

Terms of Reference

Project: Global Health Donor Mapping

Executive Summary

Project Description: The key deliverable of this project is the Donor Mapping Report (the Report). The Report is foundational work to the development of the RACS Global Health (GH) Business Development Plan (2022 -2025). This aims to contribute to:

- a. diversification of funding sources for RACS Global Health, with emphasis on shifting from reactive to proactive engagement with external institutional, governmental/ philanthropic donors.
- b. implementation of a systematic approach which enables effective use of RACS resources sustainable delivery of programs & interventions; and
- c. strengthening of effective existing partnerships (Australian Department of Foreign Affairs and Trade (DFAT), USAID, New Zealand Ministry of Foreign Affairs and Trade (MFAT) to support continuation of RACS GH 's successful flagship program (Pacific Islands Program (PIP)) and its operational flagship (the RACS GH Timor Leste Country Office).

The Donor Mapping Report is comprised of two Parts:

Part 1: Donor Environmental Scan; and

Part 2: Donor Deep Dive Summaries

In addition to the Report, the consultant will also deliver two internal workshops to the RACS Global Health Team presenting recommendations and analysis from the work on the Donor Mapping Report.

Budget: to be proposed by the consultant.

Location/s: Flexible/work can be completed remotely in Australia or overseas. Our preference is for Workshops to be held in person, if possible. If applicant/s are not located in Melbourne but elsewhere in Australia, applicant/s should expect that travel to Melbourne would be required for Workshops, subject to COVID restrictions applicable at the time.

Expected Project Duration: ~commence work early September 2021 to complete work early November 2021. Approx. 8-10 weeks.

Due Date for Application: 10 am Monday 23 August 2021 (AEDT).

RACS Contact for queries: Rachel Swain, RACS Global Health Grants and Partnerships Advisor – rachel.swain@surgeons.org (mobile: +61(0)428650359).

1. Background

1.1 Organisational Context

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS supports the ongoing development, maintenance of expertise and lifelong learning that accompanies the surgical practice of more than 7,000 surgeons and 1,300 surgical trainees and International Medical Graduates.

The RACS Global Health department is located within the Operations Portfolio (one of four RACS portfolios) and reports to the Chief Operating Officer/Deputy CEO. RACS employs 270 staff in offices in every state and territory in Australia and in Wellington, New Zealand. The Global Health team employs 14 staff who manage RACS Global Health Program, with 12 staff based in Melbourne. There is also a Timor Leste Country Office comprised of an Australian Country Manager based in Timor Leste and 3 locally engaged administrative and program staff. The Timor Leste staff manage the Australia-Timor Leste Program of Assistance for Secondary Services - Phase II and the East Timor Eye Program.

Since 1994, the RACS Global Health Program has worked with AusAID and the Department of Foreign Affairs and Trade (DFAT) to support delivery of specialist surgical services and medical training and education activities in Papua New Guinea and the Pacific Islands (including the Cook Islands, Fiji, Kiribati, Federated States of Micronesia, Marshall Islands, Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu), and since 2001, in Timor Leste. It has also managed independently funded projects in Indonesia, Myanmar and China for over a decade.

1.2 RACS GH Programmatic Footprint – Vision, Strategic Plan and MELF

RACS Global Health's vision is that safe, affordable surgical and anaesthetic care is available and accessible to everyone. As part of its mission, RACS facilitates medical education and clinical support in developing countries in the Asia-Pacific region through the RACS Global Health Program. The RACS Global Health Program provides primary, secondary and tertiary health services and strengthens surgical and medical capacity of national health personnel, partner health organisations and systems in the region. The RACS Global Health staff team engage qualified surgical and medical personnel, who donate their time and services to deliver the Global Health programs with staff program management support. Currently RACS Global Health engages 203 active volunteers: 46 surgeons (44 are Fellows of RACS or FRACS), 34 anaesthetists, 49 nurses, and 68 allied health professionals.

RACS is guided by its Global Health Strategic Plan (2017-21), which pursues its mission through three clear strategies:

- i) supporting the strengthening of national health systems in the region
- ii) delivering essential specialist medical and surgical services to people that otherwise would not be able to access these services; and
- iii) partnering with international medical colleges and global health organizations to advocate for improved surgical care worldwide.

The plan commits RACS to training and mentoring national doctors, nurses and allied health professionals in Timor Leste, the Pacific Islands, Papua New Guinea, and Myanmar.

