

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

TERMS OF REFERENCE (to be completed by Hiring Office)	
Hiring Office:	UNFPA Egypt CO
Purpose of consultancy:	<p>Development of GBVAWG /RH integrated models and guidelines for the health care facilities</p> <p>UNFPA's mandate is multifaceted, encompassing the prevention and response to Gender-Based Violence Against Women and Girls (GBVAWG), meeting Reproductive Health (RH) needs, and empowering young people, including those with disabilities, especially in emergency situations. UNFPA is committed to achieving three transformative results by 2030:</p> <ul style="list-style-type: none"> · Ending preventable maternal death · Ending the unmet need for family planning · Ending gender-based violence and harmful traditional practices <p>It is important to note that in the UNFPA's Strategic Plan, the organization's outcomes have been structured and designed to reduce the programmatic siloes of RH and GBVAWG interventions; instead, the outcomes and outputs are organized by "services" and "policies," which demonstrates the intended organizational shift toward better integration and more holistic programming for women, girls, and young people.</p> <p>UNFPA collaborates with key national stakeholders and various sectors to establish standards of services and mainstream Gender-Based Violence Against Women and Girls across all sectors. The integration of GBVAWG and RH services into a unified, comprehensive training and services package, will create an opportunity to reduce barriers in accessing services and optimize resource utilization.</p> <p>The integration of GBVAWG and RH approaches can help increase women and girls' access to high-quality GBVAWG and RH services in an effective and efficient manner as per UN standards, expanding the reach and impact of these lifesaving services. This can be undertaken by applying integrated GBVAWG -RH approaches to existing GBVAWG and RH activities.</p> <p>The integration of GBVAWG and RH services is grounded in a human rights-based approach, emphasizing the necessity to provide a comprehensive range of health and protection services. This model ensures that women receive a continuous stream of both preventive and curative services tailored to their specific needs. Despite this, the connection between GBVAWG and RH, particularly in relation to women's health, is frequently overlooked and is a missed opportunity. This oversight can be attributed to several factors such as: a lack of awareness or recognition of the importance of these linkages, insufficient time allotted by service providers to deliver a full array of services, and the limited capacity of healthcare providers who may dismiss violence against women as a social issue rather than a public health concern. There are also additional factors related to social and cultural factors hindering public access to information, services and opportunities.</p> <p>Many healthcare providers in Egypt do not get the necessary training such as CRM, Mental Health Support to identify, manage, or refer to a wide range of gender-centered harmful practices, including abuse, which often leads to missed signs of GBVAWG. Few are equipped with the appropriate training to handle GBVAWG in an ethical and effective manner. Nevertheless, healthcare providers frequently serve as the entry/fist point for survivors, and healthcare organizations, especially those providing RH services, have the potential to not only enhance the quality of women's healthcare but also to address their needs and ensure their safety when they are exposed to violence. The medical response to GBVAWG, including domestic violence, is heavily dependent on the preparedness of both the health facility and the care providers to support violence survivors.</p> <p>Objective:</p> <p>The primary objective of this assignment is to develop detailed essential guidelines for the integration of GBVAWG and RH services. These guidelines should provide a structured, needs-based and evidence-based approach for healthcare facilities and service providers to effectively identify, manage, and support GBVAWG survivors within the context of RH services.</p> <p>The guideline should also include required criteria, gaps in services, standards, skills and capacities to be introduced in the health care facilities in addition to a capacity development plan for a GBVAWG -SRH integrated model along with suggested topics</p>
Scope of work: <i>(Description of services, activities, or outputs)</i>	<ol style="list-style-type: none"> 1. Mapping/assessment of the current services provided by UNFPA and Implementing Partners and potential areas for integration. 2. Conduct needs assessment and identify priority areas (governorates/districts) for integration. 3. Conduct a needs assessment among women at risk of GBVAWG and local GBVAWG service providers on gaps in services, challenges in accessing RH and GBVAWG services at the local level 4. Conduct a situational and risk analysis to:

