

TERMS OF REFERENCE
Baseline Study and Mapping Exercise
Vulnerabilities and access to services for women and girls in Afghanistan

I. Background

In August 2021, the conclusion of the 20-year armed conflict and Taliban's takeover in Afghanistan, marked the dawn of a new era. This period is marked by a swift and severe economic downturn, widespread famine, inflation fueled by global commodity fluctuations, significant spikes in both urban and rural poverty levels, a near breakdown of the public healthcare system, suppression of media and civil society, and a pervasive marginalization of women and girls, effectively excluding them from active participation in public life.

Women's ability to access public life in Afghanistan has been severely limited by the de facto authority (DFA). The DFA has codified numerous long-standing gender norms; such as accompaniment of women by a mahram (male chaperon) and the observance of hijab. These restrictions on women's movement and dress have been intensified by the new Prevention of Vice and Promotion of Virtue Law (PVPV). The law broadens existing restrictions on women, notably the concealment of women's entire bodies (including faces) as well as voices in public. It also prohibits transport operators from offering rides to women who are not meeting dress and mahram requirements. While the law reiterates existing restrictions, it confers significant power on DFA PVPV inspectors to implement the law and punishments.

The Special Rapporteur on the situation of human rights in Afghanistan has highlighted that living under an institutionalized system of gender-based oppression is inherently dehumanizing and causes physical and psychological harm. These include killings, physical, sexual and reproductive violence leading to death, injuries, chronic health conditions, depression and suicide.¹

Additionally, Afghanistan faces a wide range of natural disasters including floods, droughts, earthquakes, and landslides. These crises frequently result in tragic outcomes for communities, such as loss of life, displacement, infrastructure damage and disruption of service/support systems. These crises exacerbate the vulnerability of already marginalized women and girls, leaving them more exposed, isolated, and with reduced access to services and humanitarian aid.

Over the period of time, there have been even ever-increasing challenges related to the physical and mental well-being and access to services for women and girls, particularly in the context of conflict, natural disasters and social instability. Understanding the vulnerabilities of women and girls in the current context and analyzing the access to essential services is crucial for designing effective interventions and policies aimed at promoting gender equality, as well as physical and mental well-being of women and girls and ultimately fostering their empowerment. UNFPA's Mental Health Assessment highlights that socio-

¹ A/HRC/56/25: Report of the Special Rapporteur on the situation of human rights in Afghanistan* The phenomenon of an institutionalized system of discrimination, segregation, disrespect for human dignity and exclusion of women and girls, May 2024

economic challenges, including poverty and unemployment, the aftermath of conflict and gender-based violence can play a significant role in negatively affecting mental health².

Objectives:

The primary objective of this exercise is to map out the vulnerabilities faced by women and girls in Afghanistan and their access to multi-sectoral services. Specific objectives include:

1. Identifying the key cultural, social, economic, and political vulnerabilities experienced by women and girls across different regions of Afghanistan.
2. Analyzing the impact of cultural, social, economic, and political factors on women's and girls' vulnerabilities and access to services.
3. Map the availability, accessibility, and barriers to essential services, including healthcare, mental health and psychosocial support, legal and safety/protection support.
4. Providing recommendations for NGOs, international organizations, UN entities, and/or other relevant stakeholders to address identified gaps and improve service delivery for women and girls.

Scope of the exercise:

This assessment will explore various dimensions of vulnerabilities faced by the women and girls in Afghanistan. Additionally, it will explore access to services, identifying the availability, accessibility and barriers to healthcare, mental health and psychosocial support (MHPSS), legal and safety/protection support services for women and girls. The assessment will also provide recommendations to address the different vulnerabilities, gaps and barriers faced by women and girls, to improve service delivery.

- a. Socio-economic, cultural and political vulnerabilities of women and girls and their impact on the lives of women and girls.
- b. Availability and accessibility of health care, MHPSS, legal and safety/protection services by women and girls.
- c. Barriers to women and girls in accessing health care, MHPSS, legal and safety/protection services by women and girls.

II. Areas of Inquiry

i) General Information

- Demographics (desegregation by age, sex and disability)
- Vulnerability profiles (female headed households, women with disabilities, adolescent girls, etc.)
- Women and girl's needs and preferences for assistance and support.
- Barriers to seeking support/reporting

ii) Community Profile

- The overall impact of the ban on women movements including their rights in the community
- Community attitudes and behavior toward the situation of women after the takeover.
- Level of women's participation in decision making at community level

²UNFPA, Afghanistan, 2024, 'Mental Health Assessment: Improve UNFPA's Psychosocial Response and Increase Access to Services in Afghanistan.

