

Ministry of Women, Children and Senior Citizens
INSTITUTIONALIZING GENDER BASED VIOLENCE RESPONSE IN NEPAL (P180665)
PROJECT MANAGEMENT UNIT (PMU)

TERMS OF REFERENCE
GBV SERVICE PROVIDER

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ABBREVIATIONS

| | |
|--------|--|
| CAO | Chief Administrative Officer |
| CBOs | Community-based Organizations |
| CSOs | Civil Society Organizations |
| DPs | Development Partners |
| GBV | Gender-based Violence |
| GBVIMS | GBV Information Management System |
| GBVRCC | GBV Response and Coordination Committees |
| GESI | Gender Equality and Social Inclusion |
| HR | Human Resource |
| IEC | Information, Education and Communication |
| IGBVRN | Institutionalizing Gender Based Violence Response in Nepal |
| IT | Information Technology |
| KAP | Knowledge, Attitude, and Practices |
| LGOA | Local Government Operation Act |
| M&E | Monitoring and Evaluation |
| MIS | Management Information System |
| MoWCSC | Ministry of Women, Children, and Senior Citizens |
| MTR | Mid-term review |
| NDHS | Nepal Health Demographic Survey |
| NGOs | Non-governmental organizations |
| OCMC | One-Stop Crisis Management Centres |
| p. | page |
| PDMF | Project Design and Monitoring Framework |
| PFA | Psychosocial First Aid |
| PIU | Project Implementation Units |
| PLGs | Provincial and Local Governments |
| PMU | Project Management Unit |
| POM | Project Operation Manual |
| PSS | Psychosocial Support |
| RFP | Request for Proposal |

| | |
|--------|---|
| SEA/SH | Sexual Exploitation and Abuse/Sexual Harassment |
| SP | GBV Service Provider |
| SOP | Standard Operating Procedures |
| SRH | Sexual and Reproductive Health |
| TOR | Terms of Reference |
| WB | World Bank |

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A. CONTEXT

1. Gender-based violence (GBV) continues to remain one of the acute challenges facing the country. The incidence and prevalence of GBV in Nepal has increased slightly between 2016 and 2022 with the percentage of Nepali women who report having experienced physical or sexual violence increasing from 23.4 to 23.8 percentage in the same period (NDHS 2016 p.352, NDHS 2022 p.466).
2. The 2015 Constitution of Nepal adopted the federal structure and decentralized the power and responsibilities among the federal, provincial, and local levels, and with the 2017 Local Government Operation Act (LGOA), Provincial and Local Governments (PLGs) became responsible, almost overnight, for delivery of an array of social services, including the provision of services for survivors of GBV. However, there are significant gaps in municipalities' capacity to deliver GBV services with an absence of a functioning GBV coordination system that links municipal, provincial, and federal-level response mechanisms. The Ministry of Women, Children, and Senior Citizens (MoWCSC) at the federal level continues to be the national agency responsible for policies, standards and laws related to prevention and rehabilitation of GBV survivors (Government of Nepal (Division of Functions) Regulations, 2074 BS). The district level offices of the Ministry that supported direct administration of GBV services in the previous unitary structure have been dissolved with staff assimilated into the newly formed PLGs. This dissolution led to policy uncertainty and disruption of relevant services in the early stages of the transition and the capacity of PLGs to respond to GBV cases remains limited and uneven, with the technical expertise and institutional knowledge of GBV services remaining in the federal line ministry. This has led to an uneven provision of GBV services across the PLGs, with limited coordination and support between them and the federal level.
3. PLGs also face limited GBV specific federal or provincial programs or funds - GBV elimination funds although established in most municipalities are not efficiently mobilized to support survivors. Social development and/or gender related programs are low priority for most PLGs compared to other 'hard' development programs, leading to cutting down of proposed budget in the budgeting process as well as delay and difficulty in release of budget. These systems and coordination issues are further compounded by a severe lack of human resources with technical capacity and a paucity of basic, lifesaving GBV services, especially in rural, remote areas. Available services are mostly limited to health services delivered through One-Stop Crisis Management Centres (OCMCs) in district hospitals, which are understaffed and inaccessible to most survivors. Findings from an institutional assessment conducted for a project revealed that GBV cases are seldom documented, case management is virtually non-existent, referrals are ad-hoc without guidelines or standards, and cases are often inappropriately mediated by Judicial Committees. Additionally, negative institutional norms, and victim-blaming attitudes, patriarchal beliefs, and processes by first responders also inhibit service delivery and women's help-seeking behaviour and effective access to services.
4. Significant efforts to align GBV related legal frameworks and mechanisms in the federal context have been made, however gaps remain. The MoWCSC has initiated discourses to amend existing legislation and/or to introduce new legislation to align GBV related laws at federal level. Also, to strengthen the Ministry's ability to coordinate multi-sectoral GBV response efforts, identify service gaps, and track national progress on GBV prevention and response, it is exploring the potential to enhance and strengthen the existing MIS system to integrate GBV data. PLGs through their legislative processes have adopted some of the GBV-related federal level laws and regulations and some federal level programs and associated budget were also devolved to PLGs including President's Women Upliftment Program and GBV alleviation Fund. However, these programs and laws continue to be implemented in siloes without an overarching policy framework that links them

and defines the overall packages of service available to GBV survivor, standards to be followed for service delivery and referral mechanisms, and roles and responsibilities of all stakeholders.

