

Terms of Reference for a Consultant to Develop the Minimum Intervention/Service Package, Training Documents and Manuals for the National CHVs and SHCCs Programs in Zanzibar

1.0 Summary

These terms of reference provide background to the recruitment of a Lead Consultant to provide technical guidance for the implementation of Zanzibar Community Health Strategy (ZCHS) for the period 2020/2025. It is also defining the scope and methodology of work and expected responsibilities, deliverables, budget, and qualifications for the Lead Consultant.

2.0 Background

The Revolutionary Government of Zanzibar (RGoZ), through Ministry of Health, Social Welfare, Gender Woman and Children (MoSWGWC) and Ministry of Regional Administration and Local Government (PO-RALG) in collaboration with Willows International Tanzania (WIT) and other Implementing Partners (IPs) strives to avert preventable maternal and child morbidity and mortality in Zanzibar, through strengthened National Community Health structures at Shehia level. These structures namely Shehia Health Custodian Committees (SHCCs) and Community Health Volunteers (CHVs) both have objective of strengthening community health interventions information system which also acts as a link between community and primary health care systems. Accordingly, the revised CHS 2019-2025 intend to strengthen the National Community Health structures at Shehia level including the introductions of a sole, Community Health Volunteer (CHV) instead of several cohorts of CHVs previously implemented by each vertical program.

Further to that, the use of SHCCs and CHVs has been in line with the Alma Ata Declaration which qualifies Zanzibar to have people-centred health systems that consequently enables improvement of accessibility and effective utilization of primary Health Care Services in the context of integrated Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services in the country.

This will include Antenatal Care (ANC), Comprehensive Family Planning, Health facility delivery, Comprehensive Post-abortion care (cPAC) and Postnatal Care (PNC) among other high impact services, and other essential primary health services.

The government and developments partners believe that supporting the robust community-level health promotion and service delivery is an effective means for improving health and to promote development and achieving universal health coverage. Similarly, at the household level, improved knowledge and increased access to quality health and nutrition promotion and disease prevention services, especially among the poor and vulnerable populations, has far-reaching implications beyond improved health outcomes. Thus, public health, human rights, and poverty alleviation concerns all point to better meet the health needs of the poor and vulnerable populations in Zanzibar through strengthening community health system.

The MoSWGWC has recently revised and approved the Zanzibar Community Health Strategy (ZCHS) 2019-2025 to increase demand for quality health services, de-verticalization national programs to the community level, set priorities for and plan health services, finance health services and share risk as stipulated in the Zanzibar Health Policies and Strategies, mobilize community health and nutrition

activities, monitor and evaluate health service delivery, facilitate the collection of community health related information and ensure sustainability of service provision.

As a starting point for the implementation of the revised CHS 2019-2025, the MoH and PORALGSD launched the Zanzibar Community Health Strategy (CHS) 2019-2020 together with CHV Program, Jamii ni Afya, in February 2020. Whereas, Jamii ni Afya is a digitally supported community health volunteer program which aims to improve the wellbeing of all Zanzibaris. The revised Zanzibar Community Health Strategy (ZCHS) 2019–2025 defines the community health interventions package implemented through CHVs. The strategy provides the package herewith referred as a "starting or initial package" for CHVs to provide to the communities, as approved by the Health Promotion Unit (HPU) and respective programs. This initial package of prioritized services includes RMNCAH, nutrition, and early childhood development (ECD). In this case, this as well as other packages which are separately implemented by other programs will have to be harmonized, standardized and expanded to include a comprehensive package of services of which defines specific services from each health area, including TB and HIV/AIDS, malaria, surveillance, Neglected tropical diseases, non-communicable diseases, Water, Sanitation and Hygiene (WASH) and Early Childhood Development (ECD) among other areas.

3.0 Justifications

The implementation of the current ZCHS largely relies upon recruitment and supporting National Community Health volunteers at Shehia level with little efforts on establishment of SHCCs which are community-level committees that suppose to coordinate community health interventions at the Shehia level. The process of establishing these platforms is occurring in a very slow pace. As per Health Sector Strategic Plan III (2013/14-2018/19) and Monitoring and Evaluation Framework, the Ministry planned to have a functional Shehia Health Custodian Committees in each Shehia by 2018/19. Additionally, the functionality of already established committees is unclear, thus raising the need to revise the SHCC and outline appropriate actions to implement it.

