

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

The Development of the Standards for Quality Healthcare Services for Adolescents in Dominica and St. Lucia

| Hiring Office: | Sub-regional Office for the Caribbean (SROC) | | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------------|--|-----------------|------------------|--|--------------|-------------|-------------------------------------|----------|------------|--|-------------|-----------|---|-------------|-----------|---|-----------|-----------|--|--------------|------------|
| Purpose of consultancy: | The main purpose of the consultancy is to support the development and adoption of quality standards for health-care services for adolescents in Dominica and St. Lucia, with a focus on sexual and reproductive health and rights (SRHR) in line with the World Health Organization (WHO) Global Standards for Adolescents' SRH Services for Latin American and the Caribbean (LAC), specifically for use in the mentioned countries. | | | | | | | | | | | | | | | | | | | | | | |
| Scope of work: <i>(Context, Description of services, activities, or outputs)</i> | <p>Dominica and St. Lucia are islands in the Eastern Caribbean with estimated populations of 73,162 and 183,916, respectively. They are classified by the World Bank as upper-middle income countries. Despite this classification however, high levels of unemployment; poverty; and social and gender inequality remain throughout the region. In Dominica for example, 12% of the urban population in 2015 were living in slums, as were 11.9% of the urban population of St. Lucia in 2005.</p> <p><u>Sexual and Reproductive Health</u> Slow progress has been made in advancing sexual and reproductive health (SRH) across the Caribbean, and as demonstrated in Table 1 below, the total fertility rate in Dominica & St. Lucia is at or below replacement level and almost 100% of births are attended by skilled staff. The maternal mortality ratios (MMR) are high in Dominica (105.2) and St. Lucia (117).</p> <table border="1"> <thead> <tr> <th></th> <th align="center">Dominica</th> <th align="center">St. Lucia</th> </tr> </thead> <tbody> <tr> <td>% of Women of Reproductive Age (15-49)</td> <td align="center">26.43 (2020)</td> <td align="center">27.3 (2018)</td> </tr> <tr> <td>Total Fertility Rate (births/woman)</td> <td align="center">2 (2010)</td> <td align="center">1.4 (2018)</td> </tr> <tr> <td>Adolescent Fertility Rate (births/1000 women aged 15-19)</td> <td align="center">47.1 (2006)</td> <td align="center">40 (2018)</td> </tr> <tr> <td>Contraceptive Prevalence rate-modern methods (% women aged 15-49)</td> <td align="center">59.5 (2015)</td> <td align="center">52 (2012)</td> </tr> <tr> <td>Unmet need for Family Planning (rate), women aged 15-49 (%)</td> <td align="center">14 (2015)</td> <td align="center">17 (2017)</td> </tr> <tr> <td>Maternal Mortality Ratio (maternal deaths/100'000 live births)</td> <td align="center">105.2 (2012)</td> <td align="center">117 (2017)</td> </tr> </tbody> </table> | | | Dominica | St. Lucia | % of Women of Reproductive Age (15-49) | 26.43 (2020) | 27.3 (2018) | Total Fertility Rate (births/woman) | 2 (2010) | 1.4 (2018) | Adolescent Fertility Rate (births/1000 women aged 15-19) | 47.1 (2006) | 40 (2018) | Contraceptive Prevalence rate-modern methods (% women aged 15-49) | 59.5 (2015) | 52 (2012) | Unmet need for Family Planning (rate), women aged 15-49 (%) | 14 (2015) | 17 (2017) | Maternal Mortality Ratio (maternal deaths/100'000 live births) | 105.2 (2012) | 117 (2017) |
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| Births attended by skilled staff (% of total) | 96 (2018) | 99 (2010) |
| First child when they were 10-19 years old (%) | 44.6 (2017) | – |
| Child Marriage/Early Union (% of women aged 20-24 who were married or in union before age 18) | – | 24 |

High Rates of Adolescent Pregnancy

Also, throughout the Caribbean, the adolescent pregnancy rate remains unacceptably high with Dominica having a rate of 47.1 in 2006 (this is the most recent figure available) and St Lucia having a rate of 40 in 2018. As is often the case, the most vulnerable are disproportionately affected, including adolescents living in poverty and adolescents from marginalized groups. The health risks associated with adolescent pregnancy are multiple and potentially life-threatening for both mother and child, and they are often accompanied by lasting socioeconomic consequences that contribute to perpetuating the cycle of poverty.

