

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

TA II Supportive Supervision (SS) Programme Operation Research

International Consultant

| TERMS OF REFERENCE (to be completed by Hiring Office) | |
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| Hiring Office: | UNFPA Pacific Sub Regional Office (PSRO) |
| Purpose of consultancy: | To undertake an indepth operation research for the supportive supervision programme in 3 PICTs countries (Fiji, Samoa, Vanuatu) |
| Scope of work: <i>(Background, Description of services, Methodology, activities, or outputs)</i> | <p>1 Background:</p> <p>1.1. Transformative Agenda Phase II programme II</p> <p>The Transformative Agenda (TA) for Women, Adolescents and Youth in the Pacific: Towards Zero Unmet Need for Family Planning – Phase II programme is a strategic initiative, which aims at transforming the lives of women, adolescents, and youths in the Pacific through improved sexual and reproductive health and rights (SRHR) by 2027. The programme, which spans from May 2023 to June 2027, focuses on nine Pacific countries (Fiji, Kiribati, Federated States of Micronesia, Nauru, Marshall Islands, Samoa, Solomon Islands, Tonga, and Vanuatu) out of 14 Pacific countries that UNFPA Pacific Sub-Regional Office (PSRO) assists under the 7th Multi-Country Programme (MCP7) for 2023-2027.</p> <p>The TA Phase2 is generously supported by the Australian Department of Foreign Affairs and Trade (DFAT) by a budget of AUD 43.6 million. This programme was developed through a strategic consultative process along with sound stakeholders' engagement and inclusion to ensure Pacific's national priorities and needs are met as well as the country level, regional and the Small Islands Developing States (SIDS) perspective for the Pacific region is well-taken into consideration, focusing on health, well-being and human rights issues for better and healthier lives of Pacific Islanders. Moreover, the TA programme was designed with concrete synergies with other initiatives and pillars that DFAT and other country donors and institutions are funding such as DFAT funded Pacific Women Lead (PWL) programme 2021-2026. The TA Phase II programme contributes to PWL goals and outcomes particularly in relation to women's rights realised (diverse women and adolescent girls have improved access to quality health services, especially sexual and reproductive health). Additionally, TA phase II programme contributes to Australia's Partnerships for a Healthy Region Initiative announced by the Foreign Minister, Senator Penny Wong on 23 February 2023.</p> <p>1.2. Supportive Supervision Programme:</p> <p>UNFPA Pacific continues to work with Pacific Island countries to contribute to the 2030 SDG goals on universal access to sexual reproductive health and the reduction of unmet need for family planning. UNFPA Pacific continues to tackle the unfinished agenda of reducing unmet need for family planning in PICTs.</p> <p>Accordingly, to increase the uptake of SRHR services including FP services and decrease the unmet need for FP, UNFPA Pacific is supporting TA focused countries in establishing quality assurance mechanisms for SRHR including FP services through the introduction of a supportive supervision (SS) toolkit which guides service providers, including the health programme managers in improving the quality of services. The toolkit comprises of: 1) an SRH services checklist, 2) a health facility action plan, 3) a health worker professional and development plan, 4) a client satisfaction survey, scoring template and survey action plan.</p> <p>It is important to conduct an investigative operation research of the Supportive Supervision programme to assess its effects across multiple levels, including facilities, health workers, and clients, and fully understand the impact of this initiative, its sustainability, and potential for replication. The proposed research will assess the impact of the supportive supervision programme by evaluating its pre and post implementation status i.e. explore its in-depth effects at health facility, health worker, and client levels; evaluate outcomes by studying the ongoing improvements and existing gaps at facilities and among health workers; gain insights into client satisfaction and feedback and how client feedback is being used for continuous quality improvements; assess the sustainability and localization of the programme's impact; evaluate the programme's integration</p> |

within institutions and facilities and identify good practices and impacts that can be replicated in other Pacific island countries.

2. Purpose of the Review

The overall goal/purpose of this operation research is to measure the impact of the SRH supportive supervision programme in Fiji , Samoa, and Vanuatu.

