

TERMS OF REFERENCE

TRAINING OF MALARIA SERVICE DELIVERERS (MSDs)

I. BACKGROUND

1.1 The general objective of this Active Malaria Case Detection Program is to support the Suriname Ministry of Health in its efforts to eradicate malaria in the small gold mining areas of the Suriname Interior. The specific objectives of this technical cooperation are to: (i) Strengthen the health system to provide malaria treatment services in gold mining areas; (ii) Create a common space for rapid diagnosis and prompt adequate treatment for the gold miners; and (iii) Provide selective vector control in gold mining areas.

1.2 The current rapid growth of small-scale gold mining as well as increasing mobile population has promoted the spread of malaria in the Suriname interior. Malaria flourishes in small-scale gold mining areas because: (i) Mining activity creates large puddles of standing water, which is conducive to mosquito breeding; and (2) Mining workers are highly mobile, and this movement encourages disease spread. The small-scale gold mining areas are largely concentrated in the Eastern forested areas of Suriname and at present, an estimated 13,000 small-scale miners are mining for gold in these areas¹. In addition, gold miners who work in these isolated places, far removed from health posts, tend to take malaria medication in the context of suspected malaria infection. However, this self-diagnosis and self-medication often occurs in the absence of professional medical oversight and is devoid of proper testing, diagnosis, or treatment guidelines. Therefore, effective treatment is compromised. Previous malaria public health campaigns have had limited success due to the mining areas' geographic isolation and miners' language barriers. Also, access to public services in the interior is limited. Most mining areas are not connected to roads, do not have access to a reliable source of drinking water and electricity, do not receive national radio and TV, and do not have adequate sanitary facilities.

1.3 There are Medical Mission health centers, which have wide area coverage, but are often out of reach of gold miners. Therefore, this mining community is considered most at-risk. Although the Ministry of Health in Suriname has made significant efforts to bring reliable diagnosis and effective treatment to these remote areas through the establishment of the malaria service deliverers system, some emerging gold mining areas are not yet afforded these services. These gold mining areas, which have no proper access to malaria diagnosis and treatment, can only be reached through the strategy of Active Case Detection (ACD). The strategy of ACD attempts to identify and treat symptomatic cases as well as cases of asymptomatic malaria and gametocyte carriers, which, if untreated, continue to transmit the infection. With continuously expanding gold mining areas, the at-risk gold mining population is expanding and this required access to proper malaria diagnosis and effective and efficacious treatment.

¹ Searching for gold, finding malaria. Baseline Study in three small-scale gold mining areas in the Suriname Interior. Heemskerk, M. June 2010.

1.4 The Government of Suriname has requested technical and financial support from the IDB to carry out ACD in these hard-to-reach gold mining areas. This program will provide access to effective malaria screening, diagnosis and treatment in an effort to discourage the use of self-diagnosis and self-medication. This will increase the likelihood of accurate diagnosis and treatment with appropriate medication under professional guidance. Proper malaria treatment reduces the incidence of anti-malarial drug resistance, a barrier to effective malaria control.

II. OBJECTIVES

2.1 The primary objective of the consultancy is to develop training modules and conduct training sessions in malaria diagnosis and treatment for 2000 Malaria Service Deliverers (MSD), who will subsequently provide these services to the target gold mining population in their mining locations. The creation of a malaria reporting and surveillance system established around expanding the cadre of MSDs who will act as early warning notification points will allow the Ministry of Health to aggressively address case management as the malaria transmission continues to shift from the stable village communities to the mobile gold mining communities. With the training of additional numbers of MSDs and the resultant increase coverage in early warning malaria notification points, the Ministry of Health and the Malaria Control Program are putting in place the foundation elements to provide a sustained and aggressive method of addressing malaria in these remote mining communities.

III. CHARACTERISTIC OF THE CONSULTANCY

3.1 **Type of consultancy:** 2 Individual consultants: 1 Malaria health intervention specialist and 1 training consultant.

3.2 **Starting date and duration:** 60 days

3.3 **Place of work:** Suriname

3.4 **Education. Essential:** University Degree in Health, Social Sciences, Nursing, or other related field; **Desirable:** Postgraduate degree (Master, PhD, RN, or MD/ MBBS) in any of the above or a combination of training and experience.

