**TERMS OF REFERENCE FOR THE DEVELOPMENT OF SELF-CARE GUIDELINES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AND POST-ABORTION CARE ( PAC) GUIDELINES IN ESWATINI**

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| Duration: 60 daysType of contract: National - Individual Contract Location: Mbabane, EswatiniProposed Period: October - December 2024Organisational unit: UNFPA  |

**Background**

The Ministry of Health in Eswatini, with support from UN agencies and other partners, recognizes the importance of Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition (RMNCAH & N) and is taking steps to strengthen its services and programs. Key initiatives and priorities that have been implemented include policy development and review, strengthening service delivery that improve the quality and accessibility of healthcare services for men, women, children, and adolescents across the four regions of the country particularly in rural areas, strengthening existing data systems and monitoring. These interventions play an integral part of the Government of Eswatini’ efforts to address social and economic development of its people by improving their sexual and reproductive health well-being and upholding their rights.

**Self- care for Sexual Reproductive Health and Rights (SRHR)**

Worldwide, an estimated shortage of 18 million health workers is anticipated by 2030 with at least 400 million people worldwide lacking access to the most essential health services and this is no different with Eswatini. According to WHO, self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider. SRHR self-care can be an opportunity to improve access to SRHR services and improve health and well-being, both from a health systems perspective and from people who use these interventions and assist in reaching those who have challenges to access the formal health services.

The adaptation and development of a National SRHR Self-care Guidelines is an important tool that can facilitate access to SRH and HIV services as well as enhancing quality and cost-effectiveness of health service delivery. The proper adaptation and development of a National SRHR Self-care Guidelines will go a long way in equipping service providers and other implementers at all levels of the healthcare service delivery with skills and knowledge to adequately respond to the needs of the populace.

Hence, empowering individuals to take charge of their sexual and reproductive health is a fundamental aspect of achieving universal health coverage and advancing gender equality. Self-care interventions in SRHR enable individuals to manage their own health needs, promote autonomy as a basic human right, and reduce barriers to accessing essential services. In Eswatini, self-care interventions have the potential to revolutionise SRHR service delivery and improve health outcomes for all.

**Post-Abortion Care (PAC)**

In 2022, the country conducted a strategic assessment on unintended and unplanned pregnancies, contraception uptake and abortion care which was aimed at exploring and describing the contextual drivers of unintended/unplanned pregnancies, non-use of modern contraception and post abortion care in the Kingdom of Eswatini. Results of this assessment showed that there were post-abortion care services barriers which included health system; service providers’ perception and attitudes; non-availability of PAC guidelines including limited access and the provision of contraceptives to post abortion clients; as well as delays in health seeking behaviour by women influenced by a number of social dynamics.

Ensuring safe and comprehensive PAC services is a critical component of the integrated SRHR/ HIV services. In Eswatini, where abortion has legal restrictions, women and girls may face significant challenges in accessing timely and appropriate health care after an abortion. These guidelines seek to address this gap of skills capacity as well as guiding policy for healthcare providers with evidence-based recommendations for delivering comprehensive post-abortion care that includes clinical management of basic or complicated post abortion outcomes; access to contraceptives post-abortion; the psychological and psychosocial support; referral and linkage pathways.

The Government of Eswatini, in collaboration with relevant stakeholders, aims to improve access to and utilisation of sexual and reproductive health and rights (SRHR) services, particularly focusing on self-care interventions and post-abortion care.

It is against this background that the SRH Unit with support from UNFPA will be adapting and developing the National SRHR Self-care and Post-Abortion care guidelines for Eswatini (separate entities). These guidelines will provide guidance that comply with National, Regional, and Global SRH Self-Care Standards to address comprehensive attributes for self-care and post-abortion care.

**Purpose and Objectives**

The overall purpose of the consultancy is to:

1. Develop comprehensive and context-specific self-care guidelines on SRHR, aligned with the national SRHR strategy and to apply international best practices for use by individuals, families, healthcare providers, and community-based organizations in Eswatini.
2. Support the development of evidence-based Post-Abortion Care Guidelines, incorporating both clinical, psychological and psychosocial aspects, to ensure safe and comprehensive care for women and girls experiencing post-abortion complications or seeking post-abortion services.