Specific and operational objectives include:

1. Assess changes in the quality of SRH/FP services at a sample of health facilities before and after the supportive supervision programme.
2. Evaluate the changes in knowledge, attitudes, and practices of health workers providing SRH/FP services at the sampled facilities by utilizing the pre and post assessment approach.
3. Assess improvements in client services by analyzing client satisfaction survey responses and conducting Key Informant Interviews (KII) with eligible clients by collecting data and information over a period of time after introducing the supportive supervision tools and protocols.
4. Identify strengths, challenges, and lessons learned from the implementation of the programme, with a focus on informing future scale-up and replication efforts.

3. Scope of the Review

The review will encompass:

Geographical Focus: 3 TA II Pacific countries involved in the programme: **Fiji,, Samoa and Vanuatu.**

Timeframe: The research will cover the activities and milestones of the supportive supervision programme between 2024 and 2025.

4. Methodology

To ensure comprehensive insight and understanding, this operational research will rely on the theory of change (ToC) approach that the supportive supervision programme design was based on. The ToC will be instrumental in exploring and going forward with the research for better framing of its questions and interpreting the findings.

Furthermore, this operation research will have the opportunity to access and study the available secondary data of the supportive supervision programme throughout the programme interventions life cycle from the year 2024/2025, which will be a genuine asset and added value to the primary data that will be collected during the research field work phase . The findings from the Health Facility Readiness and Service Availability (HFRSA) Assessments and the Spot Checks (Clients Satisfaction Assessments) will be immensely valuable.

The research will be based on an operational model (Pre and Post model) that works as a trend mechanism over the time period of the programme implementation to identify the factors that contribute towards successes, failures, gaps, good practices, lessons learned, challenges and risks. This model will be instrumental to correctly and clearly understand the impact of the programme on the quality of reproductive health services and key health outcomes including the client/user satisfaction in Fiji, Vanuatu and Samoa.

For substantive outcomes of the research, the methodology will include stakeholders' engagement, in particular the key ones such as health managers, supervisors, frontline health workers, Ministry/ies of Health personnel as well as direct and indirect beneficiaries including clients. This will inform the research findings, programme opportunities and weaknesses as well.

To achieve its intended objectives, the research will involve a comprehensive assessment of the programme impact on the quality of reproductive health services, i.e. family planning, and adolescent sexual and reproductive health in the sampled/surveyed health facilities.

Additionally, the research will employ a mixed-methods approach, including quantitative data collection and analysis, as well as qualitative data collection through Key Informant Interviews and focus group discussions. This means that the mixed-methods research with both quantitative and qualitative components will have the following:

