<table>
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<tr>
<th>Purpose of the consultancy</th>
<th>Background and Rationale</th>
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<td>UNFPA ASRO/ Hub</td>
<td>UNFPA addresses the sexual and reproductive health (SRH) needs of Syrian Refugees, IDPs, and their host communities, and works to prevent and respond to gender-based violence in the Whole of Syria (Wos), Jordan, Lebanon, Iraq, and Turkey.</td>
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UNFPA is conducting its 4th regional assessment to determine the impact that UNFPA’s sexual and reproductive health, gender-based violence, and youth programmes have had on the wellbeing of women, girls, boys, and men. The assessment will look to understand the extent to which COVID-19 has affected the utilization of services at the centres, the lessons learned and best practices adopted by implementing partners during the pandemic. Thus, specifically, the study will seek to:

1. Determine the extent of improved physical and psychosocial wellbeing among the survivors of GBV and people in need for SRH assistance;
2. Establish the accessibility and availability of integrated GBV and SRH services for IDPs, refugees, and host communities
3. Determine the effects of COVID-19 on the utilization of services at the UNFPA supported centres.
4. Document lessons learned and practices adopted in the delivery of SRH and GBV services during the Covid-19 outbreak

The findings are intended to inform UNFPA programmes with the overall aim of enhancing the services that UNFPA provides. These findings will also be considered when designing new programmes.

The UNFPA/ASRO hub will hire consultant (a team may apply) to lead the UNFPA Regional Impact Assessments to ascertain the extent of improved wellbeing for women, girls, boys, and men for their participation in the services provided at the service delivery points and as well identify the extent to which COVID-19 has affected the utilization of services at the centres, the lessons learned, and best practices.

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<th>Scope of work for consultancy</th>
<th>Geographical coverage: This assessment will cover programmes in Syria and cross-border operations, Iraq, Turkey, Jordan and Lebanon</th>
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<td>Programme aspects: The assessment will focus on the technical areas of the UNFPA programmes GBV, Sexual Reproductive Health, and Youth.</td>
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<th>Description of activities for the consultants</th>
<th>Specifically, the consultant(s) will be responsible for the following activities:</th>
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<td>In consultation with the ASRO/ Hub finalise the assessment framework - including the assessment methodology, objectives, and data collection tools, including review of all Arabic translation of the tools.</td>
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<td>Orient and train country office assessment focal points on data tools and data collection taking into account Covid-19. This will be conducted via VTCs or Skype or another appropriate online tool.</td>
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<td>Lead Kils data collections via an online platform.</td>
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<td>Manage the Arabic –English translations of qualitative data (with the UNFPA selected translation company).</td>
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| Expected Deliverables of the consultants | Inception Meeting: Hold a briefing meeting with UNFPA on the background, objectives, the scope, expected deliverables, and timelines of the assessment as well as the proposed methodologies and tools for data collection. [1/2 day]  
Finalisation of Assessment Framework (including assessment objectives, methodology, and data collection tools). The consultants will work closely to revise the objectives, methodology and data collection tools. The framework should include a detailed plan that includes objectives, methodology, and data collection tools with a corresponding schedule of work. This is to be based on documents and briefing provided during the inception meeting. The Assessment framework should also include a work plan. [7 days]  
The orientation of CO assessment focal points. Orientation on the assessment, data collection tools and data collection methodology to country offices [2 days]  
Qualitative data coding Tree: Agreed Coding Tree for MAXQDA (for qualitative data collected through FGDs and KIs) and Excel data entry format (quantitative data collected through client feedback forms) to be finalised. [1/2 days]  
Conduct Key Informant Interviews. [5 days]  
Processed Data: All FGD and KI’s data is coded and entered into MAXQDA by the consultant. To be delivered as 1 MAXQDA file with qualitative data per CO and/or Operation and [15 days].  
Mid-course Progress review meeting: In the course of the assessment and after coding and data entry, the consultant will hold a meeting with the Humanitarian Data Specialist and M&E specialist to report progress and discuss any challenges that may have been observed[1 Day].  
Data Analysis and draft report: Analyse both qualitative and quantitative data. The initial analysis is finalised and presented by the consultants as 1 draft narrative report with high-quality charts, tables, and info-graphics. [10 days]  
Submission and meeting to discuss the initial draft report: Submit the initial draft report and after one week meet to discuss arising views, questions, and comments [1 days].  
Report: submit a final draft report based on UNFPA’s comments. [5 days]  
De-Briefing: Final de-briefing presentation outlining the key findings from the analysis, as well as the successes, challenges, and lessons learned from the activity. To be conducted by the lead consultant, for UNFPA counterparts, as a power-point presentation. [3 days] |
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<td>Duration and working schedule:</td>
<td>The consultants will be hired from the 15th of June 2020 to November 15th 2020 for 50 days of work. This will ensure added flexibility in-case of any delays experienced during data collection.</td>
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<td>Place where services are to be delivered</td>
<td>Home-based</td>
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| Delivery dates and how work will be delivered (e.g. electronic, hard copy, etc.) | Dates to be finalised and agreed with UNFPA.  
  • Final Inception Report with Schedule of Work(electronic copy) - 22nd June 2020  
  • Revision assessment objectives, methodology, and data collection tools(electronic copy)-30th June 2020  
  • The orientation of COs assessment focal points(electronic ppt slides)- 9th July 2020  
  • Coding Tree – 12th July 2020 |
| Field data collection | - 30th August 2020 |
| Draft Report (electronic copy) | - 30th September 2020 |
| Final report (electronic copy) | – 30th October 2020 |

