

# TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT IMPLEMENTATION OF THE MISP READINESS ASSESSMENT IN BOTSWANA

TERMS OF REFERENCE (to be completed by Hiring Office)	
Hiring Office:	Botswana Country Office
Purpose of consultancy:	<p><b>Background:</b></p> <p>Botswana has made great strides to improve the health and wellbeing of its population and is committed to achievement of Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC). The Government of Botswana's NDP11, Vision 2036, National Health Policies and their corresponding strategic frameworks articulate action towards the achievement of the country's health related goals. Through Vision 2036 Botswana commits to domesticating "human rights treaties that aim to promote gender equality, empower women and make a deliberate effort to end gender discrimination and gender -based violence". The detailed policy frameworks further lay the foundation for placing improvement of sexual and reproductive health and rights (SRHR) and HIV/AIDS and addressing gender equality at the center of the development agenda. The associated strategies, guidelines and service standards of the Ministry of Health and Wellness articulate the approach of achieving Universal Health Coverage (UHC) through strengthening SRHR and HIV&amp; AIDS and other services integration to improve health outcomes for adolescent girls and young women (AGYW), young people, women and all people. Despite this relatively favourable policy environment to advance universal access to SRHR, indicators including maternal mortality continue to exceed the national targets. With a target of 54 deaths per 100, 000 live births by 2030, the current Maternal Mortality Ratio (MMR) of 166.3 deaths per 100, 000 live births are off track. If the current MMR trends continue, it is unlikely the country will achieve the 2030 SDG target.</p> <p>COVID-19 pandemic has highlighted gaps in the country's emergency preparedness and response to shocks, health epidemics and humanitarian disasters. This has weakened the health system resilience with an adverse impact on the continuity of SRH services whose interruption may lead to gaps in preventing unintended and adverse SRH, maternal and newborn health outcomes such as a surge in unsafe abortions, sexually transmitted infections (STIs), pregnancy complications, violence against women and young girls as well as maternal and infant mortality. There is a need to step up efforts to strengthen the health system resilience and capacity to improve coverage and equitable access to high-quality integrated, rights-based SRH, including linkages to HIV and GBV; and other services, particularly for women, adolescents and young people.</p> <p>The Minimum Initial Service Package (MISP) for SRH is a collection of minimum actions to be implemented at the onset of crisis—within 48 hours—to help reduce mortality and morbidity related to sexual and reproductive health. Despite recognizing the importance of providing lifesaving SRH care during emergencies and it being acknowledged in international standard documents such as the Sphere Minimum Standards in Disaster Response, several evaluations on MISP implementation showed that essential SRH services are still not consistently implemented. Greater efforts are needed to ensure availability of SRH care for all during emergencies and this includes strengthening preparedness efforts. As summarized in the 2020 <a href="#">MISP Readiness Assessment (MRA)</a> (MRA) guidelines, "sexual and reproductive health (SRH) needs are not put on pause during emergencies—and often increase due to disruptions to health systems, displacement and breakdowns in societal protection and social structures. Pregnancies, complications, risk of STI and HIV transmission and the wish to access contraceptives do not stop when an emergency strikes. In addition, the risks of unsafe abortions, unsafe deliveries and sexual- and gender-based violence can worsen during times of crisis and exacerbate the existing vulnerability of women, girls, marginalized and underserved groups. To mitigate these risks, access to quality SRH care in emergencies is essential.</p> <p>Despite recognizing the importance of providing lifesaving SRH care during emergencies and it being acknowledged in international standard documents such as the Sphere Minimum Standards in Disaster Response, several evaluations on MISP implementation showed that essential SRH services are still not consistently implemented. Greater efforts are needed to ensure availability of SRH care for all during emergencies and this includes strengthening preparedness efforts."</p> <p>It is within this background and context that UNFPA Botswana is commissioning a consultancy to support the Ministry of Health and Wellness to assess the country's readiness to provide Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Emergencies.</p>

