

VACANCY ANNOUNCEMENT

Terms of Reference

Rapid assessment of country-specific Universal Health Coverage (UHC) policies and roadmaps to understand how progress towards universal SRHR could be accelerated

Vacancy Open Period 6 – 12 October, 2020

1. Background and Rationale

Background

Momentum around Universal Health Coverage (UHC) in East and Southern Africa (ESA) region is increasing. UHC is emerging as a dominant framework to increase access to, and quality of, essential health services. Fifteen out of 23 ESA countries have already signed the new UHC-2030 global compact. These countries are: Burundi, Comoros, DR of Congo, Eritrea, Eswatini, Ethiopia, Kenya, Madagascar, Mozambique, Rwanda, South Africa, South Sudan, Tanzania, Uganda and Zambia. Of these, nine countries in the region have developed UHC roadmaps. These countries include: Eritrea, Eswatini, Ethiopia, Kenya, Madagascar, Mozambique, South Sudan, Tanzania and Zambia.

To accelerate progress towards UHC, most of the ESA countries are: prioritizing provision of a set of essential health services aligned to their country needs; and, developing plans to progressively expand the number of services under UHC as the economy and/or financing for health increases. The UHC frameworks of most of these countries include not only 'what services' are covered (also referred as UHC benefit package), but also 'how they are fairly funded' (i.e., many Countries are trying to either refine the existing 'Pool Health Financing mechanisms' and 'Financial protection/Waiver schemes' or planning to initiate new mechanisms and schemes), and 'how they are managed and delivered' (i.e. services delivered through public sector or public-private mixed delivery modalities).

Rationale

The current momentum around UHC in ESA region provides an opportunity to progressively include comprehensive Sexual Reproductive Health and Rights (SRHR)¹ within the country-specific 'UHC benefit packages', 'Pool Health Financing' and 'Financial protection/Waiver schemes'.

Initial assessments suggest that current and proposed essential UHC benefit packages, financing and financial protection mechanisms in most ESA countries do not include 6 out of the 9 recommended essential SRH bundles of services. The SRHR 'bundles of services' that are not fully part of the current UHC frameworks/conversations are: Comprehensive Sexuality Education (CSE); Safe abortion and post-abortion care; Gender-Based Violence (GBV) and other harmful practices such as Female Genital Mutilation (FGM) and Child Marriage; Reproductive cancers; and, Sub-fertility and Infertility treatment; and, Sexual Health Wellbeing including Menstrual Health Management (MHM). Also, in many countries even if the three SRHR bundles of services (modern contraception; pregnancy, delivery and post-delivery care

	<p>including fistula; and, HIV/STI/RTI) are part of UHC benefit packages, they are not fully covered under UHC financing and financial protection mechanisms. This review will help in identifying key country-specific actions for embedding comprehensive SRHR in UHC to accelerate progress towards: (a) universal SRHR; (b) sustainable financing of SRHR; and, (c) UNFPA ESA region’s transformative goals of ending: unmet need for family planning; preventable maternal deaths; sexual transmission of HIV; and, gender based violence and harmful practices. Embedding comprehensive SRHR within UHC is also likely to improve: integrated delivery of services; inclusion of adolescents, migrants, refugees, victims/survivors of GBV and people with disabilities in UHC benefit packages and financial protection mechanisms; and, defragmentation of multiple planning, financing and delivery systems.</p> <p>Kenya has included UHC as one of the top four development agenda by the Government; and has had a successful pilot in four counties. There have been plans to scale it up to all the 47 counties, using primary health care model approach. The extent to which SRHR is catered for is unknown. It is worth noting that the government also included UHC in the national commitments during the Nairobi Summit on ICPD25 last year.</p> <p>To undertake this review, UNFPA intends to engage a local consultant to essentially conduct a desk review of the current UHC model and SRH delivery package in the country. The findings and recommendations from this review will be key to UNFPA - being integrated in the Country Commitment Analysis and Programme implementation in 2021, among other strategic programmes.</p>
<p>2. Scope of Work</p>	<p>The consultant is expected to undertake a review of current and proposed Kenya’s UHC policies and roadmaps which could include but not limited to: UHC health benefit package; costing of the UHC benefit package; financing instruments for UHC; financial protection mechanisms for UHC benefit package; delivery mechanisms for the UHC benefit package; and, pathways for progressively expanding the UHC benefit package to include comprehensive SRHR services.</p> <p>The consultant is also expected to review and document the UHC decision making structures and modalities, and make recommendations on how to accelerate progress towards universal SRHR in the context of UHC.</p>

