United Nations Population Fund (UNFPA) is pleased to announce the following vacancy:

VACANCY NO:	**VA-CO-2020-11-09**
OPENING DATE:	**23 November 2020**
CLOSING DATE:	**30 November 2020**
POST TITLE:	**National Policy and Advocacy Consultant**
NUMBER OF POSITION:	**1 (ONE)**
CATEGORY:	**Individual Consultant**
DUTY STATION:	**KABUL**
DURATION:	**6 Months**

Assignment Purpose:

Support the Gender Unit of United Nation Population Fund (UNFPA) Afghanistan Country Office develop a Policy and Advocacy Strategy and Implementation Plan that secures the integration of a health sector response to GBV into Afghanistan's Basic Package of Healthcare Services (BPHS) and Essential Package of Hospital Services (EPHS) which is funded by the Sehatmandi, managed by the World Bank.

Overview of the Consultancy:

This consultant is to undertake three phases of work:

- Phase 1 formative research that will inform the development of an advocacy strategy;
- Phase 2: A facilitated on-line forum with integration advocates to share findings and agree a broad course of action for the advocacy strategy.
- Phase 3: Develop an advocacy strategy and implementation plan to support the integration of the GBV health response into the BPHS/EPHS.

At the heart of this endeavor are these questions: Who can give us integration of the GBV health programme into the BPHS/EPHS; Why haven't they given this to us yet? What needs to be integrated and how much will it cost on a monthly or annual basis? Who are the key decision-makers who can make integration happen? What would persuade these decision-makers who can give us integration to make it happen?

Background:

UNFPA Afghanistan Country Office is guided in its work by the UNFPA Gender Equality and Women's /Girls' Empowerment Strategy 2018-2021 which details how UNFPA works towards gender equality in each of the goals and key results set out in the UNFPA Strategic Plan 2018-2021. Of particular importance is result # 3 "Ending all forms of gender-based violence and harmful practices."

Since 2010, UNFPA in collaboration with the Ministry of Interior (MOI), Ministry of Justice, Ministry of Public Health (MOPH) and Attorney General Office has aimed to strengthen the multi-sectoral response to GBV in Afghanistan involving the police, legal services and the health sector.

Afghanistan has undergone four decades of protracted conflict during which the culture of violence against women and girls has become deeply rooted. For many women violence begins from childhood and extends throughout their entire life.

The MOPH's Gender and Human Rights Strategy asserts that health facilities around the country are the best entry points for women and girl survivors of violence to seek assistance and protection outside of family circle. The MOPH with the support of UNFPA have developed and implemented a health sector response to GBV which is part of it's National Priority Program (2012). To date, there are 25 Family Protection Centers (FPCs) established in 22 provinces of Afghanistan.

The FPCs provide medical services, legal advice, psychosocial counselling, and referral of GBV clients to temporary shelter, to police and other legal actors as required. FPCs also play a key role in collecting GBV statistical data and in case management. The FPCs are supported by GBV Health Focal Points (25 in each province, e.g., doctors, midwives and other health workers) who are situated in District hospitals and in Comprehensive Health Centres (CHCs). GBV Health Focal Points refer GBV clients to the FPC. UNFPA's implementing partners play a key role in supporting the GBV health response as they monitor and supervise the programme at the provincial level and they train community influencers (men and women) using a Behaviour Change Communication (BCC) approach. See Annex 1 for a list of Provinces where there are FPCs and GBV Health Focal Points.

There remains a need to improve the quality of GBV health services, including management, monitoring and learning as capacities remain weak. There are too few GBV health focal points in provincial and district hospitals and Comprehensive Health Centers. There is limited community understanding that GBV is prohibited under the law and can be prosecuted. Not all communities particularly in rural areas know that GBV health services exist; and there remain, deeply entrenched negative attitudes towards GBV survivors, mainly women and children, which includes victim blaming. Perpetrators of GBV are rarely brought to account. There are significant cultural barriers that prevent survivors from reporting GBV and seeking medical or any other form of support.

For long-term sustainability, a GBV Health Sector response needs to become a core part of the BPHS/EPHS. Integration will help to expand delivery to the lowest tiers of the health system. MOPH support the concept of integration

The Foreign, Commonealth & Developent Office (FCDO) are an important funding partner. As a part of their support, the FCDO has appointed an Independent Evaluation and Learning Partnership (IELP) whichis conducting a process evaluation (mid-term review) that will be completed in March 2021, and a final performance evaluation that will begin in October 2021. The IELP will provide learning inputs across the life of the GBV response programme, including

around integration, value for money, MEL capacity strengthening and strategic advocacy for integration.

