2.2.2. Coordination mechanism
 - 2.2.3. Vulnerability of Health Facilities & Protection Strategies for Key Health Facilities
 - 2.2.4. Vulnerability of high risk populations such as persons with NCDs
 - 2.2.5. Adequacy of Disaster Shelters to respond to the health needs of persons with NCDs;
 - 2.2.6. Responding to NCDs during a disaster;
 - 2.2.6.1. Adequacy of services rendered during the disaster
 - 2.2.6.1.1. Medical Care;
 - 2.2.6.1.2. Crisis Counselling;
 - 2.2.6.1.3. Behavioural Health services;
 - 2.2.6.1.4. Support and supplementation of disrupted or overburdened local medical personnel and facilities;
 - 2.2.6.1.5. EMT and Evacuation Services;
 - 2.2.6.1.6. Public Health and Sanitation; and
 - 2.2.6.1.7. Mass Dispensing
- 2.3. After the passage of hurricanes Irma & Maria
 - 2.3.1. Immediate
 - 2.3.1.1. Immediate and long-term Health Needs
 - 2.3.1.2. National Emergency Response
 - 2.3.1.3. Health Emergency Response
 - 2.3.1.4. Assessment of Needs

- 2.3.2. Environmental Health Management
 - 2.3.2.1. Water Supply
 - 2.3.2.2. Food Safety
 - 2.3.2.3. Basic Sanitation and Personal Hygiene
 - 2.3.2.4. Solid Waste Management
 - 2.3.2.5. Vector Control
- 2.3.3. Rating of the quality of the services pre and post the disaster;

3. Recovery landscape for National Health Systems

- 3.1. disruptions and damages warranting recovery
- 3.2. relevant response/recovery activities and existing recovery capacities
 - 3.2.1. Re-establishing Normal Health Programs
 - 3.2.2. Re-establishing Normal Health Services
 - 3.2.3. Recovery of Health Information and Surveillance Systems
 - 3.2.4. Assessment, Repair, and Reconstruction of Damaged Facilities and Life lines
 - 3.2.5. Management and coordination of aid supplies and relief efforts
- 3.3. external assistance needed for recovery

Confidentiality:

The consultant undertakes to maintain confidentiality on all information that is not in the public domain. The consultant shall undertake to refrain from promoting any political or religious beliefs in the documentary film which is the subject of this contract.

Logistics:

1. The consultant and the production crew will make their own logistical arrangements with support from the OECS.
 - a. In as much as possible the consultant should use local in country resources for the production crew.
2. Additional payment for travel, accommodation costs of the consultant and/or its crew will be fixed in consultation with the OECS.
3. The consultant and the designated production crews are expected to visit project sites in Antigua and Barbuda, the British Virgin Islands, the Commonwealth of Dominica, Montserrat and Saint Kitts and Nevis and spend a total of 14 (fourteen) days maximum cumulatively in the project locations.
4. No equipment should be purchased under this contract.

SCOPE OF WORK

The main tasks of the consultant are as follows:

1. Establish the team of technical personnel required for the production of the video film;
2. Develop the documentary script and storyboard to be used in the film;
 - a. this will be guided by interviews with key health officials and disaster response agencies;
 - b. create a shot list for the documentary;

- i. Engage the health promotion and health communication units for appropriate existing footage
 - ii. Identify new shots to be taken
 - c. create a list of additional interviewees for the documentary
- 3. Develop the documentary film's overall concept, scenario and the work schedule of film production. This should include the breakdown of the pre-production, production and post-production time (including interim reviews, narrative and final production);
- 4. Perform appropriate video filming and shoot new interviews with the key stakeholders identified, which will include but not be limited to local government officials, implementing partners, key programme staff and persons with diabetes or hypertension or other NCDs;
- 5. Produce an edited Video Recording of the scenarios captured, and the footage of the recorded stories and present draft documentary to key stakeholders for incorporation of comments;
- 6. Finalize post-production process of the film (editing, dubbing, special effects and graphic animations, subtitles, music, etc.);
 - a. Films' narration will be in English with subtitles/captions prepared in English. Provisions should be made for countries in which the footage is shot, that are bi-lingual and translations should be provided through voiceover and or subtitles
- 7. Submission of high quality copies of the full documentary, the trailer and shorter versions of the film;
 - a. Must be submitted as a ready-to-air product;
 - b. The quality of the documentary must be up to broadcast standards with a minimum quality of high definition;
 - c. Ownership and broadcasting rights lie with the OECS.

METHODOLOGY

The Consultant will be conducting duties under the auspices and in collaboration with the OECS Commission (Health Unit and Communications Unit) to provide feedback on the methodology, script, rough cuts and edited versions of the documentary.

DELIVERABLES

The expected outputs of this Consultancy are:

Deliverable 1: Storyboard and Script

- 1.2 a storyboard and script for the documentary to OECS for approval before filming

Deliverable 2: Documentary Series

- 2.1 Feature length documentary series featuring the response for each member state (approximately 90 minutes full length, with six 15 minute episodes) in a standard suitable for broadcast on local TV channels in the OECS
- 2.2 One 2 minutes promotional trailer suitable for broadcast on local TV channels in the OECS and other platforms such as YouTube, Facebook and Instagram
- 2.3 Translation of Video Documentary; English, Creole, Spanish

Deliverable 3: Small Version of the Film

- 3.1 Four small versions of the film, (approximately 5-8 minutes each), suitable for;

- 3.1.1 conference presentations on large screens
- 3.1.2 internet and mobile internet use through platforms such as YouTube, Facebook, Vimeo etc.

