|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:**  Development of Yemen Community Primary Health Care Systems Strategy | | **Funding Code**  **Grant:** GS230009  **WBS:** 4920/A0/07/001/ 001/029 | | **Type of engagement**  Consultant | | | **Duty Station:**  Sana’a Country Office, Yemen | |
| **Purpose of Activity/Assignment:**  The consultant will support Ministry of Public Health and Population (MoPHP) in developing a robust Community Primary Health Care Systems Strategy to enhance healthcare delivery at the grassroots level.  **Objectives:**  The general objective of this consultancy is to support the MoPHP with the entire development process of the Yemen National Community Primary Health Care Systems Strategy. Specific objectives include the following.   1. To provide expert technical assistance to the MoPHP on Community Primary Health Care Systems, including supporting contextualization of global best practice by the MoPHP into a tailored Yemen specific strategy. 2. To serve as primary pen-holder for the MoPHP and stakeholders through all stages of the strategy development, thereby ensuring timely progress through all milestones and production of quality written outputs. 3. To serve as secretariat for assisting MoPHP in convening and documenting all consultative meetings as part of the strategy development process. 4. To facilitate the technical aspects of an envisioned study tour by the MoPHP so as to ensure systematic learning and documentation of lessons relevant to the development of the strategy for Yemen. 5. To provide expert technical leadership in under-taking all information gathering for the strategy developing, including but not exclusive to facilitating key informant interviews. 6. To consolidate a complete package for the MoPHP including all materials used for the strategy development, the final Yemen Community Primary Health Care Strategy document, strategy communication slides, and a dissemination plan. | | | | | | | | |
| **Background:**  Yemen's health system has made remarkable progress in recent years, particularly in improving maternal and child survival rates. Over the past decade, under-five mortality has decreased by an impressive 23%, reflecting significant advancements in healthcare delivery. Key health service coverage indicators such as Antenatal Care (ANC), Skilled Birth Attendance (SBA), and Postnatal Care (PNC) have also shown improvement, indicating enhanced access to essential maternal and child health services. These are attributed to a decade-long commitment to investment in Yemen's healthcare system. Substantial efforts have been made to enhance the availability and accessibility of primary health care (PHC) services, including Integrated Management of Childhood Illnesses (IMCI), integrated Community Case Management (iCCM), Expanded Program on Immunization (EPI), Community-Based Management of Acute Malnutrition (CMAM), and Maternal and Newborn Health (MNH). These initiatives have been scaled up from 17% of PHCs in 2017 to 60% of PHCs in 2023. Furthermore, sustained high coverage of Outpatient Therapeutic Programs (OTPs) has played a crucial role in addressing malnutrition and reducing associated mortality rates among children. These investments and interventions have contributed significantly to the overall improvement in maternal and child health outcomes in Yemen.  Despite these achievements, challenges persist, particularly in reaching populations in hard-to-reach areas and those affected by ongoing conflicts and disruptions of critical information and services. For example, only 20% of babies are exclusively breastfed, close to one-third (31 percent) of household members use unimproved sanitation services, and basic hygiene services (hand washing facility) are available in 62% of households while 28 percent of households have limited hygiene services. These are critical and high impact intervention, but the current sub-optimal coverages are significantly affecting health and nutrition outcomes. To build on the progress made and further enhance health and nutrition outcomes, a strong community health system is essential. Such a system requires robust national strategy that stipulates Yemen’s vision and standardizes and institutionalizes the different community workforce. The Ministry of Public Health and Population (MoPHP) and UNICEF seek the expertise of an international consultant to develop a comprehensive Community Primary Health Care Systems Strategy.  