

ANNEX II: TERMS OF REFERENCE

Consultancy to manage, upgrade and further develop the CARIVECNET website

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1. BACKGROUND INFORMATION

1.1. Partner country

Twenty-six (26) CARPHA Member States (CMS): Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Belize, Bonaire, St. Eustatius, Saba, British Virgin Islands, Cayman Islands, Curacao, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Maarten, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands.

1.2. Contracting authority

Caribbean Public Health Agency (CARPHA)

1.3. Background

CARPHA was legally established as the regional public health agency in July 2011 by an Inter-Governmental Agreement of the Caribbean Community (CARICOM) Heads of Government. Grounded in the philosophy and principles of regional cooperation as outlined in the Treaty of Chaguaramas (1973), CARPHA was created to oversee the implementation of the regional strategy for cooperation in health as a vital element of regional human, social and economic development and resilience. The Agency merges and rationalises the operations of five previous Regional Health Institutions, with an enhanced scope and depth of support to Member States:

- Caribbean Environmental Health Institute (CEHI);
- Caribbean Epidemiology Centre (CAREC);
- Caribbean Food and Nutrition Institute (CFNI);
- Caribbean Health Research Council (CHRC); and
- Caribbean Regional Drug Testing Laboratory (CRDTL).

The Agency's services to its Member States are guided by the functions established by the Inter-Governmental Agreement (IGA) and the Caribbean Cooperation in Health (CCH) framework, which establishes health priorities for the Region. These are aligned with the essential public health functions to assess needs, develop policy and assure quality. In collaboration with regional and international Agencies and Development Partners, CARPHA provides technical evidence-based guidance and support to Member States in alignment with the six (6) main objectives of its mandate:

1. To promote the physical and mental health and wellness of people within the Caribbean;
2. To provided strategic direction, in analysing, defining and responding to public health priorities of the Caribbean Community;
3. To promote and develop measures for the prevention of disease in the Caribbean;
4. To support the Caribbean Community in preparing for and responding to public health emergencies;
5. To support solidarity in health, as one of the principal pillars of functional cooperation in the Caribbean Community; and
6. To support the relevant objectives of the CCH as approved by the Council for Human and Social Development (COHSOD) of CARICOM.

1.4. Current situation in the sector

Vector-borne diseases (VBDs) such as those caused by viruses and parasites which are transmitted to humans, mainly by mosquitoes, are a major threat to the health and economies of societies globally. More than 80% of the world's population live in areas in the tropics and subtropics where the risk of VBDs is greatest. VBDs account for approximately 17% of the estimated global burden of infectious diseases, with approximately 700,000 attributable deaths each year.

The Caribbean region is a hot spot for the emergence and persistence of VBDs in the American continent. Dengue-like illnesses were recorded in the Americas since the 1600s, but the modern era of understanding started with the isolation of the dengue virus for the first time in 1943-44. The Trinidad Regional Virus Laboratory (1952-1974) and the Caribbean Epidemiology Centre (CAREC 1975-2012), which were merged into CARPHA in 2013, contributed significantly to the global understanding of the disease.

Among CARPHA's top regional public health priorities is the surveillance and management of communicable diseases, including vector borne diseases, such as Dengue, Chikungunya and Zika. Dengue viruses are endemic in Latin American and the Caribbean and have caused millions of clinical cases and many deaths over the past decades. These arboviruses are spread by the *Aedes aegypti* mosquito, which is a very competent vector. With climate change and increasing temperatures, the vector is invading more traditionally 'temperate' regions, increasing its range and consequently introducing disease transmission in previously virgin territories. Complex eco-bio-social factors influence the onset of arboviral epidemics in cyclical patterns. Of note is that five years after the original Chikungunya epidemic in the Region, active transmission has been reported in Latin America since 2019.

To strengthen regional capacities for surveillance, prevention and control of VBDs, the **Caribbean Vector Borne Disease Network (or CariVecNet)** was developed through a consortium of institutions in the region with funding from a World Health Organization Tropical Diseases Research (TDR) grant. CARPHA collaborated with the Pedro Kouri Institute of Cuba, the Institute Pasteur, Guadeloupe and Ross University School of Veterinary Medicine, St. Kitts and Nevis over two years, culminating in the launch of the CariVecNet at the 15th International Dengue Course at the Pedro Kouri Institute (IPK), Cuba on August 8-9th, 2017.