To implement this strategic plan, a Monitoring, Evaluation and Learning Framework (MELF) has outlined RACS GH Theory of Change, which comprises four core domains of change:

Domain of Change 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

Domain of Change 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

Domain of Change 4: Advocacy for sustainable surgical and health care by building partnerships for action at a global, regional, and national level.

RACS is accredited by the Australian Department of Foreign Affairs and Trade (DFAT), is a member of the Australian Council for International Development (ACFID) and is compliant with the ACFID codes of conduct.

For further information regarding RACS Policies and Strategic and Organizational framework, refer to: <https://www.surgeons.org/about-racs/global-health>

2. Project Activities and Deliverables

2.1 High Level Overview

Key Deliverables & Indicative Timeframes	Activities
Project Inception Meeting (end August 2021 – early September 2021):	In a meeting with RACS GH, the selected consultant will present, discuss and finalise the Donor Mapping Report Work Plan and Proposal submitted in the consultant’s application. This will include a structured outline and methodology for how best to research, deliver and effectively present the information required for Parts 1 & 2 of the Report.
Part 1 Donor Mapping Report: Donor Environmental Scan (Final draft end September/early October 2021)	Provide analysis of relevant donors which identifies existing and prospective donors providing overseas development assistance and funding in the health sector in the Asia Pacific region which most effectively align with RACS Global Health strategic priorities and four domains of change. (see detailed description below in section 2.1).
Workshop 1 with RACS Global Health (end September to early October 2021)	Present preliminary recommendations of Part 1 Desk-top analysis. This workshop will serve the following purposes: <ul style="list-style-type: none"> - to make decisions, if necessary, regarding which donors should be the focal point for Part 2 of the Report. RACS envisages that the consultant is unlikely to find more than ten to fifteen donors within scope. The workshop will enable us to narrow the scope, if necessary, to make the donor summaries in Part 2 more targeted. - enable Project Team to check in and ensure that Report is on track and fit for purpose. - enable the Head of Global Health to present the preliminary recommendations from the Workshop 1 to the members of the International Engagement Committee (IEC) in the meeting to be held mid October 2021.
Part 2 Report – Donor Deep Dive	Based on the decisions from Workshop 1, prepare Donor ‘deep dive’ Summaries for each of the targeted donors. See detailed description below in 2.2.
Workshop 2 with RACS Global Health (end October – early /mid November 2021)	Complete Final draft of Part 1 & Part 2 of the Report. Present & summarise analysis and recommendations of Part 2 Report

	and overall conclusions & analysis of the Final Report to RACS Global Health Team.
--	--

The key overall deliverable of this project is the Donor Mapping Report (the Report), which will be delivered in two parts.

2.1 Part 1 - Donor Environmental Scan: Donor Mapping - Emerging Donors and Sectors

This is a research and analysis piece mapping existing and prospective sources of health sector development assistance and funding in the Asia Pacific region which aligns with RACS Global Health Strategy (2017- 21) and four Domains of Change. The types of donors within scope, include:

- governmental donors (e.g. MFAT New Zealand, USAID, DFAT Australia, Japan, Korea etc.)
- multilateral organisations (e.g. Development Banks, UN, European Union)
- philanthropic (private donors) (e.g. Gates Foundation)

As a first step, the consultant will work with RACS Global Health Team to build an accurate and in-depth understanding of RACS Global Health’s strategic priorities (as outlined in the GH Strategy 2017-21, any Country or Regional Strategy papers available), the MELF/Theory of Change and existing programmatic footprint overseas and existing organisational framework and capabilities.

Once the consultant’s knowledge of RACS Global Health is well established, this work should shift to prioritisation of donors with a view to identifying 2-3 high value targets and specific funding opportunities at each level which match or align with RACS Global Health priorities and capabilities. Using donor mapping and other sources, the consultant will:

- identify existing, emerging or untapped high potential donors.
- identify gaps in current capabilities to maximise grant acquisition with these donors and market trends and opportunities which are highly relevant to RACS.
- Recommend actions, donors to be targeted and funding opportunities based on this analysis.

Approach: The Report is intended for a senior internal RACS audience and needs to be practically focussed in the style and method of its presentation. Given the intended audience and purpose, we would like to see the use of tables and graphics to present the information, in conjunction with analytical text based on authoritative, accurate and referenced sources.

We envisage that research will be both primary (interviews, closed source) and secondary (online, open source). The final version of Part 1 should be no longer than ten pages (not including a cover & table of contents page).

