**TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS**

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| **Title**  Community Health Subsystem Costing | **Funding Code** | **Type of engagement**  Consultant | **Duty Station:**  Maputo, Mozambique |
| **Purpose of Activity/Assignment:**  Undertake the costing of the CHSS Strategy from 2024 to 2030 | | | |
| Scope of Work:  Context  The Constitution of the Republic of Mozambique guarantees access to healthcare for all citizens, aligning with the recent approval of the National Health Policy, reflecting the government's commitment to inclusive health policies.  Mozambique has been striving to improve healthcare continuously, emphasizing Primary Health Care (PHC) as a platform for genuine community development. The government's efforts to strengthen PHC include the revitalization of community health, as foundation of PHC, resulting in the creation of a community health subsystem (CHSS), contributing to the decentralization process and empowering local communities. The empowerment of communities is crucial for an effective response to the community health needs and various public health emergencies that cyclically affect the country.  In 2021, the Ministry of Health (MISAU) developed the CHSS Strategy, a participatory process involving stakeholders. The CHSS strategy encompasses four pillars: (1) Leadership, Participation, and Empowerment of Communities; (2) Expansion of Essential Health Care Services Delivery; (3) Health Information System and Surveillance; and (4) Technical Support, Resources, and Management. Each pillar outlines strategic objectives and actions with targets to achieve by 2030, aligned with Mozambique's commitments to the Sustainable Development Goals. The strategy is also aligned with both national and global strategies and policies and aims to contribute to human development and achieve health and well-being objectives for the Mozambican population. This alignment involves key national documents such as the National Health Policy and the Strategic Plan for the Development of the Health Sector Human Resources.  For the implementation of the strategy, technical working groups, led by the government with partner participation, were established and the pilot implementation has started in 23 districts across 9 out of the 11 provinces in the country. After reviewing the preliminary pilot results in 2022, significant adjustments were made to the Strategy. In this context, the Ministry of Health plans to engage a technical assistance to costing the Strategy from 2024 to 2030. There was a previous effort to cost the Strategy by the technical group, using the open-source tool “Community Health Planning and Costing Tool” by MSH for UNICEF. However, due to the changes in the strategy, various assumptions have shifted, rendering the current costing outdated.  As outlined in these ToR, we welcome applications from individuals or institutions/companies with the specified competencies and experience to undertake the costing of the CHSS Strategy from 2024 to 2030, including conducting sensitivity analysis and providing associated recommendations.  Objective:  The costing exercise has the following objectives:   * Identify and quantify the resources required for the successful implementation of the national Community Health Subsystem Strategy from 2024 to 2030. * Identify the resources envelop to finance the CHSS Strategy from government and donor partners. * Inform the governance and organizational structure on resources coordination, resources mapping and transparency in the use of funds. * To provide medium- and long-term expansion projections scenarios and recommendations for ensuring financial sustainability of the community health strategy.   Scope of Work and Deliverables:  The selected consultant is expected to complete the following deliverables:   1. Inception Report - Inception report outlining the project’s objectives, scope, methodology) including the unit of analysis) and detailed work plan – including necessary stakeholders needed for consultation. This includes review of CHSS Strategy documentation to be familiarized with the national strategy and related documents, including files with previous efforts to costing the Strategy. 2. Stakeholder Map and Use-Cases Brief - Map and conduct consultations with key stakeholders involved in the strategy's implementation to gather relevant information on resource requirements. Consultation to identify the immediate and future use-cases of this costing exercise. Write a short brief or report out. 3. Costing Framework - Develop a comprehensive costing framework outlining the financial requirements for the successful execution of the CHSS Strategy. The Costing Framework should translate community health strategy priorities, design of the CH program and design choices, and operational assumptions into cost outputs. This costing model should be able to do at least: 4. Show the main unit cost assumptions and allow them to be editable. 5. Identify and edit the major design CHW choices (e.g., ratio of CHWs to population, different cadres, remuneration, geographic coverage rates over time). These need to be adjustable to inform decision-making. 6. Identify and edit the major variable assumptions (e.g., commodities consumption rates, utilization levels) 7. Identify and disaggregate the major operational cost areas (e.g., policy and planning, recruiting, and training, supervision, delivering and maintaining services, leadership, management, and governance, system support and systems strengthening, monitoring, performance, and research). 8. Show outputs on major cost categories (e.g., training, equipment, remuneration, commodities, management). 