

Call for Expression of Interest (EOI) for Sexual and Reproductive Health (SRH) and Disaster Preparedness Policy Expert

Project Activity

Consultancy to gather and organize legal and policy-related documents to support the testing and validation process of the Family Planning and Reproductive Health (FP/RH) Policy Resilience Scorecard tool in Nepal.

Duration: Up to maximum of 30 days (from September-December 2023)

Project Overview

Promoting Results and Outcomes through Policy and Economic Levers (PROPEL) Adapt is a USAID-funded project mandated to work within the humanitarian-development-peacebuilding nexus to strengthen policy, advocacy, financing, and governance systems for the provision of FP/RH services integrated with HIV/AIDS and Maternal and Child Health (MCH) in fragile settings and the context of shocks and stressors.

Activity Overview

Although all countries experience shock and stressors, fragile¹ settings face heightened and frequent pressures and disruptions at the individual, family, and systems levels. Moreover, fragile settings are characterized as having a lower resilience capacity to anticipate, mitigate, cope, and recover from shocks and stresses. In fragile settings, the intersections of structural problems and insufficient resilient capacities negatively affect the poorest and most vulnerable, including women, girls, children, adolescents, refugees, displaced people, and people with disabilities, accessing health services, particularly sexual and reproductive health (SRH) services.^{2 3} While fragility can affect the ability of health systems to consistently and without interruption provide services and individuals to voluntarily demand, access, and use quality FP/RH services, evidence shows that FP/RH can play a strong protective role in reducing vulnerabilities to fragility. However, evidence and studies investigating resilience-promoting factors in health systems and FP/RH in fragile settings are nascent and need to be better understood.

Therefore, PROPEL Adapt will undertake a scoping review of the literature to define health system resilience (therefore FP/RH resilience) and synthesize evidence and principles with the potential to contribute to resiliency in fragile settings. This collection of evidence and principles (collectively, indicators) will be used to construct a scorecard. The proposed Scorecard will serve three closely linked purposes: first, enable CSOs, policymakers, and other stakeholders to assess whether existing policy and legal frameworks promote resilience capacities of FP/RH provision and universal access in fragile settings. Second, the scorecard should enable CSOs to identify and fill implementation gaps. Third, the Scorecard will allow for the comparison of existing policies and laws with current best practices to quickly determine

¹ The Organization for Economic Cooperation and Development (OECD) defines **fragility** as a combination of exposure to risk and insufficient coping capacities of the state, system and/or communities to manage, absorb or mitigate those risks.

² Murthy RK. Review of sexual and reproductive health and rights in the context of disasters in Asia 2009.

³ Partnership for Maternal, Newborn and Child Health, Deep Dive Report: Commitments in Support of Humanitarian and Fragile Settings 2015-2017, (2018).

whether current policies and laws need to be revised, have better implementation plans, and/or whether new policies or laws should be developed or adopted.

Subsequently, the scorecard will serve as a tool to evaluate the recognition, inclusion, and implementation of these indicators in the policy environment. The policy environment is an important factor in determining whether a person can access needed voluntary FP/RH services. Many factors shape and influence the policy environment, including the availability of evidence, institutional capacity, social norms, political dynamics, public opinion, and subscription to global frameworks and guidelines. Policies can be significant, both for what they say and what they do not say. Moreover, policies are just a first step; whether a country implements a policy depends on many factors.

For our policy mapping analysis purposes, we have grouped policy documentation into four broad categories as follows:

1. Laws, treaties, and conventions
2. Policies and strategies
3. Political statements
4. Operational policies, standards, and guidelines*

(*Rosen, J.E., S. Pappa, A. Avezzano, and E. Neason. 2017. *Comparative Analysis: Policies Affecting Family Planning Access for Young Women in Guatemala, Malawi, and Nepal*. Washington, DC: Palladium, Health Policy Plus.)

Objective and Scope of Work

PROPEL Adapt plans to field-test the revised Scorecard to ascertain its appropriateness for assessing the policy environment on formulating and implementing essential health services policies in Nepal. Findings from the field testing will be used to adjust the effectiveness of the tool for global application in fragile settings. Field-testing will involve desk review and key informant interviews from September 2023 to December 2023.

Objective

The objective of the consultancy is to become an integral part of the field-testing activity and provide a range of technical support in-country from contextualizing resilient essential healthcare provision to gathering policy documents and creating a link between PROPEL Adapt and various stakeholders in Health System Strengthening, FP/RH, Primary Health Care, Emergency Preparedness and Response (Health), and Disaster Risk Reduction. In this case, stakeholders can be primarily government, development-humanitarian partners, and other Civil Society Organizations (CSO). We define CSOs, as non-profit, voluntary citizens' groups that are organized on a local, national, or international level. Task-oriented and driven by people with a common interest, CSOs perform various services and humanitarian functions, bring citizens' concerns to governments, monitor policies, and encourage political participation at the community level.

Reporting Arrangements

The consultant will report and collaborate closely with PROPEL Adapt's Deputy Project Director (DPD), Resilience and Fragile Setting. Regular communication shall be conducted using email exchanges and once-a-week Zoom or Teams calls. In the event this is not possible, WhatsApp call can be substituted for Zoom/Teams call.

Travel Requirements

The consultant is expected to perform the work from Kathmandu. However, upon discussion and agreement with the DPD, the consultant may travel within the country for the purpose of fulfilling the assignment (as per need).

