

Terms of Reference

CIVIL SOCIETY ORGANIZATION TO SUPPORT COMMUNITY-BASED EMERGENCY HEALTH CARE AND PSYCHO-SOCIAL SUPPORT FOR CHILD SURVIVORS OF SEXUAL VIOLENCE

REFERENCE NO:

Supporting emergency health and psycho-social support for child survivors of sexual violence through: (a) training of health workers on child-friendly services for survivors of sexual violence, (b) health facilities which provide safe spaces for child survivors of sexual violence, and (c) counselling and psycho-social support to child survivors and those at risk of sexual violence in Kamwenge and Kabarole Districts.

1. Introduction

Child protection continues to be a critical challenge in Uganda, given that approximately 22 percent of Ugandan children live in income-poor households (Government of Uganda, 2015; Ministry of Gender, Labour, and Social Development and UNICEF 2015). 43 percent of children are considered moderately vulnerable and 8 percent critically vulnerable (MGLSD 2011 and UBOS, 2014a). Different manifestations of vulnerability include maternal death, disability, child labor, and pregnancy before age 18.

A large number of children remain exposed to abuse, exploitation, and violence. VAC involves physical, emotional, and sexual violence against girls and boys. VAC mostly manifests as at least one of six main types of interpersonal violence that occur at different stages in child development (WHO, 2016). This includes maltreatment and violent punishment, bullying, youth violence, Intimate Partner Violence (IPV), sexual, emotional and witnessing violence. VAC takes place within the family, in schools, and in community settings (USAID 2015).

Adolescent girls are particularly vulnerable to sexual abuse in Uganda. 58 percent of 15-19 year old girls have experienced physical or sexual violence in the last twelve months (Uganda Demographic and Health Survey, 2012). For many adolescent girls, their first sexual intercourse is forced – one factor – alongside limited SRH knowledge - that contributes to, a national teenage pregnancy rate of 24.8 percent among girls aged 15-19 years (DHS, 2012). Rural adolescent girls face additional challenges due to gendered social norms that place high value on girls' reproductive capabilities while reinforcing harmful practices such as early and forced marriage.

Negative social norms and attitudes in families as well as parenting practices play a strong role in perpetuating a culture of impunity for perpetrators of violence against children and adolescents. This is exacerbated by a high social tolerance of GBV more generally. For instance, the 2011 DHS found that 58 percent of all Ugandan women aged 15-49 believe that wife beating is justified for at least one specified reason (e.g. if she burns the food, argues with him, among others). Furthermore, Intimate Partner Violence and other forms of abuse experienced by children and adolescents are perpetuated by more systemic conditions, such as poor law enforcement, poor access to SRH services for adolescents; lack of trained personnel to handle cases of violence, barriers to accessing care, and weak coordination among sectors responsible for child protection (UNICEF, 2014). Administrative data from the Uganda Police Force (2013-2014) indicates that defilement is one of the leading crimes against children reported.

The Government of Uganda has also faced numerous challenges in managing and mitigating the risks of VAC and GBV associated with sectoral development projects. For instance, labor influx associated with large infrastructure projects can exacerbate risks of GBV and VAC in project areas, including child labor,

forced and early marriage associated with sexual assault and defilement, sexual exploitation, rape and transactional sex (World Bank, 2015). To address the adverse social impacts of transport projects, including worker's sexual relations with minor girls, the GOU is supporting a series of measures for child survivors and those at risk of sexual violence in the project sites, including community prevention of VAC and GBV and effective referral systems for survivors.

The Ministry of Gender, Labour, and Social Development (MGLSD) in collaboration with the World Bank will implement a project to enhance response services and support violence prevention programs for child survivors and those at risk of sexual violence in Kamwenge and Kabarole Districts. The project is comprised of the following components: 1) enhancing response and prevention services for child survivors of sexual violence, and 2) supporting national and sub-national capacity for coordination and policy implementation.

Specifically component 1 will: 1.1) provide training on child-friendly services for survivors of sexual violence, case management, and community outreach. This includes testing a model for the delivery of the Minimum Package of Services (MPS) comprised of emergency health, psycho-social support and justice and policing services in selected locations and 1.2) prevention of VAC and GBV through economic empowerment, life skills, and gender transformative training interventions for child survivors and those at risk of sexual violence. In addition, this component will carry out community mobilization and social campaigns that reduce tolerance to GBV and VAC.

