

TERMS OF REFERENCE
Project Coordinator
Universal Health Coverage Partnership (European Union)
National PAHO Consultant (NPC)

Background

PAHO is committed to improving health and wellbeing of people in Guyana and subscribes to the Sustainable Development Agenda to reaching the most vulnerable. Also, PAHO endorses the Global Strategy for Universal Health Coverage Health 2016-2030. Recently the European Union released a grant to PAHO/WHO member states to strengthen the expansion of health services with the aim to reach Universal Health Coverage by 2030.

In consistency with the Logic Model and core to the implementation of this grant, PAHO Guyana will provide cooperation towards expansion of PHC interventions to increase access to care for non-communicable diseases and for the strengthening of surveillance at community level. Expected results will be achieved by supporting government, at national and subnational level, to strengthen their health systems and primary care service delivery platforms so vulnerable populations have access to comprehensive care. By providing technical assistance and support in an inter-programmatic fashion across all levels of the Logic Model, PAHO will be contributing to enhancing these services so that they are more integrated, equitable, rights-based, gender responsive and culturally sensitive and people-centered.

It is estimated that 75% of deaths in Guyana (women and men) are linked to Non-Communicable Diseases (NCDs) like Cardiovascular diseases CVD, diabetes, cancer. Guyana records the 2nd highest rate of suicide globally (44/100,000 pop.). Half of women experience intimate partner violence (1 in 3). Maternal and infant mortality have declined but they remain high, at 101 deaths/100,000 live births & 24 deaths/1000 live births. The government has committed to disease elimination including neglected infectious diseases (Lymphatic Filariasis, Leprosy, Leishmaniasis, Chagas disease, and Soil Transmitted Helminths), Malaria, Hepatitis, and the elimination of Mother-to-Child Transmission (EMTCT) of HIV, Syphilis, and Perinatal Hepatitis B.

Equally important is the fact that the government is committed to strengthening pandemic prevention, preparedness, and response. Even though progress in controlling infectious diseases and in responding to the COVID-19 pandemic is notable, there is concern that the country's surveillance system is not fully optimized to support disease elimination efforts, address evolving risks of other disease outbreaks or pandemics, or to inform basic health system planning. The Global Fund support for the country's HIV, TB and malaria programs is also anticipated to end by 2025.

The expansion of services using operational tools at community level can increase the quality of service delivery and accountability by determining who does what? when? and how? in order to increase case detection in the community. At the same time, the adoption of a standard training "cascading" process (master trainers, regional trainers and CHWs training) can increase the sustainability of this approach. Staff at PHC level focus on curative services. In general, staff at PHC level mostly provide curative services. Very limited data and indicators are collected at community level (prevalence/incidence of common conditions in the community, risk factors and determinants).

As a result, there is very limited PHC surveillance thus undermining efforts for infectious diseases elimination and pandemic preparedness. Also, the lack of data from the community (coupled by poor registers at health facilities), results in the absence of quality operational plans (and budgets) for services, infrastructure, equipment, human resources, and drug procurement. Operational plans and budgets are rather based on random estimates (and not on morbidity or expected demand for services). This is linked with poor availability of services and stockouts (in other cases overstock and expired drugs) at PHC level.

PAHO Guyana decided direct the European Union grant mentioned above to support the Ministry of Health efforts to strengthen NCD and mental health interventions at community level and to support to expand CHWs roles for surveillance to routinely gather a core set of indicators in the community facilitating disease elimination and pandemic preparedness. For this purpose, PAHO Guyana will require the services of a Project Coordinator.

Goal

To support Guyana's commitment to strengthening the efficiency of PHC, improving access, equity for health services and contributing to disease elimination and pandemic preparedness.

Objective

1. To expand CHWs roles for surveillance and to gather a set of indicators in the community facilitating infectious disease elimination and pandemic preparedness. We plan to prepare, train, and implement at regional level concrete operational tools to be used by CHWs to gather a core set of indicators at household and community levels.
2. To strengthen NCD and mental health interventions at community level by preparing, training, and implementing at regional level practical operational tools to be used by CHWs for a) screening at households, b) case referral, 3) health promotion/prevention, and 4) community profiling of NCDs & risk factors.

Overall assignment

To oversee and coordinate the implementation, monitoring, and evaluation of the Guyana workplan for the European Union grant to PAHO Guyana to strengthen the expansion of health services with the aim to reach Universal Health Coverage by 2030. July 1 2023 to December 31, 2024, in collaboration with:

1. Health System Advisor (Advisor HSS), Technical Advisors (TAs), Program Assistant (PA), and
2. Administrative Officer (AO) in the PAHO/WHO Guyana (GUY) Country Office (CO),
3. National counterparts, primarily, but not limited to, those in the Ministry of Health (MOH), and Development partners, if appropriate and indicated.

Specifically, the Consultant will be responsible for the provision of products/deliverables as specified in the project document and workplans, especially completion of the Year 1 workplan. Additionally, coordinate the preparation of the renewal of the grant.

The National PAHO consultant will oversee and coordinate the implementation, monitoring, and evaluation of all activities associated with the outputs of the workplan in collaboration with the relevant persons mentioned before.

Scope of Work

1. Review project document and workplan and discuss them with the Advisor HSS, TAs, and PA.
2. Become familiar with the national health situation and health system as it pertains to the project areas, and with national entities and partners working in those areas.
3. Recognize and utilize PAHO/WHO project management instruments and processes that will facilitate the implementation, monitoring, and evaluation of the project.
4. Identify, with relevant TAs, activities to be completed in the period specified.
5. Coordinate and implement agreed activities in specified time frames, collaborating with national counterparts, TAs, and other agencies (e.g., other international development agencies) as necessary.
6. Collaborate with the MOH and selected Regional Health Authorities to strengthen national and subnational monitoring and evaluation systems related to project areas,
7. Liaise with the Advisor HSS, TAs, PA, AO, and national counterparts to monitor project implementation.
8. Produce monthly summary progress reports on the technical and financial execution of the project, identifying successes, challenges, and barriers to implementation, and proposing remedies to overcome the barriers.
9. Address logistics related to project implementation.
10. Evaluate the project's implementation at the end of the assignment — liaise with persons in the CO and produce a draft evaluation report in agreed format; submit it for review by relevant PAHO and MOH personnel; revise it as necessary, incorporating agreed changes; and submit the final report.
11. Coordinate the preparation of the proposal for the next phase of the project, liaising with the Advisor HSS, TAs, PA, AO and national counterparts for their input.
12. Undertake other project-related duties as requested by the PAHO/WHO Representative PWR.

Qualification and Experiences

1. Bachelor's degree on Business Administration, Systems engineering, computer science, or a related area.
2. Previous experience of at least 4 years coordinating projects focused on health services at central and field level.
3. Three years' previous experience with UN agencies in similar functions project would be an asset.
4. Master's degree in a health-related field such as health promotion or public health would be an asset.

Payment

The Project Coordinator will be a National PAHO Consultant who will be paid monthly according to the recommended National PAHO Consultant Pay Band.

Duration of the contract

1 July 2023 – 31 December 2024 with further extension. Renewal will be subject to availability of funds corresponding to the EU project.