

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

| TERMS OF REFERENCE (to be completed by Hiring Office) | |
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| Hiring Office: | UNFPA Timor-Leste Country Office, Dili. |
| Purpose of consultancy: | To support UNFPA Timor-Leste to implement Together for Equality (KOICA-funded project) and ZONTA-funded project by enhancing institutional capacity of health sector to provide quality of services to GBV survivors. |
| 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, UNFPA is expanding and strengthening 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, and many investments have been made, there are significant gaps in the health sector's response to GBV (e.g. lack of training in GBV identification and response, accessibility to safe spaces/rooms and 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, in-service training package for health care providers to respond to GBV and a national standard have been developed and implemented to ensure a standardised, quality response for front line providers. The implementation of these guidelines, training package and national standards need to be strengthened to ensure quality of services provided by trained health care providers at the health facilities.</p> |
| Scope of work: <i>(Description of services, activities, or outputs)</i> | The national consultant, under the overall guidance of UNFPA Gender team (programme Analyst for Gender), will provide support to the implementation of Together for Equality and ZONTA-funded project, focusing on strengthening institutional capacity on GBV and providing quality health services in collaboration with MoH. |

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

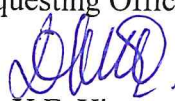
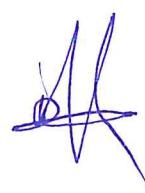
⁶ The physical health consequences include both acute injury and a broader range of longer term impacts, including: (i) poor nutritional status, digestive problems and hypertension; (ii) diminished sexual and reproductive health outcomes, including fertility, infertility, lack of agency over contraceptive 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 haemorrhage 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>

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| | <p>The National Consultant will work with MoH to produce the following deliverables:</p> <ol style="list-style-type: none"> 1. Support MOH to implement monitoring tool (part of follow-up modules) aiming to identify gaps in quality of services and set up action plans to address the gaps identified. 2. Support Ministry of Health to conduct rollout training of HMIS (GBV) on reporting format (while ensuring anonymity and confidentiality including application of safety and ethics) and support supervision to health facilities on the utilization and reporting in the municipalities including SAR of Oecussi. 3. 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 in target municipalities. 4. Support preparation and launch of safe space in Dili, Covalima, Baucau and Lautem. 5. Support Ministry of Health to monitor the operationalization of safe space to ensure that services are survivor-centred and in line with national and international guidelines (including identify gaps in quality of services and set up actions plans to address the gaps identified). 6. Support MOH and UNFPA to develop IEC materials for GBV. 7. Support and monitor the community awareness activities conducted by local CSOs (HAMNASA) in creating demands for available services as well as working closely with Health Promotion of Ministry of Health to integrate and implement GBV community outreach activities (support synergies of local CSOs, MOH and other partners in community outreach activities to amplify impacts). 8. Support MOH to review and update national guideline for health care providers to respond to GBV, including IPV. 9. Support MOH to conduct evidence-based advocacy workshop among policy makers within health system at national and regional level. 10. Support the joint case study on spotlight for Timor-Leste Country Portfolio Evaluations. 11. Provide technical support to Ministry of Health to chair and conduct the GBV working group (with overall guidance from UNFPA Assistant Representative and technical guidance from programme analyst for gender). |
| Duration and working schedule: | 8 months upon signing of contract till 31 December 2024 with possible extension. |
| Place where services are to be delivered: | UNFPA Timor-Leste CO, General Directorates and National Directorate of MCH of MoH, and Municipal Health Services. |
| Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.): | <p>Key Deliverables:</p> <ol style="list-style-type: none"> 1. Report of monitoring as part of follow-up modules aiming to identify gaps in quality of services and set up action plans to address gaps identified. 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 for HMIS training. 4. Monitoring report for operationalization of safe spaces including the quality of services (survivor-centred services) provided at safe spaces (including action plans developed to address identified gaps). |

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| | <ol style="list-style-type: none"> 5. Monitoring report for the implementation of community awareness activities conducted by local CSO (HAMNASA) and Ministry of Health (Health Promotion and health facilities), including developing IEC materials. 6. Report of support provided to regional evaluation team on joint case study on Spotlight for Timor-Leste Country Portfolio Evaluations. 7. Report of technical support provided in reviewing national guideline for health care providers to respond to GBV, including IPV. 8. Report of evidence-based advocacy workshop among policy makers within health system at national and regional level conducted. 9. Monthly consultancy report. |
| Monitoring and progress control, including reporting requirements, periodicity format and deadline: | <ul style="list-style-type: none"> • Weekly meeting with relevant programme staff and Ministry of Health as required. • Regular consultation with UNFPA, MoH and share of information and documents. |
| Supervisory arrangements: | The consultant will be under direct supervision of the programme analyst for gender, with strategic guidance from Assistant Representative. |
| Expected travel: | Frequent travel to municipalities is expected. The consultant will spend at least two weeks traveling to municipalities to monitor operationalization of safe spaces, quality of services provided at health facilities and support implementation of action plans developed to address gaps identified for improved services. |
| Required expertise, qualifications and competencies, including language requirements: | <p>Minimum educational qualifications and working experience:</p> <ul style="list-style-type: none"> • Master's Degree in Public Health, Gender and Women studies, Development Studies, Social Science or related areas with minimum 2 years of relevant working experiences or Bachelor's Degree in the above-mentioned area with minimum 4 years of relevant working experiences. • Previous experience of developing technical guidelines in health sector's response to GBV including IPV. • Excellent track record in supporting INGOS and/or governments in integrating GBV prevention and response in health sector. • Knowledge on national guideline for health care providers to respond to GBV, including IPV. • Excellent written communication and presentation skills. • Technical knowledge of health system in Timor-Leste will be an asset. • Experience working with/in the UN system is an asset. • Experience working with health managers and health care providers working at health facility level. <p>Skills and competencies:</p> <ul style="list-style-type: none"> • Fluency in written and spoken Tetum and minimum working level of English would be required. • Excellent reporting writing skills with analytic writing skills would be an added advantage. • Proficient with Microsoft Word, Excel and PowerPoint would be an asset. • Time management skills with punctuality would be an asset. • Knowledge of UNFPA core values is an asset. |
| Inputs / services to be provided by UNFPA or | |

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| 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></p> <p>Dircio Francisco X.F. Ximenes, Programme Analyst for Gender</p> <p>Date: 23 April 2024</p> <p>Signature of Approving Officer in Hiring Office:</p> <p>Dr. Domingas Bernardo, Assistant Representative/Head of Programme</p> <p>Date: 23 April 2024</p> <p></p> | |