5. The MoWCSC is implementing the World Bank funded project 'Institutionalizing Gender Based Violence Response in Nepal (IGBVRN)', working directly with the PLGs. Under this project, the MoWCSC will support the development of a functioning coordination system that links municipal, provincial, and federal-level GBV response mechanisms, and will provide direct support to the PLGS to fulfill their new service provision mandate.
6. This Terms of Reference (TOR) have been prepared for the purpose of recruiting a GBV Service Provider (SP) that specializes in GBV prevention and response, and will be responsible for providing technical support to IGBVRN project in (1) delivering services directly in project areas; (2) where there are some services in-place, build the capacity of local implementing partners to improve service quality and coverage; and (3) supporting the project in the implementation of project activities.

B. PROJECT DESCRIPTION

7. The project objective is to increase women's and girls' access to multisectoral GBV prevention and response services in select municipalities. It will be implemented over a period of three years, with possible extension. The direct project beneficiaries will be 49,000 women and girls who have experienced violence and who will benefit from better access to quality services. The project will be implemented in Lumbini and Koshi Provinces to provide a "demonstration effect" on viable models for replication and scale-up across the country. The project will work in four municipalities in Koshi Province (Mechinagar, Urlabari, Dhankuta and Bhotkhola) and two municipalities in Lumbini Province (Tilottama and Ramgram), and may extend its scope to other municipalities and/or province(s).
8. The project has four components mainly, **Component 1:** will finance technical assistance and consultancy services to deliver capacity-building sessions to new coordination structures at local levels. Municipal GBV Platforms will coordinate service delivery, with upward linkages to provincial and federal levels, and downward linkages to ward-level frontline workers and civil society organizations for GBV response and services. Two Provincial GBV Response and Coordination Committees (GBVRCC) in Koshi and Lumbini provinces will support the Municipal GBV Platforms in the development and quality enhancement of tools, guidelines, and standard operating procedures (SOPs). The component will also include revival of GBV Information management system (GBVIMS) to safely collect, store, manage, and share data for incident monitoring and case management; **Component 2:** aims to increase service provision and its quality by establishing key service delivery models and strengthening technical capacity of government service providers. Across the project municipalities, four key models of GBV service delivery will be tested which includes a) caseworkers recruited, trained and integrated into rural health outposts, b) Roaming mobile clinics will provide services to survivors in very remote, hard-to-reach areas, c) Physical spaces/venues dedicated for women and girls to access psycho-social support and age-appropriate case management and referrals, and d) community response model through training and mobilization of local women leaders to facilitate broad access to services; **Component 3** activities focus on changing harmful attitudes and practices of first responders so that women's overall access to services are aligned with international standards of care for GBV survivors. The component will design and deliver targeted behavior change communication strategies, conduct periodic knowledge, attitude and practice (KAP) surveys of first responders, provide technical assistance, and encourage to change harmful practices of the police and Judicial Committees; and **Component 4** will finance consultants, consultancy services, goods and operating costs for the MoWCSC and local governments specifically in establishing Project Management Unit (PMU) and Project Implementation Units (PIUs), technical assistance for developing project MIS, implementation of periodic beneficiary feedback survey, and knowledge sharing activities including exposure visit.
9. The project will be implemented by the MoWCSC with technical support from GBV Service Provider. There is a designated PMU within MoWCSC with a Project Director, Project Manager, Project

officer, and Account Officer supported by 5 technical expert consultants at the federal level. Similarly, PIU is established with Chief Administrative Officer (CAO) as the chief along with representation from administrating section, social development section, gender/ Gender Equality and Social Inclusion (GESI) section and account section. PIUs will be supported by municipal GBV Service platforms under local governments who would oversee, monitor, and guide the implementation of the project. At the provincial level, GBVRCC is established for ensuring provincial coordination and technical guidance, each in Lumbini and Koshi provinces.

C. OBJECTIVES AND SCOPE OF WORK

10. The overall objective of the GBV SP will be to provide technical support for the operationalization of project activities to address GBV through integrated services for the most vulnerable women, girls, and GBV survivors at all levels from federal, provincial, and local government and community towards strengthening the immediate response services of the government. In coordination with PMU, PIUs, GBVRCC and the municipal platforms, the GBV SP will provide technical expertise, and support at federal, provincial and local levels to the PMU, PIUs in implementing activities at all three levels of the government.

Federal level

- Provide technical assistance for coordination, implementation, monitoring, and reporting at federal, provincial and local levels.
- Conduct capacity building sessions for federal entities such as to PMU, and project staff on case management, safe spaces, survivor centric approach, referral protocols, standard operating procedures (SOPs), GBV principles, different modalities of service provisions etc.
- Develop guidelines, SOPs, as part of the technical support to the PMU, and PIUs in particularly for establishing and operationalising a functional safe space, mobile clinics, GBV platforms, mapping GBV service providers, and developing referral pathways.
- Support in the development/consultation of policy and legal framework, guidelines, action plans, operation procedures for existing GBV mechanisms, funds at the Ministry level such as the GBV funds, shelter house, and others GBV related services, as required.
- Support PMU and PIUs to design and implement a communication strategy, Monitoring and Evaluation (M&E) framework, and documentation/reporting system.
- Support the PMU in enhancing the data management system to integrate GBV data.

