TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT: DOCUMENTATION OF A CASE STUDY ON SCALE-UP OF INTEGRATED SRH/HIV & SGBV SERVICES IN BOTSWANA

TERMS OF REFERENCE (to be completed by Hiring Office)	
Hiring Office:	Botswana Country Office
Purpose of consultancy:	**Background** UNFPA Botswana has been supporting 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 since 2018. The 2gether 4 SRHR programme (2018-2021) is a regional programme supported by the Regional SRHR Team of Sweden to improve the SRHR of all people in East and Southern Africa (ESA). The main objectives of the 2gether 4 SRHR programme are to: 1. Create an enabling legal and policy environment by 2021 that empowers all people to exercise their SRH rights and access quality integrated SRHR/HIV and SGBV services. 2. Scale up the provision of client centred quality assured integrated and sustainable SRHR/HIV and SGBV services by 2021, which meets the needs of all people. 3. Empower all people to exercise their SRH rights, adopt protective and promotive behaviours, and access quality integrated services in a timely manner, by 2021. 4. Amplify the lessons learnt from the implementation of the Joint UN Regional Programme to strengthen integrated SRHR/HIV and SGBV services for all, by 2021. The scale-up of quality client-centered SRH/HIV and SGBV services integration in Botswana is implemented as part of the phased national scale up approach, following the successful pilot. In keeping with phase I scale up plan, SRHR/HIV and SGBV integrated service delivery has been rolled out to thirteen (13) health districts namely Bobirwa, Boteti, Francistown, Kgalagadi North, Kgatleng, Kweneng West, Mahalapye, North East, Okavango, Palapye, Selibe Phikwe and Serowe and South East. In the second phase, the remaining districts will be added, thereby covering all 28 health districts. The ultimate goal is to institutionalize linkages and integration of client-centered SRHR/HIV & GBV services, as a national approach to synergistically address SRHR/HIV/GBV, and other related conditions. The primary beneficiaries of the intervention are all people of Botswana, with a focus on adolescent girls and young people, pregnant and breastfeeding women, PLHIV and key populations. Secondary beneficiaries are the Government of Botswana, specifically the Ministries of Health & Wellness with linkages to education, gender and Justice sectors; and Civil Society. **Context** Provision of integrated SRH/HIV and SGBV services is among Botswana's health sector approaches to increasing access to and use of a broad range of quality client-centered SRH services and HIV prevention, treatment, care and support, with linkages to gender and justice sectors in Botswana. Providing client-centered integrated health care services means that every entry point is used to place the health of our people first. This includes ensuring that all women, but in particular adolescent girls and young women, are provided with proper counselling and support so that they can choose which contraceptive method they wish to use to prevent unintended pregnancies, STIs and HIV. That all people irrespective of their gender, sexuality and sexual behaviours know their HIV status, are screened for STIs and Tuberculosis (TB) and where need be initiated and adhere to treatment. That we reduce maternal mortality by ensuring that all steps are taken to end preventable maternal deaths. Botswana implements four models of integrating SRH/HIV, SGV and other services 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.

DS

	The approach to the scale up in Botswana included establishment of coordinating mechanisms to oversee the implementation of the programme, development of guidelines and service package models and job aids to guide providers in the delivery of integrated services. District Health Management Teams (DHMTs) in the 13 districts were sensitized and District Coordinators trained. Additionally, healthcare workers (nurses, midwives, doctors, HEAs, pharmacy, lab personnel etc.), were trained and health facility support staff (cleaners, drivers, security etc.) were sensitized. The training was followed by development of district transition plans to guide the transition to integrated service delivery. Continuous supportive supervision visits, coaching and mentoring were provided to the districts and facilities to ensure patients access to quality integrated services and to identify gaps and challenges and institute or facilitate the best remedial measures. In addition, the programme developed and rolled out an M&E framework inclusive of Indicators, data collection and reporting tools. Tangible results of the programme investments over the last three years are yielding results around the integration of SRHR, HIV and GBV service delivery whilst also generating lessons learnt that can be amplified nationally and regionally. **Purpose of the Consultancy:** It is within this context and background that UNFPA is seeking services of a qualified consultant to document Botswana's experience in scaling up SRH/HIV and SGBV integrated services through a case study format. Case studies are used to develop an in-depth analysis of a 'case', often a programme, intervention, event, activity or process. Importantly, cases are bounded by time and activity, in addition to being informed by routine programmatic data that are supplemented by secondary survey data and research papers. The documented case study will provide a body of knowledge to facilitate scaling up of interventions nationally and regionally.
Scope of work: *(Description of services, activities, or outputs)*	The consultant will document the scale-up of integrated SRH/HIV & SGBV services in Botswana using a case study format. The case study will provide a broad overview of how Botswana has scaled up integrated SRH/HIV and SGBV services from three (3) pilot districts to 13 districts and take a deep dive to demonstrate a case of two health facilities namely Mmatshumu Clinic (Supermarket Model) and Mmadinare Primary Hospital, (Mall Model) in Boteti and Bobirwa districts respectfully. The consultant will collect data, write and edit and present a final case study to highlight the Botswana experience. The consultant is expected to undertake the following tasks and responsibilities. • Develop data collection tools for HCWs, beneficiaries and other respondents as may be determined. • Interview HCWs at program, DHMT and service delivery levels • Analyze program data and facility reports and records as necessary • Describe the Programme/intervention design and Intended Results • Identify, analyse and describe factors enabling success as well as the bottlenecks (what did and did not work, how it worked and why) at different stages of the continuum of integrated SRH/HIV & SGBV service delivery, as well as the different role players and what their roles were. • Describe the main challenges and lessons learned from this experience that can be used to support future scale-up efforts • Generate action-oriented recommendations The proposed outline for a case study recommends six sections, including the following: • **Contextualise Issue/Background:** Provide details of the context, including sociodemographic characteristics as well as epidemiological profiles. Describe the main public health issue that motivated the need for the programme. • **Geographic Area covered:** • **A Description of the Programme/intervention Design and Intended Results**: Using the programme's initial Theory of Change, or programme logic, describe the design of the programme. Include ○ Statement of the problem and the purpose/objective, ○ Underlying assumptions and risks for the proposed intervention, ○ Expected results (short-, medium- and long- term), and ○ Time frame • **Results:** Provide numbers and/or qualitative information regarding the target population and the strategic outcome (or outputs) supported by the 2gether 4 SRHR programme funds. Additionally, describe any changes during implementation. Lastly, describe and explain any deviations between intended and actual results. • **Challenges and Lessons Learned:** Describe briefly the main challenges and lessons

