| Title of Assignment        | National consultancy: UN Joint Programme - Health Systems   |                      |  |  |
|----------------------------|---|----------------------|--|--|
|                            | Strengthening   |                      |  |  |
| Requesting Section         | Health Section  |                      |  |  |
| Location                   | Place of assignment: Lilongwe, Malawi with travel to UNJP Districts<br>(Rumphi, Mzimba, Kasungu, Ntchisi, Nsanje, Chikwawa) |                      |  |  |
| Contract Duration          | 10 months   |                      |  |  |
| Number of working days     | 195   |                      |  |  |
| Planned Start and End Date | From: 21 February 2023  | To: 31 December 2023 |  |  |

### TERMS OF REFERENCE FOR INDIVIDUAL CONTRACTORS AND CONSULTANTS

#### BACKGROUND

Despite recent gains, Malawi's health outcomes remain challenging. Healthcare resources in Malawi are unfairly and inefficiently focused on tertiary-level facilities and services. Universal Health Coverage (UHC) can only be realistically achieved through a lower-cost Essential Health Package (EHP) that emphasizes primary and preventive care, alongside improving quality and strengthening of health systems. The Umoyo Wathu Health Systems Strengthening (UW-HSS) programme (2019-2025) funded by FCDO (United Kingdom Foreign and Commonwealth Development Office) aims to improve the health and survival of the most vulnerable in Malawi. Currently, in its third year of implementation, the programme emphasizes (i) reaching the poorest and most vulnerable with cost-effective primary and community-based services; (ii) improving quality of care to ensure better life-saving outcomes and increased demand, and (iii) establishing more effective district governance and accountability for service delivery and outcomes to make better use of available resources.

The programme represents a significant shift from largely input-driven health financing at the national level, to focus tightly on strengthening the quality and coverage of UHC and delivering better health outcomes at the sub-national level through decentralized administration.

The programme will:

# increase provision and uptake of quality cost-effective life-saving primary healthcare (PHC) services;
# improve equitable resourcing and district management of services; and
# strengthen Government accountability and citizens' participation in the delivery of health services in the focus districts.

### **United Nations Joint Programme**

A Joint United Nations (JUN) Programme on health systems strengthening (HSS) has been developed by UNICEF, WHO and UNFPA and coordinated by the Resident Coordinators' Office (RCO). The Joint Programme is providing technical support to ensure quality integrated Reproductive Maternal Newborn Child Health (RMNCH) services are available and accessible at primary care and community levels, leading to high coverage of such services which is a key condition for women, children and adolescents to attain a state of good health by 2025.

The United Nations Joint Programme (UNJP) is building upon the complementarities of the three agencies, bringing together the added value of each of the partners to address the multifaceted areas of HSS, PHC and achieving UHC - all important contributions towards sustainable development goals in Malawi. The UNJP HSS programme works alongside Government of Malawi (GoM) in the formulation of health policies for the delivery of RMNCH services and systems strengthening, directly implementing and effectively managing:

- # Downstream partners for health workforce skills enhancement
- # Community health workers (CHW) coordination and skills building
- # Integration of health services
- # Improving the quality of healthcare services
- # Effective work with communities on accountability initiatives

# Emergency preparedness and response interventions with the flexibility to adjust priorities in responding to health shocks as they arise

#### Health Centre Improvement Grant (HCIG)

As a step towards Universal Health Coverage, the Government of Malawi has prioritized an Essential Health Package (EHP) to be delivered free at the point of care to all Malawians. However, the effective delivery of the EHP largely depends on the availability of adequate resources, which in the context of the Malawi health sector are highly constrained. Under the environment of limited opportunity for the expanding government and donor health budgets, efficiency gains will be critical for Malawi to achieve its UHC goals.

As part of an overall focus on efficiency gains, the MoH through the Malawi National Health Financing Strategy (HFS), 2022-30), is advocating for public financial management (PFM) reforms to include peripheral health facilities as cost centres, including payment of direct grants to the facilities, as part of increasing funding flows to the level of service delivery.

To promote government ownership and sustainability, the Ministry of Health (MoH) with technical support from UNICEF has established a task force at the national level to provide technical support to district teams that will be established and capacitated to train and mentor members of their respective Health Centre Management Committees (HCMCs) in the focus districts.