Provincial Level (in coordination with GBVRCC)

- Build the capacity of range of stakeholders on multi-sectoral response to GBV, including frontline workers and health service providers at the provincial level (zonal hospitals, OCMC, provincial level GBV service providers, provincial police, judicial actors, and provincial level local government on GBV service provisions, including: (a) training on survivor centric GBV referral services, (b) GBV training on case management; psychosocial support (PSS) and psychosocial first aid (PFA); referral pathways; community engagement; GBV guiding principles, and (c) protocols on integrating GBV data in GBV related Information Management System; medico-legal clinical procedure for rape cases; protocol on health sector response to GBV for the health service providers; and protocols on GBV response to police, judiciary, legal aids etc.
- In coordination with GBVRCC, strengthen GBV response services, including OCMCs, through essential human resource (HR) support.
- Map GBV services and provide technical support to provincial social units for annual reviews and monitoring for quality assurance of the GBV service provision.

Local Government Level (in coordination with Municipal GBV Platforms)

- Build the capacity of municipal coordination staff (including project-supported specialists, the Women's Development Section, Social Development Section, Health Section, and Program

Planning Section) of the project municipalities on GBV case management, GBV data management, and design and delivery of survivor-centred care.

- Build the capacity of local government frontline health service providers, existing staff of Women and Children related Section on GBV service provisions.
- Develop SOPs and protocols for the municipality, shelter houses, GBV mobile clinics, safe spaces, referral mechanism, and case management.
- Provide training for safe space operation.
- Support to establish and operationalize case management and referral mechanisms.
- Support to enhance and strengthen the existing MIS system to integrate GBV data and provide overall technical support to the operationalization of GBV data management.
- Collaborate and enhance the capacity of the Municipal GBV Platforms members to fulfil their role in the Municipal GBV platform.

Community Level

- Strengthen the capacity of local non-governmental organizations (NGOs), community-based organizations (CBOs), civil society organizations (CSOs), women's networks/cooperatives, Tole Development committees, ward committees/groups to improve coordination, service mapping, and quality assurance.
- Support in community mobilization for sexual and reproductive health (SRH) and GBV services through building capacity of community case workers and primary health workers.
- Develop awareness raising and prevention packages to conduct awareness-raising and prevention activities, including health education sessions on the causes and consequences of GBV, prevention and response to GBV, family planning, safe abortion options, safe delivery etc.
- Facilitate and provide linkages and support with local government's programs, and training and employment service providers for livelihood support to GBV Survivors on need basis in coordination with PIUs.
- Provide support to establish referral services for GBV survivors from community health centers to OCMCs at district levels based on case severity.

11. In addition, the GBV SP will be responsible for delivering the following activities.

Technical support to Caseworkers

- Support in onboarding GBV caseworkers at PIU level to support GBV case management in Mobile Clinics and Safe Spaces.
- Provide comprehensive training for caseworkers in case management, safe and ethical documentation, psychosocial support, disclosure management, and referrals.
- Support in integrating caseworkers into rural health posts and safe spaces across all project targeted municipalities.
- Train local women leaders and community health workers (Community Response Model) as caseworkers.

Technical support to Operationalize and Manage Mobile Clinics

- Support in establishing roaming mobile clinics to deliver services in PIUs in project municipalities.
- Support in designing a rotational schedule for clinic deployment to reach remote, hard-to-reach areas.
- Support in forming teams with caseworkers, community outreach/social workers, lawyers, psychosocial counsellors and community health workers.
- Support PIUs in appointing a case manager to oversee mobile clinic teams.

Technical support to Operationalize and Manage Safe Space Program

- Support in establishing Safe Spaces dedicated to providing psycho-social support, age-appropriate case management, and referrals.
- Collaborate with municipal partners, PIUs and local partners for supporting in identification of safe spaces, facility assessment, upgrades, community outreach, and on boarding training of focal points and caseworkers.
- Explore the potential for municipalities to coordinate additional services through Safe Spaces after project closure (e.g. livelihood support programs).

Technical support to mobilize women's network/civil society/watch group (Community Response Model)

- Develop model to best leverage and train women leaders in the communities to facilitate access to GBV services including psychological first aid (PFA).
- Collaborate with Municipal Platforms to support in mobilizing community women leaders, civil society, watch group, male leader/network for providing training on awareness, disclosure, and accompaniment support.
- In remote areas, support in mobilizing women leaders to inform communities about mobile clinic schedules and facilitate access to local GBV services.

Guidelines Development

- Develop SOPs and guidelines for safe spaces, mobile clinics, GBV municipal platforms, GBV related Information Management System to integrate GBV data and others mechanism/systems mobilized through the project, as required.
- Support in developing/amending other GBV prevention, response, and survivor support, action plans, policies, guidelines and SOPs.