Adolescents often face diverse barriers in exercising their sexual and reproductive health rights. In the Caribbean, these barriers include a lack of access to SRH information and services, limited access to quality comprehensive sexuality education (CSE) and alarmingly high levels of gender-based violence (GBV); all of which are perpetuated in part by harmful gender norms and a socio-cultural silence around adolescent sexuality. Together these barriers create a perfect storm, impeding the ability of adolescents to exercise their sexual and reproductive health rights, and many adolescents have to cope with the repercussions stemming from early, unplanned pregnancy.

Legislative Barriers

One of the predominant issues in these countries is that adolescents do not have access to SRH services due to legal barriers. The minimum age to access SRH services without parental consent is 18 in Dominica, and 16 in St Lucia. However, the minimum age of consent to sexual activity is 16 in Dominica and St Lucia. The fact that the minimum age of consent to sexual activity is lower than the minimum age to access SRH services without parental consent for Dominica poses a significant challenge for sexually active adolescents who need to access SRH information and services without the knowledge of their parents or guardians. While in St Lucia the minimum age of consent to sexual activity aligns with the minimum age to access SRH services (16), this also means that there may be minors under the age of 16 who are not able to access SRH services due to legal barriers and also the fear of being criminalized for their engagement in sexual activities.

The problem is exacerbated by the fact that adolescents can marry at the age of 16 with parental consent, which is below the internationally mandated age of 18 under the Convention on the Rights of the Child. The lack of access to quality SRH services by adolescents in these four countries constitutes a violation of the human rights of children, guaranteed pursuant to international law (such as the Convention on the Rights of the Child), and it is particularly harmful given the high rates of adolescent pregnancy and early sexual debut.

Stigma, Discrimination and a Socio-Cultural Silence around Adolescent Sexuality

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| | <p>The stigma surrounding adolescent sexuality is also present in the health system and contributes to discriminatory attitudes among some health workers towards adolescents seeking SRH information and services, creating a barrier to health-seeking. Additional barriers include a perceived lack of privacy and confidentiality, the location of SRH facilities, and non-conducive open hours; culminating in SRH services that are inadequately responsive to the needs of adolescents. Discriminatory attitudes of health workers also affect people living with HIV, resulting in poor health-seeking behaviours among this group and driving an increase in rates of infection, including among young people. In 2016 one-third of new HIV infections in the Caribbean consisted of young people aged 15-24.</p> <p><u>Policies</u> Comprehensive and multi-sectoral National Sexual and Reproductive Health and Rights Policies are fundamental to guarantee universal access to comprehensive SRHR to all persons. Neither Dominica or St. Lucia has SRHR policies approved or these are obsolete, Reproductive Health Commodity Security (RHCS) is not integrated or there are no RHCS Strategies in place and there are no in-country SRHR platforms and/or Commodity Security Committees in place to monitor progress against improved access to SRH services including commodities.</p> <p><u>Access to contraceptives</u> Adolescents face the greatest barriers to accessing contraceptives, which puts them at risk for early pregnancy, school dropout, loss of educational attainment, limited employment prospects and perpetuation of intergenerational cycles of poverty. An RHCS assessment carried out by UNFPA in 16 Caribbean countries in 2020 revealed weaknesses in RHCS in each of the four target countries for this project. Supply Chain Management (SCM), the Logistics Management Information System (LMIS) and the inventory control systems are the weakest areas of RHCS across all countries, and the risk of unsafe abortions and complications associated with pregnancy resulting in maternal mortality and years of potential life lost should not be underestimated.</p> |
| <p>Work Assignment: (Description of roles and responsibilities)</p> | <p>The Consultant is expected to undertake the following tasks:</p> <ul style="list-style-type: none"> ● Develop an Inception Report to include a roadmap (objectives, methodology, key milestones with a clear chronogram) to guide the development, adaptation and implementation process of the quality standards for adolescent health services; ● Collect, review and analyse all the necessary documents and existing standards (WHO Global Standards, LAC Standards, policies and tools) to fully capture all relevant processes and procedures in the provision of quality health care for adolescents; ● Map out service providers and service provision points (hospitals, health centres and clinics); ● Introduce and present the WHO Standards at the virtual meeting (to be organised by UNFPA in collaboration with the Ministry of Health technical officers and key stakeholders) in order to share good practices and lessons learned from other countries in the region, with the aim of ensuring that the programme managers in the respective Ministries of Health understand and agree with the process of adapting/setting the standards; ● Conduct in-country stakeholder consultation and quick facilities assessment to determine readiness as well as interface with key stakeholders and institutions that play a vital role in the delivery of services for adolescents at various points of care ● Based on the processes mentioned above and in consultation with |