Under its governance objective of the UNJP programme and together with the MoH, the programme has initiated a phased scale-up of direct facility financing and accompanying community oversight mechanisms in selected districts to strengthen the case to scale up donor and government direct facility financing and to empower communities to address their health priorities. This will be initiated through a Health Centre Improvement Grant (HCIG). The MoH lead task force will provide oversight to project implementation.

The HCIG is expected to transition to a longer-term sustainability strategy. One of the key roles of the task force is to advocate for public financial management (PFM) reforms to enable direct government financing of health facilities. The task force will work through the Health Financing Technical Working Group (HF TWG) at MOH to achieve this, using the learning from HCIG.

#### JUSTIFICATION

The UN Joint Programme is providing technical support to the Government of Malawi to ensure the delivery of better health outcomes for mothers, new-borns, and children, by building a responsive and resilient health system, improving the quality of health services, attaining Universal Health Coverage (UHC) and integrating service delivery at the sub-national level through decentralized governance mechanisms and community engagement. It is in this context that the UNJP is seeking the services of an individual consultant with experience in coordinating programmes with a focus on support to decentralized governance for improved health outcomes.

The Health Systems Strengthening Consultant will therefore:

- (a) provide technical support to the UN Joint Programme for implementation of Direct Facility Financing- an important health financing strategy reform of the Ministry of Health.
- (b) support the training and supervision of the Health Centre Mangement Committees for implementation of the Health Centre Improvement Grant in selected UNJP districts.

#### PURPOSE OF THE ASSIGNMENT

This assignment will primarily provide technical assistance at the national, district and community level to ensure greater autonomy to health facilities to plan and budget for their health needs and execute and monitor their priority projects to enhance district performance and improve primary health care through the services of an individual consultant. In addition, the Health Systems Strengthening Consultant will lead the planning, budgeting and performance monitoring of the Governance Pillar of the UNJP.

#### **SCOPE OF WORK/OBJECTIVES**

Specifically, the Health Systems Strengthening consultant will:

• Capacity building of Health Centre management Committees

# Provide technical support to the UN Joint Programme in training and supervision of the Health Centre Management Committees for implementation of the Health Centre Improvement Grant in selected UNJP districts.

# Ensure quality assurance of HCIG trainings at the district level through validation of training materials and providing on-spot technical support.

# Provide techncial support to the Direct Facility Financing (DFF) Taskforce to monitor progress on the health centre improvement grants, with milestones for measuring progress and building the evidence base for advocating this (Direct Facility Financing) reform in the health sector.

# Support the DFF task force in transitioning HCIG to a longer-term sustainability strategy of channelling funds to Health Centres through public financial management (PFM) with the long-term goal of having HC recognised as cost centres.

# Develop DFF/HCIG operational guidelines and SOP (Standard Operating Procedures) for the district in consultation with the UNJP team.

• Technical support for the decentralization processes within the health system

# Oversee the capacity development of national, district and community structures in health facility level output based planning, budgeting and reporting.

# Develop and maintain strong and supportive relations with senior staff in the MOH, Districts, and other government departments as appropriate, particularly the Ministry of Local Government and the National Local Government Finance Committee.

# Support the decentralization agenda by means of strengthening the interface between the Ministry of Health and District, through the Satellite Offices, and the Ministry of Local Government.

# Liaise with MoH and facilitate regular supervision and technical review meetings at district and Satellite offices as appropriate.

• Support the UNJP team in programme coordination.

# Act as the link between the district level and central level UNJP Team to ensure HCIG is implemented in a coordinated manner.

# Support the UNJP team in ensuring that project stakeholders are fully appraised of programme objectives, activities and progress.

# Lead the planning, budgeting and performance monitoring of the Governance objective of the UNJP programme.

# Synthesis of district training and other HCIG periodic reports, identifying challenges and proposing punctual remedial action.