3.5 **Work experience. Essential:** Extensive experience in malaria intervention and eradication planning, and experience in delivering health intervention training (minimum 10 years). **Desirable:** specific work experience in malaria service delivery, interventions in gold mining communities or other isolated communities, and Active Malaria Case Detection.

IV. DESCRIPTION OF ACTIVITIES

4.1 **Training of Malaria Service Deliverers (MSDs) in diagnosis, treatment, prevention and Long-lasting Insecticidal Nets (LLINs) in gold mining areas.** The Ministry of Health as part of its active case detection efforts deployed MSDs; essentially, persons who have received training in malaria diagnosis and treatment, and can provide these services to the target gold mining population in their location. Further, diagnosis and treatment are provided to the gold miners who require it the most. The TC will fund the training of an additional 2,000 MSDs.

The gold mining areas are visited by MSDs, who assess and report the incidence of malaria in the specific location. The MSDs are local persons who are trained by medical practitioners of the Malaria Control Program of Suriname (MCP). Training is conducted in a workshop setting at the Medical Mission Health Posts in the Interior under the supervision of the MCP. MSDs are trained in diagnosis, treatment, assessment, and reporting of malaria and provide free services in the remote areas. The intervention of the MSDs is critical to treating and preventing malaria.

4.2 The 3-4 day training for MSDs should include:

4.3 **Early diagnosis and complete treatment:** To conduct weekly domiciliary house-to-house visit; To be the first point of contact for fever cases; To be able to identify these cases and provide diagnosis; To perform Rapid Diagnostic Tests from suspected malaria cases during visits; To provide treatment to positive cases as per the drug policy; To keep the records of tests and patients given antimalarials; To observe all precautions and use sterilized needles, clean slides; To identify warning signs of severe malaria and to ensure adequate referral care; To identify an outbreak or increase in the number of fever cases in the community; To replenish the stock of Rapid Diagnostic Kits and treatment supply.

4.4 **Vector control:** To work in close coordination with MOH to ensure adequate mobilization of the community for acceptance of insecticides; To provide prior information to the 7 days in advance and then again one day before spray squads; To supervise the work of spray squads.

4.5 **BCC:** To educate the community about signs and symptoms of malaria, its treatment, prevention and vector control; To undertake advocacy for integrated vector control, e.g. spreading awareness on source reduction activities and improving utilization of LLINs.

4.6 **Recording and Reporting:** To maintain the record of fever cases and malaria cases; To keep a record of supervisory visits in tour diary.

V. EXPECTED RESULTS

5.1 On completion of the training program, the MSDs will be able to:

- i. Recognise a suspected malaria case on the basis of signs and symptoms.
- ii. Perform Rapid Diagnostic Kits (RDKs) from fever cases.
- iii. Administer correct dose of antimalarial drugs if RDKs are positive, as per drug policy.
- iv. Keep the records of the individual cases, their treatment schedule and stocks of drug.
- v. Recognise the severe malaria cases and refer to advanced medical care.
- vi. Educate the community regarding malaria transmission and prevention of malaria.

5.2

Component	Final Deliverable	Intermediate Milestone	Expected completion date
Training of Malaria Service Deliverers (MSDs)	2000 MSDs trained	500 trained by 2 nd quarter 2014	December 2014

VI. COORDINATION

- 6.1 The consultant will work under the supervision of XXX, MOH and work closely with the MOH Technical Team who is responsible for the execution of the TC project.
- 6.2 The consultant will be paid based on an agreed set of deliverables.

TERMS OF REFERENCE FINANCIAL ASSISTANT

OBJECTIVE

The Financial Assistant will work closely with the Financial Manager at the MOH, Project Unit to ensure that all financial reports and statements comply with International Accounting Standards (IAS's) and Generally Accepted Accounting Practices (GAAP) applicable to Suriname.