Work and Expected Deliverables

Tasks	Expected Outputs	Timeline
Develop and submit via email an Inception Report for the consulting assignment.	Inception report (written in English) detailing consultants proposed action plan, methodology, and timeline. Including a sampling plan/method for document selection at the sub-national level	Within 5 days of signing consulting contract
Outline the national emergency response organization focusing on health actors' responsibility. <ul style="list-style-type: none"> - The report should outline the national emergency response organization focusing on health actors' responsibility. The outline should detail the hierarchy (organogram) of the national emergency response plan from the health actors' perspective (MoH, Public Health agencies, non-governmental, private actors, etc.). 	The outline should detail the hierarchy (organogram) of the national emergency response plan from the health actors' perspective (MoH, Public Health agencies, Non-governmental actors, private actors, etc.) This outline will guide the development of a table jointly by the consultant and DPD to guide Policy and Planning document collections.	Within the first month of signing consulting contract.
Develop a comprehensive list of actors involved in the essential/primary healthcare (including FP/RH) environment and a brief profile of the main ones.	Two tables containing a list of: 1. national and international actors that are funding, supporting, and implementing primary healthcare provision. 2. National and international CSOs advocating for healthcare (including FP/RH) provision, Human rights, Climate change, and other social and economic equity.	Within two months of signing consulting contract.

<p>The consultant is expected to send electronically, preferably a packet of policy and planning documents, weekly.</p> <p>*Policy and Planning Documents includes: Gathering and curating Health System and Family planning resilience relevant policy documentation, e.g., SRH, Gender and Social Inclusion, Youth, Disaster Risk Reduction and Management (DRRM) policies, Disaster Preparedness and Response Plans (DPRP). Gathering policy documentation may be accomplished by online search. However, documents in the drafting stage or district level may require a direct approach. Curating involves sorting the policy documents logically (e.g., sectoral or thematical order).</p>	<p>The package should include a table of content organizing the Policy environment documents in their respective area of concern and sub-fields, e.g., gender, PH/RH, Internally Displaced People’s (IDP) health, etc., date of publication, responsible Ministry/organization and a summary of the document content.</p> <p>Translating and summarizing documents--some documents may only be found in Nepalese languages and thus may require translation.</p>	<p>The first packet should be produced within the first month of signing the contract. The final packet should be delivered one week before the DPD’s arrival in the country.</p>
<p>Secure interviews with selected actors for upcoming Key Informant interviews from the list of actors.</p>	<p>Develop a comprehensive list of actors involved in the FP/RH environment and a brief profile of the main ones.</p> <p>A list of key informants to interview will be jointly developed between the consultant and the Deputy Project Director. The final list of interviewees contains the location, time, and date. All appointments should be held within 7 days of the Deputy Project Director’s expected visit and stay in the country.</p> <p>Key informants, in this case, include representatives from the Ministry of Health and Population (Director/D. Director FP/RH), the Ministry of Women, Children and Senior Citizens,</p>	<p>The process should begin within the first month of signing the contract and produce the first list within the first two months and</p>

	the Ministry of Youth and Sport, the Ministry of Law, Justice and Parliamentary Affairs, and National Disaster Risk Reduction and Management Authority, Health Emergency Operation Center.	
Produce a final report detailing the policy trends and key actors influencing policy dialogue at the national and sub-national level	The final report will address current trends, efforts, and thinking around the country's Health System and FP/RH Resilience. The report should also identify the major organizations (and champions) contributing to the country's Health System and FP/RH resilience policy discourse.	Three month after signing the contract

Expected Period of Performance

The consultancy is expected to last up to 30 days within three months, e.g., from September 20 through December 15th.

Skills and Experience Required

The consultant should possess the following skills and experience:

- At least 10 years of experience in the Nepalese health or emergency health system especially on sexual and reproductive health.
- Should have a Medical/Public Health or Public Policy master’s degree (prefer Ph.D.)
- Must have demonstrated knowledge of the **Nepalese** health system, Emergency Preparedness and Response, and Sexual Reproductive Health
- Should have an excellent working relationship with various ministries, directorates, agencies, and commissions at the National and regional level, e.g., the Ministry of Health, Emergency, Disaster Management Commission, and the Civil Society.
- Fluency in English and Nepalese language skills, spoken and written
- Good computer skills e.g., MS Word, email, Teams or Zoom, WhatsApp

APPLICATION PROCESS

The application should include a technical proposal, a budget proposal, CV, and a previous work sample. The proposal should include a reflection on **how specific attention to vulnerable and hard-to-reach**

populations. In addition, the consultant should consider and address the sensitivity of the topic at hand in the methodology and be reflected in the team set-up. Offers should include a separate quotation for the complete services, stated in US dollars. The budget should present consultancy fees according to the number of expected working days over the entire period, both in totality and as a daily fee. Travel costs, if any, should be included.

Applications will be evaluated on the basis of whether the submitted proposal captures an understanding of the main deliverables as per this ToR, a methodology relevant to achieving the results foreseen, and the overall capacity of the consultant to carry out the work (i.e. inclusion of proposed evaluators' CVs, reference to previous work, etc.).

Interested consultancy firms/teams or individual consultant should apply to procurement@np-actionagainsthunger.org with subject as "Application for **PROPEL EOI**" by 15 September 2023, 17:00 hours Nepal Standard Time. Only shortlisted candidates will be contacted.

We would appreciate the necessary documents being submitted as separate attachments (proposal, budget, CV, and at least 1 work sample). Please include your contact details in your CV. Please indicate in your email application on which platform you saw this vacancy. ACF Nepal reserves the right to reject any or all applications. Telephonic enquiries will not be entertained.

Action Against Hunger | Action Contre la Faim (ACF) is an equal opportunity employer and encourages applications from women, people with disabilities and members from disadvantaged/underrepresented ethnic groups.