

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT TO REVIEW AND UPDATE THE BOTSWANA PROTOCOLS AND SERVICE STANDARDS FOR PREVENTION AND MANAGEMENT OF GBV FOR HEALTH CARE WORKERS

TERMS OF REFERENCE (to be completed by Hiring Office)	
Hiring Office:	Botswana Country Office
Purpose of consultancy:	<p>Background</p> <p>Gender-based violence (GBV) and other harmful practices violate human rights because they cause irreversible physical and emotional harm to women and girls. UNFPA and other UN agencies, work with the government of Botswana, civil society and other development partners to strengthen the prevention and response to GBV. In particular, UNFPA focuses on the prevention of sexual violence, addressing the inadequacies of national legislation, policies and strategies; and supports developing culturally sensitive and rights-based policies on GBV prevention and response, with a strong focus on SRH. Through advocacy and partnerships UNFPA provides technical support to strengthen institutional capacity of government and civil society actors in GBV response, particularly health care providers. In line with national strategies to strengthen integrated service delivery for RMNCAH services, UNFPA provides catalytic support to the Ministry of Health and Wellness in the scale-up of high-quality, inclusive, gender-sensitive integrated SRH/HIV and SGBV services. This includes ensuring that all people irrespective of their gender, sexuality and sexual behaviours have access to information and services that include a comprehensive set of SRHR/HIV and SGBV services to ensure optimal health outcomes at each visit.</p> <p>The Government of Botswana’s 11th National Development Plan (NDP11), Vision 2036, National Health Policies and their corresponding strategic frameworks articulate action towards the achievement of the country’s development goals including health and gender equality. The country subscribes to the Sustainable Development Goals (SDGs) and is signatory to a number of international and regional conventions that address GBV. The national legal framework for the response to GBV includes the Constitution of Botswana, the Penal Code and the Domestic Violence Act, the Marriage Act and the Abolition of Marital Power Act among others. The Botswana National Strategy Towards Ending GBV by 2020 serves as a policy document intended to guide a national multisectoral, decentralised and multilevel response to gender-based violence.</p> <p>The Botswana National Relationship Study (2018), shows that GBV remains high in Botswana. Thirty-seven (37%) of the women interviewed reported experiencing GBV at least once in their lifetime (emotional, physical and sexual) including intimate partner and non-partner violence. The study also reveals that a third (30%) of men reported perpetrating GBV in their lifetime. According to the study, women of reproductive age are more likely to experience intimate partner violence than older women. Domestic violence increased during the COVID-19 outbreak UNFPA,2020. Botswana Gender Based Violence Prevention and Support Centre (BGBVC) and Women Against Rape (WAR) reported an exponential increase in the demand for counselling, consultations and safe spaces in April-May during the national lockdown. However, tnational Relationship study has also shown that most people do not report cases of GBV due to stigma or shame, but often present to health facilities with injuries, without explicitly indicating themselves as victims of GBV.</p> <p>The increased risk for adverse SRH outcomes is heightened when sexual gender-based violence (SGBV) survivors do not receive comprehensive survivor-centered services including clinical management of rape such as access to post exposure prophylaxis to prevent unintended pregnancies, STIs and HIV infection. Barriers to addressing GBV include limited national capacity for provision of client-centered quality assured and sustainable prevention of GBV and services for victims and survivors of SGBV. This highlights the key role the health sector plays as a critical entry-point for addressing GBV, not only as a means for treating victims, but also for prevention. It underscores the need to strengthen capacities of health care workers to effectively prevent and respond to GBV, and provide strong referrals to other essential services (police, justice and social services) as needed and requested by the victim/survivor.</p> <p>In 2011, the Government of Botswana, through support from the UNFPA and WHO Botswana Offices, developed the Protocols and Service Standards for Prevention and Management of Gender Based Violence to guide the implementation of the male involvement in SRH, prevention and management of STI/HIV/AIDS and GBV. The main outcome of the protocol development was to improve the quality of care given by the health care providers and overall health services response to GBV in Botswana.</p>

