Pacific Sub-Regional Office

Terms of Reference for International Consultant
Contraceptive Social Marketing Project Manager

Duty Station:	Suva - Fiji
Deadline for applications:	7 July 2017
Duration of Period:	1 August 2017 – 31 March 2018 (8 months)
Organization Unit	UNFPA Pacific Sub-Regional Office, Suva, Fiji

Purpose of consultancy:	The Contraceptive Social Marketing Project Manager will lead, facilitate and coordinate the CSM feasibility/design project implementation and results, promoting partnership, synergy and strategic alliances on behalf of UNFPA PSRO. S/He will have the overall responsibility to guide and manage an innovative and responsive project for the effective implementation of the CSM feasibility study and the development of the Design document.
Background	Contraceptives are used by the majority of married or in-union women in almost all regions of the world. In 2015, 64 per cent of married or in-union women of reproductive age worldwide were using some form of contraception. However, contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Melanesia, Polynesia and Micronesia (39 per cent). A number of Pacific island countries and territories (PICTs) made commendable Millennium Development Goal (MDG) 5A target achievements at the end of 2015 with Cook Islands, Niue, Palau, Tokelau and Tuvalu reporting zero maternal deaths and 100% coverage by skilled birth attendants. Achievement of MDG 5B target of "achieving universal access to reproductive health" at the end of 2015, however lagged far behind with no appreciable reduction of unmet need for contraception. In the Pacific, contraceptive use has remained well below the average for less developed countries, even several years after family planning programmes were first introduced. Concerning, in most of the countries, contraceptive use appears to be declining. A review of Contraceptive Prevalence Rates (CPR) in the Pacific shows that only 3 out of the 14 countries for which data are available have a CPR above 40 percent and most are under 30 percent (compared to least developed countries average of 40/22. Some countries show a decline over the past decade (Republic of the Marshall Islands (RMI), Samoa and Vanuatu, for example); others appear to be stable or declining. It is possible that CPRs are understated in some countries because contraception data obtained from private doctors, NGO's or pharmacies is not included or is very limited. Of concern is the declining CPR trend observed in some of the Pacific countries (RMI, Samoa, and Vanuatu) and lack of current data to enable trend analysis (Federated States of Micronesia, Kiribati, Nauru, Niue, RMI, Tokelau and Tuvalu). Of the countries showing positive trend in CPR, Fiji made the most impressive progress with CPR increasing from 28.9% in 2010 to the current level of 38.4%.

	Key sexual and reproductive health (SRH) Indicator Trends at two data points highlight negative and positive trends. Six of the 14 PICs have a growing total fertility rate and, alarmingly, eight of the 14 countries in the region are now experiencing growing adolescent fertility levels. Adolescent pregnancy has profound implications for girls in particular. Their life can change radically, with diminished education and employment prospects. Adolescent mothers are often more vulnerable to poverty and exclusion, and their health often suffers. Complications from pregnancy and childbirth are the leading cause of death among adolescent girls. The region's population is generally young, with eight PICTs having at least 30 percent of their population below 15 years of age and 50 percent under 25 years, providing potential for a significant demographic dividend if the right mix of quality education, reproductive choice and decent work can be assured. Fewer than 20% of adolescent girls aged 15-19 years and less than 50% of adolescent boys have used a modern method of contraception, and an estimated 650,000 women have an unmet need for family planning. The capacity of adolescents to access SRH is particularly challenging. , Social and cultural norms, such as negative views regarding premarital sexual behaviour, and gender inequality create reluctance among health care workers to provide information or services to adolescents and youth, and for the education sector to incorporate gender-inclusive Comprehensive Sexuality Education (CSE) in schools. Limited autonomy in decision-making, lack of services standards, laws that criminalize same-sex conduct, requirements for parental/guardian consent to access services or commodities, and lack of privacy rights among others, greatly hinder young people's access to quality SRH services and CSE. This proposal will take a design and implement approach to developing a comprehensive social marketing piloting in 1 or 2 Pacific island countries with a focus on new methods of FP to (a) generate demand through effective behaviour change, (b) Improve commodity supply and availability of quality affordable contraceptives, (c) expand service provision and (d) strengthen monitoring, evaluation, research and learning.
Scope of work: *(Description of services, activities, or outputs)*	**<u>The Goal of the feasibility/design phase will be to:</u>** ***1) Understand how a Contraceptive Social Market approach could be used to promote expanded and sustainable access to, and uptake of, selected contraceptive products to targeted populations;*** ***2) Identify opportunities and determine the feasibility for the design and implementation of a Contraceptive Social Market pilot in one or two selected countries in the Pacific where the program has the best chance of success;*** ***3) If assessed as feasible, produce a design document for the implementation phase of a 26 month Contraceptive Social Marketing Piloting in 1 or 2 countries.*** **<u>Outputs:</u>** 1. Supply side of the contraceptives provision in 5 PICTs, including current gaps and bottlenecks documented and potential method mix prioritized (LARCs, EC, Condoms) 2. Demand side for contraceptives provision in 5 PICTs and its particularities documented, including determinant factors for contraceptive use and existing barriers among various age groups.