¹ Comprehensive SRHR at a minimum includes nine essential bundles of services: Comprehensive Sexuality Education (CSE); Modern Contraception; Pregnancy, delivery and post-delivery care including fistula; Safe abortion and post-abortion care; HIV, STI and RTI; Gender-Based Violence (GBV) and other harmful practices such as Female Genital Mutilation (FGM) and Child Marriage; Reproductive cancers; Sub-fertility and Infertility treatment; and, Sexual Health Wellbeing including Menstrual Health Management (MHM). Many SRHR services (i.e., CSE, GBV, FGM, Child Marriage, MHM) traditionally fall beyond the administrative domain of the ministries of health but these services require significant health sector response.

	<p>The consultant is expected to identify and succinctly document:</p> <p>(a) Which SRHR services are included in the current UHC benefit package, financing and financial protection arrangements;</p> <p>(b) How the UHC roadmaps are planning to progressively include remaining SRHR services into UHC benefit packages, and financing and financial protection arrangements;</p> <p>(c) key risks (if any) associated with the current and proposed UHC policies and roadmaps, particularly in the context of accelerating progress towards universal SRHR;</p> <p>(d) UHC decision making structures and modalities and management structures;</p> <p>(e) What elements of SRHR are part of the UHC monitoring and evaluation frameworks; and,</p> <p>(f) key ‘actions/accelerators’ for progressively attaining universal SRHR within the unifying framework of UHC by progressively integrating comprehensive SRHR in to UHC benefit package, financing and financial protection mechanism.</p> <p>The consultant is expected to undertake this review by following a life-course approach by focusing on how the UHC policies and roadmaps, benefit package, financing and financial protection mechanisms are trying to address the specific needs during: infancy and childhood (0-9 years); adolescence (10-19 years); reproductive age and adulthood (15-49 years); and, post-reproductive age (50 years and beyond).</p>
<p>3. Methodology</p> <p>3.1 Quality Assurance of this Assignment:</p>	<p>Review of current and proposed UHC policy documents and roadmaps. Telephone interviews with relevant policy makers, policy influencers (including key UN institutions) and/or implementers as deemed necessary.</p> <p>The UNFPA Kenya CO SRHR experts, in collaboration with the ESARO advisors will act as technical quality assurance team.</p> <p>The consultant will be under direct supervision of the SRHR/FP Advisor at the Kenya CO.</p>

4. Deliverables:	<ul style="list-style-type: none"> • Inception report which includes a background, key tasks, approach to complete key tasks, key deliverable and a work plan with time frame (should not exceed 5 pages) • Draft report (not more than 25 pages) with references. • Final report with executive summary, conclusion and key recommendations. • A power point presentation of the report – which can be used for dissemination. 				
5. Payment Schedule:	<ul style="list-style-type: none"> • 30% upon submission of inception report • 40% upon submission of draft report • 30% upon submission of final report 				
6. Time Table:	<p>The assignment will be 21 days in total in October 2020. The following time frame is applied in calculating the total days.</p> <ul style="list-style-type: none"> • Inception report - 3 days (<i>not more than 5 pages</i>) • Discussion with the quality assurance team and finalization of the inception report (1 day) • Review of resources – 11 days • First draft report - 4 days (<i>not more than 25 pages</i>) • Final report - 2 days <p><i>The final report needs to be delivered by the end of October 2020.</i></p>				
7. Expected Minimum qualifications:	<ul style="list-style-type: none"> • Master’s degree in relevant field of Public health, Health financing, Health Economics • Experience in similar studies such as review and/or formulation of health policies, costed health strategies and health financing strategies • A minimum of 10 years’ experience in relevant area • Excellent analytical and writing skills 				
8. Other Relevant Information or Special condition, if any:	<ul style="list-style-type: none"> • No field travel is anticipated in this assignment • The consultant should remain cognizant of the COVID19 prevention measures at all times. 				
9. CoA	Project	IA	Activity	Fund	Dept
	RESA8101	PU0074	SRHRANDUHC	FPA80	14000

Interested candidates are requested to send their expression of interest and curriculum vitae to Kenya.recruit@unfpa.org by 12 October, 2020