On the other hand, current CHV implementation package is not sufficient to cover the comprehensive RMNCAH services and essential primary health services needed at community level. As mentioned previously the scope of the services for CHVs was intended to be comprehensive package, however the initial package of CHVs services was only includes RMNCAH, nutrition, and early childhood development (ECD). As the CHV program reaches national coverage, there is a growing demand to expand the components of the package of services towards the envisioned comprehensive package. This will include the inclusion of a minimum number of interventions from different program including Malaria, HIV, TB, NCD etc which are have evidenced to be effective by proving through community level. In achieving the expansion of services, there is a need to engage all community health stakeholders in taking stock of the progress to date of Jamii ni Afya's rollout using the initial package.

Therefore, the overall objective of this institutional capacity building initiative in Zanzibar is to contribute toward effective implementation of the Zanzibar Community Health Strategy (ZCHS), enhanced Zanzibar community health program focus, and standardization of the community intervention packages and training streams for the CHVs and SHCCs. Similarly, this seeks to reinforce and standardize the overall community health management systems and create an enabling environment that will accord the CHVs

and SHCCs an opportunity to systematically empower and provide the Zanzibaris with appropriate information, knowledge and referrals to health facilities at the community level.

Specifically, MoHSWGWC and PO-RALG closely works with WIT and other partners to develop tools which will empower and help the CHVs and SHCCs to plan, carry out, monitor and evaluate their performances in the program with competency so as to effectively contribute to the utilization of the existing health services in their catchment populations. Primarily, the CHVs and SHCCs are essential and relevant implementation layers to target in order for Zanzibar to deliver the envisioned comprehensive community health program as enshrined in the ZCHS (2019-2025). This endeavor underscores that institutionalization of strong and responsive Community Health Programs and Management Information Systems is an integral part of the broader Universal Health Coverage (UHC) framework and contributes to overall performance improvement of the community health interventions, individual key community players and achieve the desired health impact, therefore, in order to ensure these envisioned results are successfully realized, MoHSWGWC and PO-RALG in support of WIT and IPs where the Health Promotion Unit (HPU), Integrated Reproductive and Child Health Program (IRCHP) and Health Management Information System (HMIS) are taking central lead to implement the CHS.

4.0 Scope of Work

Basically, the WIT Zanzibar program together with other IPs/ DPs (Save the Children, D-tree, Engender-health and UNICEF) etc., collaboratively work with the government to harmonize, design, develop and operationalize the standardized training, performance measurement matrix and suitable working tools for the CHVs and SHCCs to better and efficiently manage the Community Health Program. Clearly, the successful implementation of the ZCHS (2019-2025) largely relies on proper establishment of these core program implementation structures. Thus, seeks to thematically embrace the critical need for appropriately aligning RMNCAH and essential primary health services advocacy and policy integration, harmonization of coordination mechanisms and participatory partnerships, and institutionalizing standardized national capacity building frameworks for CHVs and SHCCs as necessary building blocks.

Generally, the purpose of this consultancy is to develop a comprehensive, well integrated and standardized National Minimum Intervention/service Package as well as learning and Training Materials for the CHVs and SHCCs respectively, based on the Zanzibar local context and established needs as reflected in the ZCHS and other relevant sources.

The Consultant will work with WIT in close collaboration with the Zanzibar Ministry of Health (led by the Health Promotion Unit), D-tree, other IPs and the Local Government Authority and will have the following responsibilities:

- Conduct rapid assessment of existing Shehia Health Custodian Committee. Speak with stakeholders and review data to identify challenges and bottlenecks, which hampered the establishment of SHCC and collecting community health information, among other issues.
- Conduct training need assessment to identify the SHCC knowledge gaps as per roles, taking into consideration that some member from trained districts have already received basic training and

recommendation to review training package with its monitoring tools proposed by different stakeholders

- Propose an outline for the updated Shehia Health Custodian Structure, with reference from the Community Health Strategy (2019-2025), the consultant will propose an outline for the updated Implementation of Community Health Strategy, which may include the following:
 - i. Desk review of the structure, membership and its selection process of Shehia Health Custodian Committee, while remaining compatible with existing PORALGSD structure
 - ii. Revise the functions and responsibilities of SHCC
 - iii. Develop monitoring and evaluation tool kit for SHCC/CHV
- Lead the participatory development of standardized and integrated national CHVs and SHCCs Minimum Intervention/Service Package, Training Documents and Manuals
- Develop a roadmap for the future of the CHV program, outlining the expansion of the package of services for CHVs in consultation with MOH and other stakeholders, and using a workload modeling approach in order to ensure the concept of volunteerism of CHVs which is mentioned in the CHS is maintained.
- Determine which activities and services are found to be cost effective to be implemented by CHVs and which can be delivered through other methods (e.g. Shehia Health Custodian Committees).
- Conduct rapid training need assessment to identify the CHV knowledge gap as per newly included services, taking into consideration the basic training which CHVs have already received, and recommend the training activities needed and number of hours required by each module.
- Conduct a modeling of Community Health Workers Coverage and Capacity C3 tool/Suggest the number of CHVs required and level of coverage by using the existing services and newly proposed services.

