Terms of Reference for Consultancy
Review and Update of the Adolescent Health Policy
Introduction

Adolescent health issues are increasingly being seen as critical areas of action at global, national and community levels. The 1994 International Conference on Population and Development, Cairo; the 1995 Fourth World Conference on Women in Beijing; the 1995 World Summit for Social Development in Copenhagen; and the Global Strategy for Women, Children and Adolescents among others highlighted issues concerning young people. Declarations from these conferences are interrelated and underline the need to address the glaring gap in adolescent health, SRH and rights of young people through focused multi-sectoral approaches. While the majority of young people remain healthy and become productive adults, a large number face different health and development challenges. Many of their decisions, behaviors and relationships impact on their future health and development. This has major implications for individual, as well as public health. Therefore, one of the most important commitments a country can make towards its development is to address issues and concerns of its young people.

Young people are the fastest growing segment of Uganda’s population. They represent 70 per cent of the population. Uganda’s Vision 2040 – the country’s development blueprint recognizes that young people are a powerful force, individually and collectively, and that investing in them will contribute to important socio-economic transformations for Uganda. Fully engaged, educated, healthy and productive young people can help break multi-generational poverty, be resilient in the face of personal and societal threats and, as skilled and informed citizens, they can contribute effectively to the strengthening of their communities and nations.

The health sector, through a multi-sectoral approach, can facilitate and enable the growth and development of adolescents and young people in Uganda by providing them with timely information and services to reduce their vulnerability to ill-health and address their health problems. The current Adolescent Health Policy Guidelines and Service Standards in Uganda dates from 2012 and establishes clear guidance for stakeholders and service providers working on setting up, scaling up and providing adolescent health services by defining a minimum package of services. In addition, the National Adolescent Health Strategy 2011-2015 provides the opportunity for planners and key implementers of adolescent interventions at different levels to reassess their structural and functional approaches with the aim of improving their capability in addressing adolescent health and development issues. The policy and strategy have been accompanied over the past 5 years by improved programming and quality of care in both clinical and community settings and has enabled uniformity in service provision.

However, significant challenges remain in relation to achievement of better outcomes for adolescent health in the country:

With regards to adolescent sexual and reproductive health, HIV and AIDS remains a key issue. The prevalence of HIV among adolescent girls if four times that of male adolescents. Although most adolescents in Uganda know of a place where they can be tested for HIV, only 45 percent of girls and 25 percent of boys have had an HIV test. The emerging cohort of children who acquired HIV from their mothers who are now living longer and healthier adolescent lives as a result of increased access to antiretroviral treatment is also an important issue of consideration.

Although teenage pregnancy has progressively declined from 43 percent in 1995, 31 percent in 2001, 25 percent in 2006 and 24 percent in 2011, Uganda still has one of the highest rates in Sub-Saharan Africa. By the age of 19, over 50 percent of Ugandan girls have started childbearing. The lifetime opportunity cost of adolescent pregnancy in Uganda amounts to an estimated 30 percent of the country’s annual GDP.1 Child marriage and teenage pregnancy exposes girls to multiple vulnerabilities, negatively impacts their development capabilities, and predisposes them to lifelong poverty.

Pregnancy termination is restricted by law in Uganda; however, it is widely practiced. Abortion is almost always unsafe and contributes to the country’s high maternal morbidity and mortality in the country. Adolescents may be particularly motivated to pursue an abortion for an unwanted pregnancy because of the potential consequences on their lives or circumstances around their pregnancy.2

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FGM/C rates have continued to decline but it is still prevalent in Karamoja, among the Pokot, Tepeth and Kadama ethnic groups, and Eastern, among the Sabiny and Sebei ethnic groups, regions. According to the Population Reference Bureau (2011), 2 percent of Ugandan women aged between 45 to 49 years have had female genital cutting compared to just 1 percent aged between 15 to 19 years. FGM/C is practiced as a rite of passage to ensure acceptability and readiness for marriage. It is closely associated with child marriage and pride pricing. FGM/C negatively impacts AGs’ sexual and reproductive lives and increases their vulnerability to HIV. FGM/C predisposes to birth complications and increased risk to babies.34

WHO estimates that about 120 million girls aged less than 20 years are victims of sexual violence across the world while approximately 80% of adolescents are insufficiently physically active. Other problems such as mental illness, substance abuse, and tobacco and alcohol abuse are also now prevalent worldwide but the lack of accurate and up-to-date data on adolescent health problems is a major challenge and adds to the potential for both neglect and underinvestment for the health of adolescents. In Uganda, an estimated 20% of young experience some form of mental illness such as depression, suicidal tendencies, mood disturbances, substance use and abuse and eating disorders as well as injuries, road traffic accidents and sexual and gender based violence.