	<ul style="list-style-type: none"> ● Ensure that integration does not increase the risks of GBVAWG ● Ensure that integration does not come at the expense of specialization (i.e. dilution of service quality, increasing the risk that implementation will not align with minimum standards and guiding principles) ● Determine the capacity of the service providers, and assessing knowledge and attitudes that could affect service quality ● Ensure that integration does not reduce access to GBVAWG and/or RH programmes and services (e.g. in contexts where a specific activity is very sensitive, integration with other services may actually reduce access to the integrated package of services) ● Determine which GBVAWG and RH services can be integrated ● Identify the healthcare facilities where this integration can occur as per a set of criteria to be approved by UNFPA ● Understand the current practices and challenges related to RH and GBVAWG integration among partners ● Determine which additional national and/or local partners will be involved in the process ● Ensure inclusion of marginalized or at-risk groups in integrated GBVAWG and RH approaches such as refugee and new arrivals ● Apply an intersectional lens to address the diverse experiences and needs of adolescent girls, women and girls with disabilities, postmenopausal women and older women <p>5. Engage with key partners and stakeholders to gather insights, expectations, and best practices. The engagement should cover Focus Group Discussions, and consultations with national partners to collect feedback and insights on the data collected, and to endorse the findings.</p> <p>6. Develop draft guidelines/SOPs that include:</p> <ul style="list-style-type: none"> ● Clear roles and responsibilities for each sector and coordination mechanism ● Protocols for the ethical management and referral of GBVAWG survivors including identification of GBVAWG case, reporting and referral procedures ● Capacity Development Plan for capacity building and training of partner staff on comprehensive packages <p>7. Organize a final national validation workshop with partners to review and refine the draft guidelines/SOPs</p> <p>8. Finalize the guidelines/SOPs based on feedback and prepare a comprehensive report documenting the process and recommendations</p> <p>Deliverables:</p> <ul style="list-style-type: none"> ● A situational and risk analysis report detailing current practices and challenges.(part of it should be the mapping and priority areas) ● Draft guidelines/SOPs for RH and GBVAWG integration with partners. ● A validation workshop and summary of partner feedback. ● Finalized guidelines/SOPs. ● A final report summarizing the methodology, findings, and recommendations for sustainability and scalability.
Duration and working schedule:	The assignment is expected to be completed within six months from the start date.
Place where services are to be delivered:	
Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	The consultant should deliver a written report in English after each task as per the mentioned scope of work.
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	<p>Submission of reports after each deliverable to UNFPA.</p> <p>As per the above scope of work, the following reports will be submitted:</p> <ul style="list-style-type: none"> - A situational and risk analysis report detailing current practices and challenges - Draft guidelines/SOPs for RH and GBVAWG integration with partners - A validation workshop report and summary of partner feedback. - Finalized guidelines/SOPs. - A final report summarizing the methodology, findings, and recommendations for sustainability and scalability.
Supervisory arrangements:	The consultation will be supervised by the GBVAWG & RH Services Analyst
Expected travel:	

<p>Required expertise, qualifications and competencies, including language requirements:</p>	<p>The consultant must offer the following demonstrated experience, knowledge and competencies:</p> <ul style="list-style-type: none"> - Advanced University degree in social/development Sciences/international development /public health or other related areas - At least 7 years' experience in development related programme management, coordination and/or evaluation - Significant knowledge and experience in RH and in GBVAWG - Knowledge of the Egyptian context, structures and stakeholders is a strong asset - Strong analytical, writing and communication skills, including ability to produce high quality, practical and user-friendly guidelines. - Excellent writing and reporting skills in both English and Arabic <p>Submission Requirements: Interested candidates should submit the following:</p> <ul style="list-style-type: none"> ● Technical proposal outlining the approach, methodology, and timeline ● Financial proposal with a detailed budget breakdown ● Portfolio of relevant past projects and client references ● Profiles of the key personnel who will be involved in the project
<p>Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable:</p>	<p>NA</p>
<p>Other relevant information or special conditions, if any:</p>	<p>Terms of Payment:</p> <ul style="list-style-type: none"> ● 30% upon submission of the situation and risk analysis report ● 30% upon submission of the report of the validation workshop ● 30% upon submission of the final guideline and SOP ● 10% upon submission of the final report
<p>Signature of Requesting Officer in Hiring Office:</p> <p>Date: DocuSigned by: <i>Rasha Hafiz</i> 467EC7B56E074EF...</p>	

28-Nov-2024