

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT, DEVELOPMENT OF THE ETHIOPIA SMART ADVOCACY IMPLEMENTATION TOOLKIT

ToR	Details
Hiring Office/Implementing Partner	Consortium of Reproductive Health Associations (CORHA)
Assignment Title	Individual Consultant – Development of the Ethiopia SMART Advocacy Implementation Toolkit
Duty Station	Addis Ababa, Ethiopia / Remote, with participation in consultations as required
Duration / Level of Effort	10 working days
Reporting to	CORHA Designated focal person, with technical coordination and guidance from UNFPA Ethiopia
Type of Contract	Individual Consultancy

1. Background

UNFPA Ethiopia, in collaboration with national stakeholders and implementing partners, is supporting the application of the SMART Advocacy approach to strengthen evidence-based advocacy, policy dialogue and resource mobilization for maternal and newborn health (MNH), midwifery-led services and quality reproductive health commodities.

A National SMART Advocacy process has been undertaken to support stakeholders in identifying a specific advocacy objective, defining an advocacy ask, identifying decision-makers and influencers, developing advocacy messages, and establishing an action and monitoring framework.

The completed National SMART Advocacy Action Plan provides the strategic foundation for implementation. There is, however, a need for a practical implementation-oriented toolkit that enables the Core Team and advocacy partners to translate the agreed SMART Advocacy strategy into targeted decision-maker engagement, policy dialogue, follow-up, tracking of commitments and adaptive advocacy action.

The proposed toolkit will therefore complement, rather than replace, the existing SMART Advocacy User Worksheet and Action Plan. It will focus specifically on how to implement the agreed advocacy strategy and move identified policy or financing decisions forward.

The toolkit will be adapted to the Ethiopian institutional and policy context, with particular relevance to maternal and newborn health and the institutionalization of the National Midwifery Model of Care (MMoC). It should be practical, user-friendly and suitable for use by government counterparts, professional associations, UN agencies, civil society organizations, development partners and members of the National SMART Advocacy Core Team.

2. Purpose of the Consultancy

The overall purpose of the consultancy is to develop a practical, user-friendly and contextually appropriate Ethiopia SMART Advocacy Implementation Toolkit that supports stakeholders to translate an agreed SMART Advocacy Action Plan into effective policy engagement, decision-maker engagement, follow-up, monitoring and adaptive action.

The toolkit should provide practical tools and templates that enable users to:

- Translate an agreed SMART Advocacy objective into a clear policy or financing decision.
- Clarify and communicate the specific advocacy ask.
- Map the decision-making pathway and identify relevant authorities and influencers.
- Prepare targeted decision-maker engagements.
- Develop evidence-based advocacy messages.
- Record and follow up on commitments and agreed actions.
- Track progress toward policy and financing decisions.
- Identify barriers and undertake course correction where advocacy is not progressing.
- Support routine review and coordination by the SMART Advocacy Core Team.

3. Specific Objectives

The consultant will be expected to:

1. Review the completed National SMART Advocacy Action Plan, workshop outputs, monitoring framework and other relevant advocacy materials to understand the agreed advocacy objective, ask, stakeholders, actions and milestones.
2. Develop a practical implementation toolkit that bridges the gap between SMART Advocacy strategy development and implementation.
3. Adapt the toolkit to the Ethiopian MNH/MMoC advocacy context while ensuring that the tools can also be applied to other relevant advocacy priorities.

4. Develop practical templates and worksheets for decision-maker engagement, advocacy messaging, engagement documentation, policy decision tracking, monitoring and course correction.
5. Incorporate an implementation and decision-making pathway that reflects the Ethiopian health-sector context while recognizing that institutional approval routes may differ depending on the policy or financing decision.
6. Develop a worked example demonstrating how the toolkit can be applied to the National MMoC advocacy objective.
7. Facilitate consultation and validation of the draft toolkit with relevant stakeholders, including the National SMART Advocacy Core Team and relevant Ministry of Health counterparts.
8. Finalize the toolkit based on stakeholder feedback and provide recommendations for its practical use and institutionalization.

4. Scope of Work

The consultant will work under the coordination of CORHA and technical guidance of UNFPA Ethiopia, in close consultation with MoH and key national stakeholders, across three main phases structured within the 10-day level of effort:

4.1 Phase 1: Inception and Technical Desk Review (2 Days)

- The consultant will conduct a comprehensive desk review of the National SMART Advocacy Action Plan, workshop reports, user worksheets, monitoring frameworks, and Ethiopia-specific MNH/MMoC policy documents. Based on initial briefings with CORHA, UNFPA, and selected Core Team members, the consultant will prepare a concise Inception Note outlining the methodological approach, proposed toolkit outline, stakeholder engagement plan, and workplan.