Component 2 will carry out a program of activities designed to strengthen the capacity of the MGLSD to coordinate, monitor, and ensure quality and accessibility of services provided under component 1 of the project.

2. Objective of the Work

The aim of this work is to support the MGLSD and Ministry of Health in carrying out a set of activities to enhance health services and psycho social support for child survivors and those at risk of sexual violence and their guardians in Kamwenge and Kabarole Districts.

The specific objectives are to:

- (a) Carry out training of health workers on child-friendly services for survivors of sexual violence
- (b) Support health facilities to provide safe spaces for child survivors of sexual violence
- (c) Provide counselling and psycho-social support to child survivors and those at risk of sexual violence in Kamwenge and Kabarole Districts.

The organization to be procured competitively in accordance with Government of Uganda and World Bank procurement regulations will sign an agreement with the MGLSD to undertake specified tasks working closely with the Community Based Services Department (CBSD) and the Department of Health Services in Kamwenge and Kabarole Districts.

3 Specific Tasks for CSO:

The scope of services in this Consultancy shall include the following activities:

- a. Identifying service points and facilities in which to strengthen the Sexual and Gender Based Violence (SGBV) services in collaboration with the Department of Health Services
- b. Supporting existing SGBV services in at least two health facilities by creating/strengthening safe spaces for child survivors and those at risk of sexual violence

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- c. Equipping facilities with material to ensure confidentiality and privacy of child survivors of sexual violence
 - d. Training health personnel on gender responsive and child-friendly services and ethical record keeping in coordination with the Ministry of Health and the MGLSD
 - e. Increasing community awareness of GBV and VAC emergency health care by disseminating information on referral pathways and protocols within the health system and other sectors.
 - f. Training health care workers on psycho-social counseling by using techniques such as Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) in coordination with the Ministry of Health and the MGLSD. This includes follow-up of cases with referral to specialists as needed.
 - g. Collaborating with the District Action Center focal point in Kamwenge and Kabarole to ensure effective multi-sectorial service provision
 - h. Strengthening capacity of health staff and service providers to respond to GBV and VAC, including dissemination of existing guidelines and protocols on case management, filling police form 3A and preparation for court hearings.
 - i. Collecting data on child sexual violence cases in the facilities supported under the project.

4. Reporting Requirements, Specific Reports, and Time Schedules

The assignment “Support community-based emergency health case and psycho-social support for child survivors of sexual violence” will be for a duration of up to fourteen calendar months ending in November 2018.

In order to accomplish the assignment, it is the responsibility of the CSO(s) to establish a detailed work program within the above time frame, taking into consideration the estimated human resources and scheduling requirements needed. This should be guided by the CSOs’ professional judgment of the assignment’s requirements and knowledge of the local conditions and needs.

Reporting to the Permanent Secretary, MGLSD, the CSO (s) will provide outputs described above and deliverables described below and shall submit them in written (in English) and electronic copies at each stage for review and/or approval in accordance with the schedule of reporting indicated in Table 1. The CSO(s) shall also be required to submit monthly progress reports.

In its role of oversight and coordination, the MGLSD shall convene meetings as appropriate. The CSO(s) will be required to prepare background information or documentation for the meetings as needed, facilitate meeting discussions, and produce meeting reports.

The CSO(s) will be expected to deliver on the agreed Project Implementation Plan and monitoring of progress will be integrated in the routine monitoring schedule of the Project. CSOs will produce activity technical and financial reports as well as quarterly, semi-annual and annual reports.

Submissions will be addressed to the Permanent Secretary, MGLSD and should reach the office by the agreed upon reporting schedule and dates.

