

## **JOB VACANCY: TRANSFORMING HEALTH SYSTEMS FOR UNIVERSAL CARE PROJECT**

### **TERMS OF REFERENCE FOR THE PROJECT COORDINATOR COMPONENT 1, AND ASSISTANT COORDINATORS, COMPONENT 1**

#### **TRANSFORMING HEALTH SYSTEMS FOR UNIVERSAL CARE PROJECT**

#### **SELECTION AND EMPLOYMENT OF INDIVIDUAL CONSULTANTS**

**STEP REF NO: KE-MOH-1188872-CS-INDV (Component 1 coordinator)**

**STEP REF NO: KE-MOH-118862-CV-INDV (Component 2 Assistant Coordinator)**

The World Bank-funded Transforming Health Systems Project (THS-UCP) is a five-year Project implemented jointly by the Ministry of Health and Council of Governors. The Project became effective in September 2016. The project aims to improve utilization and quality of primary health care services with a focus on reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services.

The THS-UCP is seeking to recruit 3 staff on consultancy basis as follows:

1. One (1) Project Coordinator
2. Two (2) Assistant Project Coordinators

#### **1. Component 1 coordinator (Positions 1):**

Component 1 is the main thrust of the project. The Component 1 coordinator will be based at the Council of Governors to coordinate with the assistant coordinators in supporting County Departments of Health (CDOH) for timely and effective implementation of the project. S/he will coordinate the day-to-day implementation of County level activities working closely with CDOH. The coordinator will provide leadership, management and evaluation of all aspects of the county level component.

Specific roles will include

1. Coordinate with the CDOH timely formulation, review and consolidation of quality evidence-based Annual Work Plans, linked to programme based budget and ensure the same are submitted to the Project Manager before the set deadline. In doing so, the Coordinator and his/her team should be guided by the AWP quality appraisal tool
2. In collaboration with the project Social safeguard Officers at the MoH, ensure that Counties with Vulnerable and Marginalized Populations plan, budget and implement social safeguards activities.

3. Coordinate the development and review of the county procurement plans in relation to the project funding, and ensure the same are submitted to the Project Manager before the set deadline.
4. Support in the development of quarterly implementation plans for the counties which is in alignment with the cAWP.
5. Provide leadership and coordinate implementation support needed at level in accordance with the county AWP's thus ensuring objectives are met within the required time frame and budget.
6. Review quarterly financial and technical report from the counties, and ensure that:
  - a. Counties submit quality timely technical and financial reports in accordance with the project reporting templates.
  - b. Quarterly technical and (unaudited) financial reports are compiled and submitted to the PM within 15 days after end of each quarter (4th quarterly report serves as the annual report).
7. In collaboration with the accountants, ensure that counties document their expenditure on a monthly basis
8. Develop and maintain relationships with relevant stakeholders (e.g. beneficiaries, community leaders, national and county government officials, donors, and other NGOs).
9. Ensure feedback from the project on implementation is transmitted in a timely manner to the relevant stakeholders.
10. Collaborate with component 2 coordinator and KEMSA in facilitating procurement of strategic commodities.
11. Hold regular team meetings with the assistant coordinators to discuss on implementation bottlenecks and experiences and identify potential solutions.
12. Collaborate with CDOHs and selected HFMCs and community health unit committees in selection and implementation of activities for enhancing community engagement (CE)
13. Support orientation and capacity building of CDOHs on the Project and its implementation, with special reference to component 1.
14. Support training of key project staff at county level-Project accountants, Procurement officers, audit and focal persons.
15. In collaboration with project M&E officer, support coordination of annual county data verification and ensure adherence to the MTEF Cycle.
16. Plan for county monitoring visits to provide technical assistance to the counties.
17. Review the minimum grant conditions and check for compliance before funds disbursements.
18. Prepare summaries of incurred expenses in consultation with the project accountant on quarterly basis.
19. Advise the PM on challenges in implementation at county level, and any changes suggested by the counties in their work plans.

20. Any other project relevant duties as assigned by the Project Manager

### **Qualifications**

Master's Degree in Public Health, Project management, strategic planning or any relevant field.  
Basic degree in Economics, health policy and planning, health related field e.g. nursing, public health, medicine, clinical medicine.

Strong working knowledge of English (spoken and written).

### **Experience / Competencies**

At least 6 years post-basic working experience in implementation of project in the health sector.

Minimum 2 years of experience as coordinator at the county level.

Knowledge of the devolved health sector is an added advantage.

Advanced leadership and project management skills.

Good report and proposal writing skills, good negotiation skills.

Advanced planning, assessment and analytical skills.

Team-player with good inter-personal skills.