REPORTS / OUTPUTS

The Financial Assistant will assist the Financial Manager to prepare:

1. Monthly Project Use of Fund Financial Statement
2. Monthly Statement of Monetary Requirement
3. Semi-annual Use of Funds Statement for submission to the IDB
4. Monthly Bank Reconciliation Report
5. Project comparison report with estimated and actual figure
6. Projected budget requirement for the next financial period
7. Prepare end-of-year financial reports and statements to be reviewed by the External Auditors and the IDB. This will include financial statements, cash flow statement, Statement of Expenditure and Special Account Reconciliations and Reports

KEY TASKS

The Financial Assistant will support the Financial Manager in the following tasks:

1. Implement the Financial Management System at the Projects Unit
2. Interface with Procurement module when available
3. Prepare all financial statements and reports for IDB as required.
4. Respond in a timely manner to all queries of the External Auditors regarding project accounts, financial statements of the project, statements of expenditure, special account, budgets, forecasts, etc.
5. Ensure that the Project is in compliance with all financial contractual obligations.
6. Maintain all financial records and accounts and be able to account for all counterpart funds as well as IDB TC funds.
7. Verify all requests for payments and ensure prompt payment of expenditures incurred.
8. Produce up to date reconciliation statements on a timely basis in accordance with IDB requirements.
9. Design and implement an efficient and effective disbursement process for the Projects Unit
10. Monitor budget execution by component according to Project allocations
11. Advise Project Coordinator of required action needed to disburse project in a timely manner.

12. Re-program Budget allocation as and when required in accordance with documented processes and procedures.
13. Coordinate disbursement process and promptly resolve any difficulties that could delay the disbursement process.
14. Attend meetings as representative of Projects Unit on financial matters.
15. Assist in the Project Report Forecasting regarding disbursement project funds and committed funds etc. until project completion.
16. Process Project Payments under different modalities, direct payment, Statements of Expenditure, etc.
17. Any other related duties required by the Project Coordinator

QUALIFICATION AND EXPERIENCE

The chosen candidate must demonstrate the following values: Strong Organisational Ability, disciplined, detail oriented; proactive and common sense; honesty, integrity; strong commitment to contribute to the MOH.

Education:	Recognized Professional Accounting designation (ACCA, ICMA, etc.)
Experience:	At least 2 years of professional experience in the public sector / private as a Project Accountant / Financial Manager
Professional skills:	Knowledge of accounting methods and procedures, laws, rules and regulations governing External Funding Agencies. Superior analytical skills and excellent command of accounting systems and procedures. Proficiency in an Accounting Package will be an asset.
Teamwork Skills:	Experience in working as part of a highly motivated and productive Team and with a variety of institutions
Communication Skills:	Superior oral and written communication skills, as well as presentation techniques.
Computer Skills:	Working knowledge of the full suite of Microsoft Office Software is essential.

DRAFT Terms of Reference

Administrative Assistant

Objectives

The Administrative Assistant will support the Project Manager at the MOH, Project Unit to plan, coordinate, implement and supervise all administrative and oversight activities required for the TC.

Characteristic of the consultancy

Type of consultancy: Individual consultant.

Starting date and duration: 15 months from the signature of the contract.

Place of work: Suriname

Education. Essential: University Degree in Health or Social Sciences, Management, Economics or related subjects;

Work experience. Essential: Extensive experience (minimum 3 years) at national and/or international level in the field of project management, financial planning, strategic planning, evaluation, strategy analyses. Desirable: specific work experience in the context of Suriname health sector, working competence in Microsoft Project and familiarity with IDB execution and procurement procedures.

Activities

The Administrative Assistant will support the Project Manager at the MOH, Project Unit in the following areas: (i) administering the resource of the TC, its implementation schedule and expenditure plan; (ii) preparing Terms of Reference and bidding documents; (iii) selection and awarding of contracts; (iv) administering and monitoring contracts' execution and compliance with contractual obligations; (v) prepare and submit Annual Operating Plans and progress reports to the Bank.

Expected Results

The Administrative Assistant will support the Project Manager to prepare and submit to the MOH and the IDB:

- a. A brief monthly report regarding progress implementing the TC and any other relevant issues that might arise.
- b. A comprehensive semi-annual implementation reports, reporting on the financial execution of the project and the achievement of the targets set in the project Result Framework
- c. Annual Operation Plans, cash flows and budget monitoring records.

- d. Establish and maintain the necessary accounting systems accurately and efficiently to provide necessary financial statements and reports as required by Government and the Bank.

Coordination

The Administrative Assistant will report to Project Manager of the MOH and liaise with the assigned IDB Specialist.