4.1. Quantitative component:

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| | <ul style="list-style-type: none"> ● A compilation of all the filled SRH facility checklists at a representative sample of health facilities across all the focus countries will be used to evaluate improvement in the quality of SRH/FP services at those health facilities before and after a period of implementation of the supportive supervision programme (except for Samoa, where the checklists are already administered widely, and so may not have a “before” component). Facilities will be selected using a multistage cluster sampling approach. ● A survey of health workers at the sampled facilities will assess changes in their SRH knowledge, attitudes, and practices over time. ● Client’s exit data collection sheet/ questionnaire will help in gathering feedback on client satisfaction with SRH services and perceived improvements. <p>4.2. Qualitative component:</p> <ul style="list-style-type: none"> ● In-depth interviews with national and provincial/divisional SRH supervisors to understand their experiences implementing the supportive supervision programme. ● Focus group discussions with health workers to explore barriers, facilitators, and perceived impacts of the programme. ● Key informant interviews with facility managers and policymakers to contextualize the quantitative findings. ● Client’s exit interviews will be conducted to gather feedback on client satisfaction with SRH services and perceived improvements, including a sub-sample of young people and persons with disabilities <p>5. International Consultant (IC) duties and responsibilities:</p> <p>The IC will be responsible for the entire consultancy exercise and will work as lead research specialist to conduct this research, under the technical guidance of PSRO’s Chief of Health & Technical Advisor SRHR as well as the TA II International Programme Coordinator(IPC). Additionally, the IC will be in communication with other TA II and SRHR programmes team members, in particular the TA II M&E Specialist and the SRHR Programme and Research Analyst. In this regard, the IC will commence the following tasks and responsibilities to undertake the consultancy :</p> <ul style="list-style-type: none"> ● Develop the research inception report including the review of the TA II ToC, literature review of the supportive supervision programme, the research methodology that he/she plans to adopt and apply, the main quantitative and qualitative questions along with the data collection questionnaires that will be applied to undertake the research. In line with this, to develop qualitative data collection form/templates such as the Key Informant Interview (KIIs), the focused group discussions (FGD). Additionally, outline the deliverables of the research as per the ToR and signed contract. Finally, outline the consultancy timeline. ● Develop the sampling frame of the health services delivery points and clinics under the supportive supervision programme as well as the sample selection methodology in each country under the research. . ● Conduct the secondary data review and collection from HFRSA, spot check and other resources to compile with the primary data collection information. ● Undertake the primary data collection in line with the research intended analysis and investigation of the supportive supervision programme. ● Conduct required data analysis and interpretation regarding the supportive supervision programme. ● Translate the analysis results and findings in a draft report to illustrate and show the supportive supervision programme status, progress and achievements as well as any challenges or bottle necks evidenced from the data collections and analysis. ● Collect feedback from PSRO team and other relevant stakeholders in each country to be incorporated in the draft zero report. ● Prepare a summary power point presentation that shows the preliminary findings and results to present before the PSRO team. ● Draft the final report of the research and submit it to PSRO and stakeholders in the countries under the consultancy scope of work for their feedback and review. ● Incorporate the inputs, reviews and feedback from PSRO and stakeholders into the final report of the research. ● Submit the final report of the research along with an updated powerpoint presentation to PSRO for endorsement and final approval.. |
| Duration and working schedule: | 6. Consultancy (Research) (Tentative) timeline |

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| | <ol style="list-style-type: none"> 1. InceptionPhase: 1- 30 July 2025 2. Field Work Phase: 1 August - 30 September 2025 3. Data Analysis: 1-30 October 2025 4. Final Reporting Phase: 1 November- 15 Dec 2025 |
| Place where services are to be delivered: | <p>The consultancy will be undertaken by the international consultant in the selected TA II countries as mentioned and stated in the geographical focus under 3. This will include home-based work during the Inception/design phase as well as the data analysis and final reporting. The consultancy will have some travel to the countries during the data collection phase including the qualitative and quantitative methods.</p> <p>3.Scope of the Review</p> <p>Geographical Focus: 3 TA II Pacific countries involved in the programme: Fiji,, Samoa and Vanuatu.</p> |
| Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.): | <p>The level of effort is estimated at maximum 75 working days within the timeframe July-December 2025.</p> <p>The consultant(s) will be responsible for delivering in both electronic and hard copy:</p> <ul style="list-style-type: none"> ● An Inception Report detailing the proposed methodology, timeline, and tools. 31 July 2025. ● A Zero Draft Report highlighting findings, analyses, and recommendations. 1 November 2025. ● A Presentation document of the main preliminary findings along with the methodology applied. 1 November 2025. ● A Final Report incorporating feedback from stakeholders. 20 December 2025. |
| Monitoring and progress control, including reporting requirements, periodicity format and deadline: | <p>The consultancy implementation and progress day to day monitoring will be undertaken by the TA M&E Specialist and SRHR Programme and Research Analyst along with the oversight by the Chief of Health/ Technical Advisor SRHR and IPC. This includes the following:</p> <ol style="list-style-type: none"> 1. Fortnight regular meetings with the TA IPC, SRHR Advisor, M&E Specialist and SRHR Programme Analyst. 2. Monthly review meeting with the team regarding the overall consultancy progress. |
| Supervisory arrangements: | <p>Research Governance and Oversight (Supervision, Monitoring and Reporting)</p> <p>Under the overall technical guidance of the Chief of Health & Technical Advisor, SRHR, the IC will directly report to the TA M&E Specialist, with support from Programme Analyst SRHR, and provide updates to the TA IPC as well as the TA programme team of the update and progress made.</p> |
| Expected travel: | Travel is expected under this consultancy |
| Required expertise, qualifications and competencies, including language requirements: | <p>International Consultant's required qualifications and expertise</p> <ul style="list-style-type: none"> ● Minimum of Master's degree in Public Health, Monitoring and Evaluation, Demography, Social Sciences, Development Studies or other related fields. ● Minimum of 7 years professional experience in conducting/managing programme studies and researches, reviews and evaluations in the field of international development and/or humanitarian action. ● Extensive previous experience in leading and conducting complex studies, evaluations and reviews, especially similar consultancies commissioned by international organizations or development agencies. (Experience of similar exercises in development as well as humanitarian crisis situations, in particular a good experience and knowledge of the Pacific Islands Countries and Territories (PICTs). ● Thematic expertise in UNFPA mandate areas (SRHR, population and development, adolescents and youth or gender equality). ● Excellent analytical, writing and communication skills. ● Leadership and good management skills. ● Experience in gender mainstreaming and management of cross-cutting themes. ● Familiarity with the UNFPA work will be an added advantage. ● Development sector background. ● Ability to work with a multi-cultural and multi-disciplinary work environment. ● Excellent problem solving skills. ● Excellent written and spoken English. Knowledge of the Pacific languages is an asset. |