### **Deliverables**

<b>S/NO</b>	<b>DELIVERABLE</b>	<b>CONTENTS</b>	<b>TIMELINE FOR</b>
			<b>SUBMISSION</b>
1	Consolidated status report for all the 47 counties by cluster in preparation for the PMT meeting and joint PMT-WB-DANIDA Meetings.	Generated reports for the counties by cluster indicating reported challenges and progress within the month	Monthly reports by the last Monday of the month.
2	Consolidated county technical reports quarterly for all the 47 counties by cluster, including counties with VMGs	Technical reports in accordance with the provide templates, clearly detailing implementation status, challenges and mitigation measures.	Reports to be submitted at the end of every quarter

S/NO	DELIVERABLE	CONTENTS	TIMELINE FOR
			SUBMISSION
3	Consolidated financial Statements of Expenditure (SOE) from the accountants for the 47 counties by clusters	Summary of the financial statements to include the reported expenditures per county at the end of every quarter, compared with total disbursed.	Reports to be submitted by the 20th day of every quarter
4	Consolidated quality appraised Annual work plans for the 47 counties by cluster	Annual work plans to Financial statements to include THS-UCP Disbursements to Counties, County cash flow and balances at the end of every Financial year	Reports to be submitted at the end of every Financial year
5	Consolidated procurement plans for all the 47 counties by cluster	This will include all items deemed to be procurement in nature.	By 20th July every year
6	Coordinated meetings/trainings between the county governments and national government	Facilitation of letters to the counties from the national government for project related activities.	Monthly
7	Assessed minimum conditions for disbursement for all the 47 counties by cluster	Analysis of the minimum conditions for disbursement, with a specific focus on county budgetary allocation to health, performance indicators,	By 30th July every year
8	Consolidated Technical Assistance reports from the county visits by cluster	Through use of the provided monitoring checklist, generate a report detailing implementation status, gaps at the county level, challenges, and mitigation measures.	Within 7 days of return to office from the field visits
9	Attendance of all project related meeting and activities	This includes Project trainings, monthly meetings, mission meetings, county data verification	Monthly
10	Analytic report for funds transfers from the CRF to SPA for all the 47 counties by cluster	Report will include the days taken to transfer funds from the CRF to SPA, and the amounts transferred.	30 days after funds disbursement

## Reporting

Directly to the Project Manager and CEO Council of Governors.

## **Documents to send**

- a. CV
- b. Cover letter
- c. Testimonials

Applications should be delivered hard copy to Ministry of Health, Project management Team Office, on or before 16<sup>th</sup> September 4 p.m. with the subject: Component 1 Coordinator on the cover.

If you do not receive a response within 3 weeks of the application deadline, please consider that your application has not been shortlisted.

The process of selection of expressions of interest will occur in two phases:

- As a first step, a shortlist will be done.
- Selected candidates may then be invited for an interview.

Fees for the services will be **Program Coordinator Job Group Q - One (1) post (98,500 x 4,940–103,440 x 5,170 – 108,610 x 5,420 – 114,030 x 5,700 – 119,730 x 5,990– 125,720 x 6,2080 – 166,780 p. m)** together with all applicable allowances.

## **Contract Period**

The Contract period will be 24 months, upon assessment of satisfactory performance within 12 months.

## **2. Assistant Coordinators (Positions 2)**

The assistant coordinators will be based at the Council of Governors and will work directly under the project coordinator. He/She will support the day-to-day implementation of the project at the assigned cluster of counties, in order to meet the objectives within the contractual deadlines, based on the project document, the general budget of the project and the work schedule agreed by the counties.

Specific roles will include

1. Coordinate with the specific cluster of counties in formulation, review and consolidation of quality evidence-based and budgeted Annual Work Plans before submission of the same to the PM by the set deadline.
2. In collaboration with the project Social safeguard Officers at the MoH, ensure that Counties with Vulnerable and Marginalized Populations plan, budget and implement social safeguards activities

3. Coordinate in the review of the specific cluster of counties procurement plans in relation to the project funding before submission to the project coordinator.
4. Coordinate in the development of specific cluster of counties Quarterly implementation plans for the counties which is in alignment with the cAWP.
5. Oversee the implementation of the project at the specific cluster of counties level in accordance with the county annual work plans cAWPs, thus ensuring objectives are met within the required time frame and budget.
6. Review quarterly financial and technical report from the counties, and ensure that:
  - a. Their cluster counties submit quality timely technical and financial reports in accordance with the project reporting templates.
  - b. Quarterly technical and (unaudited) financial reports are compiled and submitted to the project coordinator within 10 days after end of each quarter (4th quarterly report serves as the annual report).
7. In collaboration with the accountants, ensure counties document their expenditure on a monthly basis.
8. Develop and maintain relationships with relevant stakeholders (e.g. beneficiaries, community leaders, national and county government officials, donors, and other NGOs).
9. Attend regular team meetings with the assistant coordinators to discuss on implementation bottlenecks and experiences, the Project management team and the World Bank team.
10. Support training of key project staff at county level-Project accountants, Procurement officers, audit and focal persons.
11. Plan for county monitoring visits to provide technical assistance to the specific cluster of counties.
12. Support sensitization of minimum conditions and review the minimum grant conditions for assigned counties and check for compliance before funds disbursements.
13. Prepare summaries of incurred expenses in consultation with the project accountant on quarterly basis.
14. Advise the project coordinator on challenges in implementation at respective counties, and any changes suggested by the counties in their work plans.
15. Any other duties as assigned by the Project Manager and Project coordinator.

