

ANNEX II: TERMS OF REFERENCE

Implementation of Health Sector Response to Gender Based Violence model in Sari-Pul, Logar, Takhar, Ghazni, Wardag, and Urozgan provinces

1.0 Purpose

The purpose of this RFP is to find qualified Non -Governmental Organizations with experience in the implementation of SEHATMANDI program for the implement of health sector response to GBV model in six provinces mentioned above.

2.0 Background

Violence against women is widely spread in Afghanistan; according to Afghanistan Demographic Health Survey 2015 up to 56% of ever-married women have suffered from spousal violence, 46% from physical, 6% sexual, 34% emotional and 53% of them have ever experienced physical violence since age 15. 16% of women age 15-49 reported that they experienced violence during pregnancy. Adverse public health effects of GBV include exposure to sexually transmitted infections, gynecological fistula, unwanted pregnancy, psychological sequelae, chronic pain, physical disability, and substance abuse.

Numerous studies show that in most cases survivors of Gender Based Violence require multi-level assistance from health service providers. The Assessment of Services Provided to Victims of Gender Based Violence by State and Non-state Agencies in Nangahar, Bamyan and Kabul provinces commissioned by UNFPA in Afghanistan as part of expert support provided by UNFPA to the Ministry of Public Health (2011), found that healthcare facilities in rural and urban areas were often the only chance for GBV survivors to seek assistance and protection outside of family circle but on the other side healthcare facilities in all mentioned areas presented an impasse in the referral and reporting network that connected agencies working in the field of GBV response.

UNFPA Afghanistan country office has mobilized funds from different donors to support the implementation of health sector response to GBV as a part of National Gender and Human Right Strategy of the Ministry of Public Health. The Program aims to contribute in creating safe and non-violent environment for women and girls in Afghanistan. The immediate objective is the establishment of Family Protection Centers as service hubs in provincial hospital, referral path and assistance services for GBV victims who are coming through the health facility entry point. Overall the concept will be applied in culturally sensitive manner and with very cautious approach.

3.0 OBJECTIVES OF THE PROGRAM

To increase access and utilization of GBV prevention and response services in six targeted provinces in Afghanistan.

3.1. Output 1: Strengthened capacity for GBV response within the health sector in six provinces

3.2. Output 2: Increased access to GBV information and response services in health, legal, police and protection in each province by GBV survivors

The following are the indicators against which progress will be measured

3.1 Output Indicator for six provinces

1. 62% of health facilities (including hospitals and Comprehensive Health Centres – CHCs) offering the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in the six targeted provinces have functional capacity (staff trained, have and use SOPs and data collection tools and refer cases) for management and referral of GBV survivors.
2. Number of health-care providers (disaggregated by sex) trained in GBV management in the six new provinces:
 - a. 900 health-care providers trained in GBV SOP/Data Collection
 - b. 900 health-care providers trained in GBV psychosocial counselling
 - c. 50 forensic medicine focal points received training on forensic evidence collection.
 - d. 150 non-health actors from the six new provinces trained in health sector response to GBV.
3. 6 FPCs established to provide survivor-centred GBV response services in the six new provinces.
4. 62% of district hospitals and CHCs provide integrated GBV response services, including clinical case management and psychosocial counselling, and referrals in the six new provinces
5. 6,000 GBV survivors reached with GBV-related services each year, by type of service
6. Existence of functional GBV referral networks (health, police, legal and social/protection sector) in each FPC and the district hospitals and CHCs.
7. The existence of GBV case management structures functional in support of each FPC and its referral network in each of the six provinces.

4. SCOPE OF WORK

4.1. To contribute to the achievement of the above results the bidder is expected to provide technical assistance and implement the following activities in a span of three years. This should be clearly demonstrated in the proposal.

4.2. Maintain and further improve the quality of services provided to GBV survivors by Health care workers in Sari-Pol, Takhar, Wardag, Logar, Urozgan and Ghazni provinces. This will entail:

1.0 Capacity development of targeted institutions and duty bearers

- 1.1 Refurbish and maintain rooms/facilities housing the Family Protection Centres
- 1.2 Procure/ maintain equipment for GBV services in six FPCs and selected health facilities based on assessment report
- 1.3 900 health workers in health sector response to GBV SOP
- 1.4 900 health workers in GBV psycho-social counselling
- 1.5 Orient other actors in GBV psychosocial counselling
- 1.6 150 health workers in forensic evidence collection/management
- 1.7 Recruit staff for FPC management in the province
- 1.8 Develop FPC Design and Implementation Manual

2.0 Support expansion/provision of survivor-centered GBV services

- 1.1 Recruit 3 technical staff for FPC to provide GBV services and mentor health workers
- 1.2 Procure medical supplies for GBV services in the six FPCS
- 1.3 Provide forensic services to GBV survivors in hospital with FPC