With the publication of the WHO report Health for the world’s adolescents: A second chance in the second decade in 2014 came a renewed call for ministries of health and the health sector more generally to transform how health systems respond to the health needs of adolescents. It recommended developing and implementing national quality standards and monitoring systems as one of the actions necessary to make this transformation. In 2015, the Global Standards for Quality Health Care Services for Adolescents were published. In addition, work is currently ongoing on the development of a Global Framework for Accelerated Action for Adolescent Health (the AA-HA! Framework) that proposes principles such as the central involvement of youth; equity, human rights and gender equality; a comprehensive approach to positive adolescent development; acknowledgement of diversity and adequate attention to vulnerable adolescents; promotion of integrated responses that address multiple outcomes, risk factors and determinants; and flexibility to account for various epidemiological and socio-economic contexts.

At national level, a number of national stakeholder meetings and retreats convened by the Ugandan Ministry of Health have sought to align with new evidence and international guidance and to push the adolescent health agenda forward. The 2016 Road Map for Improving Adolescent Health in Uganda calls for the need to update the adolescent health policy to accommodate new scientific evidence and guidance for developing interventions for adolescents and to align it with global and country commitments on adolescent health and development.

Within this national and international context, the Ministry of Health and H6 partners in the country would like to support a comprehensive and systematic review of the adolescent health policy and strategy to include emerging areas and new evidence. This will result in an updated framework on which to streamline and integrate efforts for the development and implementation of programmes and health services aimed at protecting the health and development of adolescents in the country.

Rationale

Under the current National Health Sector Development Plan 2014/2015- 2019/2020, strategic outcome 1 stipulates that by 2020, the health sector will have reduced preventable mortality and morbidity specifically for mothers, newborns, children, adolescents, adults and elderly persons. However the current Adolescent Health Policy does not fully address the emerging challenges around the health of young people.

In addition, interventions to address adolescent health have traditionally focused on the sexual and reproductive health needs of adolescents. However, WHO guidelines on health services and interventions for adolescents recommend expanding the scope in line with burden of disease to effectively target the various components of youth health. In order to effectively do that, the national adolescent health policy and guidelines need to be strengthened.

Finally, there is a need to align the national adolescent health policy framework to new global guidance, scientific evidence and initiatives in this area.

3 Namulondo, I (2009). Female genital mutilation: a case of the Sabiny in Kapchorwa district, Uganda (Department of Social Anthropology, University of Tromso).
4 28 Too Many, 2013
The updated national adolescent health policy will serve as a reference tool to guide government, NGOs, the private sector, communities, collaborating agencies and different institutions on priorities for support, and guide partners to strengthen monitoring and evaluation of interventions to ensure the delivery of a service package that is responsive to the health needs of adolescents in the country. Not least, the updated adolescent health policy will act as a tool for resource mobilization.

Policy Review Aim and Objectives

The aim of the policy review is to generate an updated national adolescent health policy. This will enable streamlining and integration of efforts for the development and implementation of programmes and health services aimed at protecting the health and development of adolescents in the country.

The specific Goal

1. Update the Adolescent Health Policy to accommodate emerging areas for adolescent health.

Specific Objectives

1. Adapt the current policy to global and national guidelines.
2. Incorporate or apply the gender and human rights principles to policy and planning for adolescent health.
3. Update the policy content with new evidence and recommendations from recent studies and stakeholder consultations.
4. Recommend appropriate policy guidelines and strategies for Uganda.

Expected Output / Outcome

An Updated Adolescent Health Policy inclusive of the following:

1. Policy aligned to global and local policies and recommendations (SDGs, HSDP, Investment Case, etc.)
2. Policy process incorporating the human rights principles to policy and planning for adolescent health (inclusion and participation).
3. Updated content with new evidence and recommendations from national surveys and stakeholders consultations.

Methodology

The policy owners at Ministry of Health have identified a need for reviewing the Adolescent Health Policy. To ensure the successful review of the document, the process will follow all steps in a standard policy development and review process. The entire review process will be guided by a rights-based approach and will employ participatory methodologies to ensure that all key stakeholders have the opportunity to contribute to the review of the policy and strategy.