	<p><b>Purpose of the consultancy</b></p> <p>The objective of the consultancy will be to support Botswana in rolling-out the <a href="#">MISP Readiness Assessment (MRA)</a> between March and April 2022. The consultant will be responsible for coordinating the process and collecting the needed documents to conduct the MRA in close collaboration with MoHW. The MRA is to be completed no later than 15 April 2022.</p>																				
<p>Scope of work:</p> <p><i>(Description of services, activities, or outputs)</i></p>	<p><b>Specific Tasks</b></p> <ol style="list-style-type: none"> <li>1. Support MoHW in identifying and contacting key partners to be involved in the MRA Process (See Step 1 of MRA Process)</li> <li>2. Collect and prepare supporting documents for facilitators such as policies, guidelines, etc. (see Step 2 of MRA Process)</li> <li>3. Support MoHW and partners in the completion of the MRA Questionnaire</li> <li>4. Develop invitation letters, including a brief description of the process as well as the key objectives of the workshop</li> <li>5. Support MoHW and partners in organizing and facilitating the MRA workshop (see Step 3, Step 4 and Step 5)</li> <li>6. Compile answers to the MRA Questionnaire based on input from [add name] and key stakeholders</li> <li>7. Draft SRH Preparedness action plan based on results from the questionnaire and discussions with partners</li> </ol>																				
<p>Duration and working schedule:</p>	<p>The consultancy will run from 07 March - 15 April 2022. The total number of working days shall not exceed 16 days.</p> <table border="1" data-bbox="517 909 1485 1740"> <thead> <tr> <th>TASK</th> <th>TIME FRAME</th> </tr> </thead> <tbody> <tr> <td>Desk review of the <a href="#">MISP Readiness Assessment (MRA) Guidelines</a> and relevant existing documents including policy, guidelines, strategies and reports.</td> <td>3 days</td> </tr> <tr> <td>Development of the Inception report outlining the proposed methodology and work plan to achieve the objectives of the Assessment</td> <td>2 days</td> </tr> <tr> <td>Submission of draft inception report</td> <td>-</td> </tr> <tr> <td>Incorporation of comments in the inception report and finalization of the methodology</td> <td>1 day</td> </tr> <tr> <td>Submission of final inception report detailing methodology and draft data collection tools</td> <td>-</td> </tr> <tr> <td>Complete Steps 1 &amp; 2 of the MRA (<i>Pre MRA Workshop</i>) <i>Allow up to 2 weeks' notice before workshop</i></td> <td>5 days</td> </tr> <tr> <td>Complete Steps 3, 4, 5 &amp; 6 of the MRA (<i>MRA Workshop</i>)</td> <td>3 days</td> </tr> <tr> <td>Develop brief summary and finalise all deliverables for submission</td> <td>2 days</td> </tr> <tr> <td>Submission of all deliverables</td> <td>-</td> </tr> </tbody> </table>	TASK	TIME FRAME	Desk review of the <a href="#">MISP Readiness Assessment (MRA) Guidelines</a> and relevant existing documents including policy, guidelines, strategies and reports.	3 days	Development of the Inception report outlining the proposed methodology and work plan to achieve the objectives of the Assessment	2 days	Submission of draft inception report	-	Incorporation of comments in the inception report and finalization of the methodology	1 day	Submission of final inception report detailing methodology and draft data collection tools	-	Complete Steps 1 & 2 of the MRA ( <i>Pre MRA Workshop</i> ) <i>Allow up to 2 weeks' notice before workshop</i>	5 days	Complete Steps 3, 4, 5 & 6 of the MRA ( <i>MRA Workshop</i> )	3 days	Develop brief summary and finalise all deliverables for submission	2 days	Submission of all deliverables	-
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<p>Place where services are to be delivered:</p>	<p>The consultant will be home-based</p>																				
<p>Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):</p>	<p><b>Expected outputs/deliverables</b></p> <ol style="list-style-type: none"> <li>1. An inception report detailing the methodology and a workplan</li> <li>2. List of supporting policy documents</li> <li>3. Workshop agenda and facilitation plan</li> <li>4. List of key partners</li> <li>5. Table of prioritized activities (P1 and P2) and rationale</li> <li>6. Finalized MRA Questionnaire and Action Plan</li> </ol>																				

	<p>7. Brief summary report on the process: [as this MRA is a field-testing version, it would be great to collect feedback on the revised tool – what went well and what were the challenges.]</p> <ul style="list-style-type: none"> <li>○ Challenges</li> <li>○ Recommendations to avoid those challenges</li> </ul> <p>All deliverables will be submitted in electronic copies</p> <p><b>Payment Schedule</b></p> <p>Lump Sum upon approval of final MRA Questionnaire and Action Plan, Priorities and annexes as listed above</p>
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The final deliverables shall be submitted 1 week 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.
Expected travel:	N/A
Required expertise, qualifications and competencies, including language requirements:	<p>The consultant will have:</p> <ol style="list-style-type: none"> <li>1 At least a Master's degree, in public health, development studies, social studies or related field</li> <li>2 At least 5 years' experience in SRH, HIV programmes or related programmes</li> <li>3 Excellent interpersonal and strong communication skills, in both written and verbal English</li> <li>4 Good knowledge of the national and sub-national disaster management systems</li> <li>5 Strong knowledge of the SRH (including MISP) and health systems</li> <li>6 Strong knowledge of national and international stakeholders</li> <li>7 Excellent coordination and facilitation skills</li> <li>8 Strong communication and reporting skills</li> </ol>
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:	<p>All interested applicants should submit the following.</p> <ol style="list-style-type: none"> <li>1. Letter of interest</li> <li>2. CV with evidence of qualifications and experience</li> <li>3. Detailed technical and financial proposal</li> </ol>
<p>Signature of Requesting Officer in Hiring Office:</p> <p>Date: 16-Feb-2022</p>	<p>DocuSigned by:</p> <p><i>Kesabaha Dikgole</i></p> <p>5B2047FE940A405...</p>