

## TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

<b>TERMS OF REFERENCE - CONSULTANT – MISP Readiness Assessment</b>	
Hiring Office:	UNFPA, Sri Lanka
Purpose of consultancy:	<p>The United Nations Population Fund (UNFPA), expands the possibilities for women and young people to lead healthy and productive lives. UNFPA is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.</p> <p>The UNFPA Country Office together with the Family Health Bureau of the Ministry of Health in Sri Lanka has been implementing programmes to respond to the socio-economic crisis, including strengthening the capacities of health workers to provide Sexual and Reproductive Health (SRH) services in emergencies.</p> <p>SRH in emergencies or Minimum Initial Service Package (MISP) for SRH in crises is a set of lifesaving priority interventions that respond to the SRH needs of affected populations at the onset of a humanitarian crisis. These needs are often overlooked and may result in potentially life-threatening consequences.</p> <p>It is essential to provide lifesaving SRH services to prevent both morbidity and mortality related to SRH, maternity care and GBV. The timely provision of these services can prevent death, illness and disability which are related to obstetric complications, sexual and gender-based violence, unintended pregnancy, STI/HIV and other SRH-related conditions. The MISP for SRH also includes planning and integrating the delivery of comprehensive SRH services into primary health care, as soon as possible following a humanitarian crisis.</p> <p>The MISP Framework aims to contribute to reducing preventable maternal and newborn deaths, unmet needs for family planning, STI/HIV transmission, and sexual violence during crises. The implementation of MISP for SRH in emergencies is intended for the acute phase of a humanitarian crisis, and also during the recovery phase where the aim is to integrate comprehensive SRH services at all levels of the service delivery, particularly at the primary care level, with a focus on Reproductive, Maternal, Neonatal, Child, Adolescent and Youth Health (RMNCAYH).</p> <p>The MISP Readiness Assessment (MRA) is a process to understand the country’s readiness status including gaps to implement the MISP interventions during an emergency. The MRA aims to provide a snapshot of a country’s readiness and capacity to ensure full compliance to the MISP requirements. The assessment helps to identify gaps and prioritize key areas that need further investment to strengthen humanitarian response and preparedness guided by MISP standards and requirements.</p> <p>The data collection for the assessment includes existing documents and a workshop to collect specific information based on a standard questionnaire. The questionnaire looks at readiness regarding policy, coordination, data, resources and service delivery across the MISP objectives in each country. The MRA Questionnaire builds on all the MISP objectives. The process calls for a multi-stakeholder participation and strong ownership by the government. UNFPA also provides MISP training to selected health professionals to build national MISP capacity (based on available funding).</p> <p>UNFPA intends to hire a national technical consultant to assess and conduct a stock taking of MISP capacity and development and implementation of capacity development plan and streamline MISP services further in the national humanitarian disaster response mechanism. One of the objectives of this approach is to undertake a MISP Readiness Assessment to identify areas requiring advocacy and further support to strengthen national MISP capacity.</p> <p>A consultant from UNFPA Asia Pacific Regional Office (APRO) will also work closely with the national consultant to guide and support in preparing outline of the desk review, planning for the workshop, finalisation of the tools for interviews, facilitate the workshop, review the analysed data and review the draft report prepared by the consultant. The APRO consultant will provide necessary feedback, inputs and guidance to prepare the final action plan for MISP in Sri Lanka. The Family Health</p>