Knowledge, Attitude, and Practices (KAP) Survey and Advocacy

- Support PMU in conducting periodic KAP surveys among GBV first responders (police, judicial committees).
- Engage in advocacy to raise awareness on GBV issues, especially with State frontline responders.
- Assist PIUs to mobilize local implementing partners for raising awareness and mobilizing change agents.

Monitoring and Reporting

- Monitor GBV prevention and response related activities implemented across all project levels.
- Implement a robust monitoring and reporting system to track progress, identify challenges, and ensure compliance with project goals and objectives.

Knowledge Sharing and Collaboration

- Collaborate with other service providers, relevant government agencies, and civil society to continuously improve project outcomes.
- Facilitate knowledge sharing and exchange of best practices with other service providers, relevant government agencies, civil society to continuously improve project outcomes.

D. DELIVERABLES/REPORTS

12. The Service provider is expected to provide the following deliverables. The reporting frequency will be agreed upon during project initiation and will include both narrative and quantitative data as per the project's M&E framework.

| | |
|----|--|
| 1 | Agreed upon budgeted work plan with timetable and M&E framework. |
| 2 | Progress reports on the implementation of GBV activities across all project levels, highlighting achievements and challenges. |
| 3 | Compilation and documentation of progress of project activities, challenges, lessons, capacity building activities, KAP survey report, implementation of communication strategy and other awareness, prevention activities report, and training programs conducted for various stakeholders. |
| 4 | Regular updates on the status of technical support provided to safe spaces, mobile clinics, One Stop Crisis Management Center (OCMC), and other agencies/mechanism mobilized through the project, including their impact and challenges faced. |
| 5 | Communication strategy with context-appropriate awareness-raising and training materials (presentations, documents, manuals, participants lists, etc.) |
| 6 | Knowledge sharing and best practices exchange reports with other service providers, government agencies, and civil society to improve project outcomes. |
| 7 | Monitoring and assessment reports on GBV related Information Management System to integrate GBV data, with recommendations for improvements. |
| 8 | Advocacy efforts and outcomes, including engagement with key stakeholders for the effective implementation of existing legal and policy framework. |
| 9 | Quarterly narrative and financial reports summarizing interventions and outcomes obtained as compared to the established timeline and indicators and annual reports integrating lessons learned and recommendations. To be submitted within 7 days of the next quarter. |
| 10 | Draft of final report to be submitted at the latest two weeks after the end of the project. The definitive report at the end of the project, incorporating the feedback from the PMU and the World Bank, to be submitted 15 days after receipt by the service provider. |
| 11 | Narrative/technical and financial reports submitted to the PMU based on agreed upon timelines. |

E. DURATION OF CONTRACT AND PROCEDURES FOR DELIVERING SERVICES

13. The consulting services will span over a period of 24 person-months, tentatively from April 2026, to March 2028. The award of the contract will be contingent upon the extension of the project beyond the present closing date of July 31, 2026.
14. The work will be done under the supervision of the Project Manager in the PMU and in coordination of the World Bank.

F. GENERAL QUALIFICATION OF THE SERVICE PROVIDER

- Be legally incorporated in the country of origin; If foreign/INGO is awarded the contract, the PMU will facilitate the registration process in Nepal.
- Have at least five years of track record of experience in delivering GBV prevention and response projects.
- Having experience in activities to address GBV or protect women and children in the project intervention provinces will be preferred and considered an added advantage;
- Have excellent experience in the following fields: (a) Community engagement and promotion of behavior change; (b) Training and promotion of behavior change; (c) Organization of safe spaces for women and girls; (d) Case management, and psychological support; (e) Medical referrals and establishment of collaboration agreements with competent health care facilities, (f) policy advocacy and (g) Legal assistance;
- Have experience in ethical data collection on case management of GBV survivors;
- Have a code of conduct and a clear internal policy on preventing and responding to sexual harassment, exploitation and abuse, including a plan for regular personnel training that complies with the minimum standards of the project;
- Experience on prevention and response to Sexual Exploitation and Abuse /Sexual Harassment (SEA/SH) will be an added value; Have experience in strengthening local accountability systems, including training and awareness-raising on prevention of SEA/SH;
- Keep accounts and have had at least one financial audit conducted in the past two years by well- known and reputable audit firms; and
- Demonstrate experience implementing projects financed by international donors.

G. TEAM COMPOSITION AND QUALIFICATION REQUIREMENTS FOR THE KEY EXPERTS AND NON-KEY EXPERTS

15. The expert positions and their estimated inputs are provided in Table 1 below. The Client expects proposals to be based on person-months estimated by the Client as specified in the Request for Proposal (RFP). Any other staff deemed necessary to fulfil the Service Provider's obligations shall be provided by the SP at its own cost. Only key experts will be evaluated during the proposal evaluation stage, but SP is required to submit the CVs of non-key experts meeting the qualification requirements, as given in the TOR, for the Client's approval before concluding the contract.
16. For mobilization and demobilization of all key and non-key experts for deployment, one-month prior PMU's written approval shall be a prerequisite. PMU can mobilize or demobilize the key as well as non-key experts on a short notice, as and when deemed necessary.
17. After the contract is concluded, the SP shall ensure that the key expert(s) cannot be changed in any other case except in the event that the s/he becomes unable to work due to illness, accident or death, or any other reasonable reason(s). Until the work as per the contract is completed, the SP cannot use the profile of key expert(s) engaged full-time under the contract for the procurement process of other consulting service that duplicates the work schedule under the contract.