9. Show which costs or assumptions are the major driver of cost. 10. Optional - estimated impact analysis that shows e.g., cost per CHW, cost per service delivered, cost per population. Can be combined with other data to estimate e.g. cost for coverage of services, lives saved, reduction in malaria, HIV, TB. Sensitivity Analysis - Conduct a sensitivity analysis, providing scenarios-based analysis, to assess the potential impact of variations in assumptions on the overall cost estimation of the CHSS, including the key assumptions that could impact the overall cost estimation if the corresponding components are not officially validated or suffer fluctuations. 11. Resource Mapping Analysis - Based on the outputs of the costing exercise, identify resources available and gap in resources and quantify resources needed to implement the strategy. Key analysis and outputs needed in the resource mapping analysis include: 12. Identify all existing domestic and external sources of funding for the costed strategy. Including funding sources, funding amounts, timeline, geography, and activities/interventions funding - cross-referencing the categories in the costing tool. 13. Identify the gaps in funding by amount, intervention, geography, and timeline. 14. Identify existing sources of funding that are “off-budget” or funding activities that are not on the CH strategic plan. 15. Identify/Develop the financing pathways. 16. Cross-reference the costs with the main governmental strategic and financial lines for the health sector, which includes the HRH strategic plan and the PHC workforce projections, to ensure alignment and identify possible discrepancies. 17. Additional analysis to identify timelines for new funding windows, and potential new sources of funding. 18. Recommendations for maintaining updated resource data, coordination platforms, and data systems that allow for up-to-date tracking. 19. Recommendations for resource optimization and areas of efficiency or integration 20. Development of Budget brief as advocacy tool for “one budget” approach   Description of the Assignment:  The consultancy will be carried out under the leadership of UNICEF Health Unit, within the Child Health & Nutrition Section, in coordination with the MISAU/MoH and the community health stakeholders.  During the contract, the Individual consultant will be responsible for ensuring high quality costing exercise, complying:  By week 1: the consultant is required to deliver the inception report and a concise presentation detailing the agenda for the costing exercise with proposed methodology, milestones, timelines, and stakeholder engagement points. The presentation should be set to be delivered to the stakeholders mapped to foster collaboration and ensure a shared understanding of the costing exercise.  By week 2: the consultant is expected to have conducted consultations with key stakeholders and produced a short brief.  By week 4: the consultant is expected to present to stakeholders the comprehensive costing framework format, tested with examples, and exchange in any adjustment needed.  By week 8: the consultant is expected to have finalized data collection and analysis within the costing framework, as well as to have conducted a workshop for costing validation. The workshop should be scheduled at least one month in advance, facilitated by the consultant, with logistics organized by UNICEF.  By week 9: the consultant is expected to have produced and delivers a report with the final costing model and results, in accordance with the outcomes of the validation workshop. This report should be provided with the editable files. In addition, it is expected that the consultant presents the findings in a summarized and clear format that is easily understood and adaptable to different audiences.  By week 10: the consultant is expected to have conducted a sensitivity analysis with the systematization of the varying key assumptions to assess their impact on overall cost estimates. This analysis should explore different scenarios to identify the most influential factors and components and potential risks that could affect the costing. The analysis should be presented to the stakeholders with insights into the components costing flexibility, potential vulnerabilities, and informed perspectives for effective decision-making.  By week 12: the consultant is expected to have completed the resource Mapping Analysis and provide a final presentation and report. The report analysis and respective report should provide recommendations on enhancing efficiency and ensuring the financial sustainability of the strategy, including potential additional funding sources and cost-saving measures should be discussed and validated. In addition, it is expected that the consultant presents the findings in a summarized and clear format that is easily understood and adaptable to different audiences. | | | |
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| **Child Safeguarding**  Is this project/assignment considered as “[Elevated Risk Role](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Guidance%20on%20Identifying%20Elevated%20Risk%20Roles_finalversion.pdf?CT=1590792470221&OR=ItemsView)” from a child safeguarding perspective?       YES       NO     If YES, check all that apply:      **Direct contact role** YES       NO   If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:     |  | | --- | |  |     **Child data role** YES      NO   If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):     |  | | --- | |  |   More information is available in the [Child Safeguarding SharePoint](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/SitePages/Amendments-to-the-Recruitment-Guidance.aspx) and [Child Safeguarding FAQs and Updates](https://unicef.sharepoint.com/sites/DHR-ChildSafeguarding/DocumentLibrary1/Child%20Safeguarding%20FAQs%20and%20Updates%20Dec%202020.pdf) | | | |

