TERMS OF REFERENCE FOR CONSULTANT TO REVIEW & UPDATE ZANZIBAR COMMUNITY HEALTH STRATEGY

Period of Performance: 1 August 2018 – 31 January 2019

Summary

These terms of reference provide the background to the recruitment of a Lead Consultant to provide technical leadership for updating the Zanzibar Community Health Strategy (ZCHS) for the period 2019-2025. They also define the scope of work, methodology of work and expected responsibilities, deliverables, budget, and qualifications for the Lead Consultant.

Background

Zanzibar is part of the United Republic of Tanzania though it has its autonomy in domestic affairs. It consists of two islands, Unguja and Pemba. According to the 2012 census, the population of Zanzibar was 1,303,569 with an annual population growth rate of 2.8%, meaning a projected 2018 population of 1,538,483[1]. About 69% of the population lives in Unguja and 31% in Pemba. There are five regions with a total of eleven districts, 7 in Unguja and 4 in Pemba. The district is then divided into shehias which are the smallest administrative area, with populations of 2,000 - 5,000 individuals each. In total there are 388 shehias in Zanzibar.

In recent years, Zanzibar has made progress towards achieving the Health Sector Strategic Plan III goals with improvement of many of the health outputs, outcomes and impacts including improvement in HIV prevalence (0.4%[2]); malaria prevalence (1%), early detection of leprosy; early initiation of breast feeding etc.[3] Though there have also been improvements in health facility delivery rates (64%) and the rate of pregnant women attending at least one ANC visit (99%)[4], Zanzibar's maternal, newborn and child mortality rates remain well above global targets.

Zanzibar health system is proud of its impressive basic public health sector infrastructure, with facilities fairly distributed within less than five kilometers from households across the islands. In general, health care delivery in Zanzibar is dominated by public facilities followed by slow growth of private facilities and faster growing traditional and alternative medicines services. The public health care delivery system is divided into three levels: primary, secondary and tertiary (referral). The primary level is composed of Primary Health Care Units (PHCUs) (+) and Primary Health Care Centres (PHCC). PHCU is the first point of service delivery providing basic services as per the essential health care package. PHCU+ provide additional services including delivery, dental, laboratory and pharmaceutical services. PHCCs are under the management and supervision of the Ministry of Health, while PHCU and PHCU+ are under the management of the Local Government Authority. In total, Zanzibar has 123 PHCUs, 34 PHCU+s and 4 PHCCs[5]. At the secondary level there are two district hospitals and one regional hospital on Pemba Island. The district hospitals are supported by Mnazi Mmoja Hospital in Zanzibar Town as the major referral point for the islands. Specialist inpatient psychiatric care is currently provided on Unguja, at

[1] 2012 Tanzania Population and Housing Census General Report
[2] Tanzania HIV Impact Survey 2016-2017
[3] Health Sector Strategic Plan Midterm Review Report 2017
[4] Tanzania Demographic Health Survey 2015/2016
[5] Zanzibar Annual Health Sector Performance Report 2016/2017

Kidongo Chekundu Hospital, while Zanzibar Town also benefits from a maternity hospital at Mwembeladu.

Supporting community-level health promotion and service delivery is an effective means for improving health to promote development and achieving universal health coverage. 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. Improved chances of child survival and healthy families free up household resources for investment in other areas, thereby reducing poverty and enhancing the quality of life. Thus, public health, human rights, and poverty alleviation concerns all point to a need to better meet the health needs of the poor and vulnerable populations in Zanzibar through a community health system.

The Zanzibar Ministry of Health (MOH) developed the Zanzibar Community Health Strategy (ZCHS) in 2007 which was approved in 2011. By establishing this community health strategy the MOH intended to increase the demand for quality health services, de-verticalization national programmes to the community level, set priorities for and plan health services, finance health services and share risk as stipulated in the Zanzibar Health Sector Reform Strategic Plan II (ZHSRSP II), mobilize community health and nutrition activities, monitor and evaluate health service delivery, facilitate the collection of community health and health related information and ensure sustainability of service provision.