Table 1: Team Composition with Estimated Inputs

| Sl. | Position | Person month |
|-----------|-----------------------------------|--------------|
| I. | Key Experts | |
| 1 | Team Leader | 20 |
| 2 | GBV Officer – 2 positions | 36 |
| 3 | M&E Expert | 12 |
| | Total-National Key Experts | 68 |
| II | Non-Key Experts | |
| 1. | Psychosocial counsellor | 120 |

| Sl. | Position | Person month |
|-----|--|--------------|
| 2. | Data Specialist (IT Expert) | 12 |
| | Total-National Non- Key Experts | 132 |

H. EXPECTED QUALIFICATION REQUIREMENTS AND TASKS ASSIGNED TO THE KEY AND NON-KEY EXPERTS:

18. The Service Provider is expected to propose adequately qualified and experienced experts to undertake efficiently the assigned tasks and responsibilities. The tasks and responsibilities assigned and detailed educational qualification and experience requirements for the respective experts are reported below.

Key Experts & Qualification Requirements:

(I) TEAM LEADER (20 PERSON MONTHS):

The Team Leader will be responsible for the overall planning, coordination, and supervision of the project implementation.

The Team Leader will:

- (i) Oversee project planning and implementation, work planning, scheduling and coordination of inputs, determination of priorities and management of project resources;
- (ii) Provide overall team leadership for consultants for supervision and coordination of activities of the team, including jointly formulating individual work plans consistent with those of the Project;
- (iii) Ensure that members of the consulting team deliver the specified services according to their TORs;
- (iv) Coordinate all activities, including stakeholder's participation where appropriate in coordination with other team members;
- (v) Prepare a detailed work plan for the project implementation and get it approved by PMU;
- (vi) Prepare the project inception report;
- (vii) Prepare the project implementation schedule and detailed implementation plan for approval by PMU;
- (viii) Establish project performance monitoring system for relevant project activities;
- (ix) Manage effective supervision, quality control and monitoring,
- (x) Facilitate and support PMU /World Bank (WB) during WB missions;
- (xi) Organize and implement training to PMU and PIUs on project implementation and capacity building;
- (xii) Assist in resolving grievance issues;
- (xiii) Suggest innovative measures that can be adopted for better implementation of the project.
- (xiv) Assist the Project Manager and the PMU's M&E Specialist to update the project performance management system; keep the Project Steering Committee and WB informed through monthly progress reports, including any issues or delays arising, and provide advice on appropriate remedial measures;
- (xv) Assist PMU to ensure the preparation and timely submission of project reports, including the monthly, quarterly project progress reports, project completion report, and reports as deemed necessary during the implementation of the project;
- (xvi) Oversee the day-to-day implementation of GBV prevention and response interventions provided in the project, including supervision of case management, remote GBV services and psychosocial and legal support services;
- (xvii) Oversee the mobilisation of local women's groups, GBV platform, male network, safe space, mobile clinic for GBV prevention and response;
- (xviii) Manage outreach interventions to build community awareness of available services;
- (xix) Undertake any other duties as may be assigned by the Project Director /Project Manager.

The Team Leader will have:

- a. Minimum Master's Degree in Social Science, Counselling, Psychology with specialization in Women Studies /Gender Studies or relevant equivalent fields.
- b. At least 10 years of general experience with at least 5 years specific experience in the direct provision of psychosocial support to GBV survivors is essential.
- c. Previous satisfactory experience in donor supported project implementation, management and team leadership shall have an added advantage.
- d. Experience in GBV policy advocacy and working with government agencies. Must demonstrate proficiency in Nepali and English Languages.

The Team Leader will be based in Kathmandu and will require frequent field visits.

(II) GBV OFFICER (2 POSITIONS - 18 PERSON MONTHS EACH):

The GBV Officers will support development and implementation of capacity building and training, activities related to safe spaces, mobile clinics, GBV platform, male network, frontline workers, mobilization of women leaders, KAP and community awareness activities under the project. They will be responsible for providing policy, strategy, and implementation inputs based on best practices and models. They will work closely with the GBV Service Provider team leader, PMU and PIUs.