The need for advocacy to secure integration of the GBV health response into the BPHS/EPHS:

The integration of the GBV Health Response requires action on the part of key decision-makers. They require a comprehensive understanding of the programme, what works as well, and less well, as well as options for integration and costs. However, in the first instance, the MOPH Gender Directorate, UNFPA and IELP require a policy and advocacy strategy for integration.

The strategy should identify all relevant stakeholders and decision-makers. It should also include a roadmap for the feasible integration of a GBV health sector response into the BPHS and EPHS system of Afghanistan and how to mobilize consensus. This includes how to, generate governmental buy in and how to resolve the economic barriers to realizing the integration of a GBV response into Afghanistan's health system. The integration strategy will offer tangible options for decision-makers (World Bank/Sehatmandi, MOPH, and Ministry of Finance) that ensure quality services for GBV survivors.

UNFPA will seek approval for the advocacy strategy and implementation plan from the MOPH (Minister, deputy minister); UNFPA country director; FCDO (and possibly other international development partners); and IELP.

Scope of work:
(Description of services, activities, or outputs)

The National Consultant will be based within the MoPH's Gender Directorate but will work across MOPH Directorates and with other stakeholders, including UNFPA and the IELP.

Consultancy Objectives:

- ✓ To conduct formative research that informs the development of an advocacy strategy and action plan within the next six months.
- ✓ To share the findings of the research with those who will advocate for integration and to elicit their inputs.
- ✓ To develop the advocacy strategy and implementation plan for integration and to provide support for achieving this goal.

In the first instance, the consultant will prepare, in consultation with UNFPA and IELP:

- ✓ A ten-page concept note outlining the consultancy work plan, including outputs, activities, timeframe and work modality.

PHASE I:

Conduct formative research that informs the strategic advocacy strategy and action plan. The purpose of this research is to understand:

- ✓ Who has the power to integrate a GBV health sector response into the BPHS/EPHS?
- ✓ Why has integration not happened yet: what are the key barriers?
- ✓ What needs to be integrated and what is the cost of individual components of the GBV health sector response on a monthly and annual basis? Do the costs differ between provinces?
- ✓ Who are the key decision-makers that can make integration happen and would information would persuade them to act.

Additional questions that need to be asked include:

- ✓ What incentives do decision-makers need to act?
- ✓ Who champions integration and why?
- ✓ Who opposes integration and why?
- ✓ What other barriers are there to integration?
- ✓ Are there systemic problems with the concept of integration? If so, what are these and how might they be overcome?
- ✓ Given the answers to these questions, who are the targets for advocacy, who needs evidence, in what formats, when and how and what decisions do they need to take to make advocacy happen?

The formative research phase should include:

- ✓ A literature review;
- ✓ Primary data gathering through one to one interviews;
- ✓ Synthesis and analysis of data gathered;
- ✓ Report and presentation writing.
- ✓ Identification of a minimum of 2-3 modalities for integration of the GBV health response (including FPC and related costs for their future operation within the health care packages) and approaches to ensure the cost effectiveness of the recommended model/s.

PHASE II:

- ✓ Facilitate an online forum for integration advocates to understand what needs to be done, in terms of strategic advocacy to get integration. What are the options, what are the advocacy 'asks; who are the decision-makers; how can they be reached and persuaded; what do they need to make the critical decisions?
- ✓ In this forum the consultant, with support from the IELP, should present the formative research findings.
- ✓ The participants would then be engaged in a carefully directed process to agree future evidence needs and targeted advocacy actions to persuade those who need to make integration happen to take the relevant decisions.

Phase III:

Draft the advocacy strategy and implementation plan and provide on-going support for integration. This needs to include a clear articulation of:

- ✓ **The vision**: A clear description of what the future with GBV health services integrated into the BPHS/EPHS will look like.
- ✓ **Goals**: This is about closing the gap between where we are now, and where we want to be in terms of integration. What steps are needed to achieve the vision? What is the desired change; who will make the changes happen (decision-makers/institutions); by when?
- ✓ **Objectives**: simple, measurable, attainable and time-bound objectives to get evidence to decision-makers; and to get key decisions in place. Who are the decision-makers; what is the evidence; what action is needed to move things forward; when should the action happen?
- ✓ **Target audience**: which groups do advocates for integration need to reach?
- ✓ **Influencers**: who will reach out to decision-makers?
- ✓ How will we influence/motivate decision-makers? (e.g, with data and facilitated meetings to discuss the data; and where clear demands for action are made by the advocates).