### **Qualifications**

Bachelor's degree in a relevant subject, preferably but not limited to health sciences (Medicine, Nursing, Public Health, Pharmacy, Clinical Medicine, Economics, Planning). degree.

Strong working knowledge of English (spoken and written).

### **Experience / Competencies**

At least 3 years post-basic training working experience in the health sector, two of which should be in project implementation related activities.

A good understanding of the devolved health sector.

Good report and minute writing skills.

Excellent skills in Excel.

Ability to work under pressure

Team-player with good inter-personal skills.

Integrity

### **Deliverables**

<b>S/NO</b>	<b>DELIVERABLE</b>	<b>CONTENTS</b>	<b>TIMELINE FOR</b>
			<b>SUBMISSION</b>
1	Status report from the respective cluster of counties in preparation for the PMT meeting and joint PMT-WB-DANIDA Meetings.	Generated reports for the clustered counties indicating reported challenges and progress within the month	Monthly reports by the last Monday of the month.
2	Consolidated county technical reports quarterly for the respective cluster of counties including counties with VMGs.	Technical reports in accordance with the provide templates, clearly detailing implementation status, challenges and mitigation measures.	Reports to be submitted at the end of every quarter
3	Consolidated financial Statements of Expenditure (SOE) from the accountants for the respective clusters	Summary of the financial statements to include the reported expenditures per county at the end of every quarter, compared with total disbursed.	Reports to be submitted by the 20th day of every quarter
4	Consolidated quality appraised Annual work plans for the respective counties	Annual work plans to Financial statements to include THS-UCP Disbursements to Counties, County cash flow and balances at the end of every Financial year	Reports to be submitted at the end of every Financial year
5	Consolidated procurement plans	This will include all items deemed to be procurement in nature.	By 20th July every year

S/NO	DELIVERABLE	CONTENTS	TIMELINE FOR
			SUBMISSION
6	Coordinated meetings/trainings between the county governments and national government	Facilitation of letters to the counties from the national government for project related activities.	Monthly
7	Assessed minimum conditions for disbursement	Analysis of the minimum conditions for disbursement, with a specific focus on county budgetary allocation to health, performance indicators,	By 30th July every year
8	Technical Assistance reports from the county visits	Through use of the provided monitoring checklist, generate a report detailing implementation status, gaps at the county level, challenges, and mitigation measures.	Within 7 days of return to office from the field visits
9	Attendance of all project related meeting and activities	This includes Project trainings, monthly meetings, mission meetings,	Monthly
10	Analytic report for funds transfers from the CRF to SPA for the respective counties	Report will include the days taken to transfer funds from the CRF to SPA, and the amounts transferred.	30 days after funds disbursement

## Reporting

Directly to the Component 1 Coordinator.

## Documents to send

- a. CV
- b. Cover letter
- c. Testimonials

Applications should be delivered hard copy to Ministry of Health, THS Project Management Team Office, on or before 13<sup>th</sup> September 4 p.m. with the subject: Component 1 Assistant Coordinator on the cover.

If you do not receive a response within 3 weeks of the application deadline, please consider that your application has not been shortlisted.

The process of selection of expressions of interest will occur in two phases:



- As a first step, a shortlist will be done.
- Selected candidates may then be invited for an interview.

Fees for the services will be **Program Assistant Coordinator Job Group N - Two (2) posts (47,780 x 42,170– 49,950 x 2,550 – 52,500 x 2,6500 p. m)** together with all applicable allowances.

### **Contract Period**

The Contract period will be 24 months, upon assessment of satisfactory performance within 12 months.

### **County Clusters**

<b>Cluster</b>	<b>No</b>	<b>Counties</b>
A	10	Mombasa, Kwale, Kilifi, Tana River, Lamu, Taita-Taveta, Garissa, Wajir, Mandera, Kitui
B	9	Kajiado, Machakos, Makueni, Nairobi, Kiambu, Murang'a, Kirinyaga, Embu, Tharaka - Nithi
C	9	Isiolo, Marsabit, Samburu, Laikipia, Meru, Nyeri, Nyandarua, Nakuru, Narok
D	10	Migori, Homa Bay, Bungoma, Kisii, Kisumu, Vihiga, Siaya, Busia Kakamega, Nyamira.
E	9	Turkana, West Pokot, Uasin Gishu, Elgeyo -Marakwet, Trans - Nzoia, Nandi, Kericho, Baringo Bomet,