TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT FOR ASSESSMENT OF THE EXTENT OF INTEGRATION OF SRH/HIV & SGBV IN BOTSWANA

TERMS OF REFERENCE (to be completed by Hiring Office)	
Hiring Office:	Botswana Country Office
Purpose of consultancy:	**Background** UNFPA Botswana supports the Ministry of Health and Wellness (MoHW) to scale-up the integration of Sexual Reproductive Health and Rights (SRHR), HIV and Sexual Gender-based Violence (SGBV) services in thirteen (13) health districts under the 2gether 4SRHR programme. The 2gether 4 SRHR programme is funded by the Swedish Government the aim to improve the SRHR of all people in East and Southern Africa (ESA), particularly adolescent girls, young people and key populations. One of the main outputs of this support to Botswana is to ensure that high quality SRHR/HIV and SGBV data and strategic information is produced, analysed and used to inform evidence-based programming. To realise this output, UNFPA's support includes provision of catalytic support to strengthen national Health Management Information Systems (HMIS) to generate high quality disaggregated SRHR, HIV and SGBV data at national and sub-national level. Scaling up and enhancing the provision of comprehensive integrated HIV, TB, Reproductive, Maternal Newborn, Child, Adolescent Health (RMNCAH)/Sexual Reproductive Health (SRH) and non-communicable (NCD) services is a key strategy of Botswana's national strategic documents. Provision of integrated SRH/HIV and SGBV service delivery is among the health sector's approaches to increasing access to and use of a broad range of quality SRH services and HIV prevention, treatment, care and support, with linkages to gender and justice sectors in Botswana. Following the successful pilot phase, the scaling up of integrated services is being implemented in two phases. In phase I, SRHR/HIV integration is being expanded to the remaining 91 health facilities in the three (3) pilot districts and further rollout to an additional ten (10) districts. In the second phase, all facilities in the remaining districts will be added, thereby covering all 28 health districts. Since 2018 UNFPA is supporting this phase I scale-up. Consistent with the National Guidelines for Implementation of Integrated Community-based Health Services, Botswana implements four models of integration being the kiosk, supermarket, mall and community models. The kiosk model is a model of integration where there are a limited number of SRH/HIV services in one room. In this model an integrated package of services is provided to clients by the same health care provider and is commonly used in clinics and health posts. The supermarket model is whereby services are offered in adjacent rooms in one location. This is applied in larger health facilities that either have or do not have a maternity wing such as main clinics. The mall model entails the provision of all SRH/HIV & SGBV services in one relatively big health facility. The mall model is often used at the district, primary and referral hospitals where specialized services are provided. The community model is applied at the community level with a minimum package of services defined for provision by health education assistants, health care assistants, community health workers and community volunteers. Although Botswana has adopted and made notable progress in rolling out the provision of integrated SRH/HIV and SGBV services across 13 districts, there remain gaps in monitoring and evaluation (M&E) of the integrated SRH/HIV and SGBV service delivery. Integration data that is reported to the national HMIS is often incomplete, inconsistently reported and of poor quality and therefore inadequate to provide a comprehensive national picture of scale-up progress. In 2020 UNFPA and the Ministry of Health and Wellness (MoHW) commissioned a Baseline Survey on the extent of integration of SRH/HIV and SGBV integration in the 13 implementing districts. It is against this background that an assessment of implementation progress is being commissioned. **Purpose of the consultancy** The purpose of the assignment is to assess the extent of SRH/HIV and SGBV integration in 13 districts using the minimum integrated service package.
Scope of work:	Specifically, the assessment will: 1. Assess the extent of integration of the minimum service package across the service delivery points and models of integration; 2. Identify enabling factors for integration at both facility and DHTM level;

(Description of services, activities, or outputs)

3. Review the scale up approach and make recommendations to guide the nationwide scale up;
4. Identify emerging and promising practices that can be used to support future scale-up efforts;
5. Generate action-oriented recommendations and interventions to address the challenges and gaps identified.