# Facilitate district HCIG entry and exit engagement meetings and draw lessons for upscaling HCIG to other districts.

# Facilitate cross-learning among HCMCs and document best practices.

# Contribute to the UNJP-HSS bi-annual Report to FCDO, synthesizing inputs from field staff.

# Contribute towards annual programme reviews.

# Provide support to the Programme Steering Committee and make presentations as required.

# Contribute to programme communications activities.

#### **REPORTING REQUIREMENTS**

### To whom will the consultant report (supervisory and any other reporting/ communication lines):

The Health Systems Strengthening Consultant will report to the UNJP Coordinator i.e. UNICEF Health Systems Specialist on a regular basis. The consultant will also liaise closely with the other UN partners (UNFPA and WHO) and the UNJP Secretariat.

### What type of reporting will be expected from the consultant and in what format/style will the submissions of reports/outputs be done:

The consultant will provide a monthly update report in the form of a written document, for the period of the consultancy and a final report at the end. Weekly meeting reports, trip reports and other documents related to the programme will be attached as annexes to the monthly reports.

#### How will individual consultant deliver work and when will reporting be done:

The consultant will work and consult through various communication channels such as email and mobile communication. Regular field visits will be conducted to the districts to interact face-to-face with key stakeholders. Field reports will be submitted at the end of each field visit and as annexes along with the monthly and weekly report. Any consultation or meeting will also be documented and shared as meeting minutes, attached as an annexe to the monthly report.

Reporting will be done at the end of the month to specifically highlight the achievements of the expected deliverables as per the workplan during each given month and the final report at the end of the consultancy.

#### EXPECTED DELIVERABLES

In alignment with the scope of work, as described above, the Health Systems Strengthening Consultant will be expected to perform the following activities and deliverables as per the schedule and estimated dates below:

| Task/Milestone                                | Deliverable/Outcome  | Estimated | Planned            | % of total fee    |
|---|--|-----------|--------------------|-------------------|
|   | (e.g. Inception, progress, final<br>reports, training material,<br>workshop, etc.) | # of days | Completion<br>date | payable<br>(US\$) |
| Support the training and mentoring of         | Training and   | 30        | 4-Apr-23           | 15%               |
| Health Centre Management Committees in        | mentoring report   |           |                    |                   |
| 15 health centres in Rumphi                   |  |           |                    |                   |
| Support HCIG project implementation in 15     | Projects   | 40        | 30-May-23          | 21%               |
| participating health centres in Rumphi and    | implementation and   |           |                    |                   |
| district review meeting                       | completion report  |           |                    |                   |
| Develop a short- to a medium-term road        | Road map for the   | 15        | 27-Jun-23          | 8%                |
| map for the transition of HCIG to PFMs by     | transition of HCIG to  |           |                    |                   |
| 2025 with milestones for measuring            | PFMs by 2025   |           |                    |                   |
| progress                                      |  |           |                    |                   |
| Develop HCIG Guidelines and SOP               | HCIG Guidelines and  | 15        | 25-Jul-23          | 8%                |
|   | SOP  |           |                    |                   |
| Support district engagement meetings in       | District Engagement  | 10        | 15-Aug-23          | 5%                |
| Ntchisi                                       | Report   |           |                    |                   |
| Support ToT for the Ntchisi district training | ToT report   | 10        | 12-Sep-23          | 5%                |
| team  |  |           |                    |                   |
| Support Ntchisi reconstitution of Health      | HCMC reconstitution  | 20        | 10-Oct-23          | 10%               |
| Centre Management Committees in 14            | report   |           |                    |                   |
| health facilities                             |  |           |                    |                   |
| Support HCMC and district team learning       | Cross learning/best  | 10        | 24-Oct-23          | 5%                |
| exchange visits                               | practice report  |           |                    |                   |
| Support training and mentoring of HCMs in     | Training and   | 25        | 28-Nov-23          | 13%               |
| 14 facilities in Ntchisi                      | Mentoring report   |           |                    |                   |
| Prepare end of Contract report                | End of contract  | 20        | 26-Dec-23          | 10%               |
|   | report   |           |                    |                   |
| Total number of days                          |  | 195       |                    | 100%              |

### PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS

The performance of work will be evaluated based on the following indicators:

• Completion of tasks specified in TOR

- Compliance with the established deadlines for submission of deliverables
- Quality of work
- Demonstrating high standards in cooperation and communication with UNICEF and counterparts

#### PAYMENT SCHEDULE

All payments, without exception, will be made upon certification from the supervisor of the contract, of the satisfactory and quality completion of deliverables and upon receipt of the respective and approved invoice.