- Norms around age and gender (*i.e.* roles and opportunities for women; status of women; women's empowerment, roles and opportunities for men, status of children and adolescents; community views about children's participation; school attendance)
- Access to informal and formal justice and dispute resolution mechanisms, including Community-based protection systems.

iii) Accessibility and Safety of services and facilities

- Inclusion of women in planning, delivery, and quality of services focusing as well on women at protection risks and their reintegration into the community
- Impact of displacement / return on women and girl's access to services

iv) Disclosure, Help Seeking, and Referral

- Entry points for vulnerable women and girls to seek help, including women with disabilities.
- Awareness on availability and accessibility of referral pathways and systems
- Confidentiality, informed consent of participants, and ethical information sharing, based on PSS Guiding Principles and WHO ethical considerations for protocols for data collection.
- Service provider knowledge, attitudes, behavior; application of guiding principles
- Involvement of community in helping survivors and assisting with referrals

v) Support Services to Women and Girls

- Availability, accessibility, quality of services (include traditional practitioners, community-based groups, (I)NGOs, UN entities, traditional resolution mechanisms).
- Sensitivity, awareness, knowledge and attitudes of service provider staff and volunteers.
- Involvement of community in supporting women and girls and their reintegration into the community

III. Study Assessment Process

A. Methodology

- The assessment will involve both quantitative as well as qualitative research methods including document review, in-depth interview decision making about services.

Final methods to be selected must match with the assessment questions stated above and any additional questions the consultancy may deem vital. It is expected that the proposed methodology per Outcome will:

- Identify methodology, sampling, limitation, data collection and tools, checklist on strategies for ethical and safe maintenance of all data, and proposed data analysis, data validity and reliability
- Level of stakeholders' participation

B. Study participants

Study participants are to be consulted at various levels and in all stages of the process to ensure their ownership and accountability towards programme inputs and desired results. During the study process, the consultancy firm should therefore involve the following study participants of the proposed programme through human rights-based, gender-sensitive and socially inclusive approach:

- Target beneficiaries and communities, including women, adolescent girls, schoolteachers, women associations, people with disabilities, etc. (as applicable)
- Relevant personnel of UN entities and I/NGOs.

C. *Documentation*

The national level GBV AoR Coordinator will provide relevant induction and documents to the study team.

D. *Location*

The study shall take place in the Southern, Western, Central, Central Highlands, and Northern regions of Afghanistan.

E. *Timeframe*

The complete study should be within two (03) months (TBD) from the date of signing the contract. It is expected that the final report in approved format will be submitted to the national level GBV AoR Coordinator no later than 31st May 2025.

IV. Management and Activities

Under the overall guidance of the UNFPA Country Office and direct supervision of the GBV AoR Coordinator, the contracted entity will carry out the baseline study in close coordination with the GBV AoR Coordination team. The overall responsibility of the GBV AoR Coordination team is to: i) Review and approve the Consultancy inception report; ii) Review and approval of the tools and methodology, including the research protocol and questionnaire prior to data collection design report; and iii) Review and approval of the final report. The GBV AoR Coordinator will have the overall responsibility for coordinating with the consultancy firm and ensuring a good quality baseline study report. More specifically, the GBV AoR Coordinator will be responsible for the following: -

- Preparation (gathering documents)
- Ensuring that the selected consulting firm understands the TOR and ensuring that the consultancy firm understands the UN evaluation norms, standards, and ethics, and commits in writing to abide by them.
- Setting up appointments and preparing letters of introduction.
- Coordinating and providing timely feedback and input on draft versions of the methodology, tools and report and
- Following up on the technical feedback for timely submission of incorporation in the final report.

V. Consultancy Firm/ Team

The selected consultancy firm will have the overall responsibility for organizing and conducting the baseline study. Throughout the study process, it will also be responsible for ensuring the quality of the data collected and the data analyses, as well as ensuring that all data collection activities follow ethical and safety standards applicable to researching, documenting. The

consultancy firm will appoint a Team Leader who will take the overall responsibility for the management process and who will be the focal point for coordinating and communicating with the GBV AoR Coordinator. The consultancy firm will also be responsible for logistics management for their field work and data collection activities. Due to the high-level sensitivity of the nature of the research, the consultancy firm will sign a confidentiality agreement and will share the findings exclusively with the designated focal point in the UNFPA country office, and will not share the findings without any other stakeholder.