4.2 Phase 2: Toolkit Development & MMoC Worked Example (5 Days)

The consultant will draft a practical, user-friendly implementation toolkit that translates the national SMART Advocacy strategy into action. The draft will integrate core operational tools and a practical worked example demonstrating application to the national MMoC advocacy priority:

- **Implementation and Decision Pathway:** Mapping federal/regional health policy processes, decision-maker entry points, and approval routes.
- **Engagement and Messaging Tools:** Practical templates including Decision-Maker Cards, Conversation Planners, Engagement Records, and Evidence-Emotion-Ethics (EEE) Message Builders.

- **Tracking and Adaptive Management:** Policy Decision Trackers, Action Plan-to-Engagement Matrices, Monitoring Dashboards, and Course-Correction mechanisms.
- **Core Team Review Mechanism:** Periodic review and reflection tools for the multi-sectoral SMART Advocacy Core Team.
- **Ethiopia MMoC Worked Example:** A concrete case study illustrating step-by-step application of the toolkit to the National MMoC endorsement objective.

4.3 Phase 3: Stakeholder Consultation, Validation & Finalization (3 Days)

The consultant will facilitate a consultative workshop and validation session with key stakeholders, including the National SMART Advocacy Core Team, Ministry of Health counterparts, the Ethiopian Midwives Association (EMwA), Maternity Foundation, CORHA, and UNFPA. Stakeholder inputs will be documented and incorporated to produce the final, validated SMART Advocacy Implementation Toolkit along with brief User Guidance.

5. Key Deliverables

The consultancy deliverables are structured across the 10-day level of effort as follows:

Deliverable	Description	Level of Effort
1. Inception Note & Workplan	Inception report covering methodology, proposed toolkit structure, consultation plan, document review findings, and detailed workplan.	2 Days
2. Draft Toolkit & MMoC Worked Example	First draft of the SMART Advocacy Implementation Toolkit containing all core engagement tools, tracking templates, and the Ethiopia MMoC worked example.	5 Days
3. Consultation & Validation Workshop Reports	Facilitation of stakeholder consultation and validation workshops and documentation of feedback.	1.5 Days
4. Final Validated Toolkit & Brief User Guidance	Final, user-friendly validated toolkit incorporating all stakeholder inputs, accompanied by concise user guidance for the Core Team., including recommendations for the	1.5 Days

practical use and institutionalization of the toolkit and the outcome of the practical testing of selected tools.

6. Human Rights, Inclusion and Standards of Conduct

The toolkit and the consultancy process should be guided by a human rights-based approach and the commitment to leave no one behind. In particular, the consultant will:

- Ensure that the tools and the worked example reflect gender equality and the inclusion of women and girls, adolescents and youth, persons with disabilities and other underserved groups, and promote the meaningful participation of midwives and affected communities in advocacy processes;
- Apply the “do no harm” principle in advocacy engagement, including attention to confidentiality, political sensitivities and the safety of advocates and communities; and
- Observe the standards of conduct applicable to personnel engaged by UNFPA implementing partners, including the prevention of sexual exploitation and abuse (PSEA), sexual harassment, fraud and corruption, and the confidentiality of information accessed during the assignment.

7. Key Principles for Development of the ToolKit

The consultant should ensure that the toolkit:

- Is practical and action-oriented rather than primarily theoretical
- Complements and does not duplicate the SMART Advocacy User Worksheet
- Is designed for use after completion of the SMART Advocacy planning process
- Is decision-maker centered
- Uses evidence-based and concise advocacy messaging
- Promotes clear asks and specific commitments
- Tracks policy movement and incremental advocacy wins
- Supports adaptive management and course correction
- Is appropriate for use by government and non-government stakeholders
- Reflects the Ethiopian institutional context
- Avoids assuming that all policies follow the same approval pathway
- Uses clear and accessible language
- Integrates gender equality, human rights and inclusion considerations
- Includes user-friendly templates that can be printed or used electronically.

8. Methodology

The consultant is expected to apply a participatory and consultative approach, including:

- Desk review of relevant documents and advocacy resources
- Consultations with UNFPA, the implementing partner and relevant stakeholders
- Review of the completed SMART Advocacy Action Plan and workshop outputs
- Development and iterative review of the toolkit
- Practical testing of selected tools where feasible
- Stakeholder validation and
- Incorporation of feedback into the final product.

The consultant may draw on relevant international SMART Advocacy and advocacy implementation resources, including decision-maker-centered advocacy and policy implementation approaches. Any external resources should be appropriately acknowledged and adapted to the Ethiopian context rather than replicated.

9. Supervision and Coordination

The consultant will work under the overall coordination of CORHA, with technical guidance and quality assurance from UNFPA Ethiopia.

The consultant will work closely with:

- UNFPA Ethiopia Advocacy/Programme team
- National SMART Advocacy Core Team
- Relevant Ministry of Health counterparts
- Ethiopian Midwives Association and other relevant professional associations, as appropriate
- CORHA and other relevant civil society partners and
- Other stakeholders identified during the consultancy.