The core aspects that are highly imperative to consider during development of these training documents and field manuals include that the tools should primarily aim to:

- a. Provide and foster a competence based empowerment to the teams
- b. Adopt a more participatory and experiential learning methodology through group work, brainstorming, presentation and other stimulating techniques/approaches
- c. Institutionalize a customized and need-tailored information and education (counseling) to clients
- d. Focus on high impact RMNCAH interventions including early identification of pregnant women and optimize systematic follow ups to clients
- e. Nurture a referral system and practice that is responsive to clients' needs, closing the referral loops and enhancing referral effectiveness and fulfillment.
- f.

5.0 Expected Deliverables

In general, the expected deliverables will include the following key results:

- a. Standardized and integrated national Minimum Intervention Package (MIP) for CHVs explicitly elaborating range of services in place
- b. Standardized and integrated national Minimum Intervention Package (MIP) for CHVs explicitly elaborating range of services in place (electronic and print-out copy).
- c. Standardized and integrated national Minimum Intervention/service Package Delivered (MIP) for SHCCs (electronic and print-out copy). This should explicitly elaborate the range of activities to be implemented by SHCCs.
- d. Standardized and integrated national basic training manual (curriculum) for CHVs in place (electronic and print-out copy)
- e. Develop standardized and integrated national basic training manual (curriculum) for Supervisors (electronic and print-out copy)
- f. Develop a standardized and integrated national basic training manual for SHCCs (electronic and print-out copy)
- g. Develop a detailed session plan for both CHVs and SHCCs trainings (electronic and print-out copy)
- h. National facilitator's guide for both CHVs and SHCCs curricula in place (electronic and print-out copy)
- i. Develop a standardized national training materials such as Handouts/Manuals for field use/reference, PowerPoint presentations, practical exercises (role plays) and training evaluation tools (Pre & Post Tests) for both CHV, Supervisors and SHCCs trainings (electronic and print-out copy)
- j. Design quality training materials and documentation without plagiarism
- k. Share Technical report and Government endorsed products - national MIPs for CHVs and SHCCs, national Curricula, manuals and other accompanying documents within the agreed timeframe.
- l. Provide a 1-2 day capacity building (orientation) to the Training of Trainers on the newly developed standard curricula and other materials after endorsement by the government. The purpose of this activity is to provide technical support and create a local national expertise (electronic and print-out copy of the training plan and report).
- m. Monitoring and evaluation tool kit for SHCC /CHV in place

6.0 Methodology

In a bid to generate resourceful information and produce the forecasted results, the consultant is potentially expected to undertake a set of process activities such as the following:

- a. Develop and share a plan that shows a pathway for a successful completion of this important undertaking.
- b. Carry out a desk literature review of relevant community health program information, policy and strategic documents including the ZCHS (2019-2025) as well as the existing curricula from WHO and Implementing Partners such as Save the Children, D-tree, and UNICEF etc.
- c. Conduct consultative meetings with potential stakeholders.
- d. Carry out field visits to the health facilities and community to interact with relevant key players (health providers, CHVs etc.) as reasonable.
- e. Key informant interviews with CHMT/Municipal staff, health facilities staff, HPU staff, and partners (including d-Tree International & WIT) staff to understand progress to date of national

