



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

VACANCY NO: VA-CO-2020-12-10
OPENING DATE: 23 December 2020
CLOSING DATE: 30 December 2020
POST TITLE: National Consultant for Formative Research
NUMBER OF POSITION: 1 (ONE)
CATEGORY: Individual Consultant
DUTY STATION: Based in Kabul with field visits to project sites in the provinces
DURATION: One & Half Months (1.5)

Assignment Purpose:

Context, Purpose & Methodology:

According to the population project for solely planning purposes based on by Flow minder sensors projection Afghanistan has a total population of around 38.9 million by end of 2020 if fertility rate decreases to 3.01, with women and girls accounting for 50%. According to the 2015 Afghanistan Demographic Health Survey, which is the latest data available, 53% of women in Afghanistan have experienced physical violence since age 15year, 52% of ever-married women suffered from spousal violence, 46% of them from physical violence, 6% from sexual violence, and 34% from psychological or emotional violence. In addition, 16% of women age 15-49 report that they have experienced violence during pregnancy.

Afghanistan has a high percent of its population that is about 37.6 Million according to the HRP 2020 living in neighboring countries such as Iran and Pakistan. The vast majority of these deportees and returnees, especially women and girls have suffered severe mental trauma, deprivation of health and nutritional services; particularly when they are crossing the borders and not settled fully their final destination.

Afghanistan has poor infrastructures including the health sector and with 72 percent¹ of the population living under the poverty line.

Afghanistan has one of the highest maternal mortality ratios in the world at 638 /100,000 live births, the proportion of deliveries conducted by skilled birth attendance in rural areas of the country is still 42% while this is almost five times lower in the remote and conflict-affected

provinces such as Helmand and Badges provinces.

The three decades of war in Afghanistan has resulted into a legacy and a culture of violence against women and girls which appears to have been deeply rooted and embedded in its society. An inherent weakness of the system of the country contributes to under-reporting of incidents of GBV. Referral linkages for, and between, police, legal and health services including community's involvement, remain inadequate and mostly weak.

Considering the fluid situation in western region with triangulated humanitarian situation coupled with COVID-19 outbreak and western region as one of the country's hotspot, the SRH/GBV/PSS services vacuum has grown bigger.

Because of high needs in the stated locations, with the support from Italian Cooperation, UNFPA has started provision of SRH/GBV prevention and response interventions since September 2017. UNFPA's GBV and SRH humanitarian interventions covered returnee, displaced and host women, girls, boys and men in Nimroz, Herat, Kunduz, Baghlan, Kandahar provinces. The recent project focuses on Herat and Nimroz provinces which also ensure COVID-19 related interventions as well. The AICS contributions to address the immediate GBV needs in various parts of the country initiated in 2017. The project interventions been implemented in consultation with all stakeholders including PPHDs, DoWAs and other Government entities. However, based on the continued field deliberations, there has been gap identified in terms of capturing and archiving knowledge as well experiences to improve the existing processes and future informed decision making including design/implementation.

The purpose of the formative research is to analyze and summarize the effectiveness of the integrated SRH and GBV interventions in systematic manner based on the set objective, planned activities and anticipated results since the partnership between the Italian Development Cooperation and UNFPA. The support from the Government of Italy has mainly been in the area of humanitarian response with the main focus on provision of GBV life-saving services, through one stop centres referred to as Family Protection Centres (FPCs) which there has not been a consistent knowledge gathering due to the short term nature of interventions. This research will therefore attempt to the extent possible to gather evidence to potentially create a body of knowledge for future interventions. The research shall cover Herat, Nimroz, Kunduz, Baghlan, Kandahar. In nutshell, the research is expected to be a body of knowledge based on evidence as well as framework to measure performance in future in regular intervals.

Results of this study shall be used to guide the effectiveness of the delivered services for the future informed program delivery under the Italian Cooperation contributions and beyond especially integrated SRH and GBV services in humanitarian scenarios. Findings from the formative research study shall also inform and benefit the UNFPA GBV and RH programs.

The proposed research shall further be seen/judged by indicators articulated under the three past and ongoing projects funded by the Government of Italy. The research shall also help to compare the quality of interventions across provinces to see how the provinces are performing relative to other provinces. This shall allow the Italian Development Cooperation, UNFPA and other stakeholders to quickly visualize the performance as well as gaps in each region against indicators.

The consultancy aims to provide comprehensive picture of the achievements under the project interventions, areas need improvement and points to be further strengthen through qualitative as well as quantitative analysis. The research is also expected to balance the 'supply' and 'demand' elements of the contributions for future program delivery.

The consultant to conduct field and national level analysis to inform the quality of interventions through the formative research. The research is also expected to not only provide the clarity about the situation but also to devise a system/framework to capture the future information about the UNFPA humanitarian interventions in Afghanistan.

Objective of the consultancy:

1. Considering the past interventions, trend and present situations, a glossary of knowledge, lessons, opportunities and risks to improve, realistic as well as effectiveness of integrated humanitarian GBV and SRH humanitarian program delivery in future;
2. Provide recommendations on areas that need more attention and focus for future implementation and ways to strengthen knowledge, performance monitoring and maximize learning;

Deliverables:

This proposed consultancy shall focus on the quality of the integrated SRH and GBV services in Afghanistan.