VI. Expected Deliverables

- **Deliverable 1:** Inception report and questionnaires for FGDs and KII to the AoR coordination team
- **Deliverable 2:** First draft of the Assessment report, including analysis of findings
- **Deliverable 3:** A peer reviewed report with executive summary and a PPT with overview of the major findings and recommendations.

The final baseline study report should be provided in an electronic format and 3 printed copies. Electronic data files should also be submitted. The data and information collected during this study is the sole and full ownership of UNFPA and is subjected to strict confidentiality protocols that will not allow the firm to share the findings with any stakeholder with the exception of the designated UNFPA focal point.

A. Table of Deliverables

	Deliverables	Items Covered/ Included	Timeframe	Payment Schedule
1	<i>Inception Report</i>	<ul style="list-style-type: none"> - Introduction: Present the purpose of study, and scope of study - Context: The overall country context and provincial context; also, the current response to address the challenges - Methodology and approach: Describe the study methods, key study questions and Study Matrix as Annex, target population, sampling, data collection method and tools, Checklist for safe and ethical data management, Data analysis plan, quality assurance, ethical consideration - Study Management Process: Study coordination at the 	Two (02) weeks after Starting work (upon signing the contract)	First payment (20%)

		<p>preparation, field data collection, and reporting, Work plan, deliverables, study management structure (Core team and field team)</p> <p>- Annexes:</p> <ul style="list-style-type: none"> ● ToR ● Study Matrix ● Study Tools 		
2	<i>The field data collection</i>	<p>- Training of survey team</p> <p>- Field data collection</p> <p>- Data cleaning</p>	Four (04) weeks	
3	<i>Perform data analysis of mapping</i>	<p>- Quantitative data entry, data cleaning and data analysis performed.</p> <p>- Qualitative data fully transcribed and analyzed (if necessary)</p>	Two (02) weeks	
4	<i>Comprehensive Initial Draft Baseline Study Report prepared, and PowerPoint Presentation made</i>	<p>Findings, results and recommendations, vulnerability maps presented in a comprehensive report</p>	Three (03) weeks	Second pay (30%)
5	<i>Final baseline report, (and updated corresponding power point presentation) addressing input from validation workshop and other key stakeholders.</i>	<p>- 1 hard copy of the Report incorporating all stakeholders' comments, fully formatted, edited and finalized to a professional printable standard;</p> <p>- 2 hard copies of the final baseline report, addressing input from validation workshop and other key stakeholders.</p> <p>- The report should be a maximum of 30 pages in length, excluding annexes</p> <p>- Hard copy of the report and maps</p> <p>- All finalized data collection instruments</p> <p>- The cleaned data files</p> <p>- All qualitative data transcripts (if necessary)</p>	Two (02) weeks	Final payment (50%)

B. Payment terms

Initial


Payment is linked to deliverables as per table above. Please note that final payment to a contractor is dependent on the satisfactory completion of deliverables. The payment term is net 30 days.

C. *Reporting and coordination*

The consultancy firm team leader will meet with the AoR Coordinator every week to discuss progress updates. Ad hoc meetings may be convened as needed.

The Institution or team will submit the following reports:

- An **inception report** (showing the proposed study design, methodology, data collection tools, timeline, budget and ethical considerations) within 2 weeks of signing the contract.
- A **draft** report: within 10 weeks from the signing of the contract a draft report documenting the findings of the entire study should be submitted.
- **Final report**: within 12 weeks from the signing of the contract the consultant should submit a final report which takes into cognizance comments made on the draft report. The final report will be endorsed only when the quality of the report is approved by the GBV AoR Coordination Team. The final report should provide clear baseline data for the specified indicators, qualitative analysis of the findings from the mapping component and provide recommendations of potential opportunities for enhanced programming and synergies. Additionally, all data files, data completed tools must be submitted to the GBV AoR Coordinator. The standalone reports of the in-depth questions should adhere to quality standards of peer-reviewed academic publications. The main report should have excellent analytical quality and writing, but will be written in clear, crisp language, understandable to an informed lay reader. The text of the report and annexes should be illustrated, as appropriate, with maps, graphs and tables. The Institution/Contractor is expected to produce candid, uncompromising, high-quality reports, containing well evidenced findings and clear conclusions and recommendations.

End!

Florence Adiyó

GBV AoR Coordinator

Signed by:

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07-Jan-2025