

	Terms of Reference for Individual Consultant
Title:	Sexual and Reproductive Health Programme Specialist to deliver training on a Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies, conduct readiness assessment, and support the development of action plans to improve emergency preparedness and response to integrate MISP
Hiring Office:	UNFPA Sub-Regional Office for the Caribbean
Purpose of the Consultancy:	The UNFPA Caribbean programme for 2022-2026 aims to improve the protection of women and girls by increasing the exercise of their rights to bodily integrity, autonomy, and Sexual and Reproductive Health (SRH). The programme seeks to enhance access to and use of quality SRH and rights information and services by women and adolescent girls, especially survivors of Gender-Based Violence (GBV), with a focus on strengthening programme frameworks and intersectoral coordination of the MISP and GBV in Emergencies Minimum Standards, increasing the ability of government entities and civil society organizations to provide quality SRH and GBV related services, inclusive of ensuring the availability of life-saving SRH commodities, and increasing the ability of women and girls to make informed decisions about their own SRH. SRH is considered essential in responses to humanitarian emergencies. The need for SRH services may increase during disasters given the increased risks of sexual violence and transmission of sexually transmitted infections (STIs), childbirth during evacuation and displacement, lack of access to emergency obstetric care and family planning services. Consequently, a Minimum Initial Service Package (MISP) for the delivery of SRH services in humanitarian emergencies was developed in 1995 and updated in 2018. The MISP is a set of priority activities that should be implemented in the initial phase of an emergency. The MISP emphasizes the prevention of mortality and morbidity of the affected population, particularly women and girls. The MISP is a coordinated set of activities designed to prevent and manage the consequences of sexual violence; prevent the transmission of HIV and other STDs; prevent newborn and maternal morbidity and mortality; prevent unintended pregnancies and plan for comprehensive SRH services. Additional priority activities include adolescent SRH, access to contraception for existing users and distribution of hygiene kits and menstrual protection supplies.
	The purpose of the consultancy is to coordinate and provide technical assistance and programmatic leadership to Belize and Jamaica on the Minimum Initial Service Package (MISP) programme implementation, assessment, capacity building, advocacy and policy dialogue.
	The expected outputs of the activities are:
	 Increased knowledge, understanding and capacity to provide MISP for RH/HIV/GBV prevention and response in natural disasters and other humanitarian contexts. Increased capacity to advocate for and integrate the MISP into the disaster and risk



	3. An action plan with priority actions, responsible persons, and timeline for each country, guided by a participatory MISP readiness assessment.
Scope of work: (Description of services, activities, or outputs)	 The Sexual and Reproductive Health Programme Specialist Consultant is expected to undertake the following tasks in two phases in support of the countries indicated: By the end of November 2022 at the latest in Jamaica and Belize, conclude the implementation of the following steps in collaboration with the relevant national authorities in the respective countries: Develop/adapt MISP training package and tools and deliver in-person MISP training of trainers, training & MISP readiness validation Jamaica – September-October 2022 Belize – October-November 2022 Strengthen capacity within the UNFPA Caribbean team and key representatives of the IPs with a specific Training of Trainers (ToT) on MISP, readiness assessment and action plans. Conduct MISP readiness assessment in a participatory way at the regional and national levels in each of the two countries (virtual and in person consultations, key informant interviews, validation, final report and action plan) Development of a national action plan for each country, guided by the participatory MISP readiness assessment Throughout the process, guide and support the establishment/strengthening of an SRH technical working group to facilitate coordination of SRH actors for the implementation of the action plan. Phase 1: Preparation Present a detailed methodological proposal with a time schedule considering the different countries. Compile and prepare all training materials and tools for the entire MISP training, utilizing relevant materials and guidelines such as the Inter-Agency Field Manual on RH in Humanitarian settings, MISP Facilitators Manual, relevant Inter-Agency Working Group on RH in Emergencies (IAWG) and Inter-Agency Standing Committee (IASC) Guidelines, standard operating procedures (SOPs) on sexual and gender based violence (SGBV), RH Kit Booklet, emergency plan for each country, and any other relevant documents



- Prepare in advance the MISP readiness assessment and review the country's emergency response and preparedness plans, with a special focus on the health sector and GBV and emergency shelters management, and any other relevant documents.
- Circulate to the participants a set of questions in preparation for the participatory MISP readiness assessment.
- Conduct MISP readiness assessment consultation and key informant interviews ahead of the consultation workshop.
- Design the MISP pre-training test and post-training test, disseminate the pre-training test to participants and analyse the results to determine which topics require special reinforcement during the training sessions.
- Liaise with UNFPA focal points in Jamaica and Belize to successfully execute the consultancy in the two contexts.

