

APPENDIX: TERM OF REFERENCE: HEALTH EXPLORATORY MISSION INCLUDING MHPSS

EXPLORATORY HEALTH MISSION	
	December 2018
Zone/Country	Afghanistan, Kabul province
Duration	3 weeks
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1. INTRODUCTION

1.1. Context

The Afghan mission is the oldest PUI mission, with first medical intervention launched in 1979 just after the Soviet Invasion. Since then, the country has mostly been in conflict, with national armed groups and international forces, causing mass casualties and massive movements of population, within or out of the countries. In 2017, 360 000 people have been internally displaced (bringing the total number of displaced people to 1.7 million) and there has been an influx of more 546 000 afghan returnees from Iran and Pakistan. This high number of returns is putting pressure on host communities that are already strained by the conflict. The achievements realized by the international community following the post-2001 intervention are now jeopardized by the intensification of conflict and violence and fragile governance. Indeed, due to the increase of the attacks, casualties, displacements and consequently, of the acute needs, the United Nations reclassified Afghanistan conflict from a protracted one to an active one.

Approximately 60% of the country is under Afghan government or influence, but last years, it has focused its military tactics on urban areas, which has resulted in a consolidation of control over rural areas by the Taliban. The Islamic State (ISK) is also expanding its area of influence. Despite continuous extended military, financial and political support, the still fragile Government of Afghanistan struggle to impose its vision of development.

Insecurity, economic concerns, governance issues and increased pressure on the delivery of services are pushing many Afghan to risk their lives fleeing to Europe, as they see no future in Afghanistan. Afghan refugees represent the third largest refugee group worldwide and the second largest contingent of asylum seekers to the EU.

In this scenario, with elevated pressure on aid actors, the capacity to deliver aid to the most in need in remote areas is jeopardized. Access on field remains one of the biggest challenges in Afghanistan, especially in some provinces, including, Kunar, Laghman, Nangarhar and Nuristan Provinces (Eastern Region). The humanitarian crisis is looming as actors are overstretched and resources oriented to other crises. A high capacity to deliver aid is then required in such a complex environment where humanitarian needs are huge.

1.2. PUI activities in the region/country

Currently, PUI is running the following programs:

Emergency Medical Nutrition and protection assistance in hard to reach areas in Kunar (AHF)

Establishment of a Sub Health Center to provide PHC minimum package in Kunar Province To balance the increasing issue of mobility of its teams.

BPHS Project in Kunar province (WB/MoPH): Since 2003, PUI has been implementing the Basic Package of Health Services (BPHS) and the Essential Package of Health Services (EPHS) in collaboration with the Afghan Ministry of Public Health, in different provinces. Currently, PUI implements the BPHS in Kunar, running in total 61 health facilities and employing more than 500 health and support staff.

Emergency life-saving intervention in Kunar and Nangarhar provinces (ECHO): To improve PUI and public health facilities responsiveness capacity to answer repeated crisis and population displacement, PUI developed a health ERM SOP. Senior medical staff are trained on emergency medical care and will replicate the trainings to the staff of selected BPHS health facilities. Specific operational plans with definition of early warning systems are developed. With the evolution of the context PUI is scaling-up its emergency activities in Nangarhar as well, extending the successful interventions in Kunar and with additional tailored activities in assistance to IDPs. Mobile clinic are deployed to answer underserved displaced population. Linked with continuous fights in the areas and increasing pressure from AOGs on strategic axis and locations, trauma caseload has been increasing as well, PUI is answering by developing the capacity to manage physical and psychological trauma at health center level. Integrated to health services developed at community or health facility level, PUI has been developing the provision of psychosocial support.

The Nutrition programs in Kunar province (WFP): While Chronic Malnutrition is a major health public issue at the national level, Global Acute Malnutrition also is a major challenge for health stakeholders. PUI receives the support of the WFP, UNICEF, and CHF for the implementation of an Integrated Management of Acute Malnutrition program covering the whole province of Kunar where SAM rate (6-59 months population considered) is constantly above 2% and GAM rate above the alert threshold

Malaria Prevention and case management (UNDP): Since January 2018 PUI is also involved in a project with UNDP to fight Malaria in Afghanistan, by managing existing cases and by controlling the vector through mass campaign distribution of LLIN and continuous distribution to pregnant women.

Promoting institutional deliveries in hard to reach areas (WHI): PUI is addressing barriers in access to institutional deliveries both at community level and health facility level through a panel of innovative approach.

An integrated life-saving emergency health / nutrition and WASH response (OFDA): Since October 2018 this one year multi-sectorial project started in Kunar, Nangarhar, Laghman and Nuristan provinces. It is based on an integrated approach enabling Afghan people to access health, nutrition and WASH services.