The specific tasks of the assignment are to:

1. Develop the assessment methodology and tools based on the 2020 baseline methodology;
2. Collect and analyse data (quantitative & qualitative) against prioritized integrated SRH/HIV and SGBV Indicators using data from health facility registers and DHMT data collection tools, reports and records. Ensure that all quantitative data is captured in the master spreadsheet of indicators, is properly disaggregated by age and sex and integration model;
3. Collect and analyse relevant qualitative data related to program implementation and triangulation to interrogate the supply and demand side factors influencing the implementation of integrated SRH/HIV & SGBV services scale up. This should include examining the impact of COVID-19 on the continuation of integrated SRH/HIV and SGBV service delivery;
4. Prepare and revise reports based on feedback from stakeholders;
5. Liaise with stakeholders including MoHW and UNFPA to ensure timely completion of the assessment.

Duration and working schedule:

The consultancy will run from 25 August - 10 Dec 2021. The total number of working days shall not exceed 49 days.

TASK	**TIME FRAME**
Desk review of relevant existing documents including policy, guidelines, strategies and reports; including review of the Baseline Assessment report and proposition of approach to strengthen the methodology	3 days
Development of the Inception report outlining the proposed comprehensive fit-for-purpose methodology and work plan to achieve the objectives of the assignment	2 days
Submission of draft inception report to Reference Group (RG) *Allow 5 working days for the RG review*	-
Presentation of draft inception report including data collection tools to the Reference Group	1 day
Incorporation of comments in the inception report and finalization of the methodology	2 days
Submission of final inception report detailing methodology and draft data collection tools	-
Piloting of the data collection tools and finalizing the tools	3 days
Data collection in the field *Factor in days spent in each facility/district and travel days*	20 days
Data entry, analysis and drafting of report	10 days
Submission of draft report to Reference Group *Allow 14 working days for the RG review*	-
Presentation of draft report to the Reference Group *Schedule the presentation after the RG has reviewed the draft*	1 day
Incorporation of comments from the Reference Group	3 days
Presentation of draft report to Stakeholders/ Validation workshop	1 day
Incorporating final comments in the draft report and preparation of PPT slides on the report	2 days

	Submission of final deliverables (assessment report plus annexes, PPT slides) *Submit two weeks before end of contract.* — 1 day
Place where services are to be delivered:	The consultant will be home-based with expected field travel to 13 implementing districts namely Bobirwa, Boteti, Francistown, Kgalagadi North, Kgatleng, Kweneng West, Mahalapye, North East, Okavango, Palapye, Selibe Phikwe and Serowe and South East.
Delivery dates and how work will be delivered (*e.g.* electronic, hard copy etc.):	**Expected outputs/deliverables** 1. An inception report detailing the assessment methodology and a workplan for the assessment within five (5) days of the consultancy. 2. A draft Assessment Report within 10 weeks of the consultancy. 3. Final Assessment Report and PowerPoint slides summarizing assessment findings. Annexes shall include the master spreadsheet of indicator data collected from health facilities and DHMT records. The final deliverables shall be submitted two weeks before end of contract. All deliverables will be submitted in electronic copies. **Payment Schedule** 30% upon submission of inception report 30% upon approval of draft report 40% upon approval of final report and annexes
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The consultant will deliver electronic fortnightly progress reports to UNFPA to show progress and outline the next steps. The final deliverables shall be submitted 2 weeks before contract end date.
Supervisory arrangements:	The consultant will work under the direct supervision of the SRH/HIV Linkages Coordinator at UNFPA under the overall guidance of the UNFPA Head of Office. The consultant will be expected to work in close collaboration with the Ministry of Health and Wellness and multistakeholder reference group.
Expected travel:	Field travel to 13 health districts is expected. The consultant is expected to factor in travel in the proposal.
Required expertise, qualifications and competencies, including language requirements:	The consultant will have: 1. At least Master's degree, in public health, development studies, social studies. 2. At least 5 years' experience assessing SRH programmes at national level 3. Excellent interpersonal and strong communication skills, in both written and verbal English (will be required to share examples of previous evaluation reports). 4. Proven experience working in the Sexual Reproductive Health and Rights field. 5. Proven skills in evaluation methodology, research analysis; proven experience in visualizing data.
Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable:	UNFPA will provide relevant support and guidance to ensure the successful undertaking of this consultancy.
Other relevant information or special conditions, if any:	All interested applicants should submit the following. 1. Letter of interest 2. CV with evidence of qualifications and experience 3. Detailed technical and financial proposal 4. Previous evaluation written sample/s
Signature of Requesting Officer in Hiring Office:  Date: 29 July 2021	