Phase 2: Training of Trainers for UNFPA Caribbean staff and Implementing Partners

- A 1-day face to face workshop facilitated with selected members of staff of UNFPA Caribbean in each of the countries.
- An in person 2-day training in each country (in Jamaica and in Belize) for approximately 10 persons with a strategic profile (pre-selected focal points at Regional level Regional Health Authorities for Jamaica to oversee the program; focal points for SRH, including maternal and child health; and emergency at national and regional level within the MOHW and relevant CSOs).

These workshops have the purpose to build capacity of participants to deliver refresher MISP training, provide technical support to the SRH working group and follow up on MISP actions plans in the respective countries.

Phase 3: Implementation

This phase includes the following components/workshops, that will be implemented in Belize and Jamaica :

Day 1 and 2: Capacity Building Workshop and region-based readiness assessment

An in person workshop with selected participants of key organizations (MoH, disaster preparedness office, CSOs working in SRH, emergency and GBV prevention and response) in each of the 4 health regions of Jamaica and Belize, respectively.

A participatory methodology will be employed for the training, utilizing a variety of adult learning strategies. The consultant will combine the following techniques to enhance learning outcomes.

- PowerPoint presentations
- Team discussions and work groups
- Case studies, role play and games
- Video presentations, handouts and visual aids



After the initial sensitization, the consultant will facilitate a participatory readiness assessment where the trainees will assess the level of preparedness of each region.

At the end of the workshop, the SRH Programme Specialist consultant will administer the posttest that compared with the pre-test will assess knowledge change and issues that require further follow-up. The consultant will submit an analytical report with a specific section presenting the findings of the readiness assessment conducted in each region.

Day 3: MISP Readiness Assessment

In each country, an in person national workshop facilitated with selected participants (For Jamaica: key actors at the central level of the Ministry of Health, including the National Family Planning Board, key representatives of the Regional Health Authorities, Office of Disaster Preparedness and Emergency Management -ODPEM, and relevant CSOs including Jamaica Family Planning Association, Jamaica Red Cross, and Woman Inc; For Belize: key actors at the national level of the Ministries of Health and Wellness, key representatives of the Regional Health Authorities, National Emergency Management Organization - NEMO, and relevant CSOs including the Belize Family Planning Association). During a one-day session, using the IAWG MISP readiness assessment tool and a participatory approach, the participants with the support of the consultant and considering the findings of the assessments conducted regionally, will assess the level of preparedness of each partner and region to provide the MISP in the event of hurricanes or other disasters/emergencies, identifying existing capacities and gaps, per each of the objectives of the MISP.

Day 4: Development of a National MISP Action Plan

During a workshop facilitated at the national level, the international consultant will guide the participants (of the national and regional level) to develop a national action plan with priority actions at national and regional levels to address the gaps and strengthen the preparedness of each country to provide MISP during natural disasters. This will be based on the MISP readiness assessment developed during days 1, 2 and 3.

The action plans will be developed and agreed upon among participants for implementation in the short term and will specify responsible persons, and a timeline for completion. Medium and long-term activities to strengthen country preparedness to provide MISP in natural disasters will also be identified. During this process, the consultant will guide and support the establishment/strengthening of an SRH Technical working group to facilitate coordination of SRH actors for the implementation of the work plan.

The consultant will finalize the preparedness plan with the focus on MISP drafted in this consultative way ensuring that the disaster preparedness plans are good quality documents, to the satisfaction of UNFPA and the relevant Implementing Partners. According to the different contexts, the MISP action plans will be stand-alone documents for the health sector or could be integrated in existing disaster preparedness and response plans. The MISP disaster preparedness plans should be national but also consider the regional specificities both for Jamaica and Belize.