	<p>Bureau, the technical focal point from the Ministry of Health on RMNCAYH and SRH will guide and support the assessment.</p> <p>The MRA will follow six steps including:  Step 1: Identify stakeholders to be involved in the assessment and appoint a technical working group  Step 2: Prepare the supporting documents relevant to the MRA (desk review)  Step 3: Complete the MRA Questionnaire  Step 4: Analyse MRA Questionnaire results and prioritise the gaps to address  Step 5: Develop the action plan  Step 6: Plan the follow-up</p> <p>The assessment is set to be completed in 3 months. The planning phase including the development and planning for assessment (3 weeks) desk review, and conduction of the workshop (5 weeks) will take place and data analysis and final reporting will take place 4 weeks).</p> <p>The MRA will come up with an action plan which will be used by the Government of Sri Lanka to improve the readiness for emergencies.</p>
<p>Scope of work:</p> <p><i>(Description of services, activities, or outputs)</i></p>	<p>Under the guidance of the Technical working group appointed by the Family Health Bureau of MoH, the Consultant will undertake the following tasks:</p> <ol style="list-style-type: none"> <li>1) Conduct a Stakeholder mapping for the Workshop and action plan development</li> <li>2) Contextualization of the MRA tools and other documents to Sri Lanka</li> <li>3) Prepare the supporting documents relevant to the MRA and conduct a desk review</li> <li>4) The Consultant with support from the Family Health Bureau and SRH team of the UNFPA Country office, is responsible for collecting the following national documents in advance: <ul style="list-style-type: none"> <li>• Any existing national disaster policy and plans, Health Emergency plans,</li> <li>• Risk Assessment documents</li> <li>• Health Information System indicators</li> <li>• Disaster management system indicators (if available)</li> <li>• Essential medicines list</li> <li>• Overall RMNCAYH policies/guidelines (including family planning, adolescent SRH)</li> <li>• National HIV and STI legislation/policies/ operating procedures</li> <li>• National GBV legislation/ policies/ operating procedures</li> <li>• National abortion legislation/policies/ operating procedures</li> <li>• Existing action plans on RMNCAYH preparedness or health/SRH assessments</li> <li>• Any other relevant material</li> </ul> </li> <li>5) Prepare for the MRA workshop with the UNFPA country office and the Family Health Bureau</li> </ol> <p>The local consultant with the support from the APRO consultant will design and organise the workshop. The design needs to be presented to the Technical Working Group (TWG) with a list of potential participants. Upon agreement of the method by the TWG, an inception meeting will take place with facilitators and organisers.</p> <p>The two-and-a-half-day workshop will be conducted at a venue selected by the consultant and team. The logistics and funding will be provided by the UNFPA CO and the organisation will be done by the Family Health Bureau while the local consultant will engage in the preparation of technical documents and presentations. The entire process will be facilitated by the Family Health Bureau.</p> <ol style="list-style-type: none"> <li>6) Organize and Co- facilitate the workshop - The consultant will organize and Co- facilitate the 03 day MRA workshop along with the International Consultant, which includes supporting participants to complete the MRA Questionnaire, group work, prioritising activities, data analysis, report drafting and developing an action plan.</li> <li>7) Analyze responses from the groups for the MRA assessment and the action plan</li> </ol>

	8) Write the MRA Report and the draft action plan - The consultant needs to write the report for the MRA and the action plan. The draft needs to be presented to the Technical Working Group. With the inputs from the TWG, the final draft report to be prepared.
Duration and working schedule:	3 months - October 2024 - December 2024
Place where services are to be delivered:	Colombo, Sri Lanka with travel to the field as necessary
Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	<ul style="list-style-type: none"> <li>• 20% of payment after preparation of supporting documents</li> <li>• 40% of payment after the workshop is completed</li> <li>• 40% of payment after the submission and finalisation of the MRA report.</li> </ul>
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The consultant will be expected to work remotely, with regular in-person meetings to be held at UNFPA's country office and at the Ministry of Health. The local consultant will be reporting to the Technical Working Group periodically with the outputs. The Humanitarian APRO consultant will provide technical support to ensure the quality the report.
Supervisory arrangements:	The consultancy will be managed by the UNFPA country office. The National Programme Analyst - SRHR will have oversight under the guidance and supervision of the Head of Programme.
Expected travel:	Some travel within and outside of Colombo as required The Consultant will have to make her/his arrangements and bear the cost of attending meetings and consultations while in Colombo. UNFPA will cover the cost of travelling and provide agency-approved Daily Subsistence Allowance (DSA) for meals and accommodation during the fieldwork outside Colombo.
Required expertise, qualifications and competencies, including language requirements:	<p><b>Academic/Professional Qualification:</b></p> <ul style="list-style-type: none"> <li>• Advanced University degree (Master's or higher) in public health, sociology, gender and development, law or related field</li> </ul> <p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• Minimum 6 years of relevant experience in the area of public health, sociology, gender, development, or a relevant area</li> <li>• A clear understanding of the health structure and emergency response activities in Sri Lanka</li> <li>• Experience in conducting research and assessments</li> <li>• Prior experience in working with UN agencies is an asset</li> <li>• Prior experience in engaging in SRH in emergency activities is an asset</li> </ul> <p><b>Required Competencies:</b></p> <p><b>Values:</b></p> <ul style="list-style-type: none"> <li>• Exemplifying integrity</li> <li>• Demonstrating commitment to UNFPA and the UN system</li> <li>• Embracing cultural diversity</li> <li>• Embracing change</li> </ul> <p><b>Core Competencies:</b></p> <ul style="list-style-type: none"> <li>• Achieving results</li> <li>• Being accountable</li> <li>• Developing and applying professional expertise/business acumen,</li> <li>• Thinking analytically and strategically</li> <li>• Working in teams/managing ourselves and our relationships</li> <li>• Communicating for impact</li> </ul> <p><b>Functional Competencies:</b></p> <ul style="list-style-type: none"> <li>• Delivering results-based programme/Ability to meet the deadlines</li> <li>• Good planning and organising skills including multi-tasking and time management</li> <li>• Able to providing logistical support</li> <li>• Excellent writing and communication skills</li> </ul> <p><b>Language:</b> Fluency in spoken and written English and Tamil and/or Sinhala</p>

Inputs/services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable:	UNFPA will Facilitate meetings with partner organizations, and UN agencies as required. <ul style="list-style-type: none"><li>● The consultant should bring their laptop and any other digital equipment which is required to complete the assigned task.</li></ul>
Other relevant information or special conditions, if any:	