Deliverables:

- a. Complete Part 1 Donor Mapping Report: Donor Environmental Scan by 1 October 2021.
- b. Workshop 1 with RACS Global Health team (by 6 October 2021) including delivery of power-point presentation presenting analysis and recommendations. The workshop will enable

RACS GH to make decisions regarding which donors should be the focal point for Part 2 of the Report.

- c. The development of a summary of key draft recommendations from Part 1 (maximum two pages), which can be presented to the International Engagement Committee by RACS Head of Global Health at the meeting to be scheduled for mid-October 2021 (date to be confirmed).

2.2. Part 2: Donor Deep Dive : Funding and Eligibility Requirements

For each of the identified high priority donors, Part 2 will outline the key funding opportunities, including a detailed examination, where possible or available, of the:

- objectives of the identified opportunities and identification of alignment with RACS Global Health domains of change & strategic priorities
- timing and requirements of any call for proposal/tender arrangements and the funding cycles of the opportunities identified
- eligibility of RACS Global Health for the funding opportunity (e.g. legal status, financial or accreditation arrangements/ or other specific due diligence requirements, geographic focus of programming, particular focus on cross-cutting issues (e.g. gender, disability inclusion, environmental waste management, counter-terrorism & fraud, child safeguarding, prevention of sexual exploitation abuse and harassment), local partner requirements, etc.
- funding thresholds (minimum and maximum), including whether funding levels impact on level of compliance arrangements required to be met by grant applicants
- identify any emerging trends and changing requirements in the areas of partnerships, management, and compliance from current and emerging donor
- requirement for match funding or co-financing, and internal cost recovery margins set by the donor for the relevant funding opportunity
- extent to which the donor funding opportunities leverage and multiply the effects of RACS existing programmatic footprint in the Pacific and in Timor Leste.
- trends in donors financing or use of new or innovative 'fee for service' models at market rates (e.g. Australian managing contractors).
- relevant contact details of responsible officers for identified grant or funding opportunities at targeted donors.

Approach: As above (see Part 1 for methodology). Part 2 should be no longer than two-three pages per donor. Our preference, at this stage, would be that this is presented in table form, but also welcome consultant's views on how best to present these donor summaries. Any information presented in the table should be referenced.

Deliverables:

- a. Deliver Final Part 1 & Part 2 Donor Mapping Report by 5 November 2021: Based on the decisions from Workshop 1, prepare Donor 'deep dive' Summaries for each of the targeted donors. This should include a finalised assessment of new potential grant markets and recommended actions to meet new donor priorities and requirements.
- b. Workshop 2 with RACS Global Health team (early -mid November 2021) including delivery of power-point presentation. The workshop will present the Final Report and summarise analysis and recommendations to RACS Global Health Team.

3. Budget

Submissions from any interested individual or teams of consultants are expected to include a daily rate and total proposed budgetary allocation for this work broken down according to each deliverable. This should include consideration of the number of team members to be considered, and national travel costs (if the consultant is not based in Melbourne).

When applying, all submissions should include a high-level budget that explicitly details:

- the estimated number of days on each core activity/ milestone or deliverable
- and the daily rate of all team members.
- expected travel costs (if travelling within Australia and not based in Melbourne)

A payment schedule will be agreed upon with the preferred candidate, with each tranche released upon the approval of core deliverables:

<i>Milestone/Deliverables</i>	<i>Payment</i>
<i>Project Inception Meeting held & Donor Mapping Report Plan agreed</i>	40%
<i>Deliver Final Draft Part 1 Report and RACS Global Health Team Workshop 1</i>	15%
<i>Deliver Final Draft Part 2 Report and RACS Global Health Team Workshop 2</i>	20%
<i>Delivery of complete Final Report, incorporating feedback and adjustments to satisfaction of RACS Global Health</i>	25%

4. Governance and Accountability

The consultant will report to Rachel Swain, the Global Health Partnerships and Grants Advisor, who will be the key contact point for all activities under the consultancy arrangement. Regular meetings will occur between the consultant and the Advisor, as required, to discuss progress on the Report (suggest weekly or fortnightly). The consultant will informally share iterations of the draft report (suggest weekly or fortnightly). This will enable RACS Global Health to develop the Business Development Plan and Donor Engagement Reports in parallel.

As strategic points, draft reports will be reviewed and approved by Global Health Partnerships and Grants Advisor and Manager and as required RACS Head of Global Health to support the production of the final report. Approval of completion of the milestones to a satisfactory standard by the RACS Head of Global Health or the RACS Grants and Partnerships Manager will trigger tranche payments according to the schedule of the milestones detailed in the Budget (section 3).

