

TERMS OF REFERENCE**Scaling Up and Strengthening Community Health Worker Initiatives****I. Background:**

Africa has embarked on a historic effort to lay the foundation for sustainable health and development for all. The African Union Agenda 2063 “the Africa We Want” envisages a 50-year effort to galvanize socioeconomic transformation across the continent. A key element of this transformation involves a paradigm shift towards viewing health as a developmental agenda. In fulfilling this mandate, the Africa Health Strategy (AHS 2016-2030) provides strategic guidance for Member States in the implementation of priority approaches for reducing morbidity and ending preventable mortality from diseases. Additionally, the Sustainable Development Goal (SDG) 3 calls for sustained improvements in health outcomes to ensure healthy lives and promote well-being for all at all ages. Goal 3 further calls on governments to “substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing states (SDGs target 3c). The Astana Declaration on Primary Health Care (PHC) 2018 and the Political Declaration of Universal Health Coverage (UHC) High Level Meeting 2019 all reinforced the international consensus that institutionalizing community-based health workers is one of the key elements for PHC, which is the foundation of UHC.

Community health workers (CHWs) have been utilized over the past few decades to increase access of basic services at the community level and reducing the gap between the health facilities and the populations. There is some evidence that implies that CHWs may increase uptake of some basic health promotive and preventive services, health education and contact tracing in epidemics, reduce health inequalities and improve overall health outcomes.

In view of the above, the African Union (AU) endorsed the 2 million CHWs initiative during the 29th AU summit in July 2017, through the decision: Assembly/AU/Dec.649 (XXIX). The Heads of State and Governments recognized the challenges in health workforce in the continent and urged the African Union Commission (AUC), together with UNAIDS, WHO and other partners to rapidly recruit, train and deploy 2 million CHWs across the continent when and where needed. CHWs programmes have substantial potential, not only in healthcare, but also in harnessing the demographic dividend and reducing gender inequality.

The AUC, together with WHO, UNAIDS and UNICEF, will implement this initiative in Africa in accordance with the above declaration. As an entry point, WHO, UNAIDS and UNICEF will support the AUC to conduct a mapping exercise to understand the current landscape of CHWs in countries including their role in the COVID-19 response, the strategic documents in place and, functions and scope of work, financing and support mechanisms. The findings will contribute to strengthening human resources for health information systems, National Health Workforce Accounts and the CHW monitoring and accountability initiative to report on CHW Guideline implementation progress.

II. Objective of the consultancy:

The objective of the consultancy is to assist with data collection and analysis of the mapping exercise process. The consultant will draft an executive summary and the full report of the findings (i.e. with selection, certification & training, management and supervision, community engagement and systems integration) and other related materials, to include presentations and country profiles.

III. Scope of the work:

The identified consultant will:

1. Develop a data analysis plan for the survey results detailing the data aggregation, analysis and visualization of country level data; further supporting data synthesis to facilitate utilization by countries in strengthening and optimising CHW programmes.
2. Coordinate with participating agencies on the completion of mapping exercise and data cleaning across the 55 Member States in the Africa region on the status of community health worker programmes.
3. Analyze and triangulate the data collected through the CHW online survey tool including through review of related regional/global survey reports, partner reports, relevant publications; support quality assurance and validation processes of the CHW online tool through close follow up with country teams.
4. Collate and analyse the response in view of highlighting key areas which were agreed in the beginning, draft a report and visual material.
5. Develop interim presentation and key points coming from the interim findings.
6. Produce a continental report on the findings with critical analysis on the implications for the AU's 2 Million CHW Initiative.

IV. Duration of consultancy:

The duration for the consultancy is six months after signing of the contract.

V. Key deliverables and schedule:

Expected starting date of the contract: 15 December 2020

Expected ending date of contract: 15 May 2021

Key Deliverables and schedule:

SN	Deliverables	Duration (Estimated # of days or months)	Timeline / Deadline
1	Submission of inception report that includes data analysis plan	5 days	
2	Support completion of mapping exercise (collection, cleaning and validation)	10 days	
3	Analysis and synthesis of data into country-specific and Africa-wide profile	14 days	
4	Develop structure of report for review and comments; and layout of data dissemination products including Power Point presentations & briefs	5 days	
5	Reporting writing – draft 1 & PPT	5 days	
6	Reporting writing – draft 2 & PPT	5 days	
7	Final draft	5 days	

VI. Remuneration:

The remuneration will be based on US\$ 500/day rate for 49 days within the period of 5 months. Travel and per diem will be supported separately.

The payment schedule is as per below:

- 25% disbursed upon contract signature
- 25% disbursed upon receipt of inception report
- 25% disbursed upon receipt of draft report (including country profiles and ppt presentation)
- 25% disbursed upon receipt of final report including data analysis materials and any related advocacy material

VII. Education, Experience and Skills:

- A post graduate degree in medicine, public health, social sciences, or related subject
- At least 7 years' experience working in the above-mentioned areas, either at national or international level
- Experience in survey design, research, policy analysis, evaluation of PHC level health systems and excellent analytical skills
- Prior academic experience in the field of health workforce, community health workers an asset
- Prior work experience with a multi-lateral or international health and development agency, and experience supporting national CHW / PHC programmes particularly in the Africa region
- Some knowledge of health systems and human resources for health an asset
- Strong ability to multi-task and a drive for on-time delivery required
- Exceptional writing skills – native level in either English or French, or both

Languages:

Essential: Advanced level of English or French

Desirable: Intermediate knowledge of the other language

Competencies

- Ability to collect and collate data from different sources at international level
- Team work
- Communication with diverse range of individuals
- Producing quality results on time
- Astute writing skills

Application process:

The following documents must be submitted for the submission to be considered:

- CV
- Cover Letter – max one A4 page
- Examples of written work – in English or French, or both