PUI intervention strategy is to continue its emergency interventions in Kunar and Nangarhar provinces to procure live-saving assistance to people whose needs are the most urgent (ECHO and OCHA projects). The reduction of the malnutrition in Kunar by the implementation of targeted supplementary feeding program will still constitute a priority for our teams. Reduction of maternal and neonatal mortality is one of the pillar of PUI intervention strategy, with a strong component of community participation, and will be reinforced. MHPSS is a key matter for PUI, which will insist on it in its projects.

1.3. Mission Justification

A new opportunity arise to develop activities in Kabul province, relevant with the mission strategy and core sector of activities.

In Kabul City's district 12, MSF is supporting Ahmadsha Baba Hospital since 2009 and 4 mobile clinics in its catchment area, ensuring access to comprehensive package of primary health care, including CEmONC services (2000 deliveries/month) to the population of district 12 of Kabul city and to neighboring districts. MSF is looking to hand over the management if the maternity ward to a new partner to redirect its interventions in the country.

Although the coordination office is based in Kabul, PUI mission does not currently have any activities in Kabul province and needs to have a better understanding of the health needs and response of Ahmadsha Baba Hospital catchment area to decide in which way the support of ASB hospital would be possible and relevant.

2. MISSION OBJECTIVES (MAX ½ PAGE)

The general objective of the mission is to assess the relevancy and feasibility of the takeover of the maternity ward, and the complementary activities needed to have a real impact on the health status of the population in the area.

The specific objectives are of 2 nature:

- To assess the health needs and available response in the district 12 in Kabul , with a specific focus on primary health care, EMOnc services, MHPSS
- To establish the prerequisite and action strategy regarding takeover of ASB maternity ward (financial, human resources) in the frame of scaling down caseload and integration in the health and referral system.

3. TASKS

3.1. To establish and prioritize the main health needs of the population living in ASB hospital catchment area

3.1.1. Health needs assessment

ASB hospital is covering a large panel of population in a peripheral/suburb area. The population of returnees and IDP's increased over the years in the area. The total population is 553,838 composed of a Pashtu majority, Kuchi (Nomads), high rates of returnees, IDP's with significant pockets of low income families (MSF Aug 2018). The consultant is expected to use quantitative (core health indicators) and qualitative (key informant interview, focus group) to establish and prioritize (using criteria's such as frequency, severity, and consequences) the main health needs, including EMoNC, MHPSS and protection. Among the demonstrated problems identify those which PUI wishes to address in accordance with the organization's intervention framework.

3.1.2 Identification of barriers in access to health

45% of the patient of ASB are coming from the district, 55% from neighboring districts demonstrating existence in access to health services. Through quantitative (core indicators) and qualitative methods (key informants interview, focus group, observation), the consultant will identify the barriers to health, especially for population coming from neighboring districts and if possible the coping mechanism in place to cover the gap.

3.1.3. Describe the attitude of the population toward health

It is necessary to compare the information gained through a quantitative approach with qualitative information, taking the needs identified by the population and by health professionals into account in order to promote the involvement of both parties in the possible future project. Pay special attention to fear of stigmatization and discrimination that may prevent people from expressing their need for mental health and psychosocial support.

- Gather testimonials from the population about their health and their perceptions of how the health care system functions.
- Gather testimonials from health care workers concerning the health of the population and the health care system.

3.2 To identify the existing response to health needs and gaps

3.2.1. Describe the organization of the health care system:

The consultant will establish a health services mapping to put ASB hospital into context and explore the referral system. A specific focus is expected on the functionality of referral system, the health pyramid and services offered at the different levels of care. The consultant will also describe the governance and management system, especially the links with Kabul provincial health department

(KPHD) and MOPHS and other relevant ministry. The links with the community based health system (CBHS) will also be explored and analyzed if existing.

3.2.2. Evaluate the health services:

describe the state of the health care infrastructure, sanitary conditions, identify the number of health personnel, their education level, and their geographic allocation. Describe the relations between health professionals and the population, demonstrate the possible existence of conflicts, remuneration, and motivation. Describe the use of health services, their accessibility, and their coverage.

3.2.3. Describe the financing of health care:

The price of medication, whether or not exemptions exist for these costs and fees, whether or not financial barriers to health care access exist.

3.3. Establish action strategy regarding the takeover of ASB maternity ward

3.3.2. Propose a takeover strategy regarding services to take over, corresponding human resources and its financial impact

Based on the outcomes of the health assessment, the consultant will propose an action strategy regarding the takeover of ASB hospital maternity ward. The plan will include the services that have to be supported and the complementary services. Using MSF financial handover analysis and different scenario, the consultant will present a summarized plan regarding human resources, supply needs and management.