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| | <p>UNFPA, and the respective Ministries of Health, draft a comprehensive document containing an adapted standards of quality health services for adolescents as well as the modality for implementation/utilization of the Standards;</p> <ul style="list-style-type: none"> • Facilitate two (2) virtual validation meetings (to be organised by UNFPA) that will engage the key stakeholders in each country • In light of the results of the visits and validation process, support the revision of the Standards for Dominica & St. Lucia |
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| Duration & working schedule: | This is a deliverable-based consultancy and is expected to take place over thirty-three (33) working days from July 24-September 6, 2023. | | |
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| | # of days | Date Range | Deliverables |
| | 3 days | Jul 24-26 | Inception Report with roadmap |
| | 2 days | Jul 27-28 | Review & feedback (UNFPA) |
| | 10 days | Jul 31-Aug 11 | First draft of Standards for Quality Health Services for Adolescents - Dominica & St. Lucia |
| | 3 days | Aug 14-16 | Review & Feedback (UNFPA) |
| | 5 days | Aug 17-23 | Second draft of Standards for Quality Health Services for Adolescents - Dominica & St. Lucia |
| | 2 days | Aug 24 & 25 | Facilitate two (2) Virtual Meetings with the collaboration of Ministry of Health technical officers and key stakeholders in order to introduce and present the WHO Standards |
| | 2 days | Aug 29 & 30 | Facilitate two (2) Validation Workshops, one (1) in Dominica and one (1) in St. Lucia using the second draft of the Standards of Quality Health Services for Adolescents |
| | 5 days | Aug 31-Sep 6 | Third draft of Standards (Dominica & St. Lucia) revised based on new information garnered from site visits and validation meetings |

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| | 2 days | Sep 7-8 | Review & feedback (UNFPA) |
| | 3 days | Sep 11-13 | <ul style="list-style-type: none"> - Formatted Final Draft of Standards - Dominica & St. Lucia revised based on new information garnered from site visits and validation meetings - PowerPoint (PPT) Presentation of the Standards |
| Place where services are to be delivered: | The Consultant is expected to work remotely, utilising his/her own office space, computer, internet, telephone and other equipment, as needed, to undertake the assignment. | | |

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| Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.): | The Consultant is expected to submit the following deliverables in accordance with the time frame listed. | |
| | Deliverables | Due Date |
| | Inception Report with roadmap | Jul. 26, 2023 |
| | First draft of Standards for Quality Health Services for Adolescents - Dominica & St. Lucia | Aug. 11, 2023 |
| | Second draft of Standards for Quality Health Services for Adolescents - Dominica & St. Lucia | Aug. 23, 2023 |
| | Two (2) Virtual Meetings facilitated | Aug. 25, 2023 |
| | Two (2) Validation Meetings facilitated | Aug. 30, 2023 |
| | Third draft of Standards (Dominica & St. Lucia) revised based on new information garnered from site visits and validation meetings | Sep. 6, 2023 |
| | - Formatted Final Draft of Standards - Dominica & St. | Sep. 13, 2023 |