- 1.4 Develop/adapt functional GBV referral system for each province
- 1.5 Facilitate GBV referrals
- 1.6 Establish and conduct monthly GBV Case Management Meetings
- 1.7 Conduct community dialogue on GBV prevention and response

3.0 Knowledge management for GBV programming

- 3.1 Procure computers and IT materials
- 3.2 Conduct field monitoring visits
- 3.3 Document Practice Examples/Case studies (video & text)
- 3.4 Conduct Annual GBV Programme Review Meetings
- 3.5 Conduct End of Project Evaluation of the GBV programme

3.4 Beneficiaries

1. GBV survivors, who will be able to receive quality GBV prevention and response services
2. Health workers whose competencies in GBV case management and psycho-social counseling will be improved.
3. Government (MoPH, MoWA, MoI) at national and provincial levels, and selected Implementing Partners whose institutional and management capacities for GBV programming will be enhanced through the various activities.

3.5 Geographic focus

Sari-Pul, Logar, Takhar, Ghazni, Wardag, and Urozgan provinces

5.0 ROLES AND RESPONSIBILITIES

5.1 UNFPA

Under the overall guidance of the UNFPA Representative and Head of the Gender Unit and direct supervision of the UNFPA National Programme Analyst and with closed coordination with the Gender and Human Right department of MOPH the selected organization will carry out the project in close co-ordination with all relevant stakeholders. UNFPA Program Analyst will have the overall responsibility for the day to day monitoring and for the coordination with the selected organization and ensuring quality control? More specifically, UNFPA will be responsible for the following:

- Ensuring that the selected organization understands the ToR and knowledgeable of the UN policies and procedures of IP management.
- Train the IP on financial management
- Ensure the standards of Evaluation and Assessment are implemented by the implementing partner;
- Setting up appointments and preparing letters of introduction to be provided by the implementing partner to concerned agencies.
- Coordinating and providing timely feedback and inputs on draft versions of quarterly and annual progress reports that will be provided by IP;
- Cooperation with implementing partner on risk mitigation of the project ;
- Ensuring payments to selected IP are made against results (expected outputs);
- Ensuring that the project team understands the norms, standards and the ethics that should guide the project;
- Following up on the project management and timely submission of the project documents.
- Annual audit by UNFPA external auditors

5.2 Implementing partner

The selected organization will have the overall responsibility of the implementation of the project at the field level, the project is focusing on the capacity building of healthcare providers in GBV, ensuring quality GBV services provision, knowledge management, and awareness raising campaign, and ensure UNFPA visibility in the implementation of the UNFPA projects at the field level.

The selected organization will appoint a Team Leader to take overall responsibility for management process and focal point for coordinating and communicating with UNFPA. The selected IP will also be responsible for logistics management of activities. In particular: Liaise with UNFPA to ensure that the project is carried out as per the work plan approved by UNFPA.

- Provide leadership and coordination to activities and team in focus provinces including: coordinating and leading weekly team meetings.
- Coordinate closely with the provincial level field staff
- Implement above mentioned activities based on the approved work plan with UNFPA.
- Supervise and report back to UNFPA on quarterly basis as per monitoring plan and timeline agreed upon.
- Submit Funding Authorization & Certificate of Expenditure (FACE) forms on a timely manner for advances

5.3 Visibility of the project activities

Visibility for the program is a very important segment of the project implementation. The implementing partner will ensure that the contribution of UNFPA and donor are acknowledged.

6.0 MONITORING PROCESS:

Based on the agreed work plan the implementing organization should carry out the activities specified in the work plan and agreed upon with UNFPA. **The monitoring of the project will be carried out by UNFPA, Implementing Partner, Ministry of Public Health and Ministry of Women Affairs as per the agreed work plan.**

In the event that the consulting organization does not achieve the agreed outputs and deliverables in the scope of work, UNFPA in consultation with related government partner (MOPH and MOWA) will make an informed decision on whether to terminate the agreement or take other remedial action. Such a decision will be based on past progress, the existence of extraneous constraints, challenges, and impediments. UNFPA in partnership with MOPH and MOWA will monitor the process and take necessary actions when required. Termination clause will be clearly stipulated in the IP agreement.

7.0 REPORTING REQUIREMENTS:

The following reports should be submitted by the Implementing Partner :

1. Monthly update to UNFPA, MOPH, MOWA focal point.
2. Quarterly progress report.
The quarterly technical and financial report will be submitted to UNFPA by 10th of the month following the end of the quarter Annual Report: the technical and financial annual report will be submitted to UNFPA within one month after completion of the year.

Annex: List of useful documents

1. Country Programme Action Plan.
2. Concept note of Health Sector Response to GBV.
3. UNFPA Assessment on services provided to GBV surveyors by state and non-state actors.