5. Guiding Principles

The RACS Global Health program is led by the guiding principles of:

- Collaboration
- Respect
- Service

- Integrity
- Compassion
- Diversity & inclusion

The consultant will be expected to demonstrate and work by these principles throughout the evaluation period.

Ethics- It is expected that the consultant will advise on and implement best practice principles with respect to ethical and professional research standards and engagement with third parties when undertaking this assignment. This should include reference to confidentiality, informed consent, transparency, and a do-no-harm approach to engaging with donors, RACS staff or other third parties. All consultancy team members will be required to sign and comply with the RACS Code of Conduct and RACS Policies, including child protection and other safeguarding obligations and a police check. A copy of the relevant policies can be found here: <https://www.surgeons.org/about-racs/global-health/our-policies>.

Intellectual property- All intellectual property including materials produced by the evaluator while under contract to RACS will not be used or shared with third parties without the express permission of RACS.

6. Selection Criteria

Selection Criteria	Weighting
1. Value for Money – Budget/Pricing	40%
2. Technical Criteria	60%
a. Donor Mapping Workplan: relevance, quality and practicality/realistic nature of workplan and proposal to deliver against project timeframes & ToR requirements.	15%
b. Proposed Methodology & Presentation : relevance, quality and practicality of research methods, structure of Donor Mapping Report and presentation styles (including proposed tables/graphics etc.)	15%
c. Applicant/Teams Skills & qualifications – relevance, effectiveness to do the work outlined in the ToR. <ul style="list-style-type: none"> - scope of human resources and structure assigned to contract/project management - risk processes to mitigate and manage against non-delivery. 	15%
d. Relevant Previous experience <ul style="list-style-type: none"> - project management experience - evidence of a body of work in this field which demonstrates your capability to meet the requirements and deliverables of the consultancy. Two examples of written work provided with application. - referee reports (two provided) 	15%

<p>3. Mandatory Eligibility Criteria: valid business registration and insurance arrangements (e.g. if registered in Australia - Australian Business Number/ ASIC Registration – if overseas, international equivalent in country of registration), professional indemnity insurance.</p>	<p>Not weighted but mandatory Yes/No</p>
--	--

7. Qualifications

Applications will be accepted from both individual consultants or consultancy teams. The specific skills and experience required by the individual or team are as follows:

- Seven - ten plus years’ experience and/or expertise in business development, donor engagement strategy & grants acquisition processes to diverse donors in international development.
- Strong awareness and access to donors, donor mapping resources, and on-line research and analysis skills.
- Solid understanding of international development market trends of donors, funding opportunities from around the world and trends in grants requirements and compliance across a wide range of donors.
- Ability to work effectively with clients and stakeholders to meet deadlines and deliver work required to a consistently high standard.
- Excellent written and verbal communication skills with the ability to deliver analysis and produce high quality accurate reports and assessments.
- Excellent Proficiency in MS Word, Excel, Outlook and PowerPoint.
- Tertiary qualifications in international development, humanities, international relations, international business development/international development economics, or other relevant field.
- Specific expertise in grants or donors in the international health sector would be well considered.

8. Application guidelines

All applications should consider and address the selection criteria and qualifications, skills and experience requirements outlined above. Expressions of interest should include:

- a. a Donor Mapping proposal and workplan that responds to the requirements of the Terms of Reference and specifically addresses the following items:
 - a proposed structure for the Donor Mapping Report and outline of proposed style of presentation approach
 - research methodology for expected outputs/ milestones
 - workplan & expected timeframes for the completion of each deliverables (and allocation of staff for each component).
 - a high-level budget that details the expected number of days per activity/deliverable and daily rate of each team member.
- b. a cover letter addressing why the applicant or consultancy team are best placed to deliver this work, based on the applicant or the proposed Team’s skills, qualifications and previous work experience and the relevant selection criteria. This document should be a maximum of three pages.

Applications should also include:

- An overview of the team composition (if applicable)
- A Curriculum Vitae of each team member
- Evidence of a body of work in this field which demonstrates your capability to meet the requirements and deliverables of the consultancy. Please provide 2 examples of written work with your application.
- contact details of 2 previous clients as references should their application be shortlisted.

Applications should be submitted to rachel.swain@surgeons.org, by 10 am Monday 23 August 2021 (AEDT). Applicants should be available for an interview within the 2 weeks following submission. For any enquiries, please contact Rachel Swain, Global Health Grants and Partnerships Advisor, rachel.swain@surgeons.org.