Duration and Working Schedule:	Th	The consultant will work for 62 days during the period 12 th September until 15 th December 2022.				
Place where services are to be delivered:		The Consultant will be expected to interact both physically and virtually as needed with UNFPA staff and other key partners and resource persons in Belize and Jamaica.				
Delivery dates and how work will be delivered		e Consu ted:	Iltant is expected to submit the following deliverables in acco	rdance with the t	ime frame	
(e.g. electronic, hard copy etc.)		No.	Deliverables	Due Date		
naru copy etc.)	1.Presentation of a detailed methodology and time schedule work plan considering the different countries, training materials for the ToT and for the regional trainings (including power points, participatory activities, facilitator's manual and participants handouts; and assessment/feedback tools), draft proposals for the consultation and validation methodology and index of the readiness assessments, involved (8 days)20222- Prepare and administer preparatory consultations for the readiness assessment - Conduct virtual consultations and key informant interviews in Jamaica and Belize (7 days)21 Octol 20223- Deliver Training of Trainers workshop on MISP to UNFPA Caribbean Staff & selected representatives of relevant IPs in Jamaica - Deliver MISP workshops in Jamaica - Facilitate establishment/strengthening of SRH Working Groups - Submit draft reports on support to Jamaica (22 days)21 Octol 2022	1.	work plan considering the different countries, training materials for the ToT and for the regional trainings (including power points, participatory activities, facilitator's manual and participants handouts; and assessment/feedback tools), draft proposals for the consultation and validation methodology and index of the	September		
		September				
		21 October 2022				
		4	UNFPA Caribbean Staff & selected representatives of relevant IPs in Belize - Deliver MISP workshops Belize - Facilitate establishment/strengthening of SRH Working Groups	18 November 2022		
		5	- Submit final reports with integrated feedback from	15 th		



	UNFPA and IPs and attach the updated revised version of the relevant training reports, assessments, action plans, update on the SRH Working Groups, report on other activities and recommendations on the way forward to satisfaction of UNFPA SROC.December 2022Deliverables must be submitted to UNFPA in English in Microsoft Word and Excel electronically, properly formatted and referenced.All documents produced as a result of the consultancy will be the property of the UNFPA.
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The activity will be guided by the UNFPA Sub-regional Office for the Caribbean in collaboration with national partners.
Supervisory arrangements:	The consultant will report directly to the Belize Liaison Officer and works closely with the HIV and AIDS Officer in Jamaica. The UNFPA programme staff with responsibility for specific countries will monitor the implementation of country specific interventions in consultation with relevant national authorities. Update meetings will take place with the UNFPA team. Progress summary updates reporting on the deliverables of the consultancy will be submitted electronically by the consultant every two weeks. The Sub-regional Office reserves the right to discontinue the contract if it feels that the consultant does not live up to the expectations or does not respect the rules of the code of conduct or if the consultant acts in a way that is detrimental to UNPFA's reputation.
Expected travel:	International travel is expected. Local travel at destination countries is likely and will be determined by country specific needs and requirements.
Required expertise, qualifications and competencies, including language requirements:	 Education and Work Experience: At least 5 years of work experience in increasing responsibilities at the national level in SRH ideally, in humanitarian and MISP implementation activities, of which at least 3 years of direct international experience relating to management of family planning and SRH programmes; Health sector-specific experience, including: experience with Public Health systems in developing countries;



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		Strong verb	al and written communication skills in English. anguage is an asset
Inputs/services to be provided by UNFPA or implementing partner (e.g. support services, office space, equipment), if applicable:	informati logistical	ion techno support fo	elementing this activity must have their own operational capacities (office, logy and communication) while working remotely. UNFPA will provide or physical meetings/events in accordance with country specific COVID-19 siderations and will facilitate contact with key stakeholders.
Other relevant information or	Payment	s will be m	ade upon satisfactory completion of the following deliverables:
special conditions, if	#	%	Deliverables
any:	1	20%	Submission and Presentation of Inception Report, workplan, training materials and assessment/feedback tools (1 week after commencement of the consultancy)
	2, 3, 4	50%	 Submission of draft reports on Jamaica and Belize. Each report should contain but is not limited to the following content: Summary of results from the MISP readiness assessment for the country with regional specificities The MISP Disaster Preparedness Action Plan/s ToT, trainings and workshops reports, inclusive of list of participants, comparative analysis of pre-training and post-training tests, assessment of each workshop, main findings and agreements.



	• Recommendations and lessons learned.
5, 6 30%	Submission of final reports on Belize and Jamaica and on support UNFPA Caribbean team and key IPs and key considerations for follow-up on the action plan • Recommendations and Lessons Learned.