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| **Budget Year:** | **Requesting Section/Issuing Office:** | | **Reasons why consultancy cannot be done by staff:** | | | |
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| **Included in Annual/Rolling Workplan***:*  Yes  No, please justify: | | | | | | |
| **Consultant sourcing:**  National  International  **Consultant selection method:**  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review/Interview) | | | | | **Request for:**  New Individual Contract  Extension/ Amendment  Low Value Contract (LVC) | |
| **If Extension, Justification for extension:** | | | | |  | |
| **Supervisor:** | | **Start Date:** | | **End Date:** | | **Number of Days (working)** |
| Health Manager | | 13 May 2024 | | 2 September 2024 | | 112 days |

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| **Work Assignment Overview** | | | |
| Tasks/Milestone: | Deliverables/Outputs: | Timeline | Estimate Budget |
| Inception Report | Preliminary presentation with methodology and agenda | By week 1 | 3150 |
| Stakeholder Map and Use-Cases Brief | Short brief or report | By week 3 | 6300 |
| Costing Framework | Costing framework / Data collection, analysis, validation & Final cost model and report | By week 10 | 22050 |
| Sensitivity Analysis | Presentation and report on the sensitivity analysis | By week 12 | 6300 |
| Final report | Final presentation and report | By week 16 | 12600 |
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| **Estimated Consultancy fee** |  |  |  |
| Travel International (if applicable) | 2.000 USD |  |  |
| Travel Local (please include travel plan) | n.a. | n.a. |  |
| DSA (if applicable) | n.a. | n.a. |  |
| **Total estimated consultancy costs[[1]](#endnote-1)** |  |  |  |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** | | |
| Bachelors  Masters  PhD  Other  Enter Disciplines:  Public Health  Economy  Finances | * Senior expertise in health economics, financial analysis, or a related field (8+ years of experience). * Proven experience in developing costing frameworks for national health strategies. * Strong analytical and communication skills. * Fluency in written and spoken English and Portuguese. | | |
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| **Administrative details:**  Visa assistance required:  Transportation arranged by the office: | Home Based  Office Based:  If office based, seating arrangement identified:  IT and Communication equipment required:  Internet access required: | | |
| **Request Authorised by Section Head** | **Request Verified by HR:**  Kabwe Musonda – HR Manager | | |
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| *Review by Social Policy Social Protection*  *(**for evaluation related TORs)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Approval of Chief of Operations (if Operations): Approval of Deputy Representative (if Programme)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Representative (in case of single sourcing/or if not listed in Annual Workplan)*    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
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1. Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

   Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

   **Text to be added to all TORs:**

   Individuals engaged under a consultancy contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws. [↑](#endnote-ref-1)