The objectives of the CariVecNet are advanced through its Steering Committee and Technical Working Groups (TWGs):

- To foster collaboration among member countries, international public health agencies, developmental partners, academia, technical and financial partners to strengthen VBD control programmes in the Caribbean;
- To develop information sharing to improve regional capacity development and initiatives in vector control;
- To exchange surveillance data on the circulation of VBDs, share facilities for diagnosis and surveillance and collaborate on vector control research topics; and,
- To standardise technologies and training with the expected long-term outcome being better prevention and control of VBDs.

In keeping with the growing utilization of web technology to promote the availability and accessibility of information, CARPHA is seeking to manage, upgrade and further develop the CariVecNet website through the support of a Website Consultant.

1.5. Related programmes and other donor activities

The CariVecNet will be supported in part over the next three years through complementary funding via grants received from the Agence Française de Développement (AFD or French Development Agency in English) and the European Union.

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

2.1. Overall objective

The overall objective of the project of which this contract will be a part is as follows:

To improve Caribbean public health programmes that influence morbidity and mortality and improve the resilience of populations facing climate change.

The specific objective of the relevant project component is:

To strengthen disease surveillance toward more effective evidence-informed public health decision-making and action.

2.2. Purpose

The purpose of this contract is as follows:

To develop an informative and up-to-date website that supports the work of the Caribbean Vector-borne Diseases Network, for the general public and professionals at large.

2.3. Results to be achieved by the contractor

- **Result 1:** Inception Report, including a detailed work plan developed and submitted for the approval of the Project Manager;
- **Result 2:** Upgraded backend and website theme applied to CARPHA's CARIVECNET website;
- **Result 3:** Updated design (look and feel), structure, functionalities, features (including a registration database) and content applied to CARPHA's CARIVECNET website;
- **Result 4:** Knowledge transfer for relevant CARPHA staff to perform content management, system maintenance and administration;
- **Result 5:** Draft Final and Final Report submitted and approved in accordance with the reporting requirements in section 7 of these Terms of Reference.

3. ASSUMPTIONS & RISKS

3.1. Assumptions underlying the project

- The consultant is able to utilise the relevant resources and feedback from stakeholders to develop an attractive and useful product.

3.2. Risks

- Changes in economic, social and political conditions as well as other exogenous shocks which may create difficulties for the achievement of the objectives of the project.
- The occurrence of major manmade or natural disasters which can change public health priorities and inhibit the implementation of this project.

4. SCOPE OF THE WORK

4.1. General

4.1.1. Description of the assignment

The consultant will redesign, upgrade and manage the content of the CariVecNet website (which was developed on the DNN platform), train CARPHA staff in the use and maintenance of the solution and maintain the website registration database. The completed website should be attractive, appealing and easy-to-navigate as well as mobile-friendly, multi-platform ready and secure. The website should allow for sharing of information and updates with stakeholders, facilitate the hosting and archiving of pictures/videos and other relevant materials.

4.1.2. Geographical area to be covered

CARPHA Member States

4.1.3. Target groups

Public health personnel involved in the diagnosis, surveillance, management and control of Vector-Borne Diseases within the Caribbean region.

4.2. Specific work

Result 1: Inception Report, including a detailed work plan developed and submitted for the approval of the Project Manager.

- 1.1 Engage in an initial briefing and follow-up engagement as required with the relevant CARPHA personnel to discuss the scope of the work to be undertaken, the approach and any other issues pertaining to the Project upon the commencement of the Consultancy.
- 1.2 Prepare and submit for the approval of the Project Manager, an Inception Report which includes the timelines for the specific project activities and the methodology for the activities. This report should be accompanied by three (3) design concepts in line with the vision shared by the CARPHA team, for review and approval of the Project Manager.

Result 2: Upgraded backend and website theme applied to CARPHA's CARIVECNET website

- 2.1 In close coordination with the IT Manager, implement agreed upgrades to the website backend.
- 2.2 Procure the agreed theme from <http://dnnngo.net> and apply to the website.
- 2.3 Procure any plugins and related items that will be required for full website functionality and provide a list of these requirements to CARPHA. Should any of these items require an annual subscription, create a user account that will be transferred to CARPHA at the end of the consultancy period.

