

TERMS OF REFERENCE

Assessment of capacity development support areas for health system strengthening in Ethiopia

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ACCRONYMS

EDF	European Development Fund
FMoH	Federal Ministry of Health
GTP	Growth and Transformation Plan
HMIS	Health Management Information System
HSDP	Health Sector Development Plan
HSTP	Health Sector Transformation Plan
MDG PF	Millennium Development Goals Performance Fund
MoFED	Ministry of Finance and Economic Development
MTR	Mid-Term Review
NAO	National Authorizing Office
NIP	National Indicative Programme
SRC	Sector Reform Contract
UHC	Universal Health Coverage
WaSH	Water, Sanitation and Hygiene

1. BACKGROUND

In Ethiopia, a clear strategic vision for health system strengthening has enabled the government to mobilize resources and allowed for rapid progress in expanding access to health services. Successive phases of Ethiopia's Health Sector Development Programme (HSDP) have provided the overarching strategic framework and direction for the health sector. The current HSDP IV reflects the government's vision to achieve the health sector goals set under the Growth and Transformation Plan (2010/11-2014/15) which are closely aligned with the MDGs. Implementation of these successive HSDPs (since 1996) has brought significant results in expanding access to health services particularly in decreasing under five mortality (U5MR) from 204/1,000 live births (in 1990) to 68/1,000 live births (in 2013). The introduction of the health extension programme has also significantly improved coverage of other primary health care services.

Despite this progress concerted efforts are needed to further deepen the quality of and access to services at tertiary level– with a focus on enhancing health facility readiness for service delivery. The need to address inequalities among and/or within regions (pocket areas), gender and socioeconomic status is also a critical challenge that the sector is facing.

The EU – Ethiopia development cooperation (11th EDF 2014-2020) prioritized health as a focal sector. The support focuses on three strategic priority areas: (i) Support to Ethiopia's path towards universal health coverage (UHC) – EUR 100M. This intends to support through a Sector Reform Contract (SRC) with a thorough analysis/assessment of the Budget Support eligibility criteria; (ii) Capacity development for health system strengthening (EUR 15M) – aiming at further improving the health governance and accountability framework, support to healthcare financing reform and health information system complementing to SRC and building the system for proper management and implementation of the SRC. This will be implemented through TA support, service contract, and/or other financing instruments; (iii) Addressing social determinants of health (issues related to equity, WaSH, and nutrition) mainly through support to local governments (regions/woredas with special needs) and non-state actors' initiatives – with a total of EUR 50M.

The second component (*capacity development for health system strengthening*) is mainly to complement the SRC in terms strengthening the overall health system and specific support to national surveys and assessments that feed into the SRC data requirements. It is understood that better health outcomes can be secured through building and strengthening the health governance system. As defined (by WHO), the health system is a set of interconnected parts (service delivery; the workforce; health information system; medical technologies; financing; and leadership/governance) that must function together to be effective.

In many cases, 'un-earmarked' like contribution to Millennium Development Goals Performance Fund (MDG PF) and/or budget support operations, need to be complemented by support for capacity development and technical assistance. Whilst supporting government systems through contributions to MDG PF or SRC certainly do help in improving the system, this improvement is not automatic especially when the institutions are weak at the outset. Capacity development support can help further improve the quality and capacity of systems and institutions which the MDG PF or SRC uses. Building local capacity is believed to play a critical role in the sustainability of health outcomes and in reducing reliance on external assistance over the long term.

In 2009, the FMoH developed Technical Assistance Guidelines for the Health Sector which set out the processes and procedures of identifying, planning, managing, coordinating and monitoring capacity building and technical assistance initiatives in the health sector. The guideline was developed in response to challenges faced in ensuring that technical assistance provided by development partners (DPs) is demand driven, accountable, and should not place a heavy administrative burden on the government. This Terms of Reference (ToR) is thus developed to identify strategic areas of support for Ethiopia's health system strengthening across its decentralized service delivery system.

2. DESCRIPTION OF THE ASSIGNMENT

The capacity development support program (EUR 15M) is part of the 11th EDF health sector program. The current request for services concerns analysis of the capacity development needs of the health system and the subsequent drafting of an identification fiche and related annexes.

2.1 Global Objective

The overall objective of this assignment is to improve health outcomes for all through targeted health capacity development interventions in Ethiopia.

2.2 Specific Objectives

The specific objective is to analyze and define strategic areas of capacity development support for health system strengthening and subsequently prepare a Project Identification Fiche (PIF).

2.3 Requested services

The services to be provided must be rendered in accordance with the EC guidelines for service contract. It should involve consultation with the EU Delegation, NAO/MoFED, FMoH, EU Member States (MS) and other development partners (including CSOs/NGOs) actively involved in health system strengthening, as identified during the inception phase of the assignment.