Travel costs will be reimbursed on actual expenditures and upon presentation of original supporting documents.

#### DESIRED COMPETENCIES, TECHNICAL BACKGROUND AND EXPERIENCE

#### Academic qualification:

• Master Degree in Health Management, Development Planning or other relevant degree is required.

#### Work experience:

Essential

- At least 8 years of work experience in development planning at district level is required.
- Experience in providing policy advice and programme support in area of local governance and decentralization in development context.
- Sound programme management experience is essential.
- Experience of coordinating with other donor funded technical assistance health programmes is essential.

#### Desirable:

- Over 8 years' experience in providing technical assistance including long term technical assistance to Government through participatory approaches.
- Demonstrate kowledge of the legal and regualtory frameworks for local governance

#### Technical skills, knowledge and strength areas:

- Good understanding of direct facility financing and experience in the capacity development of district and community structures in planning, budgeting and implementation of small grant projects.
- Demonstrable knowledge of government health systems and systems reform in Africa is required.
- Demonstrable knowledge of good practices in capacity building and delivery of technical assistance is essential.
- Excellent Word, Excel and PowerPoint skills is needed.
- Demonstrable knowledge of international health development issues including the Paris Declaration, IHP, pooled funding mechanisms etc. is desirable.
- Demonstrable knowledge of Malawi's current health policy and plans is essential. desirable

Languages:

• Excellent spoken and written English and report writing skills is required.

#### **ADMINISTRATIVE ISSUES**

UNICEF will regularly communicate with the Consultant and provide feedback and guidance and necessary support to achieve the objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work.

As per policy on consultants and individual contractors, the individual will be expected to complete a list of mandatory training, including policies on Prohibiting and Combatting Fraud and Corruption; Prohibition of discrimination, harassment, sexual harassment and abuse of authority and other relevant policies for their information and acknowledgement upon acceptance of the offer.

Before the issuance of the official contract, the Consultant is requested to:

- complete the applicable training
- self-certify that he/she is fully vaccinated against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

#### **Details on working arrangements**

The consultant will mostly work remotely. She/he will however be expected to attend regular programme update meetings, internal meetings of HSS section and working sessions as may be required by the Programme as well as make field trip based on the workplan.

#### CONDITIONS

- The consultancy will be over a period of 10 months with a detailed delivery schedule to stipulate the submission dates .
- The candidate selected will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.
- No contract may commence unless the contract is signed by both UNICEF and the Consultant.
- The Consultant will be based in Lilongwe with field travel to identified districts.
- The Consultant will be paid an all-inclusive fee (stationary, communication and other miscellaneous expenses) as per the stipulated deliverable and payment schedule.
- The Consultant is not entitled to payment for overtime, weekends or public holidays.
- Travel expenses for official in-country trips, including living costs, will be covered in accordance with UNICEF's rules and tariffs, by the consultant and reimbursed against actuals, unless otherwise agreed.
- Transport will have to be organized by the consultant during in-country field travel, where planned and approved and will be reimbursed on an actual basis.

- No travel should take place without an email travel authorization from section prior to the commencement of the journey from the duty station.
- Standard UNICEF procedures will apply for invoicing and all other financial management requirements set out in the contract.
- Standard penalty clauses will also apply for late and poor-quality deliverables. The supervisor of the contract
  will provide the consultant with the criteria for the evaluation of the quality of each deliverable.
- Additional details of UNICEF rules, regulations and conditions will be attached to the contract.
- The Consultant will not have supervisory responsibilities or authority on UNICEF budget.
- Individuals engaged under a consultancy or individual 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.

#### HOW TO APPLY

Interested consultants should provide the following:

- 1. Curriculum Vitae
- 2. Brief technical proposal (no longer than five pages) demonstrating the consultant's understanding of the assignment and approach/methodology to the assignment
- 3. Financial proposal including a breakdown of their all-inclusive fees (including professional fees, travel, living cost, visa and other costs). Complete the attached form.



**References details**