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<th>Hiring Office:</th>
<th>Botswana Country Office</th>
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**TERMS OF REFERENCE FOR INDIVIDUAL LOCAL CONSULTANT**

**TERMS OF REFERENCE** (to be completed by Hiring Office)
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 (MoHW) articulate the importance of Sexual and Reproductive Health and Rights (SRHR) and HIV&AIDS services integration services to improve health outcomes for adolescent girls and young women (AGYW), young people, women and all people.

The Integrated SRMNCAH&N Strategy (2018-2022) seeks to accelerate efforts towards attainment of the SDG Goal 3, ending preventable maternal, new-born, child and adolescent morbidity and mortality. The strategy further prioritises interventions that strengthen integrated planning, budgeting, training, mentoring and supervision for providers of RMNCAH services in the various departments, divisions and units of the Ministry of Health and Wellness. The MoHW in partnership with MNIGA developed the Protocols and Service Standards for Prevention and Management of Gender Based Violence for Health Care Providers with an aim to ensure integration of GBV response into SRH services.

**Integration of SRHR and HIV in Botswana**

The government of Botswana adopted the Integrated SRH/HIV services as a national strategy following a successful pilot of the UNFPA/UNAIDS supported SRH/HIV Linkages pilot project (2011-2015). The national SRHR/HIV Scale-up plan was developed with an aim to increase 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. The ultimate goal is to institutionalize linkages and integration of client-centered SRHR/HIV and sexual gender-based Violence (SGBV) services, as to synergistically addressing SRHR/HIV/GBV, and other related conditions.

Providing client-centered integrated health care services means 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.

**Guideline for the provision of Integrated SRHR/HIV and SGBV Health Services**

UNFPA is supporting the MoHW to consolidate global guidance to integrate SRHR and HIV services at health facility level. The Guideline for the provision of Client-centered Integrated SRHR/ HIV and SGBV Health Services in Botswana will provide guidance on service packages to be implemented at the different integration Models. A draft guideline was developed in 2020 with the participation of different stakeholders. It is against this background that UNFPA seeks to engage a consultant to facilitate finalisation and validation of the Guideline.
<table>
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<tr>
<th>Purpose of consultancy:</th>
<th>To finalise the Guideline for the provision of Client Centred Integrated SRHR/HIV and SGBV Health Services in Botswana.</th>
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| Scope of work:         | 1. Review draft guideline for alignment with relevant policy, institutional and implementation frameworks that support integrated service delivery in Botswana.  
                        | 2. Conduct consultation with relevant policy makers, program managers and implementers to ensure that the final guideline is aligned to relevant implementation frameworks including the national Scale-up plan for SRHR and HIV linkages and the Botswana integration models.  
                        | 3. Revise the draft guidelines to incorporate stakeholder inputs.  
                        | 4. Facilitate a stakeholder workshop to validate the Guideline.  
                        | 5. Finalise and submit the final Guideline and annexes. |
| Duration and working schedule: | Three (3) months. The total number of working days shall not exceed 28 days. |
|                         | • Inception meeting with MoHW and UNFPA representatives (1 day)  
                        | • Develop the Inception report outlining methodology and workplan (3days)  
                        | • Desk review of relevant policy, strategies, institutional and implementation frameworks (4 days)  
                        | • Consult with relevant policy makers and MoHW departments to consolidate required input and plug in gaps in the draft (3days)  
                        | • Consultations with relevant program managers and implementers to ensure alignment with strategies and programs (3 days)  
                        | • Integrate all input into the draft Guideline (5 days)  
                        | • Circulate the draft Guideline to stakeholders (1 day)  
                        | • Revise draft Guideline to incorporate comments from stakeholders (3 days)  
                        | • Support the preparation for validation workshop (3 days)  
                        | • Facilitate the Stakeholders validation workshop (1 day)  
                        | • Finalise and submit final Guideline (1 day)  
                        | Total: 28 days |
| Place where services are to be delivered: | The consultant will be home-based. Liaison with UNFPA and consultations with MoHW resource persons will be through a mixed modality of virtual and COVID-19 compliant in-person meetings. |
| Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.): | • The deliverables (draft and final) will be submitted in electronic copies  
                        | • The final deliverable (Final Guideline and annexes) shall be submitted 2 weeks before contract expiry. |
| Monitoring and progress control, including reporting requirements, periodicity format and deadline: | The consultant will deliver electronic weekly progress reports to UNFPA to show progress and outline the next steps. The performance of the consultant 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;  
                        | • Demonstration of high standards of work with MoHW, UNFPA and counterparts. |
### Supervisory arrangements:
The consultant will contractually work under the supervision of the SRH/HIV Linkages Coordinator at UNFPA with support from the UNFPA Regional Office; In consultation with the Ministry of Health and Wellness.
The final approval of deliverables will be subject to the approval by the the Ministry of Health and Wellness.

### Expected travel:
The assignment is based in Gaborone and thus no field travel is expected.

### Required expertise, qualifications and competencies, including language requirements:
The consultant will have:

- A minimum of Master’s degree in (Public Health, midwifery, obstetrics/gynaecology or any relevant public health discipline);
- Over five (5) years progressively responsible professional work experience within SRH, HIV, RMNCAH and other related public health programs;
- Hands-on experience in developing national strategies, standards, guidelines and protocols;
- Comprehensive understanding and application of primary health care (PHC);
- A good understanding of local health and development policies or evidence of having worked with government of Botswana;
- Good understanding of Botswana Health services structures;
- Demonstrated leadership qualities, facilitation and organisational skills including ability to effectively consult with resource persons;
- Excellent writing, analytical, and computer skills.

### 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, including administrative and financial support.
UNFPA will support the consultant in providing access to relevant documentation required for desk review.

### Other relevant information or special conditions, if any:
Consultant shall provide a copy of their previous work, e.g., past reports and documents of the same standard as this assignment.

### Signature of Requesting Officer in Hiring Office:
Date: 31 March 2021