The following services must be rendered:

- Conduct an in-depth analysis of the health system capacity development needs in Ethiopia. This requires capacity development assessments at *system*, *organizational*, and *individual* levels of the health system. The analysis and/or assessment of capacity development needs will lead to identification and/or defining strategic areas of support. This should also be accompanied by critical analysis of identified areas of support for health system strengthening in terms of operational feasibility and possible implementation modalities (in reference to EU financing instruments). While analyzing and assessing the areas of support, the expert should take into consideration that capacity development for health system strengthening:
 - is demand driven, harmonized and aligned with the priorities of the Health Sector Transformation Plan (HSTP);
 - able to strengthen policies and programmes to improve equity in access to and quality of services;
 - is strengthening transparent, accountable and participatory health governance system at all levels;
 - strengthens policy dialogue and FMoH's capacity to coordinate, monitor and evaluate its programs and also DPs' initiatives;
 - enable to share knowledge and skill transfer ensuring sustainability of supported initiatives, and;
 - contributes to the overall EU-Ethiopia development cooperation 11th EDF health sector program objective of strengthening health systems for universal health coverage.
- Prepare project identification fiche (PIF) for the programme in full coherence with the EC format (including a logical framework, time tables - tentative schedule for implementation, and initial budget);

2.4 Required outputs

The mission is expected to achieve the following three interlinked outputs:

- (i) An ***inception report*** with review of key strategic documents and a work plan and methodology for the remainder of the assignment

- (ii) A **technical synthesis report** on *analysis of health system capacity development needs and strategic areas of support in achieving the country's health sector strategy* - the report should capture analysis of relevant documents that guide the wider strategy/policy framework of capacity development for health system strengthening (HSDP IV and its MTR, Ethiopia's health sector visioning exercise (draft): "the path towards UHC through PHC", draft medium-term five years plan "Health Sector Transformation Plan (HSTP 2015-2020), Joint Assessment of the National health Strategy (JANS) report, FMOH Technical Assistance Guideline (2009) and the recent JCCC discussion paper on revision of the guideline.

The synthesis report should include critical review and analysis of strategic areas of health system strengthening support in Ethiopia. The analysis should also be informed by other DPs' capacity building & technical assistance initiatives so as to avoid duplication of efforts.

- (iii) **Project identification fiche** – this should include analysis of the context (government strategies); issues related to capacity development and justification for support to health system strengthening; complementary actions and analysis of actors involved in health system capacity development initiatives; description of the proposed intervention (in terms of objectives and expected results, including the log-frame) and its implementation modality (reference to EU financing instruments).

Draft reports (both synthesis & identification fiche) will be presented to EU Delegation. The reports will also be discussed at FMOH, NAO (MoFED) and EU Delegation level for approval.

2.5 Language of the Specific Contract

English

2.6 Subcontracting (to be foreseen or not)

N/A

3. EXPERT PROFILE – Category - I (25 working days)

The mission will be conducted by an expert. The expert will be a health specialist with an extensive experience on health system strengthening; institutional capacity development and technical assistance program design and formulation.

Required expert profile:

Education: at least Master's Degree in public health, health economics, development studies or any other relevant study.

General professional experience:

- At least 12 years of experience in health sector programming and capacity development support in the health sector.

Specific professional experience:

- Relevant professional experience in designing health systems strengthening capacity development program;
- Previous experience in health system strengthening (health sector reforms, design and/or evaluation of health sector development program (HSDP));
- Experience in the design (identification and/or formulation) of EC-funded projects/programs is essential
- Strong knowledge of EDF procedures and project cycle management

The language skills required for this assignment is English and the expert is expected to be fluent in speaking and writing.

4. LOCATION AND DURATION

The mission is foreseen for Mid-March – Mid April 2015 (25 working days). The assignment will take place in Addis Ababa, Ethiopia.

5. REPORTING

All outputs as indicated in Section 2.4 of the ToR must be delivered to the EU Delegation to Ethiopia, in an agreed format.

- *Inception Report* (max. 5 pages, excluding annexes) – proposed methodology and detailed work plan with time table, and an indicative list of people and institutions to be contacted;
- *Technical synthesis report - Analysis of health system capacity development needs and strategic areas of support by DPs* (max. 20 – 25 pages, excluding annexes);
- *Project identification fiche* (max. 8-10 pages, excluding annexes)
- The *Final Report* should not exceed 30 pages, excluding annexes, and should include an Executive Summary.

All outputs should be drafted in English and presented to the EU Delegation to Ethiopia. The indicative time schedule for the delivery and presentation of the outputs indicated in Section 2.4 is as follows:

Report	Delivery & presentation date
Inception Report	5 working days after the start date of the assignment
Technical Synthesis Report – <i>Analysis of health system capacity development needs and strategic areas of support</i>	15 working days after the start date of the assignment
Project identification fiche – <i>EU support to capacity development for health system strengthening</i>	25 working days after the start date of the assignment

6. INCIDENTAL EXPENDITURE

Non Reimbursable Costs

- The Consultant shall ensure that the expert is adequately supported and equipped, ensuring adequate management of organizational and logistical support to the expert with strong backstopping
- The consultant shall also be responsible for the provision of the necessary visa for the international experts prior to the commencement of the assignment.
- Should an expert hire a vehicle for the entire period of the assignment, car hire costs will only be reimbursed for the inter-city part of the travels made during the period of the assignment.
- Office supplies and communications are covered in the fees and may not be recovered again in the reimbursable.

Reimbursable Costs

- The reimbursable costs shall include international travels. International travels to the place of the mission and back is considered to start at the closest station/airport to the expert's residence and to end at the airport of destination.
- The per diems include intra-city travel so they are not eligible once more under reimbursable.