DRAFT Terms of Reference

Communication Specialist to Develop a Public Awareness Campaign

I. BACKGROUND

1.1 The general objective of this Active Malaria Case Detection Program is to support the Suriname Ministry of Health in its efforts to eradicate malaria in the small gold mining areas of the Suriname Interior. The specific objectives of this technical cooperation are to: (i) Strengthen the health system to provide malaria treatment services in gold mining areas; (ii) Create a common space for rapid diagnosis and prompt adequate treatment for the gold miners; and (iii) Provide selective vector control in gold mining areas.

1.2 The current rapid growth of small-scale gold mining as well as increasing mobile population has promoted the spread of malaria in the Suriname interior. Malaria flourishes in small-scale gold mining areas because: (i) Mining activity creates large puddles of standing water, which is conducive to mosquito breeding; and (2) Mining workers are highly mobile, and this movement encourages disease spread. The small-scale gold mining areas are largely concentrated in the Eastern forested areas of Suriname and at present, an estimated 13,000 small-scale miners are mining for gold in these areas¹. In addition, gold miners who work in these isolated places, far removed from health posts, tend to take malaria medication in the context of suspected malaria infection. However, this self-diagnosis and self-medication often occurs in the absence of professional medical oversight and is devoid of proper testing, diagnosis, or treatment guidelines. Therefore, effective treatment is compromised. Previous malaria public health campaigns have had limited success due to the mining areas' geographic isolation and miners' language barriers. Also, access to public services in the interior is limited. Most mining areas are not connected to roads, do not have access to a reliable source of

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drinking water and electricity, do not receive national radio and TV, and do not have adequate sanitary facilities.

1.3 The Government of Suriname has requested technical and financial support from the IDB to carry out malaria active case detection in these hard-to-reach gold mining areas. This program will provide access to effective malaria screening, diagnosis and treatment in an effort to discourage the use of self-diagnosis and self-medication. In addition, the TC will include a communication campaign intended to promote public awareness among the gold miners with respect to seeking proper malaria treatment interventions. To be effective, the communication campaign will be delivered in the local dialect languages common to the gold mining areas.

1.2 The Ministry of Health (MOH) will execute the project.

II OBJECTIVES

2.1 The proposed assignment seeks to engage a communication specialist firm to develop a public awareness campaign targeting to the gold miners, with supporting development and limited production of communication materials for implementation of the campaign.

2.2 The primary target audience for this assignment will be the gold miners.

2.3 The completed campaign is expected to:

a. Stimulate awareness among the gold miners about the importance of seeking treatment for malaria, to recognize malaria symptoms and to practice malaria prevention techniques in the Interior.

b. Achieve a results target of 20,000 gold miners reached with effective malaria prevention and control/ health promotion messages

III CHARACTERISTIC OF THE CONSULTANCY

3.1 Type of consultancy: Media Firm

3.2 Starting date and duration: 6 months from the signature of the contract.

3.3 Place of work: The Interior in Suriname

3.4 Work experience:

- A track record of excellence in similar work, especially working in the Interior of Suriname
- Extensive experience in communication in health /public health area
- Strong analytical and problem-solving skills
- Excellent communication and interpersonal skills

IV. ACTIVITIES

4.1 Through secondary literature review and consultation with key stakeholders, determine the best media to disseminate key messages to the target group, taking into account the language and cultural context

4.2 Conduct a profile of the target group to determine the most effective and efficient media for ensuring maximum reach and impact, and identify the key messages governing implementation of the strategy.

4.3 Using the information derived above and supported by consultation with key stakeholders, develop a public awareness campaign for the gold miners about the importance of seeking treatment for malaria, to recognize malaria symptoms and to practice malaria prevention techniques in the Interior.

4.5 The Consultant is expected to prepare a monitoring and evaluation plan to support implementation of the public awareness campaign.

4.6 Develop communication and media materials to support 4.3 above.

V. EXPECTED RESULTS

5.1 The Consultant is expected to deliver the following outputs:

- a. A final workplan and detailed methodology within one week after signing the contract.
- b. A public awareness campaign and implementation strategy within 3 weeks of initiation of the assignment for review and comment by the Ministry of Health project team.
- c. Communication materials (print, electronic etc.) to support the above. The costs for development and production of the materials will be covered separately.