Deliverable 4: Raw Footage submission

4.1 Submit the raw footage for future usage to the OECS Health Unit

REPORTING

The framework outlined above will be presented based on the following schedule of reporting:

Deliverables	Duration (Days)	Submission timeline
A draft work-plan including a detailed filming plan and timetable of all phases in pre-production, production and post-production for undertaking the consultancy	--	Prior to the start of consultancy
Methodology of the consultancy and the list of stakeholders to be engaged	2	2 weeks after consultancy start
Draft Script for the Video Documentary	3	4 weeks after consultancy start
First Cut of the Video Documentary for comments by the OECS and Stakeholder Groups	18	10 weeks after consultancy start
Ready-to-air Video Documentary	10	14 weeks after consultancy start
A final Consultant’s report and recommendations	2	1 week after submission of the final cut of the video documentary

DURATION OF THE CONSULTANCY:

The Consultancy is for the duration of 35 professional days for a period of 4 months

QUALIFICATIONS and EXPERIENCE:

The Consultant must possess the following experience:

- At least an associate’s degree in Communications, Broadcasting or related field;
- Minimum of five years’ work experience in the area of film/reportage/documentary writing, producing, directing and editing;
- Demonstrable experience in effectively applying high production and technical standards for the purpose of maintaining high levels of professionalism and quality product delivery;
- Experience in delivering at least one broadcast-quality product
- Experience working in film production in the OECS and/or CARICOM region;
- Knowledge of the communication/media culture of the OECS

- Experience in writing reports, reviewing secondary data/information, and possess excellent oral and written communication skills;
- The consultant must be fluent in written and spoken English

WORKING RELATIONSHIP:

The Consultant will work closely with the Health Unit and the Communication Unit of the OECS on undertaking the work as outlined in these Terms of Reference in order to ensure the deliverables identified are achieved in an effective and efficient manner. The Consultant will manage time and responsibilities to ensure timely delivery of outputs. The Consultant will be administratively managed and supported by the Programme Officer of the Health Unit.

The OECS Commission agrees to:

- i. review and provide feedback on consultancy deliverables;
- ii. provide all necessary technical and logistical support to ensure that the consultancy is undertaken with reasonable efficiency;
- iii. allocate a point person(s) to support the consultant during the process;
- iv. meet all the agreed cost related to the consultancy;
- v. make all necessary contacts that may be needed; and
- vi. guide the consultancy as necessary.

PROPERTY RIGHTS

The OECS shall hold all property rights, such as copyright, patents and registered trademarks, on matter directly related to, or derived from, the work carried out through this contract with the OECS and the sponsoring agency WDF.

GUIDELINES FOR SUBMISSION OF EXPRESSIONS OF INTEREST

Consultancy for Video Documentary on the Health Response and Lessons Learnt Post Hurricanes Irma and Maria for Five OECS Member States

Consultants wishing to signify their interest in undertaking the prescribed services are to submit an Expression of Interest (EOI) to include:

1. Information on the Consultant's qualifications and technical competence relevant to the assignment, experience in undertaking similar assignments, including Curriculum Vitae of the Individual Consultant proposed for the assignment;
2. Appropriate portfolio from previous work and information on films that were prepared for renowned national or international organizations;
3. Documentary synopsis including description of work-plan for undertaking the assignment and a breakdown of the number of days required for each task. It should include a detailed filming plan and timetable of all phases in pre-production, production and post-production with relevant information on the following;
 - a. film crew and estimated days of shooting,
 - b. editing process (off-line and on-line if needed);
4. Brief information about previous experiences on similar programmes/projects and similar work for major national or international projects/organizations;

Consultants shall bear all costs associated with the preparation and submission of their Expressions of Interest.

The OECS is not bound to accept any Expression of Interest, and reserves the right to annul the selection process at any time prior to contract award, without thereby incurring any liability to the Consultants.

For more information or to submit Expressions of Interest, please contact:

Calus Monchery

Procurement Officer

Telephone: 758-455-6351

Email: procurement@oecs.int

Copied to:

1. Ms. Lydia Atkins lydia.atkins@oecs.int
2. Ms. Eliza James eliza.james@oecs.int

Expressions of Interest can be submitted via email.

A Consultant will be selected in accordance with the Consultant's Qualifications (CQS) Selection method as detailed in the procedures set out in the Procurement Manual of the OECS dated November 2013, revised June 2017.

Expressions of Interest will be evaluated and the Individual Consultant with the most relevant experience, qualifications and technical competence will be selected and requested to submit a detailed proposal which will be the basis for negotiations leading to a contract.

The criteria to evaluate the Expressions of Interests submitted will include:

- 1) Qualifications of the Consultant
- 2) Technical competence in undertaking the assignment
- 3) Experience in undertaking similar assignments
- 4) A strategy and detailed plans submitted for undertaking the assignment

An electronic copy of the Expressions of Interest are to reach the OECS Commission no later than 4:00 pm local time in Saint Lucia, on August 09, 2019 addressed to:

Mr. Calus Moncherry, Procurement Officer
At the following email address:
procurement@oecs.int

The email submissions should include the name and address of the Individual Consultant and shall be clearly marked in the subject line as **"Expression of Interest – Consultancy for Video Documentary on the Health Response and Lessons Learnt Post Hurricanes Irma and Maria for Five OECS Member States"**