Deliverables:

- ✓ Report of findings from the formative research and a PowerPoint Presentation with UNFPA, IELP, FCDO and the MOPH Gender Directorate
- ✓ A facilitated online forum with advocates of integration to agree a way forward
- ✓ Policy advocacy strategy and action plan
- ✓ 2-3 modalities recommended for integration of the GBV health response into Healthcare packages.

The Advocacy Strategy and Implementation Plan for GBV Integration will cover the points outlined in the template below.

GOAL:		
OBJECTIVES		
Description of advocacy activities that will lead to integration	Key initiatives to reach target audiences by specific dates (e.g., briefing papers, presentation meetings and dialogue sessions where evidence is delivered and where expectations for decisions that secure integration are highlighted)	
Target audience	Who are the key decision-makers who can make GBV	

	Health Response happen that will engage in the activities?	
Advocacy asks	What are the key advocacy demands of decision-makers?	
Outputs	What will make advocacy activity successful e.g., briefing paper(s)	
Outcome(s)	What is the expected impact of each advocacy activity (e.g., increased awareness, a decision is made; a budget is allocated)?	
Indicator(s)	How will we measure the impact (e.g., the number of people who attend the event; a survey to assess attitudes; a decision-made that brings integration closer)?	
Responsible staff/org	Who will lead and complete the advocacy activities?	
Partners	Who will help?	
Timeline	When will the activities be complete?	
Costs	How much will the advocacy programme cost?	

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

The Consultant's work will be closely monitored by the UNFPA. S/he will report directly to UNFPA GBV health and humanitarian officer. In addition, inputs will be provided by the MoPH Gender Director and Policy and Planning Director, UNFPA management including the Monitoring and Evaluation Specialist and UNFPA Deputy Representative, as well as FCDO and IELP. The following reporting arrangement shall apply:

1. The consultant to deliver a one-page proposal with his/her CV and previous work samples. In the one pager how the Consultant will describe how they intend to go about the project.
2. After one week into the consultancy contract, the Consultant should deliver an inception report including a roadmap outlining the scope of the work and the consultant's expectations from UNFPA. UNFPA to provide feedback within 3 working days.
3. UNFPA is to deliver all required support as per the expectations of the Consultant subject to availability of what is required.
4. The Consultant will deliver a first draft of the policy advocacy document not more than 10 pages (A4, normal margins, 11PT font). UNFPA and MoPH, FCDO and IELP will provide feedback on the draft within 5 working days.
5. The Consultant will provide a final draft of the policy advocacy document not more than 15 pages. UNFPA, FCDO and IELP will provide feedback (if required)

The Consultant will provide a final draft (subject to receipt of new comments from UNFPA, FCDO and IELP).

Supervisory arrangements:

The National Consultant will work under the supervision of the GBV Health and Humanitarian Officer of UNFPA Afghanistan, in close collaboration with the Gender Specialist. Overall oversight will be provided by the UNFPA Country Representative.

Qualifications and Experience:

- A minimum of 10 years of progressive experience in policy development, advocacy and strategic planning, specifically within the health sector and/or with Afghan ministries;
- Knowledge of GBV in Afghanistan from a survivor-centered perspective;
- Excellent understanding of Afghanistan's Health Sector (BPHS and EPHS), demonstrated by specific assignments;
- Strong knowledge of human rights and women's rights;
- Master's Degree in Social Sciences, Public Health or other relevant field;
- Proven track record in data gathering and in conducting interviews at a strategic level with decision-makers working at policy and other levels;
- Ability to synthesize, analyses and interpret data. ;
- A collegial and inclusive working approach.
- Former UN experience a plus.

Language Requirements:

- Fluent in English, both verbal and written;

Fluent in either Dari or Pashto both written and verbal. Ability to produce documents in both national languages is an advantage

Submission Guidelines:

Interested **Afghan nationals** may send the completed United Nations Personal History form (P-11) by e-mail along with an application letter to the e-mail address: recruitment.afg@unfpa.org

Qualified women are particularly encouraged to apply.