The GBV Officers will:

- Provide technical inputs on GBV prevention and response to ensure effective implementation of project activities under this scope as per prescribed approach and based on best models and quality in process;
- Develop training manuals and guidance notes on application of standard approaches in the work of the mobile clinics, safe spaces, GBV municipal platforms, GBV related Information Management System to integrate GBV data, and shelter houses as per project design;
- Implement capacity building and training activities related to safe spaces, mobile clinics, GBV platform, male network, frontline workers, mobilization of women leaders, KAP and community awareness activities under the project;
- Support in developing guidelines and SOPs for technical support to the PMU, PIUs in particularly for safe space, mobile clinic, GBV platforms, GBV related Information Management System to integrate GBV data, and referrals and others as required;
- Support to devise a standard referral pathway protocol in coordination with stakeholders, including development partners (DPs), with guidelines and directives to facilitate effective referral of GBV survivors at federal, province, district, and local levels;
- Provide technical support to implement communication strategy of the project, and to PIUs to prepare various types of annual community awareness activities and campaigns, and in design of relevant information, education and communication (IEC) materials;
- Support in conducting periodic KAP survey(s);
- Support in integrating caseworkers into rural health posts and safe spaces across all targeted municipalities;
- Monitor GBV activity implementation across all project levels in coordination with M&E Expert;
- Develop timely required reports on all activities under this scope.

The GBV Officers will have:

- a. At least a Masters' Degree in Social Science, with specialization in Women Studies/Gender Studies, or relevant equivalent fields.

- b. At least 7 years of general experience with 5 years specific experience in GBV with strong expertise in case management approaches, community outreach and service monitoring.
- c. Previous experience of ethical data collection related to GBV preferred.
- d. Women candidate is preferred.
- e. Must demonstrate proficiency in Nepali and English languages.

The GBV Officers will be based in Kathmandu and will require frequent field visits.

(III) MONITORING AND EVALUATION (M&E) EXPERT (12 PERSON MONTHS):

The Monitoring and Evaluation Expert will play a crucial role in ensuring the effective planning, implementation, and assessment of project activities. The M&E Expert will be responsible for establishing a robust results-based monitoring and evaluation system to guide project performance and inform decision-making.

- (i) Prepare a results-based monitoring and evaluation framework and plan of action for project interventions, including the definition of targets and identification of appropriate performance indicators at outcome and output levels;
- (ii) Design, oversee and co-ordinate the Project's participatory M&E system, in collaboration with PMU and PIUs;
- (iii) Identify appropriate M&E mechanisms;
- (iv) Assist PMU in the establishment of database for monitoring and reporting of indicators of project design and monitoring framework (PDMF) and annual work plan; and report on stipulated time frame;
- (v) Support PMU for the establishment of project management information system;
- (vi) Solicit M&E information including safeguard (gender, social and environmental) compliance from PMU and PIUs, and provide consolidated M&E information to PMU to feed into the project progress reports and technical papers;
- (vii) Support in monitoring and evaluating ongoing project activities, and assess the impact of project interventions on GBV cases;
- (viii) Work closely with the PMU and PIUs staff to set up project-level monitoring and evaluation systems in connection with local levels;
- (ix) Design the reporting channels of the established monitoring and evaluation system in federal context, in order to link key stakeholders for necessary feedback and allow management decisions to be taken for corrective measures to be implemented;
- (x) Assist in making the information system monitoring indicators user-friendly;
- (xi) Assist PMU, PIUs and team members in development of surveys and/or processes for monitoring and documenting progress of GESI, social safeguards and stakeholder's engagement;
- (xii) Provide support to PMU and PIUs for conducting impact studies including baseline, mid line and end line surveys;
- (xiii) Prepare and submit a work plan and monthly progress report as per the format approved by the project;
- (xiv) Undertake any other work as assigned by the Team Leader pertaining to project with focus to project monitoring and evaluation;
- (xv) Assist PMU in capacity development of PIUs and service providers in effective reporting of project information;
- (xvi) Work in close coordination with PIUs in generating project M&E information;
- (xvii) Undertake any other duties as may be assigned by the Project Manager and team leader.

The M&E Expert will have:

- a) Preferably Master's Degree in M&E, Statistics, Economics or equivalent related fields.

- b) At least 10 years of general experience with 5 years of relevant experience in the design and establishment of monitoring and evaluation system with knowledge for the design of indicators, database system and reporting.
- c) Previous experience in assessing and evaluating psychosocial approaches, knowledge of geospatial data analysis and use of GIS software will be an added advantage.

M&E Expert will be based in Kathmandu and will require frequent field visits.

Non – Key Experts & Qualification Requirement:

(IV) PSYCHOSOCIAL COUNSELLOR (6 POSITIONS - 20 PERSON MONTHS EACH):

The Psychosocial Counsellor will work in close coordination with respective PIUs and OCMC's team, and will:

- (i) Carry out mental health and psychosocial support services including: psycho-social support and psychological first aid to survivors of GBV, and where necessary and available, referral of GBV trauma patients to other mental health services.
- (ii) Assist in individual and group counselling to survivors, when assessed as appropriate.
- (iii) Provide support to adolescent girls in areas where there are project safe space programmes in place.
- (iv) In coordination with PIUs team, provide psychosocial and other coordination support to mobile clinic, safe space, shelter house and other project related interventions.

Psychosocial Counsellor will have:

- A minimum a bachelor's degree in psychology and related mental health qualifications are required.
- Minimum of 3 years working experience in GBV programming, psychosocial support interventions.
- Counselling qualifications are required and essential.

Psychosocial Counsellor will be based in OCMCs as identified in the project provinces/municipalities.