	<p>The current protocol has been in implementation for a decade and therefore needs to be updated to align with new frameworks and global standards.</p> <p>Purpose of the consultancy</p> <p>The purpose of the consultancy is to review and update the current Protocol and Service Standards, to align it to the current national legal, policy, institutional and implementation frameworks; and adaptations to regional and global standards for strengthening violence against women (VAW) response and its integration in SRH and HIV services.</p>																																		
<p>Scope of work:</p> <p><i>(Description of services, activities, or outputs)</i></p>	<p>The revised protocol will be designed to assist the health care workers to identify, manage and refer victims and survivors of SGBV appropriately including screening and identification, examining and provision of comprehensive services according to national guidelines. The continuum of comprehensive services includes referrals to other essential services (police, justice, social services), collection and presentation of forensic evidence, using the newly launched Forensic Collection Kit, and finally giving evidence in a court of law.</p> <p>Specific tasks are to:</p> <ol style="list-style-type: none"> 1. Review the existing Protocol and Service Standards for Prevention and Management of GBV for Healthcare Providers (2011) against current national legal, policy, institutional and implementation frameworks; and adaptations to regional and global standards. 2. Update the Protocol and Service Standards for Prevention and Management of GBV for Healthcare Providers to align to integration agenda, national, regional and global standards. 3. Conduct and facilitate consultations with relevant policy makers, program managers and implementers (government and CSOs) to ensure that the revised Protocol and Service Standards is aligned to relevant frameworks and standards. 																																		
<p>Duration and working schedule:</p>	<p>Three months (Aug-Nov 2021). The total number of working days shall not exceed 35 days.</p> <table border="1" data-bbox="504 1003 1505 1648"> <thead> <tr> <th>TASK</th> <th>TIME FRAME</th> </tr> </thead> <tbody> <tr> <td>Development of the Inception report including work plan for consultancy</td> <td>3 days</td> </tr> <tr> <td>Desk review</td> <td>3 days</td> </tr> <tr> <td>Presentation of draft inception report to the Reference Group</td> <td>1 day</td> </tr> <tr> <td>Incorporation of comments in the inception report</td> <td>1 day</td> </tr> <tr> <td colspan="2">Submission of final inception report</td> </tr> <tr> <td>Drafting of the report outlining desk review strengths and gaps that shall be addressed in the revision</td> <td>3 days</td> </tr> <tr> <td>Presentation of report/desk review findings to the Reference Group</td> <td>1 day</td> </tr> <tr> <td>Consultations and key informant workshop/meetings with relevant stakeholders to identify any additional national, regional or international standards to be included in the review and revision</td> <td>5 days</td> </tr> <tr> <td>Drafting of revised Protocol and Service Standards</td> <td>10 days</td> </tr> <tr> <td>Allow 8 working days for the and Reference Group review</td> <td></td> </tr> <tr> <td>Incorporation of comments and submission</td> <td>3 days</td> </tr> <tr> <td colspan="2">Submission of draft Protocol and service standards, annexes and PPTs</td> </tr> <tr> <td>Presentation of draft revised Protocol and service standards to Stakeholders/ Validation workshop</td> <td>1 day</td> </tr> <tr> <td>Incorporating comments in the final draft Protocol and annexes</td> <td>3 days</td> </tr> <tr> <td>Submission of final deliverables</td> <td>1 day</td> </tr> <tr> <td>Total</td> <td>35</td> </tr> </tbody> </table>	TASK	TIME FRAME	Development of the Inception report including work plan for consultancy	3 days	Desk review	3 days	Presentation of draft inception report to the Reference Group	1 day	Incorporation of comments in the inception report	1 day	Submission of final inception report		Drafting of the report outlining desk review strengths and gaps that shall be addressed in the revision	3 days	Presentation of report/desk review findings to the Reference Group	1 day	Consultations and key informant workshop/meetings with relevant stakeholders to identify any additional national, regional or international standards to be included in the review and revision	5 days	Drafting of revised Protocol and Service Standards	10 days	Allow 8 working days for the and Reference Group review		Incorporation of comments and submission	3 days	Submission of draft Protocol and service standards, annexes and PPTs		Presentation of draft revised Protocol and service standards to Stakeholders/ Validation workshop	1 day	Incorporating comments in the final draft Protocol and annexes	3 days	Submission of final deliverables	1 day	Total	35
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<p>Place where services are to be delivered:</p>	<p>Gaborone, Botswana.</p> <p>The consultant will be home-based. Consultations will be through a mixed modality of virtual and in person COVID-19 protocol compliant meetings as needed.</p>																																		
<p>Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):</p>	<p>Expected outputs/deliverables</p> <ol style="list-style-type: none"> 1. Final Inception report within 10 days of the consultancy 2. Draft revised Protocol and Service Standards within 8 weeks of the consultancy 3. Final Protocol and Service Standards with annexes, PPT slides and Executive, Summary of the Revision within 10 weeks of the consultancy <p>All deliverables will be submitted in electronic copies.</p> <p>Payment Schedule</p>																																		

	<p>20% upon submission of Inception report</p> <p>40% upon approval of draft revised Protocol and Service Standards</p> <p>40% upon approval of final revised Protocol and Service Standards with annexes, PPT slides and Executive Summary of the Revision</p>
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The consultant will deliver electronic fortnightly progress reports to UNFPA to show progress and outline the next steps. The final deliverables shall be submitted 2 weeks before contract end date.
Supervisory arrangements:	<p>The consultant will work under direct supervision of the UNFPA SRH/HIV Linkages Coordinator under the overall guidance of the UNFPA Head of Office.</p> <p>The consultant will be expected to work in close collaboration with the Ministry of Health and Wellness. A Reference Group consisting of relevant stakeholders including line ministries, NGOs and UN Agencies will provide substantive feedback and quality assurance throughout the process.</p>
Expected travel:	No field travel is expected.
Required expertise, qualifications and competencies, including language requirements:	<p>The consultant will have:</p> <ol style="list-style-type: none"> 1. At least a Master's in Public Health, Public Policy, Sociology, Gender Studies or related degree. 2. At least 5 years' experience in developing SOP/Protocol and service standards in the health sector. 3. At least 5 years managing integrated SRHR/GBV services with experience in the areas of SRHR, Gender-Based Violence, and Family Planning. 4. A good understanding of legal, policy and institutional and implementation frameworks for gender, health and justice systems in Botswana. 5. Prior experience in facilitating consultations with multi-stakeholder groups (government, civil society, health care workers) is essential. 6. Excellent interpersonal and facilitation skills in English are required. 7. Strong communication and facilitation skills, in both written and verbal English, is necessary (previous samples of written work will be required).
Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable:	UNFPA will provide relevant support and guidance to ensure the successful undertaking of this consultancy, including administrative and financial support.
Other relevant information or special conditions, if any:	<p>All interested applicants should submit the following.</p> <ol style="list-style-type: none"> 1. Letter of interest 2. CV with evidence of qualifications and experience 3. Detailed technical and financial proposal 4. Previous samples of written work (The written samples should be at the same technical level of this ToR)
<p>Signature of Requesting Officer in Hiring Office: </p> <p>Date: 26 July 2021</p>	