
Terms of Reference

Republic of the Marshall Islands Terms of Reference Individual Consultant – Full Time

Title:	Nurse Practitioner(s): 3 posts : (Jaluit, Kwajalein-Santo, Wotje)
Project:	Multi-sector Early Childhood Development (P177329)
Location:	Ministry of Health and Human Services (MOHHS/C1 Implementing Agency), Jaluit, Republic of Marshall Islands (GRMI) ,
Duration:	Thru December 2026, with potential extension, pending performance evaluation and funding
Tentative State Date:	March 1, 2025
Reference No.	MH-ECD PMO-454200-CS-INDV (Jaluit) MH-ECD PMO-454202-CS-INDV (Kwajalein-Santo) MH-ECD PMO-454203-CS-INDV (Wotje)
ECD AWP Activity	1.2.4.A (ii); 1.2.4.A (v); 1.2.4.A (vi)

1. Background

The Republic of the Marshall Islands (RMI) is one of the world's smallest, most isolated and vulnerable nations. The country consists of 29 atolls and 5 isolated islands (24 of which are inhabited) and has a total land mass of just 181 km² set in an area of over 1.9 million km² in the Pacific Ocean. The population of the RMI is estimated at 53,066¹, of which the two largest urban centers, Majuro (the nation's capital) and Ebeye, have populations of 28,000 and 9,614, respectively.

There is a growing recognition that the foundations of human capital formation in RMI are at risk despite improvements in national and household wealth. Poor early life health and nutrition, lack of early stimulation and learning, and exposure to poverty and severe stress threaten the ability of thousands of children to reach their full potential. These developmental deficits manifest in high rates of early childhood undernutrition and poor child development outcomes.

In RMI, children experience adversities across multiple domains, undermining children's opportunities to learn, earn, innovate, and compete. Barriers to optimal child development in RMI span across sectors, including: (i) limited availability, affordability, and consumption of nutritious diets, especially for women and children from vulnerable households; (ii) inadequate access to quality maternal and child health, nutrition, and immunization services; (iii) inadequate access to clean water and sanitation; (iv) insufficient opportunities for early stimulation and early learning; and (v) lack of support through formalized social assistance mechanisms. Cutting across all of this is a general low awareness of the importance of early child stimulation, health and nutrition.

To address the above constraints, the GoRMI has developed a comprehensive, integrated, and long-term early childhood development (ECD) program. The program focuses on investing in the early

¹ 2011 RMI Census

years—targeting the period from conception up to age five—and engages the Ministries of Health and Human Services; Education; and Culture and Internal Affairs (MOCIA) directly as implementing agencies, as well as other government/non-government partners. The program will aim to ensure that women and children are healthy and well-nourished (particularly in the first 1,000 days from conception through a child’s second birthday), that young children receive early stimulation and learning opportunities from birth onwards, and that children are nurtured and protected from stress.

2. Objectives of the assignment

In coordination with WUTMI chapter(s) provides reproductive care to women at sites with only male health assistants (and assists resident female health assistants and Maternal Health & Child Development Aides at sites with female health assistants), including:

- Cytology smear, Visual Inspection with Acetic Acid or GeneXpert screening for HPV/cervical cancer screening and breast cancer screening to women in target age groups.
- Family planning services.
- Antenatal and post-partum care.
- Syndromic management of sexually transmitted diseases.

Provides preventive and other needed medical care services to patients at the main health centers in the Neighboring Islands.

Provides medical care services to patients at other remote health centers on request during monthly visits to outlying sites.

Provides emergency care to Jaluit residents and arranges for medical evacuations as needed.

3. Scope of Services

The services to be performed by the Consultancy include *inter alia*:

- a. Visits all health center sites in Jaluit once each month to:
- b. Provides supportive supervision and clinical oversight to health assistants and Maternal Health & Child Development Aides at each visit.
 - i. Assist in training and certification of health assistants in Jaluit to deliver vaccines.
 - ii. Assist health assistants to update immunizations to all under 5yo children and HPV vaccine to all 1-14yo girls who are eligible in their communities.
 - iii. Provide patient consultations on referral from health assistants,
 - iv. Maintains contact and builds partnerships with local WUTMI chapter(s) in Jaluit to strengthen maternal and child health & development (ECD) initiatives.
 - v. Every 3 months: Together with local government officials perform health center performance assessments.
 - vi. Every 3 months: Assist health assistant and local government authorities to plan performance improvements based on their assessments.