(V) DATA SPECIALIST (IT EXPERT) (12 PERSON MONTHS):

The Data Specialist will work in close coordination with PMU and PIUs team, and will:

- (i) Develop program management and tracking system, using commonly available computer software to schedule and monitor all aspects of project activities including but not limited to, payment and disbursements;
- (ii) Assist in development and use of Information Technology (IT) based Project Performance Management Evaluation tool to monitor and evaluate implementation of the project;
- (iii) Lead data entry and data analysis of selected parameters of project implementation progress;
- (iv) Lead document management in PMU and set-up a database of available information and set-up a system for easy retrieval;
- (v) Conduct MIS training to PMU and PIUs; and support in integrating GBV data in the GBV related Information Management System.
- (vi) Provide Computer hardware and software technical assistance to PMU and PIUs; and troubleshooting to PMU and PIUs for daily use of system.

The Data Specialist (IT Expert) will have:

- a) Minimum Bachelors' Degree in Computer Science or equivalent;
- b) An overall 3 years of working experience of use and maintenance of data management, MIS and GIS based platforms for project management.
- c) Previous experience in development sector preferred.
- d) Good knowledge of English and Nepali languages.

Data Specialist (IT Expert) will be based in Kathmandu with field visits to PIUs.

19. Provisional sums have been included in the consultancy agreement for procurement of various requirements that will support the project. The tentative scopes of provisional items are summarized in table below.

| Items | Description |
|------------------------------|--|
| Training and workshop | <p>For routine meetings, workshops and training sessions convened by the Service Provider, the SP will prepare the cost estimate for each of the training/workshop, get approval by PMU and then implement it. The subject of training can be any of the following but not limited to:</p> <ul style="list-style-type: none"> • Coordination among the three tiers of the government and other DPs, programs, projects, etc. • For referral – consultations for SOPs, guideline development and translation. • Case management – consultations for guideline development. • Mobile clinics – consultations for SOP, guideline development. • Safe spaces – consultations for SOP, guideline development. • GBV Service Mapping [For province and local governments] -Service mapping, Service gap analysis, Quality Assurance toolkit in project municipalities and provinces. • OCMC's service delivery strengthened in Sankhuwasabha, Morang, Dhankuta, Jhapa and Rupandehi Provincial Hospitals, and other district and provincial hospitals under the project areas in coordination with Provincial Ministries. • Facilitate and provide linkages and support with local government's programs, and training and employment service providers for GBV Survivors. • Provincial level consultations with relevant stakeholders (including Police, Judicial Committees, Service Providers, OCMCs etc.) |

I. REPORTING REQUIREMENTS AND SCHEDULE OF DELIVERABLES

20. During the performance of the services, the Service Provider will prepare required reports in English (and Nepali where required) for submission to the Client in electronic form and/or hard copies as per PMU instructions.
21. Unless otherwise agreed, all deliverables are to be submitted as drafts for review and comment by the PMU and WB, and thereafter amended and submitted as final versions. Other occasional deliverables may be required from time to time on an informal basis. The Service Provider shall assist the PMU and PIUs to maintain an electronic safe backup of all related documentation and submit one electronic version of every report listed in Table below.
22. The reporting/submission format will be consistent with the requirements of WB and the Government of Nepal and will be agreed between the Service Provider and PMU from time to time.

The reporting formats shall further be subject to the amendment/modifications from time-to-time in consultation with the PMU and WB. The Service Provider will submit at least the following reports at periods stated hereunder in Table below.

Table 2: List of Minimum Deliverables and Schedule

| Reports | No. of hard copies | Time schedule |
|---|---------------------------|--|
| Inception Report: demonstrating Service Provider's understanding of the TOR and ensuring plan of action and timeline for various activities. | 5 | Within 30 days from the date of issuance of Notice to Proceed. |
| Monthly Progress Reports: covering a summary of the activities performed and mobilization during the month, problems encountered, solutions proposed/adopted, corrective actions (if required) and the activities planned for the coming month. | 5 | Every month within 5 days of the commencement of next calendar month. |
| Quarterly Progress Reports: covering a summary of the activities performed and mobilization and disbursement during the quarter, problems encountered, solutions proposed/adopted, risks identified, corrective actions (if required) and the activities planned (and disbursement projected) for the coming quarter. | 5 | Every quarter within 10 days of commencement of next quarter. |
| Annual Progress Report: covering a summary of the activities performed, disbursement achieved and mobilization status during the year, problems encountered, solutions proposed/ adopted, risks identified, corrective actions (if required) and the activities planned (and disbursement projected) for the coming year. | 5 | Every year within 15 days of commencement of next year. For the purpose of Annual Progress Report. The year shall mean and refer to calendar year. |
| Mid Term Report: covering a summary of the activities performed, disbursement achieved and mobilization status during the period, problems encountered, solutions proposed/ adopted, risks identified, corrective actions (if required) and the activities planned (and disbursement projected) for each coming quarter. | 5 | 30 days before fielding of the mid-term review (MTR). |
| Draft Completion Report: The document shall comprise completion report of each activity and completion report of the project on the whole. Describing the project background, activities performed v/s committed timeline, problems encountered, risks identified, corrective actions taken, and lessons learnt. | 5 | Within 30 days of completion of Consulting Service Assignment. |
| Final Completion Report: Incorporating the comments of the PMU and WB, describing the project background, activities performed v/s committed timeline, problems encountered, risks identified, | 5 | Within 15 days of issuance of Client's comments on Draft completion report. |