| Payment Schedule | <p>UNFPA will pay the consultant based on the deliverables submission and approval by the TA M&E Specialist based on the endorsement of the TA International Programme Coordinator. The payment installment are as below:</p> <table><tr><th>Deliverables</th><th>% of Payment</th></tr><tr><td>Approval of the Inception Report detailing the proposed methodology, timeline, and tools. 31 July 2025.</td><td>30%</td></tr><tr><td>A Zero Draft Report highlighting findings, analyses, and recommendations. 1 November 2025</td><td>40%</td></tr><tr><td>A Final Report incorporating feedback from stakeholders. 20 December2025</td><td>30%</td></tr><tr><td></td><td>100%</td></tr></table> <p>For the Application Requirements:</p> <p>Interested individual potential candidates must submit the following documents and information to demonstrate their experiences and qualifications:</p> <ol style="list-style-type: none">1. Detailed personal Curriculum Vitae including the relevant and past experience in similar domain and scope of work, including at least 3 references.2. A cover letter that articulates why he/she is the most suitable candidate for this assignment.3. All payments will be based upon deliverables, i.e. upon satisfactory delivery of the services specified in the Terms of Reference and signed off from the Direct Supervisor.4. Previous work samples (at least 2 work samples) related to the consultancy scope of work, ideally studies and reviews.. | Deliverables | % of Payment | Approval of the Inception Report detailing the proposed methodology, timeline, and tools. 31 July 2025. | 30% | A Zero Draft Report highlighting findings, analyses, and recommendations. 1 November 2025 | 40% | A Final Report incorporating feedback from stakeholders. 20 December2025 | 30% | | 100% |
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| Deliverables | % of Payment | | | | | | | | | | |
| Approval of the Inception Report detailing the proposed methodology, timeline, and tools. 31 July 2025. | 30% | | | | | | | | | | |
| A Zero Draft Report highlighting findings, analyses, and recommendations. 1 November 2025 | 40% | | | | | | | | | | |
| A Final Report incorporating feedback from stakeholders. 20 December2025 | 30% | | | | | | | | | | |
| | 100% | | | | | | | | | | |
| Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable: | <p>UNFPA PSRO represented by TA/SRHR teams at different country offices will support the International consultant regarding the following:</p> <ol style="list-style-type: none">1. Supportive Supervision programme documents, reports and information to meet the requirements of the scope of work during the study period (2024-2025).2. Administrative and logistical support including the communication with countries and partners..3. The consultant will use their own laptop. | | | | | | | | | | |
| Other relevant information or special conditions, if any: COA | SRP07SRH/PROGHRSUPTTASRO/AUB35/PU0074 | | | | | | | | | | |