TERMS OF REFERENCE FOR CONSULTANTS & INDIVIDUAL CONTRACTORS

| Title of Consultancy: | Requesting Section/ | Type of engagement | Duty Station: |
|--|---|--------------------|---------------|
| Development of Role Delineation Policy implementation plan in Kiribati | Hiring Manager: Health and Nutrition | Consultant (ZCNT) | (insert DS |
| Consultant | | Contractor (ZIND) | Office Based |

Background and Purpose of Activity/Assignment:

The Republic of Kiribati has the second lowest life expectancy amongst Pacific Island Countries (PICs) after Papua New Guinea and faces a double burden of communicable and non-communicable diseases (NCDs), and of under and over-nutrition. The country has one of the highest tuberculosis prevalence rates in the region, and NCDs increased more than three-fold between 2005–2010.

Kiribati has a publicly funded health system administered by the Ministry of Health and Medical Services (MHMS). Health service delivery is provided at three levels:

- One referral hospital (Tungaru central hospital)
- Three hospitals (Betio Hospital, Kiritimati Hospital, and Tabiteuea Hospital)
- 30 Health centers and 75 Health clinics

Health is a priority focus for the government of Kiribati's development plan. UNICEF's and WHO's long term commitment to improving access to quality health care in Kiribati is in line with priority area 3 of Kiribati's development plan which is "improved maternal, newborn and child health". In addition to this, the MHMS has set six objectives in the health strategic plan that include: Improve access to and utilization of quality Reproductive, Maternal, Newborn, Child and Adolescent Health, Health Promotion and High Impact Nutrition Intervention services and Strengthen health system Leadership, Management, Governance and Accountability. The Kiribati and WHO Country Cooperation Strategy prioritizes revitalization of primary health care services and strengthening health systems towards universal health coverage and the vision of Healthy Islands.

UNICEF and WHO will work in partnership with Kiribati MHMS and other development partners to develop a Role Delineation Policy (RDP) costed implementation plan for three years that specifies the health services MHMS provides or aspires to provide to its citizens in an equitable manner. This is in line with the Healthy Islands vision since 1995, and the twelfth Pacific Health Ministers Meeting (PHMM) addressed that the right services and the right service model to achieve UHC should be determined by redefining primary health care. RDP has been used in a number of countries such as Fiji, Solomon Islands, and Vanuatu, as an operational tool to help policy makers analyses and better shape their model of care, towards stronger health systems and universal health coverage.

UNICEF Pacific is seeking a Consultant to assist in the development and documentation of a national role delineation policy developed in collaboration with the MHMS in Kiribati with the aim of designing an RDP implementation plan that offers value for the resource constrained health environment faced by Kiribati and that articulates the basic services that will address the priorities and needs of the population.

Purpose of Assignment: The overall purpose of the consultancy is to collaboratively finalize the Role Delineation for the provision of primary, secondary and tertiary services and the workforce and service requirements to deliver these, in response to both a request from the Kiribati Permanent Secretary of Health and a gap in this policy area identified through the Supportive Supervision and Community Engagement Gap Analysis. Under the technical guidance of the Health specialist in Kiribati, the specific role of the Consultant is to assist the MHMS in the finalization, development and documentation of an RDP through the review and analysis of existing comments and feedback.

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The Policy document and the costed plan will enable the MHMS to define the scope of essential health services (which services) with regard to the proposed level of care (at what level will the service be provided), with regard to the required human resources (by whom, doctor or nurse for example), the available equipment, drugs and infrastructure (facility is equipped with) and the cost of services. The MHMS will use this information for more accurate planning and budgeting, as well as to inform structural decisions on staffing, supplies and equipment, resource allocations, and management of services.

Specifically, the consultancy will identify the most appropriate package of services to address the most pressing health issues, particularly for women, children and marginalized populations in Kiribati.

Scope of Work/ Work Assignments:

The finalization of the Role Delineation should:

- Consider physical infrastructure, equipment and the ancillary requirements such as service management and administration, monitoring and supervision and health information collection in assessing the service requirements for provision of secondary and tertiary services.
- Be developed in line with current policy and contemporary practice. Reference should be made to similar activities undertaken in other neighbouring Pacific Islands.
- Ensure that service requirements include arrangements between hospital and primary health care services to assist people's access to higher levels of care as well as their access to follow-up care.

Using a collaborative approach that places the MHMS in the forefront of the process, the assignment will include:

A. Project plan and schedule

- Assist in the development and documentation a project plan and schedule for achieving deliverables for approval by UNICEF initially and by the MHMS within 1 month of contract start.
- Establish a lean, action oriented task force chaired by the MHMS and including UNICEF and WHO

B. Deliver final report

In conjunction with the senior consultant,

- Finalize a comprehensive Role Delineation Policy for Kiribati Ministry of Health and Medical Services
 drawing on best practice both globally and within the Pacific and responding to the specific situation of
 Kiribati. The final draft should include service descriptions, planning standards and referral processes
 between levels. It should also include a description of the delineation of roles between the Department
 of Nursing and Department of Public Health.
- Develop a three years implementation plan with clear timeline and indicators.
- Prepare a short observations and reflections report (3-5 pages maximum) highlighting lessons learned from the process, priorities going forward, and challenges anticipated.

In finalizing the Role Delineation, the Consultant will actively involve the MHMS and members of the task force to enhance their understanding of the process and outputs through regular interaction. The Consultant will adopt an iterative approach to the project, focusing on maintaining regular dialogue with the MHMS and key stakeholders throughout the exercise, and facilitating the involvement of MHMS staff and other stakeholders allowing for sufficient time for reflection, inputs and dialogue.

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Key issues to be taken into account in the course of finalizing the RDP and the costed plan are expected to include:

- Balancing service development aspirations and options against the practical constraints arising from resource availability, particularly in terms of implementation over time
- Addressing imbalances in resource allocation, particularly with regard to management, supervision and quality of service
- Aligning clinical, preventive and promotive service development and workforce structure with the epidemiological profile and health needs of the population.
- Identifying viable levels of self-sufficiency on smaller, more isolated islands and defining appropriate referral networks and protocols.
- Procuring and maintaining the necessary equipment and technical skills required to ensure universal access to health services.

Supervisor: The consultant will work under the overall guidance from the Chief, Health & Nutrition Section, Suva, with overall day to day supervision, contract management and quality assurance by the Health Specialist based in country (Kiribati).

| Start Date: TBA | End Date: TBA | | Number of Days (working) 3 months | | | |
|---|------------------|--------------|--------------------------------------|--|--|--|
| Work Assignment Overview | | | | | | |
| Tasks/Milestone: | Deliverables/ | Due Date | Payment Amount | | | |
| | Outputs: | | | | | |
| Approved project plan. Project plan should include at least activities with | Inception Report | 2 weeks from | 20% | | | |

| should include at least activities with proposed timelines and approach/methodology. Initial travel to Kiribati is dependent upon inception report approval. Payment will be made against a report approved by UNICEF. | Trip report | contract start | |
|--|---|--------------------------------|-----|
| Finalization of the RDP Situation analysis report Development of the three years implementation plan | Implementation plan Final RDP document | 8 weeks from contract start | 60% |
| Debrief at Kiribati and Suva levelsFinal report | Final report | 2 weeks from contract start | 20% |