Justification for Reviewing the ZCHS

The implementation of the current ZCHS largely relies upon the establishment of shehia health custodian committees (SHCCs), which are community-level committees that coordinate community health interventions at the shehia level. However, the establishment of these committees has occurred at a very slow pace. As per Health Sector Strategic Plan III Monitoring and Evaluation Framework, the Ministry planned to have a functional Shehia Health Custodian Committees in each shehia by 2018/19. According to the Zanzibar Health Sector Performance Report of 2016/17 only 72 SHCC (approximately 19%) have been established mainly in West, North A and Mkoani districts. According to the report, a major contributing factor for this delay, among other factors that need further investigation, is a shortage of funding to undertake this exercise keeping in mind a long process of establishing this committee. Additionally, the functionality of already established committees is unclear, thus raising the need to revise the ZCHS and outline appropriate actions to implement it.

Recently, community health programs have increased in Zanzibar and are seen as an important and integral part of Zanzibar health care system. Two recent and large community health projects, Uzazi Salama and Afya Bora, implemented by D-tree International and Save the Children respectively, have demonstrated how Community Health Volunteers (CHVs) can increase the demand for health services. For example, according to Uzazi Salama program data, there is a 50% increase in facility delivery rates and four-fold increases in facility-based postpartum follow-up among women in the program compared to the national rates at baseline. Uzazi Salama currently supports 400 CHVs in all districts except Urban District. These CHVs provide home-visits to pregnant and postpartum women with a focus on birth planning, safe deliveries and health seeking behaviors. CHVs in Uzazi Salama use digital tools running on mobile phones to support their work and provide real-time data for decision-making which is available to CHV supervisors (nurses at nearby health facilities) in a mobile application, and to District Health Management Teams and the MOH via online dashboards. Afya Bora supports 1,760 CHVs and 88 CHVs supervisors also operating in all districts except Urban District in Zanzibar to support pregnant women, care givers of children under 5 and adolescents. Afya Bora CHVs use job aids to provide group and

selective house to house health education and counseling to pregnant women and caretakers in their communities. Finally, the MOH's HIV unit manages a Community Health Based Care (CHBC) program with about CHBC volunteers that target patients with HIV and other chronic diseases. Additional community health volunteer programs that have been implemented recently include malaria, environmental health, early child development, post-abortion care, and nutrition.

Although there have been a number of community health volunteer programs, there is limited prioritization of CHVs within the formal Zanzibar health system and the CHV cadre is not formally recognized within the existing ZCHS. This leads to limited government oversight over CHV programs being implemented by partner organizations. Additionally, there is a weak linkage between CHVs and health facilities, which should be improved in order to strengthen community-facility referrals and continued patient care. However, the MOH recognizes the importance of this cadre and is now working to formalize this cadre into the formal health care system. In doing so, the MOH plans to specify a package of health and nutrition services to be provided by the CHVs. These services have recently been updated in the Essential Health Care Package 2017, which needs to be clearly elaborated under the updated Community Health Strategy. Additionally, by formalizing the cadre, the MOH intends to harmonize all CHV programs and provide oversight for the CHV cadre to ensure that CHVs provide the services required by the Ministry.

Limited availability of community health data is another challenge facing the health sector. Currently, the National Health Survey is the only official means of gathering community health data. These surveys are performed once in every five years, so they fail to provide regularly updated data that is very useful in planning and decision making. Although Zanzibar has a strong facility-based health management information system (HMIS) compared to other countries in the region based in DHIS2, it does not have a well-functioning community health information system (CHIS). The MOH, through the HMIS unit, has attempted several times to establish the CHIS without success. UNICEF has recently supported the HMIS team to develop a DHIS2 based CHIS, which has been designed but not yet implemented. The digital platform used by CHVs of Uzazi Salama Program, once integrated into the CHIS, is an opportunity for the MOH to obtain population-level community health data in near-real-time in order to support ongoing data for decision-making.

The recent formalized decentralization of the health sector by devolution also raises another reason to revise the CHS to reflect this new structure. From 2017/18 all primary health care services have been decentralized to Local Government Authority which is under the President Office, Regional Administration, Local Government and Special Department (PORALGSD). The responsibility of MOH is to guide the local government on how to implement the community health initiatives in order to increase their efficiency. This needs to be clearly elaborated in the revised CHS so as to avoid the collision among the sectors.

Currently, the Revolutionary Government of Zanzibar, with leadership from the MOH, is developing a five-year project to be funded by the World Bank through the Global Financing Facility and Invest in Early Years (IEYs) funding. The project will focus not only on the supply side (i.e., interventions for primary health facilities) but also institutionalize the CHV program to raise the demand from the community for these health care services. Because the existing ZCHS doesn't mention CHVs, there is a need to revise the current strategy to include this cadre and outline the structure and content of the proposed CHV program.

