# TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS/ CONSULTANTS

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| **PART I** |
| Title of Assignment | ***Consultant to support the ESARO HSS Face-to-Face Workshop*** |
| Level | *P3/4* |
| Section | *Health* |
| Location | *Home based with 3 weeks in Nairobi (Aug 5th - 9th, August 19-23, October 14-18) and 3 weeks in Addis Ababa, Ethiopia (November 4-22)* |
| Duration | **85 days** |
| Start date | **From:** *15/07/2019* | **To:** *16/12/2019* |

**Background and Justification**

In 2011, UNICEF began an explicit programmatic and organizational re-focus on equity prompted by the recognition that national-level progress can belie significant disparity at the subnational level and evidence that investment in areas where disparities cluster is cost-effective. To operationalize this commitment and work towards Universal Health Coverage, UNICEF’s health program launched new work in health systems strengthening (HSS) targeting areas of significant deprivation. UNICEF defines HSS as “actions that establish sustained improvements in the provision, utilization, quality and efficiency of services, including both preventive and curative care, and that produce equitable health, nutrition and development outcomes for children, adolescents and women, as well as the resilience of the health system as a whole.”

Health systems strengthening is one of three overarching approaches of the newly‐developed UNICEF Health Strategy which link UNICEF’s actions to its dual goals of ending preventable maternal, newborn and child deaths and promoting the health and development of all children (the other two are addressing inequities in health outcomes and promoting integrated, multi‐ sectoral policies and programs). These approaches are viewed as necessary to increase focus and coherence across health programs and should underpin all of UNICEF’s programming and engagement in the health sector. In this strategic context, stronger health systems are necessary to reach the most marginalized children and women, to sustain the progress achieved and to increase the resilience of both delivery systems and communities to absorb and recover from external shocks, including public health emergencies and outbreaks.

UNICEF’s HSS strategy targets national, sub-national and community levels of the health system with inter-related systems strengthening interventions: 1) national-level: support MoH to develop equity-focused health policies, strategies and plans, 2) district-level: improve management capacity for evidence-based planning and monitoring, 3) community-level: strengthen community platforms and ensure they are well integrated into sub-national health systems. In response to identified bottlenecks to the effective performance of health systems and in line with UNICEF’s areas of expertise, UNICEF also supports MoH to strengthen information systems; procurement and supply chains; social protection and welfare; engagement of the private sector and quality of care at community and facility-levels.

UNICEF’s approach to HSS is framed around a core set of actions that are categorized as either system‐wide or issue‐specific (Table 1). System‐wide HSS action is further conceptualized as occurring at community, district or national levels while issue‐specific actions relate primarily to data and information, procurement and supply management, and financing.  Underlying all of these actions is HSS as a contributor to health security by strengthening resilience of the system as well as its readiness to respond in the context of emergencies.

Table 1. Core HSS Actions in UNICEF’s HSS approach

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| System wide | At the community level:* Strengthening community‐based health systems, creating demand for and ensuring the provision of essential health, nutrition, HIV and WASH services of appropriate quality, building on integrated community case management;
* Working to influence social norms or barriers that deny the rights of children and women to access care, and related behaviors; and
* Improving the accountability of local health and community leaders for the key determinants of health and for health outcomes, and strengthening resilience and emergency response capacity.
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|  | At the district level:* Improving health managers’ capacity for evidence‐based planning, budgeting, supervision and monitoring of priority interventions for children and women;
* Integration with community‐based systems; coordination with other sectors (WASH, child protection, education etc.); and
* efforts to formalize contingency planning and emergency response capacity.
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| At national level: * Contributing to evidence‐based and equitable national strategic plans and policies for children’s and women’s health, through strengthened use of evidence, equity analysis, costing and fiscal space analysis (in close collaboration with government and partners); and
* Leveraging of national and international resources, and linking with UNICEF contributions to child protection and welfare, social inclusion and protection, education, C4D, WASH, HIV and nutrition.
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| Issue Specific | Improving collection, analysis and use of data and information by strengthening the national health management information and civil registration and vital statistics systems, and building on global tools and innovative technologies, including during health emergencies. |
| Strengthening national and sub‐national procurement, supply and distribution systems, engaging with the public and private sectors, civil society and development partners, particularly in emergency prevention, preparedness and response. |
| Contributing to the social protection system and plan for financing UHC through the development of investment cases, fiscal space analysis and leveraging of resources. |
| Supporting national and development partners to engage and regulate the private health sector in provision of UHC and in monitoring and surveillance systems, and toensure that private providers and organizations contribute to equitable and quality health outcomes for children and women. |
| Working with partners to support governments in improving quality of health care, especially in community‐based health systems, and maternal and newborn care, to ensure the development and adaptation of standards, protocols and guidelines according to local contexts; capacity building of health and allied personnel, andensuring institutional accountability. |