Result 3: Updated design (look and feel), structure, functionalities, features (including a registration database) and content applied to CARPHA’s CARIVECNET website.

- 3.1 In accordance with the agreed design concept, implement an updated design on the website.
- 3.2 The new look and feel should be adapted to the homepage, sections, sub-sections and the following templates to ensure consistency in fonts, formatting, icons, images and layout techniques: article template, resource webpage template, event webpage template, country/agency story webpage template, TWG update template. Standard page elements should also be included in the templates, including header, footer, tabs, persistent navigation, contact us, and pageprint options.
- 3.3 Incorporate all designed graphics including banners and logos as required into the website.
- 3.4 Functionalities should include, but is not limited to, a registration and login function and database, responsive design, language options for automated translated content, search function by free text or by category, interactive map, analytics and monitoring and evaluation mechanisms.
- 3.5 The new templates should ensure that the most recent content on the site is captured automatically in the homepage in an organised way following specific categories, tags or other custom taxonomies.
- 3.6 All section and sub-section webpages should incorporate functionalities to guarantee the latest information on that section and sub-section is displayed (news, resources, publication/guidance, country stories, events, etc.).
- 3.7 Demos, reviews and interim reports should be provided to the CARPHA Team and relevant stakeholders in accordance with the agreed workplan, for the approval of the Project Manager.

Result 4: Knowledge transfer for relevant CARPHA staff to perform content management, system maintenance and administration.

- 4.1 Develop a training manual for content management, maintenance and administration of the CariVecNet Website.
- 4.2 Deliver a webinar (to be recorded) for relevant CARPHA staff on content management, maintenance and administration of the CariVecNet Website.

Result 5: Draft Final and Final Report submitted and approved in accordance with the reporting requirements in section 7 of these Terms of Reference.

- 5.1 Prepare and submit for the approval of the Project Manager, a Draft Final Report which describes progress against the agreed workplan. This report should be accompanied by any source code and libraries developed during this project, for review and approval of the Project Manager.
- 5.2 Following receipt of comments, prepare and submit the Final Report for the approval of the Project Manager.

4.3. Project management

4.3.1. Responsible body

The Surveillance, Disease Prevention and Control (SDPC) Unit of CARPHA will be responsible for the management and coordination of the Project.

4.3.2. Management structure

Project management organisation will consist of the following structures:

- i. The Head, Vector Borne Diseases, CARPHA, supported by the IT Manager, CAPRHA will be the Project Manager and will have overall responsibility for the Project. They will retain operational oversight for the consultancy and will also be responsible for the day-to-day supervision of project activity. They will serve as the technical lead and will provide technical advice as well as comments on the deliverables of the Consultant.
- ii. Key CARPHA personnel, including but not limited to the Communications Team, the Behavioural Scientist, the CariVecNet Coordination Officer and the Programme Coordination Unit, will be consulted from time to time and may review reports and deliverables of the Contractor and provide recommendations to the Project Manager.
- iii. The CARPHA Executive Management Team, led by the Executive Director, will retain strategic oversight and direction of the consultancy. They shall be responsible for the final decisions on the deliverables of the Contractor. They may consult with the CARPHA Executive Board and the funding partner, AFD, prior to decision-making.

4.3.3. Facilities to be provided by the contracting authority and/or other parties

CARPHA shall:

- i. Provide the Contractor with the relevant background information, content and specifications required in a timely manner;
- ii. Assume responsibility for the logistical and administrative arrangements for the demonstration of the periodic website updates; and,
- iii. Provide timely feedback to reports and deliverables submitted by the Contractor.

5. LOGISTICS AND TIMING

5.1. Location

The operational base for the project is the Port of Spain, Trinidad and Tobago campus of CARPHA. However, the consultant will not be required to travel to the operational base to execute the contract.

5.2. Start date & period of implementation of tasks

The intended start date is August 2021 and the period of implementation of the contract will be over an estimated seven (7) months from the date of contract finalisation. The proposed timeline for deliverables below may be open to discussion based on identified risks and challenges, with the agreement of all relevant parties.