Objective

The purpose of this work is to hire a consultant to support the Ministry of Health to revise the 2011 Zanzibar Community Health Strategy, create a case for sustained investment in community health and nutrition, and provide clear and actionable strategies and interventions to enable the design and/or expansion of community health programs in Zanzibar.

Scope of work

The Consultant will work closely with the Zanzibar Ministry of Health (led by the Health Promotion Unit) and the Local Government Authority and will have the following responsibilities:

a. **Coordinate the review of the Community Health Strategy**. The current Community Health Strategy details the Ministry of Health plan for Shehia Health Custodian Committees but does not include a framework for the Community Health Volunteer cadre. The consultant will support selected staff from the Government (led by the Health Promotion Unit) and development partners to review the Community Health Strategy and make plans to update the strategy to represent the Ministry's desire to include the CHV cadre.
b. **Conduct rapid assessment of existing Community Health Strategy**. Speak with stakeholders and review data to identify challenges and bottlenecks, which hampered the success of the existing Community Health Strategy. This includes exploring the challenges in establishing SHCCs and collecting community health information, among other issues.
c. **Justify investment in community health**. Develop a technical paper highlighting the local and global perspectives on potential for community health investment and present to Steering Committee and the Community Health TWG.
d. **Propose an outline for the updated Community Health Strategy**. After review of the Community Health Strategy, the Consultant will propose an outline for the updated Community Health Strategy, which may include the following:
    i. Updates to Shehia Health Custodian Committee structures
        1. Revise the structure, membership and its selection process of Shehia Health Custodian Committee, while remaining compatible with existing PORALGSD structure;
        2. Revise the functions and responsibilities of SHCC;
        3. Understand and create linkages between the SHCC with other local government structures;
    ii. Creation of the Community Health Volunteer Cadre:
        1. Provide justification toward investment to community health (including nutrition) using the existing local best practices and regional experiences;
        2. Institutionalize the CHVs with clear roles and responsibilities;
        3. Define the package of services that CHVs have to deliver;

4. Set the standards and qualities for CHVs;

iii. Management and coordination of the Community Health Program:

1. Develop mechanism to link the CHVs with SHCC and health facilities;
2. Define the supervisory responsibilities of staff from health facilities toward the SHCC and CHV;
3. Prepare the linkage of responsibilities between the Ministry of Health and the PORALGSD in implementing the ZCHS;
4. Define the roles of local and international development partners in implementing and coordinating the CHP;
5. Revise the Community Health Information System to reflect CHS and related indicators;
6. To adapt/ adopt the digital health platform to promote service delivery and Community Health Information System;

e. **Assign responsibilities to different stakeholders and guide their work**. Based on the proposed guideline, the Consultant will suggest responsibilities to Government and development partners, who will be divided in task teams for the development of costed scale-up plans for the different components of the CHS.

f. **Coordinate the development of costed implementation plans**. The Consultant will be responsible to provide support to the task teams in term of tools, planning, coordination and monitoring the development of the costed implementation plans. Particularly, the Consultant will be responsible to devise a monitoring and evaluation strategy (including the formulation of SMART objectives and indicators), ensure the inclusion of highly-effective and realistic interventions, and ensure the development of credible, activity-based budgets. The indicators proposed in each scale-up plan will be brought together in the Common Results, Resources and Accountability Framework of the CHS. Additionally, the consultant along with MoH should identify sources of funding for the implementation of the CHS with an emphasis on sustainability.

g. **Provide progress updates** on monthly basis to the Steering Committee and Community Health Technical Working Group regarding the development of the different implementation plans.

h. **Consolidate the different costed implementation plans into one document**. Upon completion of implementation plans, the Consultant, with support from selected experts, will work to consolidate and prepare the comprehensive CHS document including the Common Results, Resources and Accountability Framework (CRRAF). The CRRAF will consolidate all key results and indicators that were set in each implementation plan, and to which the different programs will be accountable. This will be the main tool to track progress for the community health system and generate Government and partners' accountability towards achieving the expected results of the CHS.

i. **Finalize the CHS document**. The consultant will prepare a draft-1 of the CHS, facilitate discussion with the Steering Committee and the Community Health Technical Working Group, incorporate comments, and finalize the CHS. The PORALGSD and the Ministry of Health will be responsible for approving and signing the CHS.