**Scope of work**

The consultant is expected to:

1. **Desk Review Analysis:** Conduct a comprehensive review of existing national and international SRHR policies, guidelines, and relevant literature on self-care and post-abortion care. Analyse the current social dynamics informing on health seeking behaviour as well as the SRHR landscape in Eswatini.
2. **Facilitate Stakeholder Consultations:** Engage in consultations with key stakeholders, including government officials, relevant government departments (such as Public Service, Social Welfare), healthcare providers, SRHR development/ implementation partners, community based NGOs, community gatekeepers, women and adolescents with an aim to gather diverse perspectives including inputs to ensure the guidelines are culturally acceptable, relevant and responsive to local needs.
3. **Development of Guidelines Self- Care and PAC Guidelines (respectively):**
	1. Develop **Self-Care Guidelines** that cover a range of SRHR/ HIV interventions, such as self-managed contraception, menstrual hygiene management, self-screening for sexually transmitted infections, HIV self-testing, management of vicarious trauma for health providers attending GBV cases, self-management of minor SRHR concerns and inter-linking to existing public service wellness program.
	2. Develop **Post-Abortion Care Guidelines** that address comprehensive post abortion care which includes management of basic or post abortion complications, access to contraception, psychological/ psychosocial support, and referral/ linkage pathways. Guidelines are to create an interlink between TOP and PAC.
4. **Implementation Considerations:** Provide recommendations on implementation strategies; training and skills capacity needs for healthcare providers and community-based workers; individual and community skills capacity for self-care; monitoring and evaluation mechanisms; and potential mitigation measures for any challenges.

**Deliverables and Timeframe**

The duration of the consultancy will be 60 days (starting September - December 2024).

* Week 1 - 2: Inception report outlining the methodology, work plan, and timeline.
* Week 3 – 4: Facilitate key stakeholder consultations
* Week 5 - 7: Draft Self-Care Guidelines on SRHR and Post-Abortion Care Guidelines.
* Week 8: Validate and Finalize respective guidelines incorporating feedback from stakeholders.
* Week 9: Present the guidelines to the Ministry of Health SMT and stakeholders. Hand over final product to MOH SRHU for printing.

The consultant will deliver electronic and hard copies to the Ministry of Health and UNFPA.

**Management and Organization**

The consultant shall work under the overall guidance of the Deputy Director Clinical and Deputy Director Public Health with the direct technical supervision/guidance of the SRH Programme Manager, UNFPA Programme Specialist – SRHR/HIV and Core Team. Oversight will be provided by the UNFPA Head of Office. This team will work with the consultant in ensuring delivery of the milestones of the work.

**Qualifications and Competencies**

The expertise and qualification required for the consultant are:

1. Master’s Degree in Medicine, Nursing, Public Health, Reproductive Health, Social Sciences or a related field.
2. Minimum 7 years of professional experiences in planning and management of SRH programmes.
3. Proven experience in developing guidelines and policies.
4. Practical hands-on experience in developing public health guidelines especially for reproductive, maternal and child health programmes.
5. Extensive knowledge of RMNCAH issues and clear understanding of current RMNCAH & N programme.
6. Experience working on SRH programmes and activities.
7. Good communication, presentation and interpersonal skills.
8. Fluency in written and spoken English and SiSwati.

**To apply**

Interested candidates who meet the above qualifications should submit their letter of expression of interest, proposal and budget (with clear daily rate) including CVs to UNFPA PA/Human Resources Associate, Ms. Sally Mlotsa, emails; **mlotsa@unfpa.org** or hand deliver it to UNFPA, UN House, 4th floor, Phone: +268 2409 6600. Applications should have a cover letter, curriculum vitae, certified copies of certificates, names and contacts of three referees.

Deadline for applications: **Friday 27th September 2024.**

**Applications received after the closing date will not be considered.**