Table 1: Detailed schedule for Required Reporting

Item	Report/document title	Timing after commencement	Content	No. of copies
A.1	Draft Inception Report	3 weeks	The CSO(s) shall submit a draft Inception Report before the end of the <u>third week after commencement of the assignment</u> . The MGLSD will be given <u>1 week</u> for review and to provide comments.	3
	Final Inception report	6 weeks	The CSO(s) shall submit a draft Final inception report before the end of <u>6 weeks after commencement of the assignment</u> .	3
A.2	Annual Report	52 weeks (May 2018)	The CSO(s) shall submit an annual report (approximately 52 weeks after commencement of the assignment, May 2018), which shall include a detailed report of beneficiary recruitment for all project activities, preliminary results of all activities, an overview of beneficiaries engaged in project activities (descriptive statistics), and communications materials used to deliver awareness of the project. In addition, the CSO will present the project annual report at a national level workshop with national and sub-national government agencies. The MGLSD will be given <u>2 weeks</u> for review and approval. The CSO(s) shall be invited	3
A.3	Final Report	72 weeks (September 2018)	The CSO(s) shall submit a final report prior to project closing <u>by November 1st, 2018</u> and shall contain or include the following: a. Hard copies of all project materials.. b. Hard copies of all monitoring and evaluation materials and data. c. Revised final report inclusive and reflective of comments of the MGLSD and the World Bank (and the FCPF's FMT) and and/or other relevant stakeholders. d. Comments matrix indicating how the comments of the MGLSD, the World Bank, and/or other stakeholders were reflected. e. Electronic copies of all materials will also be submitted to the MGLSD.	3
A.4	Activity Reports	Periodically	The CSO(s) shall prepare and make presentations, including written and oral reports, to update MGLSD of activity progress, challenges to implementation, and any other relevant concern or success related to project implementation. In this respect, the CSO(s) will be expected to submit technical and	2

Item	Report/document title	Timing after commencement	Content	No. of copies
			financial reports for every activity/workshop together with the deliverables supported by or under which the said workshop was conducted. The CSO(s) will submit a consolidated report on all workshops detailing out the scope of consultations or training covered, key messages and lessons.	
A.5	Periodical reports	2 weeks before the end of a 3-months or 6-months period	<p>The CSO shall prepare periodical reports on a quarterly, semi-annual and annual basis. These reports shall provide progress on the implementation of annual work plans and detail of the assignment.</p> <p>All reports shall be submitted to the Permanent Secretary, MGLSD.</p> <p>All periodical reports shall indicate compliance with quality management standards</p>	2

4.1 Inception Report

The CSO shall submit an Inception Report be inclusive of the following:

- a. Technical note demonstrating understanding of child-friendly emergency health and psycho social care for survivors of sexual violence, including training of facilities staff on gender responsive and ethical record keeping, counselling and immediate psycho-social support.
- b. An outline of proposed approach/methods to enhance Sexual and Gender Based Violence (SGBV) services in health facilities, including safe spaces for child survivors and those at risk of sexual violence and functionality of referral pathways.
- c. Modalities for identifying service points and facilities in which to strengthen the SGBV services in collaboration with the Ministry of Health.
- d. Outline of plans for beneficiary recruitment and rapid description of health facilities and existing referral mechanisms.
- e. List of outputs and schedule for their delivery including budget.
- f. Proposed quality management and ethical standards in execution of the assignment.
- g. A detailed outline for monitoring and evaluation of project activities, including reporting and supervision structures, timeline, and tools needed/used
- h. Final plan confirming deliverables, timeframes, and budget.
- i. Proposed quality management and ethical standards in execution of the assignment.

The CSO may be invited by the MGLSD to make a presentation of the Inception report.

4.2 Formats of the Reports

All reports shall be submitted in both soft (*unlocked MS Word, PDF*) and hard copy. The reports should be clearly labeled i.e. title of the task indicated, for easy identification and documentation purposes. All reports shall be prepared in English language. The MGLSD will provide comments on each as indicated for each report, and the CSO(s) will only proceed thereafter. Materials may be translated in local languages as may be recommended or deemed necessary, on a case by case basis.

5. Deliverables

The CSO(s) shall submit deliverables as listed in Table 1 above.

6. Methodology

In order to accomplish the assignment, the CSO(s) shall propose a technical proposal for carrying out the proposed activities and how these efforts will be monitored throughout the duration of project implementation.

It is expected that the methodology that will be suggested by the CSO(s) for carrying out the proposed activities will include an extensive desk review of available secondary information and structured interactions with key stakeholders.

6.1 Quality Management

The CSO shall implement an acceptable quality management system either within the framework of their own organisations' quality assurance systems but tied specifically to this assignment. The CSO shall prepare a Project Quality Control Plan (PQCP) that defines how they intend to ensure key deliverables on time, within the acceptable budget and to the technical standards required. The PQCP should include: Work schedule and timelines controls; Budget and cost controls, technical verification and quality controls, document controls and quality records to be maintained. The World Bank and the MGLSD reserve the right to carry out audits to assess whether implementation process remains in compliance with acceptable quality standards.