- CHV program and strengths and weaknesses of existing Jamii ni Afya program and other vertical community programs;
- f. Use workload Modeling C3 tool to identify the level of coverage and number of additional CHVs needed to complete the expansion;
 - g. With support from WIT and the entire Technical Working Group, arrange and conduct participatory review meetings by visiting the HPU, IRCHP, HMIS offices as well as through email communications to efficiently undertake the task or if any clarification is needed.
 - h. Conduct SWOT analysis, Stakeholders analysis, reviews, updations and develop the CHV and SHCC training manuals/guideline, the minimum intervention/service package and other relevant tools as needed
 - i. Regularly update the client on the progress of the tasks as outlined in this ToR under sections(2), (3) and (5) at least half-way to the deadline, and advise the client accordingly on each and every step that is required to ensure a successful accomplishment of the agreed deliverables.
 - j. Facilitate participation of all the relevant stakeholders in the planning, designing and development processes at different stages through meetings/workshops. The consultant is expected to plan and facilitate the workshop and meetings as part of the consultation and finalization process for the documents
 - k. Share and indicative draft report to MOH through HPU reflecting findings from activities b, c, d, e, f and h, above.
 - l. Develop and print a harmonized, integrated, standardized and well-designed national working tools and guidelines for the CHVs program in Zanzibar. These include standardized MIP for CHVs, standardized MIP for SHCCs, National Training Manual for CHVs, National Training Manual for SHCCs, National Facilitator's Guide for CHVs Training, National Facilitator's Guide for SHCCs Training, Handouts/Manuals, PowerPoint presentations and training Role Plays.
 - m. Develop and pilot training curricula for CHVs and that for SHCCs, identify and document a sustainable training strategy.
 - n. Thoroughly proofread and appropriately edit all materials and documents including texts contained in figures, tables, boxes, captions and references as well as ensure neatness, proper grammar and correct spelling of contents
 - o. Share the drafts for each document/material with WIT and D-tree as well as HPU for review before the agreed timeframe, best midway, to optimize time and avoid unsatisfactory results. Likewise, collect and consider feedback from the Task Force and other stakeholders through consultative meetings to improve the documents before sharing the final versions accordingly.
 - p. Overall, the development processes must abide by the principles of objectivity, focus, credibility and usefulness.

7.0 Community Health TWG responsibilities

The Zanzibar Community Health technical Working group (CH-TWG) serves as technical advisory forum with presentation of permanent and co-opted members from the MoHSWGWC and PO-RALG, Development partners and civil society organizations. The TWG is expected to perform the following task:

- a. Approve the TOR for this consultancy
- b. Ensure the objectives for the consultancy are accurately articulated to all relevant stakeholder

- c. Make available all relevant background documentation to the consultant
- d. Be available for frequent in-person consultations and meetings throughout the process
- e. Review of draft documents from the consultant and provide timely feedback to the consultant
- f. Facilitate endorsement processes

8.0 Time Frame for Core Outputs

S/n	Deliverables	Estimated Duration	Deadline
6.1	Development of a standardized and integrated national minimum intervention/service package (MIP) for CHVs	5 days	4 th January, 2021
6.2	Development of a standardized and integrated national minimum intervention/service package (MIP) for SHCCs	5 days	4 th January 2021
6.3	Development of a standardized and integrated national basic training manual for CHVs	5 days	09 th January 2021
6.4	Development of a standardized and integrated national basic training manual for SHCCs	3 days	09 th January 2021
6.5	Development of a standardized and integrated national basic training manual for supervisors	5 days	14 th January 2021
6.6	Develop a detailed session plan for both CHVs and SHCCs trainings	2 days	14 th January 2021
6.7	Development of a national facilitator's guide for both CHVs and SHCCs curricula	5 days	16 th January 2021
6.8	Costed activities and timeline required for inclusion of new services to CHV (Jamii ni Afya program)	3 days	21 st January 2021
6.9	Monitoring and evaluation tool kit for SHCC	2 days	24 th January 2021
6.10	Develop accompanying training materials such as Handouts/Manuals for field use/reference, PowerPoint presentations and practical exercises (role plays) for both CHVs and SHCCs	3 days	26 th January 2021
6.11	Provide a 1-2 day capacity building (orientation) to the Training of Trainers (TOTs) on the newly developed standard curricula after endorsement by the Government	2 days	29 th January 2021
TOTAL		4 weeks	

9.0 Additional Considerations

This document summarizes below some important additional aspects to reflect upon in order for the candidate to successfully accomplish the assignment:

- 6.1 This task is planned to start on immediately and forecasted to be 23rd December 2020. Additionally, it should not take more than two (2) months for completion and submission of final documents as prescribed above.
- 6.2 Thus, the assignment must be timely completed and with a final submission on 29th January 2021.