Central to operationalizing the HSS approach is building a critical mass of competent UNICEF program staff equipped with timely and relevant knowledge and tools to support advocacy and programming related to national, regional, and local health systems, and to effectively contribute to the strengthening of health systems to improve equity, access, and health outcomes.

UNICEF and the Nossal Institute for Global Health developed a 14-week blended learning course on HSS to build internal capacity in this area. The course includes 12 weeks online and 2 weeks of face-to-face tutorial and is in its third year of operation. In coordination with UNICEF HQ and the Nossal Institute, the East and Southern Africa Region Office (ESARO) is adapting one of the two face-to-face training weeks to specifically train ESA participants on UNICEF’s HSS approached in the region. This face-to-face training is planned for November in Addis Ababa, Ethiopia. The workshop will offer an opportunity to practically apply what has been learnt in the e-learning phase of the global course; with focus on practical case studies, operational examples of strategic entry points (past, present and future), and lessons learned regarding HSS implementation in the ESARO region.

As this is the first time the regional workshop will be held, support is needed to plan for, organize, develop and package the learning content the ESARO face-to-face 2-week workshop materials.

**Scope of Work**

1. ***Goal and Objective*:** Under the technical guidance and close supervision of the Regional Health Advisor and Health System Strengthening Specialist, the consultant will work collaboratively with the RO Health Section and other relevant sections (including Nutrition, technology for development and Supply) to organize the core content of one of the face-to-face weeks of the workshop, which will be organized and led by facilitators from UNICEF ESARO.
2. ***Provide details/reference to AWP areas covered:*** This work is aligned with Output 2 of the Regional Office Health Section Annual Work Plan in which COs health programmes are well designed, implemented and demonstrate results and contributing to activity 12: Capacity building of the health network in the region (covering at least 8 COs) with identification of training and peer-to-peer learning opportunities. The work also will contribute to the global HSS formative evaluation response by contributing to the recommendation to ensure UNICEF staff have the capacity ‘to do’ HSS.
3. ***Activities and Tasks:***
	1. *Coordinate development of a standardized set of materials (presentation, exercises, case studies, and other relevant learning materials) for the ESARO led portion of the face-to-face learning workshop, ensuring good coordination and integration with Nossal Institute*
* Working closely with UNICEF HSS experts in different domains (e.g. national, district and community level system strengthening, finance, supply, digital health, information systems, etc) gather content and design learning materials, including case studies and exercises based on country experiences and opportunities.
* Review the existing content for the Nossal institute, proposing how to adapt to meet the overall objectives of the ESAR training, while ensuring alignment and consistency with existing materials.
* Organize and facilitate a content development workshop with UNICEF technical team members and the Nossal Institute during the week of August 19-23 in Nairobi, Kenya.
* Participate in coordination meetings/discussions with UNICEF and Nossal, to ensure adequate integration and coordination with online course and the first week of the face-to-face training, which will be led by Nossal.
	1. *Assist with the planning and preparations in advance of the workshop,*
* Prepare a detailed timeline of activities/to do’s in advance of the workshop, and monitor implementation
* Set up course materials/meeting platform for use during the workshop and post materials on to the platform; maintaining the platform over time to ensure its accessible and materials are kept up to date.
	1. *Overall coordination and support to facilitation during the workshop*
* Provide overall coordination for the workshop, including: Managing Introduction, Review of Agenda, Explanation of Exercises.
* Moderate sessions, time keeping and keeping track with scheduled agenda.
* Take stock of emerging issues and key discussion points, daily summaries and rapporteur
	1. *Draft workshop report*
* Prepare a web-based/online workshop evaluation/form for participants to fill in, at the end of the workshop
* Gather and analyze results from the participants evaluation.
* Within one week of the completion of the meeting, prepare and submit a post-workshop report summarizing the workshop objectives, activities and participant feedback.