7. Key Professional Staff

The staff to be provided by the CSO(s) shall be sufficient to cover all the phases of the assignment. The CSO(s) shall also provide other support staff, technical and non-technical, that are needed for the execution of the services. Given the specialized nature of services and interventions needed for catering for child survivors and those at risk of sexual violence, the selected CSO(s) should ensure staffing of the following key professionals and competencies:

Key Professional	Qualifications/competencies
Team leader	A Master's Degree in public health or related area and additional training in Project Management. She/He should meet the following qualifications: <ul style="list-style-type: none">• Over 10 years of proven experience on medical science, public health, social work, or other related social sciences.

	<ul style="list-style-type: none"> • Strong knowledge on integrating GBV in the health sector • Strong experience and track record of working with children and adolescents and child protection programming • Successful experience in effective management of informal and informal referral pathways linking health, judicial and police sectors • Demonstrated knowledge and experience of implementing projects in partnership with National and District stakeholders • Evidence of sound technical and financial management procedures • Monitoring and Evaluation expertise especially preparing good quality reports, documentation of good practices
GBV, VAC and Health Specialist	<p>A minimum of a Bachelor's degree in public health, social work, or other related social sciences. She/He should meet the following qualifications:</p> <ul style="list-style-type: none"> • Solid experience in child friendly services for survivors of sexual violence • Strong knowledge of GBV and health programming • Proven track record of working with the health sector and their duty bearers in GBV case management and follow-up • Knowledge of guidelines and standards for medical-legal response of GBV • Ability to incorporate elements of psycho-social counseling in emergency health care for child survivors of sexual violence • Experience of working in rural areas including Kamwenge and Kabarole districts
Psycho Social Support Specialist	<p>At least a Bachelor's Degree in social work, psychology or other related field. She/he should meet the following qualifications:</p> <ul style="list-style-type: none"> • At least 5 years of experience working with cases of child abuse and GBV • Proven experience in psycho-social counseling techniques such as the Cognitive Behavioral Therapy (CBT) as part of case management • Experience in working with health workers, Police, Local Councils and other duty bearers in case management and follow up • Ability to maintain confidentiality, respect, non-discrimination and safety of client at all times
Data/Information Management Specialist	<p>At least a Bachelor's Degree in Information Management, data collection and analysis. She/He should meet the following qualifications:</p> <ul style="list-style-type: none"> • Experience in documenting cases on GBV and/or VAC in health facilities • Ability to improve the capacity of other service providers in documentation of GBV cases • Knowledge of current national GBV and VAC case reporting and management information systems • Ability to track management of cases from various service providers along the referral pathway.

8. Transfer of knowledge

The project will promote skills development, documentation of lessons learned and good practices as well as knowledge sharing across beneficiary districts and key national stakeholders. As such, CSOs are expected to play a strategic role in improving and facilitating knowledge and evidence on community-based prevention of Violence Against Children and Gender Based Violence. In this regard the project should demonstrate how transfer of knowledge and information sharing will be promoted and enhanced.

The CSO will be required to submit a training plan to be embedded in the proposal and clearly state how various categories of adolescents, youth, children and the wider community shall benefit.

9. Logistics, facilities and services

The CSO shall be responsible for all logistical requirements, including but not limited to office space and furnishings, consumables, utilities, vehicles, transportation costs and costs of obtaining/acquisition of reports or other information/data.

10. Data/Information and services to be provided by the MGLSD

The Ministry will provide to the CSO with the relevant information for the execution of the assignment to promote community-based interventions for prevention of VAC and GBV in selected locations of Kamwenge and Kabarole Districts. The following documents shall be provided:

- (a) The National Policy for Elimination of Gender Based Violence in Uganda (2016)
- (b) The National Action Plan on Elimination of Gender Based Violence in Uganda (2016)
- (c) The National Early Childhood Development Policy (2016)
- (d) The National Referral Pathway guidelines for Gender Based Violence (2014)
- (e) The Children's Act (Cap 120) 2001
- (f) The Domestic Violence Act (2010) and its Regulations

In addition, the Ministry will provide assistance in obtaining any other information required from other Government Agencies and Local Governments which the CSO considers essential for the proper conduct of the assignment.