3.3.1 Explore and present options to scale down activities

The current caseload managed by ASB maternity ward is planned to be scaled down to match with MOPH standards for a district hospital and donors and MOPHS financial capacity. Based on previous tasks, the consultant will propose action strategy of activity scale down and its feasibility. The impact of the scale down on the availability of qualitative EMoNC services will be explored and mitigation measures proposed.

3.5. Identify actors and potential partners:

In collaboration with PUI mission team, the consultant during its mission will identify and meet when possible potential partners such as KPHD, local NGO, INGO and civil society.

4. METHODOLOGY (MAX 1 PAGE)

4.1. Briefing in preparation for the mission

- The consultant will receive all available documentation both at HQ and field level regarding the objective of the mission
- The first two weeks will be used for field visit and data collection, the last week for report writing

4.2. Quantitative and Qualitative Methods

- The consultant is expected to use quantitative methods such as analysis of core health indicators
- Considering the length of the mission no household survey is expected
- Focus group, individual and key informant's interviews will be organized, with the support of the mission team.

4.3. Key documents

- PUI mission strategy
- Afghanistan nutrition cluster, annual report 2017 (March 2018)
<https://www.humanitarianresponse.info/en/operations/afghanistan/nutrition>
- "The self-help group approaches in Afghanistan / People in Need (PIN), Annika Schmeding.(2018)
https://reliefweb.int/sites/reliefweb.int/files/resources/AFG_self%20help%20group_study.pdf
- MSF documents regarding ASB hospital hand over
- EPHS BPHS National guidelines

4.4. Contacts

- MSF Field Coordinator
- KPHD Kabul
- MOPHS
- GBV sub cluster coordinator

5. MISSION ORGANIZATION (MAX 1 PAGE)

5.1. Characteristics of the exploratory mission team

Required Profile

Required Skills and Know-How		
	ESSENTIAL	DESIRABLE
TRAINING	Registered Nurse/ Midwife Residency in Medicine /	Relevant post-graduate degree (nutrition, public health, tropical medicine) Nutrition background
PROFESSIONAL EXPERIENCE	<ul style="list-style-type: none"> ▶ Humanitarian X ▶ International X ▶ Technical X 	
KNOWLEDGE AND SKILLS	<ul style="list-style-type: none"> ▶ Experience in exploratory/ assessment mission ▶ Experience in qualitative and quantitative survey ▶ Knowledge of Afghanistan context 	
LANGUAGES	<ul style="list-style-type: none"> ▶ French ▶ English X ▶ Other (specify):pashtu 	<ul style="list-style-type: none"> x x
SOFTWARE	<ul style="list-style-type: none"> ▶ Pack Office X 	
Required Personal Characteristics (fitting into the team, suitability for the job and assignment)		
<ul style="list-style-type: none"> ▶ Ability to work independently while keeping team spirit oriented behaviour ▶ Ability to withstand pressure ▶ Open-minded & diplomatic skills ▶ Analytical & Strategic skills ▶ Capacity of organization and management of priorities ▶ Proactive and trouble-shooting skills ▶ Ability to work and manage issues professionally and with maturity ▶ Ability to integrate the local environment into operations, in its political, economic and historical dimensions 		

5.2. Logistical, security, and administrative organization

- Afghanistan entry Visa will be organized and managed by PUI
- The consultant will be responsible to organize her health insurance
- The consultant will follow up PUI security rules and policy in the field.
- PUI will be responsible for consultant's security during all period in Afghanistan, including security evacuation if necessary
- PUI will assure all movements and transportation in Afghanistan
- Accommodation in the field will be organized and assured by PUI in its guesthouse

- Translation will be assured by PUI in the field

5.3. Follow-up Mechanisms

Regular appointments will be organized with deputy head of mission to follow up the ongoing mission

Weekly updates will be shared with health advisor at HQ level

5.4. Chronology

Activity	Duration
Preparation stage (Literature Review and Briefing)	2 days
On the field Stage (Data collection)	10 days
Analysis Stage and Final report writing	3 days
Total	15 days (3 weeks working days)

6. EXPECTED RESULTS (MAX ½ PAGE):

- **Exploratory mission report** following an established framework, 25-30 page maximum, excluding appendices.
- The report should be given in digital version.
- Corrections and modifications may be requested by a health advisor, the head of the mission, or the person in charge of the program after the report has been submitted and the evaluator should remain available if necessary.

Headquarters may request:

- A power point presentation (language specified), summarizing the main results obtained and information collected
- A debriefing may be planned at headquarters

7. BUDGET (MAX ½ PAGE):

The overall budget for this consultancy cannot exceed 10 000 EUR all included (transportation, insurance, housing...)

8. APPENDICES:

- Exploratory mission report framework
- Key documents

- PUI medical department intervention framework