

**TERMS OF REFERENCE FOR NATIONAL INDIVIDUAL CONSULTANT
TECHNICAL SUPPORT**

TERMS OF REFERENCE	
Hiring Office:	UNFPA Timor-Leste
Purpose of consultancy:	<p>The purpose of the consultancy will be</p> <ol style="list-style-type: none"> 1. To support INS to implement rollout training of the in-service training package for health care providers to respond to GBV including IPV and the implementation of health sector guidelines to address GBV. 2. To support Ministry of Health to conduct assessment of health facilities readiness to respond to GBV and support MoH to develop plan of actions to further strengthen the health sector's respond capacity to GBV. 3. To support the strengthening of health care providers' participation in GBV referral pathways and case management system to ensure a strong multi-sectoral response to GBV. 4. To support and monitor the operationalization of safe space to ensure that services are survivor-centred and in line with national and international guidelines.
Background	<p>GBV remains one of the most pervasive human rights issues in the young nation of Timor-Leste¹. According to the 2016 Timor-Leste Demographic Health Survey, one third (33%) of women aged 15-49 have experienced physical violence since age 15². Towards strengthening the health sector response to GBV (Outcome 2) UNFPA and WHO are expanding existing partnerships³ with the Ministry of Health (MoH) to ensure that health service providers have the capacity to deliver essential services in line with global standards and guidelines, that these services are made available and accessible to GBV survivors and that survivors understand and can exercise their rights to services⁴. There is growing recognition of the public-health burden of GBV, and the potential for the health sector to identify abused women during routine consultations and provide services to victims once identified.⁵ This importantly responds to the negative short and long-term health consequences of women who are exposed to violence compared with women who have never been abused⁶, as well as the effects on health and well-being of children in violent families (e.g. decreased vaccination and nutritional status, increased risk of behavioural and psychological problems, abandonment and early departure from the home).⁷ Though Timor-Leste has a well-established health system providing services through a tier structure of health institutions throughout the country, there are significant gaps in the health sector's response to GBV (e.g. lack of training in GBV identification and response, accessibility to shelters⁸, and limited coordination between health services, shelters and other referral services). GBV response is clearly within the mandate of the MOH and there is opportunity through multiple service delivery entry to identify evidence of GBV and ensure that women are not further victimized through their treatment in health services. Guidelines and a national standard are required to ensure a standardised, quality response for front line providers.</p>
<p>Scope of work:</p> <p><i>(Description of services, activities, or outputs)</i></p>	<p>The National Consultant will work with MoH to produce the following deliverables:</p> <ol style="list-style-type: none"> 1. To support MoH to use Timor-Leste GBV Quality Assurance Tool to conduct assessment of the health facilities readiness to respond to GBV including develop plan of actions to further strengthen health facilities readiness to respond to GBV. 2. To support strengthening the internal coordination mechanism of MoH to enable geographic and inter divisional coordination, and to strengthen health

¹ Secretary of State for the Support and Socio-Economic Promotion of Women, NAP-GBV 2017-2021.

² Timor-Leste 2016 Demographic Health Survey.

³ UNFPA and WHO have an established relationship with the MOH developing a road map for an integrated response to GBV including the development of national guidelines and are identified as the partners for supporting the roll out and implementation.

⁴ Ibid.

⁵ *Prevention of violence: a public health priority* [World Health Assembly]. Geneva: WHO; 1996

⁶ The physical health consequences include both acute injury and a broader range of longer term impacts, including: (i) poor nutritional status, digestive problems and hypertension; (ii) diminished sexual and reproductive health outcomes, including fertility, infertility, lack of agency over contraceptive use, and higher risk of HIV and sexually transmitted infections (STIs); (iii) poor maternal health outcomes including increased risk for high blood pressure, risk of ante partum hemorrhage and of miscarriage; and (iv) mental health, including risk of depression, low self-esteem and suicide.

⁷ Garcia-Moreno C, Jansen HA, Watts, CH, Ellsberg M, Heise L, *WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses*. Geneva: WHO; 2005.