The following methods will be employed at the various stages of the review:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Methodology</th>
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<tbody>
<tr>
<td>Nomination of the core group</td>
<td>The MOH will nominate a core group to guide the policy review process. Participation in the core group will be on a volunteer basis and no remuneration or compensation will be derived from it. The core group will meet to guide and review through all key milestones of the policy review. Ministry of Health Reproductive Health Division and H6 partners will support the process.</td>
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<tr>
<td>Desk review</td>
<td>A consultant shall be identified and hired to facilitate the policy review process. The consultant will analyze relevant information that could inform the policy review. This may include but may not be limited to review of relevant national policies, procedure and/or guidelines, data analysis, literature review and best practices. The consultant will also review the resolutions of the national ADH retreats held in 2016 and 2015. This will be done in parallel with the stakeholder consultation process.</td>
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<tr>
<td>Stakeholder consultation</td>
<td>National stakeholders and international experts shall be identified to engage in a 3-day consultation meeting of no more than 40 participants where the review of the policy shall be discussed. Participants will address relevant issues that triggered the review of the policy as well as the principles that should underlie the revised policy. The consultant will support Ministry of Health in designing the methodology and logistics of the meeting, to coordinate development of materials and presentations, and to take note of the proceedings of the meeting. A stakeholder consultation report will be produced by the consultant, shared with the core group for approval, and used to inform the policy review.</td>
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<tr>
<td>Draft policy review</td>
<td>The consultant will support policy review and come up with a complete draft that includes the recommendations from the 2015 and 2016 ADH retreats, national stakeholder consultation and relevant national studies on AYSRH, HIV, nutrition, EPI, mental health, alcohol, drugs and substance abuse and other areas of importance to adolescent health in the country. Guidance shall be sought from the core group to draft the zero version of the updated Adolescent Health Policy and approval from the core group sought before moving into the next stage of policy review.</td>
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<td>Stakeholder review</td>
<td>In consultation with the core group, the consultant will present a proposal for the format, scope and timeline of consultations that will be needed to obtain feedback on the draft policy update. As a minimum, the consultant should consult and seek feedback from key MOH departments, key line government ministries, Uganda AIDS Commission, Human Rights Commission, USAID, UN</td>
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agencies, selected district local governments, youth representatives, academia and selected CSOs. Formats to be considered could include email, one-on-one feedback from representatives, meetings with individual agencies/organizations, etc. at national level and not to incur any extra cost. Once the format and scope of consultations is approved, draft zero of the ADH policy and Strategy will be presented to stakeholders who will provide feedback and input into the draft.

Policy finalization

The consultant will update the draft Adolescent Health Policy based on the information and feedback received from stakeholders during the consultation phase. In close collaboration with the core group, the consultant will determine what changes/additions should be added, based on whether the suggestions are relevant to the policy and comply with relevant legislation, regulations, scientific evidence and best practice. Once the review is completed, the complete policy will be presented to the core group for approval.

Policy endorsement and dissemination

A one-day endorsement meeting will be convened where the finalized Adolescent Health Policy will be presented to stakeholders. The consultant will support Ministry of Health in designing the methodology and logistics of the meeting, to coordinate development of materials and presentations, and to take note of the proceedings of the meeting. An endorsement consultation report will be produced by the consultant. In addition, the consultant will draft a policy dissemination plan which should include national, district and health facility levels.

The endorsed Adolescent Health Policy will then be presented by the ACHS-RH to the MCH-TW for approval. Ministry of Health Reproductive Health Division and H6 partners will support the process.

Deliverables and Timeline

The review and finalization of the Adolescent Health Policy is expected to take place between January and May 2017. The facilitator should execute it within a period not exceeding 36 person days. This should include the gathering and synthesizing of available research evidence and stakeholder recommendations, for the drafting process, Facilitate at consultative meetings, present Drafts and participate in the review and approval meetings, and integration of stakeholder feedback, design final version for printing, but exclude review time by core group and other approval boards.