The final toolkit will be subject to technical review and approval by the designated representatives of the implementing partner and UNFPA Ethiopia.

10. Duration and Level of Effort

The consultancy is estimated at 10 working days spread over a period of 3 weeks, commencing upon contract signature.

A proposed indicative schedule is:

Phase

Timing

Days

Phase 1: Inception, document review & workplan	Week 1	2
Phase 2: Drafting toolkit & MMoC worked example	Weeks 1	5
Phase 3: Stakeholder consultation & validation	Week 2	1.5
Phase 3: Revision, finalization & user guidance	Week 3	1.5
The final workplan will be agreed during the inception phase. Week 3		2

11. Required Qualifications and Experience

The consultant should have:

- An advanced university degree in public health, health policy, social sciences, development studies, communications, international development or another relevant field;
- At least 7 years of relevant professional experience in advocacy, policy analysis, health policy, strategic communication, governance, resource mobilization or related areas;
- Demonstrated experience in developing advocacy strategies, toolkits, implementation frameworks, policy briefs or similar practical resources;
- Strong understanding of evidence-based advocacy and decision-maker engagement;
- Demonstrated experience translating strategic frameworks into practical tools and implementation mechanisms;
- Experience working with government institutions, UN agencies, civil society organizations and/or development partners;
- Knowledge of the Ethiopian health and policy environment, particularly maternal and newborn health, SRHR, midwifery or health financing, is required;
- Experience facilitating stakeholder consultations and validation workshops;
- Excellent analytical, writing, facilitation and communication skills in English and
- Demonstrated ability to deliver high-quality outputs within agreed timelines.

Experience with SMART Advocacy methodology or comparable advocacy approaches will be considered an advantage.

12. Required Competencies

The consultant should demonstrate:

- Strong analytical and strategic thinking;
- Excellent advocacy and policy analysis skills;
- Ability to translate complex technical information into practical and user-friendly tools;

- Strong stakeholder engagement and facilitation skills;
- Excellent written and oral communication;
- Attention to detail and quality assurance;
- Ability to work collaboratively with diverse stakeholders;
- Understanding of government decision-making and policy processes;
- Ability to work independently and meet deadlines; and
- Commitment to evidence-based, inclusive and ethical advocacy.

13. Inputs and Support to be Provided

CORHA and UNFPA Ethiopia will provide, as appropriate:

- Relevant National SMART Advocacy Action Plan and workshop outputs
- Existing SMART Advocacy materials and relevant reference documents;
- Relevant Ethiopia-specific policy and programme documents;
- Access to relevant technical stakeholders for consultation;
- Technical feedback and review of draft deliverables; and
- Support in organizing stakeholder validation/consultation sessions, including the venue and related workshop logistics

14. Reporting and Quality Assurance

The consultant will submit deliverables electronically in editable formats, with templates designed for both print and electronic use.

Each deliverable will be reviewed by the designated technical team. The consultant will incorporate consolidated comments and submit revised versions within the agreed timeframe.

The final toolkit should be technically accurate, internally consistent, practically usable and aligned with the agreed National SMART Advocacy Action Plan.

15. Payment Schedule

Payment will be linked to satisfactory completion and approval of agreed deliverables.

An indicative payment structure may be established as follows:

Milestone	Payment
Deliverable 1: Inception Note and Workplan approved	20%

Deliverable 2: Draft Toolkit & MMoC Worked Example submitted	40%
Deliverables 3 & 4: Consultation/Validation completed and Final Validated Toolkit with User Guidance approved	40%
Total	100%

The final payment schedule will be determined by CORHA in accordance with applicable contractual procedures.

16. Application Requirements

Interested consultants should submit:

1. Updated CV demonstrating relevant qualifications and experience;
2. Letter of interest describing relevant experience and understanding of the assignment;
3. Technical proposal outlining the proposed methodology, approach and workplan;
4. At least 2 relevant samples of previous work, preferably advocacy toolkits, implementation frameworks, policy/advocacy resources or similar products; and
5. Financial proposal indicating the professional fee (stating clearly whether the fee is all-inclusive) and any other applicable costs, itemised separately.

17. Important Technical Note

The consultant should treat the National SMART Advocacy Action Plan as the primary reference for the agreed advocacy objective, activities, timelines and responsibilities. The toolkit is intended to support implementation, decision-maker engagement, tracking, adaptation and learning. It should not replace or reproduce the SMART Advocacy User Worksheet, Ministry of Health procedures or formal government approval requirements.

Institutional titles, decision-making authorities, approval routes and timelines should be verified with the relevant government counterparts before inclusion in the final toolkit or use during advocacy engagements. The final toolkit should be developed as a practical implementation resource, with sufficient flexibility to be applied to the MMoC advocacy process and adapted for other MNH/SRHR advocacy priorities in Ethiopia.