

Re-advertisement
TERMS OF REFERENCE
INTERNATIONAL INDIVIDUAL CONSULTANT

Hiring Office:	UNFPA Timor-Leste
Purpose of consultancy:	International consultant for the development of the in-service training package for healthcare providers in line with the National Guidelines for Health Care Provider's to Address GBV including Intimate Partner Violence in Timor-Leste.
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>This project will be supported through the grant funding of Zonta International. ZONTA international is a worldwide membership organization Empowering Women Through Service and Advocacy</p>
Scope of work: <i>(Description of services, activities, or outputs)</i>	<p>The International Consultant will work in collaboration with an implementing partner on the following deliverables:</p> <ol style="list-style-type: none"> 1. The In-Service Training Package (Including a ToT model) for healthcare providers in Timor-Leste including job aid materials and noted improvements to be reflected in the next revision of the National Guidelines.

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 García-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>2. A ToT package for the government partners whom will be delivering the training including quality assurance model and M&E tools to support trainers.</p> <p>The consultant will work collaboratively with an Implementing Partner to complete both initiatives in order to ensure, information gathering, and contextualization.</p> <p>Deliverables:</p> <p>A. Develop an in-service training package and training model for health care providers in line with the national guideline and international resources; (essential services package, WHO clinical handbook and other evidence based guidelines). In addition, including information on the services to victims of GBV who are children and people with disabilities in the training package.</p> <ol style="list-style-type: none"> a. Provide analysis of the National Guidelines including consultations from relevant stakeholders in relation to the in-service training package b. Cross reference all information gathered from existing curriculums and relevant actors to feed into the draft of the training package c. After the drafts are submitted to MoH and INS (and other relevant stakeholders) the consultants will then work together to complete a final draft including ToT manual, participant manual, job aid materials, M&E tools, and ToT model. d. Submit the final version of the In-service training package and training plan for 2021-2022 for approval by MoH and INS. e. Based on the In-Service training package, the consultants will work with INS to deliver the Standardization and followed by the TOT. <p>B. The Consultant will produce a final consultancy report to be presented to the MoH based on findings from the development of the National in-service training to identify areas of improvements and suggested revisions to be reflected in the next National Guidelines.</p>
Duration and working schedule:	60 working days (mid- June - end of December 2021)
Place where services are to be delivered:	Home-based-Remote with possibility of travel dependent on the situation related to COVID-19
Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	<ol style="list-style-type: none"> 1. Draft Training Package and feedback report to be submitted to the office of UNFPA Timor-Leste by end of August 2021 for Review. (30% of payment will be made upon submission and acceptance of the draft training package). 2. Final Training Package and final consultancy report submitted to the office of UNFPA Timor-Leste by Late September 2021 (Final 30% of payment will be made upon submission and acceptance of the final draft). 3. Final 40% payment upon completion of the INS TOT by end of December 2021.
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	Regular consultation (through Skype, zoom, google meeting, etc.) and emails share of information and documents.

Supervisory arrangements:	The consultant will be supervised by UNFPA CO Representative with support from the Gender team.
Expected travel:	Due to the COVID-19 pandemic, there will be no Mission Travel for the consultation unless circumstances change
Required expertise, qualifications and competencies, including language requirements:	<p>Qualification and Experience</p> <p>Education</p> <ul style="list-style-type: none"> • Advanced degree in public health, gender studies, or other relevant advanced medical qualifications <p>Experience and Skills:</p> <ul style="list-style-type: none"> • At least 5 years' experience working in health sector response to GBV including experience in developing clinical guidelines or trainings and ToT's on this topic. • Demonstrated ability to work in reproductive health or health systems in general • Previous work experience in the clinical management of rape is advantageous • 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 • 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 advantageous, but not essential • Experience in Midwifery, Obstetrics is 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:	UNFPA will provide a work station if the consultant travels to Timor-Leste. And DSA if consultant will travel to Timor-Leste. UNFPA will also share all relevant documents and contacts electronically with the consultant
<p>Interested candidates should submit an application letter and a completed United Nations Personal History (P11) Form by email to timor-leste.office@unfpa.org. The P11 is available on the UNFPA websites at https://timor-leste.unfpa.org/en/vacancies. The closing date is 18th June 2021 at 17.00 p.m.</p> <p>Please note that this is a re-advertisement, applicants who have applied earlier are not to apply again, as your applications have been registered and will be considered together with new applications.</p>	
<p>Signature of Requesting Officer in Hiring Office: approved. Date:</p>	