## Work relationships:

The consultant will work under the technical guidance and supervision of the Regional Advisor for Health and the HSS team, and collaboratively with RO Health Section team members and other relevant sections (Nutrition, Technology for Development , Supply). The consultant may need to interact with HSS participants in advance of and during the workshop, assisting with logics, access to the web platform and other workshop related questions and issues.

## Outputs/Deliverables:

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| **Tasks** | **Deliverables** | **# working days** | **% of contract** | **Payment schedule** |
| 1) Inception, Planning and preparation phase | 1. Inception meeting in Nairobi before end of July
2. Feedback on existing training materials, and plan to incorporate new materials
3. One-one one consultations to debrief on plans and gather existing materials from ESARO team members
4. Timeline/Gannt chart workshop prep. activities
5. Agenda for the 1 week August content development meeting
6. Develop standard template for workshop materials
 | 7 days | 8% | 31st July 2019 |
| 2) Workshop Content Development | 1. Organize and facilitate a 1 week content development meeting, providing a detailed proposed outline of training and suggestions for content development, in alignment with existing content and with objectives of ESAR workshop
2. Gather further inputs from ESAR team
3. Set up Course Sharepoint/Web-based platform
 | 7 days | 8% | 30st August 2019 |
| 1. Consolidate Workshop Content
 | 1. Provide overarching direction for, design editing and develop a standardized and cohesive set of workshop materials
2. Revise workshop materials, incorporating feedback and suggested revisions
 | 14 days | 17% | 30th September 2019 |
| 4)Final workshop Preparations | a) Organize Mock/test-run through of workshopb) Finalized Workshop Agenda and Materialsc) Content posted on Sharepoint platform | 23 days | 27% | 31stOctober 2019 |
| 5) Workshop | a) Manage workshop, including supporting facilitation | 25 days | 30% | 29thNovember 2019 |
| 6) Workshop report | Final consultancy (close- out) report | 8 days | 10% | 16thDecember 2019 |

**Payment Schedule**

Payments will be made on an interim basis, based on satisfactory completion of the deliverables as outlined in the table of deliverables above.

* Minimum of Masters in public health or social science, or related discipline
* Minimum 8 years of experience in international development sector, health systems or basic service provision issues. Familiarity with health systems is a strong asset.
* Experience in developing content for and facilitating adult learning programmes
* Excellent written communication skills
* Track record of producing quality deliverables on time.
* Ability to function effectively in English

**Administrative issues**

* Consultant will be expected to arrange and pay for their own travel to Nairobi and Addis Ababa.
* Consultant expected to carry health insurance.
* Consultant expected to use their own computer and communication equipment.
* No contract may commence unless the contract is signed by both UNICEF and the consultant.
* No travel should take place without an email travel authorization from the section prior to the commencement of the journey.
* Additional details of UNICEF rules, regulations and conditions will be attached to the contract.

**Conditions**

As per UNICEF DFAM policy, payment is made against approved deliverables. No advance payment is allowed unless in exceptional circumstances against bank guarantee, subject to a maximum of 30 per cent of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

The candidate selected will be governed by and subject to UNICEF’s General Terms and Conditions for individual contracts.

 How to Apply

Qualified candidates are requested to submit the following documents

Consultant to support the ESARO HSS Face-to-Face Workshop’ as subject using the following Expression of interest / motivation letter

* Curriculum Vitae and References
* Quoted daily rate
* Quoted all-inclusive travel and living expenses for the travel indicated above
* Confirmed availability

Applications submitted without an all-inclusive fee/rate (fee, travel and living expenses) will not be considered. Please note that only shortlisted candidates will be contacted.

# Incomplete applications will not be considered