Yemen's community health system relies on a diverse array of dedicated community cadres, including over 9,000 community midwives (CMWs), 3,600 Community Health Workers (CHWs), 24,000 Community Health and Nutrition Volunteers (CHNVs), 14,000 Community Volunteers (CVs) focusing on Social Behavioral Change Communication (SBC), and over 2,000 malaria volunteers, who collectively serve as the backbone of healthcare delivery, particularly in hard-to-reach areas. These cadres deliver essential maternal and child health services, nutrition support, hygiene promotion, and malaria diagnosis and treatment, among other services, effectively bringing primary healthcare close to families. However, the fragmentation within the health system, with each cadre vertically supported by distinct programs, hinders their full potential impact. This fragmentation complicates referral pathways, perpetuates inefficiencies, and limits the collective potential of community resources, highlighting the urgent need for enhanced integration and coordination efforts to maximize their impact on improving health outcomes across Yemen, especially in remote and underserved areas.  **Scope of Work**  This strategy will aim to improve access to quality primary health care services including in hard-to-reach locations, by providing wholistic strategic guidance for harnessing the existing potential and establishing a streamlined framework for investments required to build a sustainable, efficient, and fully functional community primary health care system in Yemen. To achieve this goal, the scope of work for the consultant will cover the following.   |  |  | | --- | --- | | **1.** | Undertake a desk Reviews: Assessing the current situation of community primary healthcare in Yemen, detailing the opportunities, contextual factors to inform guiding principles for a community primary health care system for Yemen, and key bottlenecks that must be addressed by the strategy. | | **2.** | Support the systematic enquiry and documentation process during a study tour by the MoPHP to a country with a mature community primary health care system to inform Yemen’s strategy development. | | **3.** | Stakeholder Engagement: Facilitating discussions and interviews with relevant stakeholders, including MoPHP teams, Governorate Health Offices (GHOs), relevant line ministry key informants, Community Midwives (CMWs), Community Health Workers (CHWs), Community Health and Nutrition Volunteers (CHNVs), Community Volunteers (CVs), community and religious leaderships, other community opinion holders, UNICEF, and other partners. | | **4.** | Provide periodic Status Update Reports: Providing updates on progress and outlining plans towards strategy development. | | **5.** | Drafting the Community Primary Health Care Systems Strategy: Delivering a comprehensive strategy document outlining scope of work of the community workforce, implementation plans, supervision systems, supply chain systems, monitoring framework, linkages for upward and back-referral, social accountability mechanism. | | **6.** | Preparation of a dissemination costed plan for the strategy and support MoPHP to facilitate the dissemination sessions at all levels. | | **7.** | Review of Training Curriculums: Updating existing training curriculums, tools and job aids as per the strategy's requirements, and support the initial national training of trainers. | | | | | | | | | |
|  | | | | | | | | |
| **Budget Year:**  2024 | **Requesting Section/Issuing Office:**  Health Section | | | **Reasons why consultancy cannot be done by staff:** Given the scope of work for development of a national strategy within the time frame agreed with the MoPHP, the available Health Section staff member cannot practically under-take the assignment. As per the detailed tasks reflected below, an expert is required to focus 100% work time for the duration of the strategy development. Though technical expertise are available in the Health Section, assigning the available staff would present reputational risk for UNICEF with regard timely delivery of the strategy for the MoPHP. This is because existing responsibilities to deliver the broader UNICEF-MoPHP rolling workplan by the staff with the required expertise, preclude the feasibility of allocating the assignment 100% staff time. | | | | |
|  |  | | |  | | | | |
| Included in Annual/Rolling Workplan*:*  Yes  No, please justify: | | | | | | | | |
| Consultant sourcing:  National  International  Both  Consultant selection method:  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review/Interview) | | | | | | Request for:  New SSA  Extension/ Amendment | | |
| If Extension, Justification for extension: **N/A** | | | | | |  | | |
| Supervisor:  **Dr Kebir Hassen** | | | Start Date:  **21 April 2024** | | End Date:  **17 October 2024** | | | Number of Days (working)  **180 Days** |