Task 01: Conduct desk review, field plan and field enumeration

➔ Output 1: International and national experience and models **analyzed** and **recommendations** put forward for the development detailed desk review report including the research protocol, data collection tools and draft matrix with indicators. Based on the desk review report and comprehensive qualitative and quantitative field research plan following formative research at all levels. The proposed audience are UNFPA team, implementing partners (IPs), IOM, UNHCR, (for border interventions), local BPHS and EPHS implementers, Government counterparts (PPHD, DoWA, ARCS etc). The plan shall include timeframe, modalities, sample size per province, data collection, cleaning process and timeline for draft as well as final reports. Detail field implementation plan and timeline related to this research.

Task 02: Analysis and draft report. Coordination with the UNFPA Teams, implementing partners (IPs) and Government stakeholders and report writing.

➔ Output 02: Based on the field deliberations and data analysis, draft report is developed and shared with all stakeholder for review, comments and feedback before finalization.

- 1) Presenting the draft report to UNFPA Team and other stakeholders (Italian Development Corporation, Government partners (MoPH, MoWA) and after inputs incorporated.
- 2) External presentation and review to stakeholders after incorporating comments/feedback.

Task 03: Report finalization, virtual presentation and dissemination with all stakeholders

➔ Output 03: A good quality report finalized and shared with all stakeholders.

The methodology shall cover:

The assessment shall involve both quantitative and qualitative research methods including document review, in-depth interviews and focus group discussions in light of evolving situation in terms of COVID-19 pandemic, peace process and other security aspects. In addition, the assessment team is also expected to triangulate data between quantitative and qualitative aspects including use of different types of related data sources including HNO and HRP. Submissions by interested organizations must propose specific methodologies deemed most practical, efficient and accurate, preferably based on past experiences in Afghanistan.

- Focus group discussions (FGDs) with pregnant women and mothers of children 0-5 months' old, women, girls and boys;
 - FGDs with key influencers (e.g. religious leader, community elders, men)
 - In-depth interviews (IDIs) with healthcare workers and other service providers/caregivers
- Final methods to be selected much match with the assessment objectives stated above. For this consultancy there is the need for flexibility to add any additional or alter the mentioned objectives based on vital value addition and the situation on the ground by UNFPA. It is expected that the proposed framework per objective shall;
- Identify methodology and sample size,
 - Level of stakeholders' participation and engagement

Stakeholders

Concerned stakeholders are to be consulted at various levels and in all stages of the assessment to ensure gather all (or max) aspects of knowledge, encourage national ownership and promote accountability. During the assessment process, the consultant (or firm) should therefore involve the following stakeholders of the proposed programme through human rights-based, gender-sensitive and socially-inclusive approaches:

- Relevant personnel of UN entities.
- Current and prospective government entities
- Civil society organizations (CSOs)/partners at the national (Kabul) and provincial levels, where applicable.
- Target beneficiaries and communities (where applicable and possible)

Delivery dates and how work shall be delivered (e.g. electronic, hard copy etc.).

- Under the overall supervision of the UNFPA M&E Officer together with the Humanitarian Specialist and Gender Specialist on all aspects of the exercise.
- Thorough analysis and review of existing interventions, strategies and responses including services' quality and capacity analysis of teams in Afghanistan.
- **Task 01:** desk review report including the research protocol, data collection tools and draft matrix with indicators, field implementation plan: mid-January 2021;
- **Task 02:** Analysis and draft report. Coordination with all stakeholders and report writing: First week of February 2021;
- **Task 03:** Final Report and PPT of the report: Last weeks of February 2021.

Expected Travel to: Herat, Nimroz, Kunduz, Kandahar, Baghlan

Supervisory arrangements:

The incumbent shall be working under the direct supervision of UNFPA M&E Officer with technical support from the Heads of the Humanitarian and Gender Unit

Other relevant information or special conditions, if any:

GBV is a prevalent phenomenon throughout Afghanistan thus require, a holistic approach to address GBV at all levels. In the absence of quality data and field analysis, prevention and response interventions are more of supply side based on the assumptions and surface information than of field/community-oriented covering demand aspects. Due to lack of latest quality data to determine the trends and magnitude of GBV as well as it's types, emergency responses are not well adhered to respond GBV related needs of women and girls. Same is the case at policy level to bringing positive changes to the existing policies and formulating new policies where there is huge need based on evidence.

Afghanistan has one of the highest maternal mortality ratios in the world at 638 /100,000 [1]live births, the proportion of deliveries conducted by skilled birth attendance in rural areas of the country is still 42%,[2] while this is almost five times lower in the remote and conflict-affected provinces such as Helmand and Badges provinces.

Document for review

- Afghanistan Demographic Health Survey
- Afghanistan Gender Profiling
- Approved Project Proposals
- Project reports
- 4th Country Programme Document
- Country Programme Evaluation (CPD 4th programme)
- End of Project Evaluation for GBV Health Sector Response Project
- HMIS and GBVIMS data

Qualifications and Experience:

- Advanced University Degree or equivalent in social sciences or other related field with at least seven years' professional experience.
- Conversant with the Human Rights Based Approach, survivor centred approach, Results Based Management principles and hands on experience on Monitoring & Evaluation tools including formative research.
- Minimum five years proven experience in qualitative and quantitative research
- Fully proficient in computer office and statistics software applications such as SPSS, MS. Excel Atlas-Ti for qualitative research analysis

Language Requirements:

- Fully proficient in English language, Dari and Pashto (writing and speaking)

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.