**TERMS OF REFERENCE FOR THE REVIEW NATIONAL OF THE NATIONAL SRH POLICY AND DEVELOPMENT OF AN INTEGRATED REPRODUCTIVE, MATERNAL, NEONATAL, CHILD, ADOLESCENT HEALTH AND NUTRITION (RMNCAH & N) STRATEGIC PLAN IN THE KINGDOM OF ESWATINI**

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| Duration: 45 days  Type of contract: National - Individual Contract  Location: Mbabane, Eswatini  Proposed Period: August – September 2024  Organisational unit: UNFPA |

**Background**

Globally, the health of mothers, newborns, children and adolescents and men is a public health priority. Investing more in women’s and children’s health is an indicator of national development, contributing to the realisation of the right to health and the economic growth of a country. The women’s and children’s health agenda builds on global health and human rights commitments made by countries and partners including: The Global Strategy for Women’s, Children’s and Adolescent Health 2016 - 2030 and the Sustainable Development Goals for 2030. In 2020, an estimated 287,000 women died worldwide due to complications during pregnancy and childbirth. This translates to roughly 800 women dying every day, or one woman dying nearly every two minutes, from preventable causes related to pregnancy and childbirth. More than half of the global deaths occurred in Sub-Saharan Africa.

The country’s maternal mortality decreased from 589/100,000 live births in 2007 to 452/100,000 live births in 2017 (Population and Housing Census). Even though a slight decrease is observed, a majority of these deaths are preventable; they occurred in health facilities and are attributable to poor quality of care and weak referral processes. This indicates a need for aggressive programs that will prevent maternal deaths.

Evidence has shown that there are increasing home births, whilst there has been a decrease in institutional maternal deaths. While there has been better progress with neonatal mortality (21 deaths per 1,000 births, MICS 2022), neonatal deaths still account for a third of the total under-five deaths. More than 600 perinatal deaths were registered in 2018 (HMIS), of which 27 percent were recorded as fresh stillborn, 38 percent as macerated stillborn, and 35 percent as early neonatal deaths, pointing to challenges across the continuum of care, from antenatal, delivery, and postnatal care. These trends are a cause for concern in light of the high coverage of core RMNCH indicators such as ANC coverage at 98.6% and skilled birth attendants at 93.4% (MICS 2021/22).

Maternal and neonatal deaths in the Kingdom of Eswatini are mostly due to preventable causes. Following the MNCH quality of care assessment in 2015, it was recognized that the existence of a quality gap was the most likely explanation for slow progress towards ending preventable maternal, newborn and child mortality. Subsequent efforts to improve paediatric and maternal quality of care in the regional hospitals have proven successful with a reduction in case fatality rates.

The Ministry of Health with the support of the UN Agencies and other partners developed the National Policy on Sexual and Reproductive Health (2013) which was an integral part of the Government's efforts to address the social and economic development of its people by improving their sexual and reproductive health and well-being and upholding their rights. To operationalize the policy, the Ministry developed the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH & N) Strategic Plan (2019 - 2023) which provided strategic direction for sexual, reproductive, maternal, newborn, child, adolescent health and nutrition priorities and defines the country’s priority interventions, strategic objectives and key actions. The implementation of these policy documents has elapsed and the implementation evaluation was conducted and a review has been commissioned by the Ministry of Health to update the evaluated strategy.

**Purpose and Objectives**

The overall purpose of the consultancy it to:

a) Provide technical support for the review of the National Policy on SRH (2013)

b) Develop a costed RMNCAH & N Strategic Plan (2024- 2028)

The reviewed policy will provide guidance for the implementation of the SRHR interventions that are responsive to current issues in SRH especially with regards to the integration of SRH and HIV. This process will also contribute towards improving the policy environment for better and more relevant RMNCAH & N programming and implementation in Eswatini.

**Scope of work**

The consultant is expected to:

**A. Review the SRH Policy**

1. Review and incorporate policy implications through the use of national data.
2. Conduct stakeholder’s consultations with: Government officials- MoH, NERCHA, Parliament, CSO, PPCU, Public Service, Economic Planning, Civil Society organisations and Development partners
3. Facilitate a stakeholder consultation workshop and present the draft policy for validation
4. Review stakeholders input and finalise the SRH policy.

**B. Development of the RMNCAH & N Strategic Plan (2024- 2028)**

1. Develop the RMNCAH & N Strategic Plan
2. Conduct stakeholder consultations with: Government officials- MoH, Civil Society organisations and Development partners
3. Revise and cost the RMNCAH & N Strategic Plan
4. Conduct a validation of RMNCAH & N Strategic Plan with stakeholders
5. Incorporate stakeholders input to the draft document
6. Present final RMNCAH & N Strategic Plan to MoH officials, Development Partners and other key partners such as Civil Society Organisations.

**Deliverables and Timeframe**

The duration of the consultancy will be 45 days (starting August – September 2024).

* Week 1 – 4: Review the National Policy on SRH and facilitate a consultation workshop to produce a draft policy for validation by stakeholders
* Week 5 - 8: Develop a costed RMNCAH & N Strategic Plan ( 2024- 2028) and facilitate and conduct a consultation workshop to produce a draft strategy for validation by stakeholders
* Week 9: Present the policy and costed RMNCAH & N Strategic Plan (2024- 2028) to Ministry of Health SMT

The key deliverables of this consultancy will be as follows:

* Inception report with timelines
* Final Draft of National SRH Policy
* Final Draft of RMNCAH & N Strategic Plan 2024-2028
* PowerPoint presentation of the policy and strategic plan for debriefing of senior MOH management and stakeholders

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- Public Health and the direct technical supervision/guidance of the SRH Programme Manager, UNFPA Programme Analyst – Maternal Health/FP and Core Team, with oversight of 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 or Social Sciences
2. Minimum 7 years of professional experiences in planning and management of SRH programmes
3. Practical hands-on experience in developing public health strategies and plans especially for reproductive, maternal and child health programmes
4. Extensive knowledge of RMNCAH issues and clear understanding of current RMNCAH & N programme
5. Experience in policy and strategic plan development
6. Excellent communication, analytical and writing skills
7. Experience in participatory assessment techniques
8. Experience working on SRH programmes
9. Good communication and presentation skills
10. 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 02 August 2024.**

**Applications received after the closing date will not be considered. Only shortlisted candidate to be contacted**