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

- Regular communication with the ASRO hub will be maintained throughout the contract duration primarily through remote meetings as well as electronic means (emails) to discuss and report progress against the work schedule.

**Supervisory arrangements:**

- Jennifer Miquel - head of the ASRO/Hub

**Expected travel:**

- No expected travel. Communications will be through online platforms (Skype, zoom, Viber, etc).

**Required expertise, qualifications, and competencies, including language requirements of the consultants:**

- Consultant(s)
  - Advanced Degree in social science, public health, and/or gender-related field of study.
  - 7-10 years experience in the fields of gender-based violence and reproductive health, social research with at least 5 years of overseas work experience in implementing RH and GBV programs.
  - Excellent written and spoken English. Good command of Arabic
  - Experience and knowledge of qualitative and quantitative research is required
  - Experience in report writing required
  - Excellent command of Microsoft Excel, Word, and PowerPoint
  - Experience with MAXQDA and/or other qualitative analysis software
  - Experience in analysis of quantitative data analysis using the spreadsheet
  - Familiarity with the context of the Regional Syria crisis an advantage
  - Experience in SRH, GBV and humanitarian settings an advantage
  - Experience working remotely across program sites to achieve stakeholder participation and consensus

**Core Competencies:**

- Adherence to humanitarian principles and values
- Focused on achieving results
- Can develop & apply professional expertise
- Ability to think analytically & strategically
- Able to work in teams/Managing our-selves and relationships
- Communication for Impact
- Ability to work independently with minimal oversight
- Organized, strong communication skills and able to thrive in a fast-paced environment.

**Inputs/services to be provided by UNFPA or implementing partner (e.g support services, office space,**

- UNFPA will provide the consultant with:
  - Draft Assessment framework including proposed methodologies and objectives for the assessment
  - Original Data collection tools
  - Timelines for implementation and desired outline for the final report
  - Translated raw qualitative data ready for data entry and analysis
| equipment), if applicable: | ● Quantitative data shared in a spreadsheet file  
| | ● Secondary data - including current assessments as well as all past impact assessments.  
| | ● MAXQDA software  
| Other relevant information or special conditions, if any: | UNFPA will accept a submission from a team. While it is not required that the lead consultant speak Arabic, it is highly desirable. As a result, if the selected top candidate does not speak Arabic, UNFPA would encourage support from a more junior candidate who has experience in research/ SRH /GBV that speaks in Arabic.  
| Consultancy payment | The payment of consultancy will be in 3 instalments upon delivery of specific outputs as follows:  
| | ● 1st Instalment -Deliverables- Inception report, review of data collection tools and online orientation of focal points= 30%  
| | ● 2nd Instalment - Finalization of the coding tree, coding, and analysis of data(Qualitative& Quantitative) and submission of draft report= 30%  
| | ● 3rd Instalment -Submission of final report= 40%  

Signature of Requesting Officer in Hiring Office:  

Date: 3 June 2020