Methodology

The consultant shall use a consultative and inclusive approach to ensure that all key stakeholders are actively involved during the revision process of the Zanzibar Community Health Strategy. The methodology for completing his/her work should include:

- Secondary data review through reviewing the existing documents;
- Review of local documented community health best practices and regional experiences to inform the case for investing in community health;
- Consultations with government departments and ministries especially the Ministry of Health and its departments, PORALGSD including DHMTs, and Ministry of Finance to get clear picture of what is appropriate in Zanzibar;
- Key informant interviews with partners and stakeholders, e.g., D-tree International, Save the Children, EngenderHealth, UNICEF, UNFPA, WHO, and local civil society organizations for any technical and operational support that he/she may require during his/her consultancy;
- Seek input from and hold regular touch bases with the Nutrition Strategy task force, Nutrition Strategy consultant, and Steering Committee in order to ensure that the Nutrition Strategy and CHS are harmonized;
- Provide technical support to stakeholders to improve the costed scale-up plans (during meetings or through desk work);
- Facilitation of technical stakeholder meetings to receive feedback and share the draft CHS;
- Facilitation of consultative meetings organized by the Steering Committee to review progress towards finalization of the CHS;
- Synthesis of the different implementation plans into one coherent draft document and submission to Community Health Technical Working group and Steering Committee for review;
- Preparation of the final CHS document.

Deliverables

The deliverables shall include:

#	Deliverable	Date for draft document	Date for final document
1	Roadmap and work plan to develop the CHS	1 August 2018	10 August 2018
2	Presentation of a technical paper highlighting the local and global perspectives on potential for community	10 September	21 September

	health investment (presented to Steering Committee and the Community Health TWG), which includes findings from the rapid assessment of the existing CHS	2018	2018
3	Proposed outline for revised CHS	21 September 2018	28 September 2018
4	Costed implementation plans for: i) Shehia health custodian committees ii) Community Health Volunteers iii) Management and coordination of the Community Health Program Each costed implementation plan should include relevant interventions, supervision, monitoring, etc.	31 October 2018	16 November 2018
4	Costed Zanzibar Community Health Strategy 2019-2025 including Common Results, Resources and Accountability Framework	31 December 2018	31 January 2019

Consultant Responsibilities

- Conduct all activities of the consultancy and submit quality and agreed deliverables in a timely manner
- Collaborate closely with Health Promotion Unit and PORALGSD in all activities and incorporate input and feedback from Community Health Technical Working Group

Community Health TWG responsibilities

- Ensure the objectives for the consultancy are accurately articulated to all relevant stakeholders
- Make available all relevant background documentation to the consultant
- Participate in drafting costed implementation plan for components of the CHS
- Be available for frequent in-person consultations and meetings throughout the process
- Review of draft documents from the consultant and provide timely feedback to the consultant
- Approve the final CHS

Steering Committee responsibilities

- Ensure the objectives for the consultancy are accurately articulated to all relevant stakeholders
- Be available to the consultant to provide input and background information

- Hold meetings to review progress towards completing the CHS
- Review draft CHS and provide timely feedback to the consultant before finalization
- Approve the final CHS
- Submit final CHS document to Principal Secretary of MOH and PORALGSD for signature

Management and location of the consultant

The consultant will be hired through financial support from D-tree International and will work under the supervision of the Head of the Health Promotion Unit and PORALGSD focal person with close technical guidance from Community Health Technical Working Group. The Consultant will work both remotely and from Zanzibar.

Timeline & budget

The revision of the ZCHS will start in August 2018 and be completed by January 2019, which is a total of six months. The number of working days and total budget required is to be proposed by the consultant and reviewed by D-tree International. Remuneration level will depend on the seniority, experience, and salary history of the person who will be recruited.

Minimum qualification and experience requirements

The Consultant should have the minimum qualifications:

a. Advanced University degree in a relevant field (i.e., public health, community health and development, health economics);
b. At least 5 years of professional experience in designing or implementing community health systems;
c. Demonstrated experience in developing national health policies and/or strategies;
d. Experience developing costed implementation plans, budgets, and/or financing strategies for health systems or national strategies;
e. Knowledge of community health programs in resource constrained contexts within the developing world. Experience in East Africa is an added advantage;
f. Ability to work independently and in teams within a multi-cultural environment;
g. Excellent analytical, conceptual, communication and writing skills;
h. Excellent command of English, both written and oral;
i. Fluency in Swahili is an added advantage; and
j. Familiarity with Zanzibar health system is an added advantage.