- 6.3 However, in between, there shall be evaluation days whereby consultant will be required to visit WIT-Zanzibar/HPU office and TWG forums to submit the finished tasks of which will be reviewed before given approval to finalize or continue with the remaining tasks.
- 6.4 Convenient feedback sharing and evaluation schedules for both parties will be agreed before commencement of this engagement. The Consultant shall be obliged to frequently update and receive inputs/feedback from the TGW (Task Force) on a regular basis, as reasonably as possible. The Task Force will be auditing the draft documents and appropriately guide and support on next steps.
- 6.5 All final documents and versions (drafts) throughout the engagement cycle and stages MUST be submitted to the designated WIT and RGoZ focal persons without retaining copies.
- 6.6 The Consultant will closely work with identified focal persons from WIT and RGoZ and will as well be regularly reporting to the special Task Force from the TWG for this assignment to receive appropriate guidance in a timely manner.
- 6.7 In case of any notable unsatisfactory work contrary to the agreement and against the time frame without a just and reasonable mutually agreed justification, then the contract will be terminated and the consultant will be charged/penalized accordingly.
- 6.8 The consultant is allowed to form a team for the timely and quality delivery of this assignment but without causing additional financial liability to the client.

10.0 Required Key Competences and Experience

Accordingly, the list below compiles some of the essential competencies and experience that will be considered during engagement of the Consultant for this work:

- 1) The potential candidate for this assignment must be a Public health professional and well experienced on public health consultancy work.
- 2) Advanced University degree holders in a relevant field (i.e., epidemiology, public health, community health and development, health economics);
- 3) Demonstrated strong professional experience on public health advocacy and policy influence engagements as well as managing community health programs/projects at national or international levels.
- 4) Solid and demonstrated professional experience or background in the domain of curricula research and development, and community health strategy development is an advantage
- 5) Current knowledge of the latest developments and trends in the field of community health and RMNCAH packages.
- 6) Extensive knowledge and experience working on advocacy for high impact RMNCAH services and interventions including long Acting Reversible and Permanent Contraceptive Methods (LARPM) and Comprehensive Post-abortion Care (cPAC) is an advantage.
- 7) Demonstrated excellent understanding and experience of situational analysis and field data collection through key informants and focus group discussions.
- 8) Commendable personal skills such as communication with fluency in English and Kiswahili, conceptual thinking, problem-solving, team involvement, organizational and planning, as well as coping with pressure.
- 9) Demonstrated solid experience in designing and developing high quality training and workshop materials.

- 10) Demonstrated experience in developing national health policies and/or strategies, including workforce and resource modeling and priority setting;
- 11) Strong facilitation skills and experienced in experiential learning training
- 12) Excellent analytical, synthesis and writing skills
- 13) Proven experience of presenting complex technical information in a simple and easily comprehensible way for non-specialist readers.
- 14) Good experience in engaging and working with diverse layers of stakeholders at national or international level.
- 15) Experience using Community Health Worker Coverage and Capacity Tool and Community Health Planning and Costing tool is a plus
- 16) Experience in assessing effectiveness of interventions including the impact of expanding coverage and population in need
- 17) Knowledge of community health programs in resource constrained contexts within the developing world. Experience in East Africa is an added advantage;
- 18) Ability to work independently and produce high quality outputs in a timely manner while anticipating the evolving client needs.
- 19) Demonstrated ability to manage competing priorities coupled with sound judgment, systems thinking and strategic reflections.
- 20) Demonstrated high level of integrity and ethical conduct.
- 21) Familiarity with the Zanzibar health system preferred.

11.0 Payment for the Consultancy

Below are some of the conditions that will be considered in this undertaking:

- 1) WIT commits to pay the Consultant and support the government to financially facilitate the relevant consultative and feedback sharing meetings during the course of this task.
- 2) Details and mode of consultancy payment will be agreed during contract signing.
- 3) All payments shall be subjected to relevant TRA tax regulations accordingly, including the deduction of withholding tax of 5% on services delivered

12.0 How to Apply

As an equal opportunity employer, qualified and interested candidates are encouraged to submit updated CV, proposed total consultancy fee, expression of interest (EOI) letter (cover letter) detailing each of the required competencies and experience, and a detailed proposal (less than 4 pages) showing a proposed work schedule (action plan) from the commencement to completion of this assignment to pmchau@willowsintl.org and copy to halikhamisy@gmail.com by **Monday, 28th December 2020**. It is as well recommended that title of the email should be “**Application for Consultancy Work in Zanzibar**”. The candidate is also advised to indicate in the EOI the general ability and availability to undertake the terms of reference above.