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| | <table border="1" data-bbox="453 40 1414 174"> <tr> <td data-bbox="453 40 1206 174"> <p>Lucia finalised based on new information garnered from site visits and validation meetings</p> <ul style="list-style-type: none"> - PowerPoint (PPT) Presentation of the Standards </td> <td data-bbox="1206 40 1414 174"></td> </tr> </table> <p>The draft and final reports are expected to be delivered electronically and should be properly formatted and referenced.</p> | <p>Lucia finalised based on new information garnered from site visits and validation meetings</p> <ul style="list-style-type: none"> - PowerPoint (PPT) Presentation of the Standards | |
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| <p>Monitoring and progress control, including reporting requirements, periodicity format and deadline:</p> | <p>The UNFPA Sub regional Office for the Caribbean (UNFPA SROC), will directly contract the Consultant. Monitoring will be provided by UNFPA SROC.</p> <p>The above-mentioned deliverables will be submitted to UNFPA’s SROC, which will obtain feedback from peer reviewers.</p> | | |
| <p>Supervisory arrangements:</p> | <p>The Consultant will work under the direct supervision of the Liaison Officer - Barbados and OECS directed by the SRH Technical Advisor and Deputy Director of UNFPA SROC</p> | | |
| <p>Expected travel:</p> | <p>Travel will be required to both countries (Dominica & St. Lucia) for this assignment. Communication is expected to be conducted electronically and/or <i>via</i> the telephone.</p> | | |

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| <p>Required expertise, qualifications and competencies, including language requirements:</p> | <ol style="list-style-type: none"> 1. EDUCATION <ul style="list-style-type: none"> ● Master’s degree in Public Health, or other directly relevant social sciences disciplines. 2. WORK EXPERIENCE <ul style="list-style-type: none"> ● At least seven (7) years’ experience in health-related work, particularly in the area of (Adolescent) Sexual and Reproductive Health. ● Proven experience in research in (adolescent) sexual and reproductive health and rights ● Experience in coordination and leadership on working groups, task forces or multi-stakeholder platforms is a strong asset. ● Knowledge of the socio-political and cultural context of Dominica & St. Lucia is strongly recommended. ● Previous experience with the UN and specifically UNFPA can be an asset. 3. LANGUAGE <ul style="list-style-type: none"> ● Excellent oral and written communication skills in English are required. Working knowledge of Spanish will be an asset. 4. Competence in basic IT packages is required, particularly MS Word and MS Excel. 5. Excellent analytical and writing skills, and results oriented work ethic are required. |
| <p>Inputs/ services to be provided by UNFPA or implementing partner (e.g. support services, office space, equipment), if applicable:</p> | <p>UNFPA will support the consultant to make the necessary contacts with government and relevant partners. UNFPA will share all relevant documents with the consultant once the assignment is awarded. UNFPA will facilitate the use of UNFPA virtual platforms for presentation of results, where needed.</p> <p>Confidentiality Statement: All data and information received from UNFPA for the purpose of this assignment are to be treated confidentially and are only to be used in connection with the execution of these Terms of Reference.</p> |

Other relevant information or special conditions, if any:

The contract is payable upon satisfactory completion of the deliverables in keeping with the schedule below:

Travel costs are not included but additional funds will be allocated to this.

Payments will be based on deliverables

| % | Deliverables | Due Date |
|----------|--|-----------------|
| 10% | Inception Report with roadmap | Jul. 26, 2023 |
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| 10% | Third draft of Standards (Dominica & St. Lucia) revised based on new information garnered from site visits and validation meetings | Sep. 6, 2023 |
| 50% | <ul style="list-style-type: none"> - Formatted Final Draft of Standards - Dominica & St. Lucia revised based on new information garnered from site visits and validation meetings - PowerPoint (PPT) Presentation of the Standards | Sep. 13, 2023 |

The Consultant will be required to complete all identified mandatory courses to undertake this consultancy.

Expressions of interest / Applications

Interested consultants are requested to submit an application to UNFPA SROC to include:

- a. up-to-date curriculum vitae(s); and
- b. letter of motivation / interest

The application should be submitted by e-mail no later than 11:59 p.m. EST, Sunday, 9 July 2023. E-mail address: vacancy.sroc@unfpa.org

Email Subject: ***Application - Development of Adolescent Healthcare Standards in Dominica and St. Lucia***

Also please register in the UNFPA Consultants Roster at: <http://consultantroster.unfpa.org>. Also note that only shortlisted candidates will be notified.