Activities	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5
Signing of service contract	❖					
Result 1: Inception Report including a detailed Workplan, developed and submitted for the approval of the Project Manager.		❖ Week 3				

Result 2: Upgraded backend and website theme			❖ Week 2			
Result 3: Updated design, structure, functionalities, features and content					❖ Week 2	
Result 4: Knowledge transfer					❖ Week 4	
Result 5: Draft Final and Final Report						❖ Week 1 & 4

6. REQUIREMENTS

6.1. Staff

Note that civil servants and other staff of the public administration of the partner country, or of international/regional organisations based in the country, shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

6.1.1. Key experts

All experts who have a crucial role in implementing the contract are referred to as key experts. Key experts must submit CVs, a signed *Statement of Integrity, Eligibility and Social and Environmental Responsibility* (as required by CARPHA's funding partner, AFD) and a Statement of Exclusivity and Availability for the following position:.

The profile of the key expert for this contract is as follows:

Key expert 1: Website consultant

Qualifications and skills

An undergraduate degree in Computer Science/Information technology

General professional experience

- At least 4 years of experience in website development, design and maintenance
- Excellent knowledge of web development technologies and design tools, software, methodologies
- Excellent knowledge of trends in website design and publishing
- Excellent written, oral and interpersonal communication skills in English.

Specific professional experience

- Familiarity and relevant experience in Content Management Systems
- Expert in the use of web programming languages including HTML, XHTML, CSS, XML, XSLT, Java and scripting and coding languages and standard: PHP, AJAX, Java Script, HTML, CSS
- Expert in the use of DNN CMS, MySQL Database, *Internet Information Services (IIS)*, Apache web server. Experience with other related applications is an asset.
- Expert in the use and configuration of: Search Engine Optimisation, Google Webmaster tools, Google developer tools, Mobile device adaptation.

All experts must be independent and free from conflicts of interest in the responsibilities they take on.

6.1.2. Other experts, support staff & backstopping

CVs for experts other than the key experts should not be submitted in the tender but the tenderer will have to demonstrate in their offer that they have access to experts with the required profiles. The contractor shall select and hire other experts as required according to the needs. The selection procedures used by the contractor to select these other experts shall be transparent, and shall be based on pre-defined criteria, including professional qualifications, language skills and work experience.

The costs for backstopping and support staff, as needed, are considered to be included in the tenderer's financial offer.

6.2. Office accommodation

Office accommodation for each expert working on the contract is to be provided by the contractor.

6.3. Facilities to be provided by the contractor

The contractor shall ensure that experts are adequately supported and equipped. In particular it must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion. Computer equipment and secure internet connectivity is required for the success of the contract, and is to be provided by the contractor.

6.4. Equipment

No equipment is to be purchased on behalf of the contracting authority / partner country as part of this service contract or transferred to the contracting authority / partner country at the end of this contract. Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

7. REPORTS

7.1. Reporting requirements

The contractor will submit the following reports in English, with two copies (one in Microsoft Word format and the other in PDF format), to the e-mail address of the Project Manager:

- **Inception Report** of maximum 12 pages to be produced after two weeks from the start of implementation. In the report the contractor shall describe e.g. initial findings, any difficulties

encountered or expected in addition to the work programme, and a proposed plan of work to address the scope of the project. The contractor should also include three (3) design concepts in line with the vision shared by the CARPHA team, for review and approval of the Project Manager.

- **Interim Reports** of maximum 6 pages to be produced and submitted one week from the end of each one-month period. In the report, the Contractor shall describe progress made, challenges encountered, and action taken to address challenges.
- **Draft final report** of maximum 12 pages (main text, excluding annexes). This report shall be submitted no later than one month before the end of the period of implementation of tasks. The submission must be a comprehensive report comprising the work conducted related to the implementation of specific work, the challenges encountered, and actions taken to address challenges. This report should be accompanied by any source code and libraries developed during this project
- **Final report** with the same specifications as the draft final report, incorporating any comments received from the Project Manager on the draft report. The deadline for sending the final report is 5 days after receipt of comments on the draft final report. The final report must be provided along with the corresponding invoice.

7.2. Submission and approval of reports

The reports and deliverables referred to above must be submitted to the Project Manager identified in the contract. The Project Manager is responsible for communicating approval status and any other feedback to the Contractor.

8. MONITORING AND EVALUATION

8.1. Definition of indicators

- i. Deliverables are submitted in compliance with the agreed workplan; and,
- ii. Contractor is in compliance with the schedule for the submission of reports and deliverables as outlined in Section 7.

8.2. Special requirements

There are no special requirements.