DS

<table>
<tr><td></td><td>learned from this experience. Please include information on what worked and what did not to improve programming.
• Recommendations
• Partnerships: Please highlight partnerships for this particular 2gether 4 SRHR programme.
• Moving Forward: Describe any plans in implementation e.g. scalability/ replicability/sustainability</td></tr>
<tr><td>Duration and working schedule:</td><td>The total number of working days shall not exceed 30 contract days within a two-month period.

<table>
<tr><th>TASK</th><th>TIME FRAME</th><th>REMARKS</th></tr>
<tr><td>Inception meeting/administrative: The consultant will meet with UNFPA to discuss the project inception including the work plan, scope of work and clarify expectations and payment schedule.</td><td>1 day</td><td></td></tr>
<tr><td>Desk review of existing documents including policy, guidelines, relevant strategies, program and activity reports, district reports, facility reports and other relevant documents.</td><td>3 days</td><td>Can start during inception phase</td></tr>
<tr><td>Drafting of inception report and data collection tools</td><td>2 days</td><td></td></tr>
<tr><td>Presentation of the draft inception report and data collection tools to the Reference Group</td><td>1 day</td><td></td></tr>
<tr><td>Incorporation of comments</td><td>1 day</td><td></td></tr>
<tr><td>Submission of final inception report and data collection tools</td><td>-</td><td></td></tr>
<tr><td>Field visits to the target health facilities and communities in Boteti and Bobirwa health districts to conduct interviews with key informants (including relevant DHMT and health facility Managers, , SRH/HIV integration/linkages Focal Persons, healthcare workers, including support staff involved in service delivery, facility based partners) and to review facility and district data.</td><td>10 days</td><td></td></tr>
<tr><td>Documentation: Data compilation / analysis and drafting of the case study</td><td>7 days</td><td></td></tr>
<tr><td>Submission of the draft case study and annexes</td><td>-</td><td>Allow the task team 7 working days to review the draft</td></tr>
<tr><td>Presentation of the draft case study to UNFPA and MoHW</td><td>1 day</td><td></td></tr>
<tr><td>Incorporation of comments and submissions from the review team</td><td>2 days</td><td></td></tr>
<tr><td>Stakeholder validation workshop</td><td>1 day</td><td></td></tr>
<tr><td>Finalisation and submission of final case study PPTs and annexes</td><td>1 day</td><td></td></tr>
</table></td></tr>
<tr><td>Place where services are to be delivered:</td><td>The consultant will be home-based with expected field travel to the target communities and health facilities in Bobirwa and Boteti health district</td></tr>
<tr><td>Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):</td><td>Expected outputs/deliverables

1. Inception Report including work plan within 5 days of the consultancy
2. Draft Data collection tools within 5 days of the consultancy
3. Final data collection tools within 10 days of the consultancy
4. A draft Case study and annexes within 5 weeks of the consultancy
5. The final Case study and annexes with PowerPoint slides summarizing the Case Study within 7 weeks of the consultancy

All deliverables will be submitted in electronic copies. The final deliverable/s should be</td></tr>
</table>

DS

	submitted one (1) week before the end of the contract. **Payment Schedule** 30% upon submission of final inception report and data collection tools 70% upon approval of final case study 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.
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 MoHW and the UNFPA Communications team.
Expected travel:	Field travel to target communities and health facilities in Bobirwa and Boteti health district 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 a Master's degree in Communications, journalism, English language, health education/promotion, public health, social sciences, or other related fields. 2. At least 8 years of relevant professional experience in communications and/research or experience in sexual and reproductive health and HIV (SRH/HIV). 3. Demonstrated experience in research for documentation of good practices and amplifying lessons learned. 4. A good understanding of the health care system in Botswana including the provision of integrated services. 5. Demonstrated evidence of good technical writing, documenting interventions, and promising practices (a writing sample is required). 6. Excellent interpersonal and strong communication skills, in both written and verbal English. 7. Demonstrated experience in facilitating consultations and KIIs with multi-stakeholder groups including government, healthcare providers and community members.
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 written sample/documentation
Signature of Requesting Officer in Hiring Office: Date: 08-Oct-2021	

DocuSigned by:
Innocent Modisaotsile 13-Oct-2021
4C3CC4C050EA44A...