|  | | |  | |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Assignment Overview** | | | |
| **Tasks/Milestone:** | **Deliverables/Outputs:** | **Timeline** | **Estimate Budget** |
| Develop inception report outlining the workplan, methodology and approach, steps, activities, and timelines to achieve the objectives of the consultancy. | Inception report submitted. | Two weeks  Date :02 May 2024 | 10% |
| Undertake a Situation Analysis detailing current status and all additional information necessary to inform the strategy development, including information sources and informants. | Situation Analysis report submitted | Three weeks  Date: 23 May 2024 | 25% |
| Develop scene setter and study tour programme of activities to facilitate systematic learning and documentation by MoPHP delegates. | Study tour scene setter and overall programme submitted | One week  Date: 31 May 2024 |
| Produce a report on the study tour with recommendations for Yemen’s strategy, topics requiring further in-country consultations, references identified during the tour to review and cite in the strategy | Study tour report submitted | Two weeks  Date: 24 May 2024  ***\*Study Tour 10 - 17 May*** |
| Develop tools for Key Informant Interviews, Focus Group Discussions, and agendas for consultative meetings. | Full set of field tools for information gathering are field tested and finalized | Four weeks  Date: 21 June 2024 |
| Undertake a synthesis, in light of the situation analysis, of all consultations conducted, including recommendations from the study tour, detailing recommendations for consideration, and identified bottlenecks to be addressed in the strategy | Draft zero of the strategy finalized and presented for feedback to MoPHP and stakeholders to conceptualize the vision for the Community Primary Health Care System in Yemen. | Four weeks  Date: 19 July 2024 |
| Develop the Theory of Change for Yemen’s Community Primary Health Care Systems Strategy for presentation to MoPHP and stakeholders | Draft Theory of Change developed and presented to MoPHP and stakeholders for validation. | Three weeks  Date: 9 August 2024 | 20% |
| Finalize and updated Theory of Change reflecting stakeholder feedback. | Updated Theory of Change submitted. | One week  Date 16 August 2024 | 25% |
| Compile the full document of the Community Primary Health Care Systems Strategy. | Draft one of the strategy finalized and circulated to MoPHP and stakeholders for validation | Four weeks  Date: 12 September 2024 |
| Produce the final package of the Community Primary Health Care Systems Strategy including all outputs from the development process, a strategy communication slide deck, dissemination plan | Final strategy and accompanying documents submitted | One week  Date: 19 September 2024 | 20% |
| Revise relevant curricula aligned with the scope of community workforce as per new strategy, complete with job aids and field tools | Revised community workforce curricula ready for training | One week  Date: 26 September 2024 |
| Support the initial Trainer of trainers session based on revised curricula | Trainer of trainers completion report including plan for cascade training submitted | Three weeks  17 October 2024 |
| **Estimated Consultancy fee** |  |  |  |
| Travel International (if applicable) |  |  |  |
| Travel Local including DSA (please include travel plan) (Aden, Hodeida, Ibb, Saada, Sana’a) |  |  |  |
| DSA (if applicable) |  |  |  |
| **Total estimated consultancy costs[[1]](#endnote-1)** |  |  |  |
| **Minimum Qualifications required:** | **Knowledge/Expertise/Skills required:** | | |
| Bachelors  Masters  PhD  Other  Advanced degree in medicine, public health, nutrition, Health System Strengthening, Family Health, International Health, Health policy and/or management or a related field. | * Over 15 years of working experience, including developing and implementing community-based health and nutrition programs in resource limited setting. * Demonstrated expertise in strategy development and stakeholder engagement. * Ability to work effectively in a multicultural and multidisciplinary team. * Fluent in English with excellent report writing and presentation skills. * Knowledge of Arabic language and *experience working in fragile and conflict settings* are assets. | | |
|  |  | | |
| **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:** | | |
|  |  | | |
| *Approval of Chief of Operations (if Operations): Approval of Deputy Representative (if Programme)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Representative*    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
|  | | | | |
|  | | | | |

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 [↑](#endnote-ref-1)