TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

TERMS OF REFERENCE (to be completed by Hiring Office)	
Hiring Office:	**UNFPA-WCARO**
Purpose of consultancy:	**Develop the Regional Fistula Investment Case** Through the study of the Economic Burden of Obstetric Fistula, the Cost-benefit and Cost-effectiveness and the return on investment of obstetric fistula surgery and comprehensive response in West and Central African Region.
Scope of work: *(Description of services, activities, or outputs)*	**<u>Context</u>** Obstetric fistula is the presence of an abnormal tract created between the vagina and rectum (recto-vaginal fistula) or vagina and the bladder (vesico-vaginal fistula) as a result of prolonged obstructed labor without timely medical intervention-typically and emergency Caesarean section (Wall, 2012). In West and central Africa, it is estimated that between 600.000 and 1.000.000 women are living with fistula and waiting for treatment while 30,000 new cases occur each year[1]. Obstetric fistula tends to affect the most marginalized members of society: young, illiterate women in remote areas. Contributing factors for obstetric fistula include poverty[2]. The social impact of urinary incontinence that derives from fistula is isolation, social deprivation and inability to engage in household chores and socioeconomic activities to support their families and communities[3]. The economic burden includes patient's loss of the ability to work and to generate income. In Nigeria, for example, a study reported that women with fistula were 50% more economically impoverished by job loss[4]. In West and Central Africa there is scant literature on both the cost of fistula surgeries and the quantitative impact on women's earnings. However, UNFPA estimates that the average cost of obstetric repair including day of admission is approximately US$500 per woman. This amount including post-operative care cannot be afforded by patients. In order to address obstetric fistula issue in the West and Central Africa Region (WCAR), the UNFPA Regional Office has developed a Regional Strategy on eliminating obstetric fistula in West and Central Africa by 2030 alongside with a costed proposal to serve as a resource mobilization tool. Thanks to the integrated work of UNFPA and key stakeholders in the fight against fistula, the ECOWAS First Ladies adopted in November 2017 a **Declaration on the Elimination of Obstetric Fistula** in the sub region. In the same line, the ECOWAS Ministers of Health adopted in June 2018 a **Resolution on the Elimination of Fistula** and lately in December 2018, the UN General Assembly adopted the Resolution 77/147 on the "Intensification of efforts to end Fistula obstetric fistula" Despite our efforts, the regional fistula programme is still underfunded. The MHTF thematic fund is the only source of funding at our disposal.

[1] UNFPA-WCARO,Estimates

[2] Tahbzob F. Epidemiological determinants of vesicovaginal fistula. BJOG an *International Journal of Obstetrics and Gynecology*, 1983, 09(5): 387-391

[3] Barageine et Al., 2015 ; Mselle and Kohi, 2015)

[4] Obstetric Fistula

	Since our resource mobilization and advocacy efforts need to be supported by evidence-based and accurate data, WCARO in partnership with UNFPA Headquarters in New York, is now engaged in assessing the cost effectiveness and the return on investment of obstetric fistula surgery. To this end, the services of a Consultant is needed. The purpose of these Terms of Reference is to provide guidance to the consultants through clear objectives and outcomes. **Goal:** To develop the Regional Fistula Investment Case. **Study Objectives** ● To assess the economic burden of fistula on patients in West and Central Africa, both at individual, community and country level. In other words, the study should assess the impact of fistula from an economic perspective, including impact on employment and economic empowerment opportunities; and ● Estimate the cost of the obstetric fistula response in West and Central Africa. For this purpose, the consultant should investigate national level cost information in the selected countries and aggregate country data to produce regional figures; ● Estimate the cost-benefit of the socio-economic impact of fistula surgery; ● Estimate the cost-effectiveness of obstetric fistula response and the return on investment in terms of lifetime disability gained (cost per DAY). **Interest of the study** The study is expected to provide accurate and evidence based-data for policy makers to support smart investment in fistula management and particularly, fistula treatment in the context of West and Central African Region. The study is also expected to support the achievement of the World Health Assembly resolution on *'Strengthening emergency and essential surgical care and anesthesia as a key component of Universal Health Coverage'*.
Duration and working schedule:	The duration of the assignment will be 60 working days.
Place where services are to be delivered:	The Consultant will work in Dakar, Senegal at the UNFPA Regional Office, with possible travel to selected countries.
Delivery dates and how work will be delivered (*e.g.* electronic, hard copy etc.):	● The consultancy assignment is expected to start in June 2019. ● The Consultant should produce a strong working paper with key information and recommendations as requested in the study objectives. ● The Consultant should also deliver the models used/developed as part of the consultancy report.
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	Daily monitoring of the Consultant's mission will be provided by the UNFPA Regional Office with the support of the Sexual Reproductive Health (SRH) Branch in New York. Both entities perform quality assurance throughout the process.
Supervisory arrangements:	The overall supervision of the study will be the responsibility of WCARO WRH Unit Practice Leader and the direct supervision, the responsibility of the Regional Health System Strengthening Specialist.
Expected travel:	Expected travel in countries of study listed above.

Required expertise, qualifications and competencies, including language requirements:	**Qualification** ● Masters degree in Health Economics, Public Health or Social Sciences required. **Experience** ● Senior level experience (at least 7 years) in health economy; ● Extensive experience in project and program design and evaluation; Health ● Services costing and financing, financial and in cost-effectiveness analysis of health related interventions (DALY calculation) , and health system financing ● Previous experience in West and central Africa will be an asset Interested candidates should submit alongside with their CV and cover letter a short proposal comprised of the following information: ● Understanding of the TOR' ● Key informants and documentary sources ● Methodology of work ● Identification of unit costs ● Cost effectiveness calculation methodology ● Methods of data analysis ● Management of time
Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable:	✔ Prior to the starting of the assignment, the Consultant will receive an induction by the WRHU and EKPU; ✔ All travel arrangements, DSA, TA and security would be according to UNFPA procedures (Security training and security clearance before trips and security briefing upon arrival); ✔ The WRHU will provide technical documentation.
Other relevant information or special conditions, if any:	All applications (CV and cover letter) including a technical proposal, should be sent to the email address unfpa.wcaro.recruitment@unfpa.org at latest by 31 May 2019.