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- c. Assists health assistants to plan and conduct annual house-to-house case finding surveys of their islands, and to update patient registry books for:
 - a) Preschool age children,
 - b) NCD patients,
 - c) an “Other” registry with TB, leprosy, mental illness, and other patients needing regular follow-up.
 - d. Checks paper-based registries during each visit to assure proper tracking of patients and outreach for those who do not seek needed care.
 - e. Organizes school health program for NI students (including high school boarding students) with guidance from MOHHS school health, maternal and child health, environmental health, behavioral health, and dental programs.
 - f. Arranges for Must have patient-carried records for well childcare (yellow cards), antenatal care, family planning and NCD care, and verifies ongoing use of both registry books and patient-carried records.
 - g. Identifies materials and supplies, with assistance of PH Medical Director, PH Program Managers and ECD Health Advisor, including flip charts and other teaching aides for MH&CD Aides for delivery of family planning, STI and antenatal care services.
 - h. Identifies materials and supplies, with assistance of PH Medical Director, PH Program Managers and ECD Health Advisor, including flip charts and other teaching aides for HAs for delivery of WHO PEN NCD care, and well childcare for preschool age children.

4. *Outputs/ Deliverables*

- a. Reviews inventory and supply needs of health centers and Maternal Health & Child Development Aides and works with OIHCS Rural Health Network Director to assure that they have needed items to deliver services (especially essential maternal and child health services).
- b. Oversees monitoring and maintenance of cold chain for vaccines in the main health center in the Neighboring Islands.
- c. Liaise with OIHCS and MOHHS public health programs to coordinate field visits of Majuro based staff to Jaluit and assist with special campaigns such as TB mass screening when called upon to do so.
- d. Assures that health assistants and MH&CD Aides in each atoll are aware of site visits by Majuro-based staff and arrange to be present at the main health center to participate in field visit activities.
- e. Assures that local atoll governments are aware and supportive of upcoming visits and arranges for local government officials to be present and participate in site visits.
- f. Join weekly radio reports with OIHCS and other administrative, and educational radio conferences as called for by the OIHCS supervisor and Public Health Director.
- g. Assist Jaluit based staff to prepare birth and death certificates for Neighboring Islands residents.
- h. Submit routine surveillance, inventory and productivity reports to OIHCS;

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- i. Reports to Public Health Medical Director and OIHCS Director any health service quality problems, logistical problems, and political problems related to MH&CD Aide and Health Assistant services delivery.

5. *Qualifications:*

Required:

- 1) Post-graduate Diploma or Master's degree in an accredited primary care nurse practitioner program.
- 2) 3 years' experience providing primary care to adults and children
- 3) Well organized, ethical, patient, conscientious, resourceful
- 4) English language fluency

Desirable:

- 1) Practice experience in Pacific islands settings
- 2) Midwifery training and experience
- 3) Experience living and practicing in remote locations
- 4) Marshallese language fluency

6. *Institutional and Organization Arrangements*

- a. PH Medical Director (with cc copies of deliverables to OIHCS Director, RHND Project Director, WUTMI RHND Program Manager, and ECD National Coordinator- MOHHS).

7. *Duration and Location of Assignment*

The duration of all three posts will be full time through December 31, 2026. This Nurse Practitioner posts will be placed on one of three Neighboring Islands of the Republic of Marshall Islands: 1) Jaluit Island; 2) Kwajalein Island- Santo islet; and 3) Wotje Island.

Annex B: Consultant’s Reporting Obligation

Deliverable	Details	Timeframe
1. Monthly Progress Reports	<p>Payment for services contingent on approval by Client Coordinator with satisfactory report and deliverables.</p> <p>Reports progress in the following domains each month:</p> <ul style="list-style-type: none"> a) Health center performance improvement plan summaries. Due once every 3 months for each health center. b) Summary of interactions and feedback from WUTMI chapter(s) and local government authorities c) Summary of direct patient care work done during the month d) Update on status of annual case finding surveys and use of paper patient registries/outreach at each health center. e) Update on status of cold chain and vaccine delivery in Jaluit. f) Update status of school health program g) Update on status of breast and cervical cancer screening including % of target group up to date for cervical cancer screening. h) Summary of challenges encountered. i) Recommendations for more effective delivery of preventive services and clinical care in Jaluit j) Health center performance assessment results, including overall scores, inventory (% of items in stock) scores, and family planning “spot check” scores (once these are integrated into performance assessments). Due once every 3 months for each health center 	<p>Within the first 7 days of each month (reporting on previous month)</p> <p><u>Every 3 mos:</u> add Health Center Performance Assessment to monthly progress report</p>
2. Birth and death certificates	Properly filled-out certificates for each birth and death in Jaluit atoll for the previous month.	Within the first 7 days of each month (reporting on previous month)

2.List of ANC and post-partum patients seen	Including Name, DOB, Hospital #, EDD, intended date of transfer to Majuro and any high-risk features	Within the first 7 days of each month (reporting on previous month)
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