<table>
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<tr>
<th>Deliverable</th>
<th>No. consultant days</th>
<th>Deadline*</th>
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<tr>
<td>Desk review</td>
<td>3 days</td>
<td>3rd March</td>
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<tr>
<td>Stakeholder consultation preparations &amp; implementation</td>
<td>3 days</td>
<td>7th March</td>
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<tr>
<td>Stakeholder consultation report</td>
<td>1 day</td>
<td>13th March</td>
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<tr>
<td>Core group approval and/or consultant update</td>
<td>1 day</td>
<td>17th March</td>
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<tr>
<td>Draft Adolescent Health Policy review</td>
<td>7 days</td>
<td>25th March</td>
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<tr>
<td>Consultation plan</td>
<td>1 day</td>
<td>27th March</td>
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<tr>
<td>Core group approval and/or consultant update</td>
<td>1 day</td>
<td>30th March</td>
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<tr>
<td>Consultation meetings/validation meeting</td>
<td>7 days</td>
<td>3rd April</td>
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<td>Task</td>
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<tr>
<td>Consultation report</td>
<td>1 day</td>
<td>7 April</td>
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<tr>
<td>Updated Adolescent Health Policy</td>
<td>3 days</td>
<td>14 April</td>
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<tr>
<td>Core group approval and/or consultant update</td>
<td>1 day</td>
<td>18th April</td>
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<tr>
<td>Endorsement meeting preparation &amp; implementation</td>
<td>3 days</td>
<td>25th April</td>
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<tr>
<td>Endorsement consultation report</td>
<td>1 day</td>
<td>31st April</td>
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<tr>
<td>Policy dissemination plan</td>
<td>1 day</td>
<td>7th May</td>
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<tr>
<td>MCH - TWG approval and/or consultant update</td>
<td>2 days</td>
<td>25th May</td>
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<tr>
<td>End of assignment report</td>
<td>1 day</td>
<td>29th May</td>
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*Deadlines are calculated based on non-consecutive working days and they include time for review and feedback.

**Governance**

The expected role of the consultant will be to plan, organize and implement the review of the Adolescent Health Policy ensuring technical soundness of the approach, efficient execution and quality of end product. In doing this the consultant must consult the core group and seek input and validation from key national stakeholders.

- Draft a literature review plan and conduct the literature review and report to be approved by the core group.
- Draft an updated Adolescent Health Policy document to be presented to key stakeholders for input and feedback.
- Draft a consultation plan including consultation methodology and tools, and obtain approval from the core group.
- Liaise with the identified key stakeholders, organize and manage consultation meetings according to the approved consultation plan.
- Produce materials for use during consultative and endorsement meetings.
- Support MOH and H6 partners in the preparation and implementation of consultation and endorsement meetings.
- Work as rapporteur during consultative and endorsement meetings, and produce summative reports of the meetings.
- Work closely with the core group to determine how to incorporate stakeholder input and feedback into the draft policy following the consultation phase.
- Draft a policy dissemination plan including methodology and format(s) and obtain approval from the core group.
- Update and finalize the adolescent health policy and obtain approval from the MCH - Technical Working Group at Ministry of Health.

The expected role of the ADH Policy Core Group 5 appointed by the Ministry of Health, will be to:

- Directly supervise, review and approve the interim phases and deliverables of updating the ADH policy
- Provide technical guidance to the consultant.
- Monitor the execution of the assignment by the consultant against the agreed timeframes.

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5 All H6 partner agencies (WHO, UNFPA, UNICEF, UNAIDS, UNWOMEN and the World Bank) will be part of the ADH Policy Core Group.
The expected role of the MOH (RH Division, School Health, Child Health, Mental Health STD /AIDS Control Program, etc) will be to:

- Coordinate with ADH Policy Core Group the policy review including review and provision of feedback on the literature review plan, consultation plan, dissemination plan, consultant reports and draft ADH policy.
- Provide introduction letters to the consultant.
- Organize and participate in the consultation and endorsement meetings for the updated policy.
- Approve all deliverables on the advice of the ADH Policy Core Group.

**Qualifications and Experience**

The ideal consultant should have a minimum of Master’s degree in public health, population studies, public administration or related social science. A PhD will be an added advantage. The consultant should have proven experience in undertaking similar exercises in the past, good knowledge of the Uganda health system, excellent analytical writing and presentation skills and fluency in spoken and written English. This should be coupled with demonstrated experience in sexual and reproductive health programming, adolescent health expertise, and monitoring and evaluation for at least 10 years.

Prospective Consultants for this assignment should sign up on the UNFPA Consultant Roster platform (https://erecruit.partneragencies.org) not later than 14 February 2017 at 13:00 EAT.