| Reports | No. of hard copies | Time schedule |
|--|--------------------|--|
| corrective actions taken, and lessons learnt. | | |
| Safeguard (Environmental, social and resettlement etc) Reports: As per WB's procedure and format. | 5 | Starting from 3 months (and no longer than 6 months) from the date of issuance of Notice to Proceed (unless agreed otherwise during the Contract negotiation). |
| Management Information System tool/ PPMES: Information Technology (IT) based Project Performance Management Evaluation tool capable of monitoring and implementation of the project; identify performance constraints; and formulate and implement practical measures to address shortcomings. This tool shall be capable of disclosing key project-related information, including costs, safeguards, procurement status and progress, amount of contract awarded, billing and disbursement, etc. | Soft copy only | Within 60 days from the date of issuance of Notice to Proceed. |
| <p>Project Completion Report: In WB format covering</p> <p>(i) a concise description and assessment of the project from identification to completion;</p> <p>(ii) evaluating the adequacy of preparation, design, implementation arrangements, and performance of the PIUs, including how problems were handled, whether they were foreseen as potential risks, and the adequacy of the solutions adopted during implementation;</p> <p>(iii) a preliminary evaluation of initial operation, and achievement and sustainability of benefits;</p> <p>(iv) a preliminary evaluation of the extent of achievement of the outcome of the project and the project's contribution to achieving the expected impact;</p> <p>(v) suggest follow-up actions required during project operation; and</p> <p>(vi) Make recommendation - based on the evaluation and lessons - for future project implementation and operation, as well as improvements in related WB procedures.</p> | 5 | Within 3 months from the date of completion of the Project. |
| Any other reports | As required | As and when required by PMU /PIUs |
| <p>Note: The Service Provider will deliver hard bound copies of all reports to the Client as mentioned above plus one editable electronic format copy on CD or DVD, clearly marked in permanent marker with the file name contents and date. All deliveries will be covered with an accompanying letter of</p> | | |

| Reports | No. of hard copies | Time schedule |
|---|--------------------|---------------|
| delivery, signed and dated by the Service Provider's designated contact person. | | |

J. CLIENT'S INPUT AND COUNTERPART PERSONNEL:

23. Services, facilities and properties to be made available to the Service Provider by the Client:

- (i) The documents related to the ongoing works and those in the pipeline shall be made available to the Service Provider for performance of its obligations;
- (ii) Office premises including its maintenance, electricity and water shall be provided by the Client free of cost;
- (iii) Cost of activities covered under the Provisional Sums shall be spent only on the PMU's prior approval;
- (iv) No vehicles shall be provided by the project. The Service Provider are expected to manage the vehicles as required for uninterrupted field movement. The cost of hiring vehicles shall be assumed to cover the expenses of vehicles, including those required for mobile clinics, throughout the contract period in PMU and PIUs; and
- (v) The SP shall price all direct and /or indirect cost that it envisages to be incurred for the performance of its services (except those stated above) in its financial proposal. No additional payments shall be made for such expenses and the cost shall be deemed covered in out-of-pocket expenses.

24. Facilities, to be managed by the Service Provider:

- (i) The SP shall carefully work out the number and position of administrative and support staff (office managers, office secretaries, messengers etc.,) required for the proper delivery of the services, and will include the associated costs in its financial proposal. The SP shall ensure the adequacy of the support staff proposed in its proposals. Any additional staff or inputs shall be the responsibility of the SP at its own costs. If any of the support staff is deemed inadequate by the Client to deliver the services, the Client shall instruct the SP to deploy such staff at its own cost.
- (ii) The SP will make available to its experts, and the supporting staff necessary office space, logistics, and consumables such as the computers, laptops, photocopiers, printers, communication and other equipment, other facilities for the entire contract period. It is expected that the cost of such expense will be part of the financial proposal, and the Client will not pay for these elements separately. After completion of the contract, equipment purchased under the project and paid under the contract shall be handed over to the Client.
- (iii) The SP shall ensure that their mobilized staff on the project will get access to vehicles for delivering the services. For this purpose, the SP shall hire the vehicles for the entire contract period, and the vehicles shall be well maintained during the contract period. The cost for the hire, repair/maintenance, and operation of vehicles & equipment including fuel, lubricant, drivers, vehicle registration renewal and insurance, operation and management of mobile clinics, shall be included in the financial proposal of the SP.

25. Professional and support counterpart personnel to be assigned by the Client to the Service Provider's team:

The Client shall provide the counterpart staff for supervision of activities in the field as available; it will be discussed, agreed, and finalized during contract **negotiations**.

26. The client will provide the following project data and reports to facilitate preparation of the proposals:

- (i) Copy of Project Operation Manual (POM) on the link <https://mowcsc.gov.np/>
- (ii) Other relevant necessary information required as available with the PMU.