⁸ Supported by NGO Pradet <http://www.pradet.org/programs/safe-room-fatim-hakmatek>

	<p>care providers' participation GBV referral pathways and case management system to ensure a strong multi-sectoral response to GBV.</p> <p>3. To support MoH to monitor the operationalization of safe space to ensure that services are survivor-centred and in line with national and international guidelines.</p> <p>The National Consultant will work with INS to produce the following deliverables:</p> <p>1. To support the implementation of rollout training, FUAT and refresher training as well as ToT of the in-service training package for health care providers to respond to GBV including IPV and the implementation of health sector guidelines to address GBV. This includes support the preparation of the rollout training, supportive supervision and assistance during rollout training, collation and input of survey data from pre-post assessment, Statistical analysis of data to assess participant change in knowledge, attitude and competency in GBV response and write up of evaluation findings and submission of report.</p>
Duration and working schedule:	11 months upon signing of contract.
Place where services are to be delivered:	UNFPA Timor-Leste CO, MCH Department MoH, and National Institute of Health (INS) and municipalities.
Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	<p>Deliverables:</p> <ol style="list-style-type: none"> 1. Report of the assessment of health facilities readiness and developed plan of actions. 2. Monitoring report of internal coordination mechanism meeting of MoH and health care providers' participation in GBV referral pathways and case management system. 3. Report of pre-post assessment including statistical analysis of data assess participant change in knowledge, attitude and competency in GBV response (this include rollout training, FUAT, refresher and ToT). 4. Evaluation findings and recommendation.
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	Regular consultation with UNFPA, MoH and INS and share of information and documents.
Supervisory arrangements:	The consultant will be supervised by Assistant Country Representative through the GBV or Gender team.
Expected travel:	NA.
Required expertise, qualifications and competencies, including language requirements:	<p>Education Qualifications in any of the following:</p> <ul style="list-style-type: none"> - Advanced degree in public health, gender studies with 2 years of relevant experience or Bachelor degree with 4 years of relevant experience, degree in Midwifery, Obstetrics or other relevant degree <p>Experience and Skills:</p> <ul style="list-style-type: none"> ● Previous experience of developing clinical guidelines in health sector response to GBV and IPV ● Extensive knowledge and/or experience in reproductive health/ health systems ● Extensive knowledge and /or experience in the clinical management of rape ● Excellent track record in supporting INGOS and/or governments in integrating GBV prevention and response in health sector ● Familiar with and/may have worked on WHO guidelines ● Excellent written communication and presentation skills

	<ul style="list-style-type: none"> • Demonstrated self-management (i.e. motivation, dealing with pressure, adaptability) and ability to work in a team and receive constructive feedback. • Knowledge of the Timor-Leste context is an advantageous, but not essential <p>Language:</p> <ul style="list-style-type: none"> • Proficiency in spoken and written English is required.
Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable:	
Other relevant information or special conditions, if any:	UNFPA will share the relevant documents.
<p>Signature of Requesting Officer in Hiring Office:</p> <p>Date: 10 April, 2023</p>	

How to apply:

UNFPA has established consultant Roster serves as an intermediate between consultants interested in working on UNFPA consultancy assignments, and organizational units seeking consultation. Please note that completing your profile in the roster does not imply an active hiring process. The Consultant Roster assists organizational units in their search by helping them identify qualified candidates, based on the need of the unit. It is the units that will initiate their hiring process.

If you are applying for the first time, please click "[Roster registration](#)" to get started. If you need further assistance or do not understand the application process, please consult our [application guidelines](#) or read the FAQ in the left-hand menu. In the event that the guidelines or [FAQ](#) do not answer your question, please send your questions to consultantrosterhelpdesk@unfpa.org. Once your profile is complete, you will receive a confirmation email.

Interested candidates should submit an application (e.g. **cover letter, and P11** to the following email: timor-leste.office@unfpa.org).

Closing date: 19th April 2023