	3. Generated concrete evidence and recommendations and use the evidence generated to guide the development of a quality project design document for the implementation phase. 4. Produced a design document for the implementation phase of the programme, with a maximum value of AUD$2.5 million, which meets DFAT's requirements. Given the nature of the project, the scope of work of the CSM Project manager will include: • Coordinating the organizational, managerial and technical aspects of the CSM feasibility study as described below. • Provide strategic guidance to ensure the project progresses towards achieving its outcomes by reporting on the progress, monitoring identified project risks and issues; • Influence counterparts to jointly contribute to the project implementation in full compliance with UNFPA rules and procedures in collaboration with implementing partners and stakeholders; • Provide substantive inputs in methodology/tools development and analysis plan for the quantitative and qualitative assessments undertaken by the identified research agency/consultant. • Provide substantive inputs to the implementation, monitoring and evaluation of the different activities, • Facilitate the achievement of project results by providing substantive and technical inputs into project development and implementation, ensuring substantive monitoring, oversight and coordination and evaluating the inputs of consultants and technical experts provided by the TWG as appropriate rapidly flagging any issues with the relevant counterparts either in country or in Suva; • Monitor the budget for the project, ensuring expenditures are aligned with agreed plans and priorities; • Provide timely information on implementation and produce quality reports/proposals for timely submission to project Management Core Team, and ensure strong coordination with supporting TWG; • Provide overall recommendations, based on the findings of the research adopted to develop a design document as described in objective number 4 above. • Analyze and interpret key results achieved and knowledge acquired through ongoing monitoring and evaluation of the implementation; • Develop a final design document for the implementation phase of the project based on the evidence generated to be presented to DFAT before March 30, 2018. • Establish and maintain good working relations with relevant institutional and organizational partners. Provide a harmonized coordination support through appropriate consultation process to enhance coordination between state local and government authorities, international organizations, donors, civil societies, media and other stakeholders thus strengthening the links with multiple partners;
Place where services are to be delivered:	Fiji, Vanuatu, Solomon Islands, Tonga and Samoa
Delivery dates and how work will be delivered (*e.g.* electronic, hard copy etc.):	Monthly, e-copy and hard copies, as per table below

Monitoring and progress control, including reporting requirements, periodicity format and deadline:	

Key Activities	Deliverables	Q 3	Q 4	Q 1	Delivery dates
Methodology and tools validation	(1)Methodology/tools validated. (Supply and demand side assessments) (2)Ethical review				Aug 30 2017
Desk Review and Stakeholder analysis workshop conducted	Reports: Desk Review and Stakeholder Analysis				Aug 15 2017
Supply side assessment conducted (interviews and data collection) and report finalized	Supply side assessment final Report				Oct 13 2017
DHS Secondary Analysis conducted	Market Segmentation Analysis final report				Nov 3 2017
Qualitative analysis Methodology and tools refined	Qualitative Analysis methodology and tools document/market segmentation report				Oct 2 2017
Focus group with segment profiles/stakeholders conducted	Qualitative analysis final report				Nov 17 2017
Demand Side Final Report	Demand side assessment Final Report				Dec 1 2017
Comprehensive analysis and consolidation of results	Feasibility study final report				Jan 5 2018
Final Recommendations: comparative matrix and feasibility analysis/Model design.	CSM model document validated				Jan 30 2018
Testing BCC strategy and CSM model.	BCC strategy document validated				Feb 16 2018
Design document for the implementation phase of a 26 month implementation phase of a program	Draft design document				Mar 20 2018
Design Document submission to DFAT	Design Document revised and submitted to DFAT				Mar 30 2018

Supervisory arrangements:	RHCS Specialist

Required expertise, qualifications and competencies, including language requirements:	**Education:** • An Advanced (Master's) University Degree in Health Sciences, Social Sciences or Public Policy/ Administration, Health Economics, Epidemiology or • An equivalent professional qualification in a discipline relevant to the following areas: Health Sciences, Reproductive Health; Public Health; Health Policy, Financing and Management; Family Health; Health Research; Health Promotion; Medicine; Midwifery or Nursing. **Knowledge and Experience:** • Minimum of seven (7) years of increasingly responsible professional experience at the advisory/managerial level in the area of relevant programme management and coordination, with at least three years at an International level; • Experience in designing and modeling Contraceptive Social Marketing projects and BCC campaigns. • Previous solid experience conducting quantitative and qualitative research; • Previous experience in conducting Market Segmentation Analysis/Clustering in FP is highly desirable. • Proven experience in coordinating/managing a multi-disciplinary team of staff, experts and consultants; • Familiarity in communicating in a clear and articulated manner, technical and/or complex issues to different types of audiences; • Possess excellent interpersonal, negotiating, intercultural communication skills and political acumen; • Proven experience in managing complex programs and large scale projects would be an asset; • Previous experience with the United Nations and/or an International Institution or Organization is preferred; • Experience working in the Pacific region is desirable; • Computer Literacy: Proficiency and experience in the use of statistical packages: SAS, SPSS, STATA, BMDP, Statistics, SYSTAT highly desirable.
Inputs / services to be provided by UNFPA or implementing partner (e.g. support services, office space, equipment), if applicable:	Internal: Director and Representative, Core Management Team, RHCS and RH Advisors, Assistant Representative. Key counterparts: • Technical working group in Suva (UNFPA, IPPF, DFAT) • Project Field Coordinator at UNFPA Suva • FP coordinators and MoH in SOI, Vanuatu and Fiji. • Partners in International Organizations, institutions and civil societies and other stakeholders

Conditions & Remuneration: UNFPA PSRO will contract a consultant and will be responsible for the payment of fees payable according to qualification and standard terms of payment and subject to satisfactory completion of assignment outputs. Payment will be made on completion of monthly report and deliverables.

Candidates must complete a United Nations Personal History (P.11) form, together with updated Curriculum Vitae and financial proposal. Applications without completed P.11 form will not be considered. The P.11 form as well as a complete Terms of Reference can be downloaded from the office web site http://pacific.unfpa.org **and application emailed to** vacanciespsro@unfpa.org **before July 7 2017. Successful candidates will be contacted.**

Notice: There is no application, processing or other fee at any stage of the application process. UNFPA does not solicit or screen for information in respect of HIV or AIDS and does not discriminate on the basis of disabilities, HIV/AIDS and gender