Annex II

CALL FOR GENDER-BASED VIOLENCE PREVENTION & RESPONSE IMPLEMENTING PARTNERS

Terms of Reference for the implementation of the Gender-Based Violence Prevention and Response Project in Nepal, Phase II

Project Title:	Gender-Based Violence Prevention and Response Project in Nepal, Phase II
Project Timeline	05 August 2020 – 04 August 2024
Application opening date	10 November 2020
Application closing date	11 December 2020
Anticipated contracts start and end dates	01 January 2021 – 04 August 2024
Project locations	Selected Districts and Municipalities in Province 1 and Sudur Paschim Province in Nepal

Table of Contents

A. BACKGROUND AND RATIONALE

1. Gender-Based Violence in Nepal: Situational Analysis

According to the 2016 Nepal Demographic and Health Survey (DHS), one in five women in Nepal aged 15-49 have experienced physical violence since the age of 15, and at least one in four (26%) ever-married women have ever experienced spousal physical, sexual, or emotional violence. The most common type of spousal violence is physical violence (23%), followed by emotional violence (12%). Of those experiencing physical or sexual violence, a majority (66%) have not sought any help or talked with anyone about resisting or stopping the violence they experience. 84% of women reported that their current husbands were the perpetrators of violence against them, 11% reported former husbands and 7% reported their mothers-in-law as perpetrators. Although reported experiences of violence do not seem to vary by urban-rural locations, nor do they necessarily signal higher GBV prevalence, more women in *Terai* (1 in 3) reported violence than in the hills and mountains (1 in 5), with Province 2 topping the list with 37% women reporting spousal violence.

These already alarming figures are at best conservative estimates, given how challenging it is to generate accurate data on violence against women and girls. This is because of the intensely personal nature of self-reporting that is required, as well as the fear of potential retribution. Also, in the Nepal context, where social norms normalize violence, women and girls do not label their experience as a violation and as something "wrong". In the experience of UNFPA and other development partners working to end GBV, women's and girls' initial response is to deny inequality, discrimination and violence in their lives, and it is only after sustained sharing of information and reflections with them that their lived experiences are understood as violations. Evidence from the GBVPR project suggests that a majority of the women accessing One-Stop Crisis Management Centres (OCMCs) were referred from the out-patient-department of the hospitals, complaining of somatic symptoms which were later investigated by doctors to be indicative of gender-based violence. Regardless of the under-estimation of official data on gender-based discrimination and violence against women, development partners in Nepal and the Government of Nepal agree that the problem is significant enough to warrant prioritization in their plans and budgets (notwithstanding insufficient efforts).

While all evidence indicates that high prevalence and acceptance of violence against women and girls in Nepal, as in many parts of the globe, are rooted in patriarchal social norms that value men and boys over women and girls; popular narratives on violence against women and girls, especially among men are at best ill-informed, and at worst, harmful. Focus-group discussions with men, including elected representatives, reveals that there is either a strong denial of discrimination and violence against women and girls, or blaming of women and girls for their incompetence and illiteracy. Women on the other hand, move from denial to acknowledging the inequalities and violence but tend to justify them—"if girls are sent out, they will run away or some harm will come to them; if we do not follow rules of segregation during menstruation, we will be punished by the gods; men beat women only when and because they are under the influence of alcohol".

Traditional forms of violence against women continue and newer forms are being reported—, polygamy, sexual coercion, exertion of control in mobility and social interactions, and crimes such as acid attacks due to suspicion and jealousy, and victimization using phones and social media[1]. A popular view in public policy discourse in Nepal has been that women's empowerment is key to eliminating violence and this view is echoed across the country, across all three tiers of government. However, while empowering women must be a goal in itself, it is not enough for stopping the violence. It does seem to correlate positively with higher reporting, but does not necessarily mean "empowered" women are not being violated. Indeed, women who are getting educated and employed are disproportionately represented among those reporting violence (NHDS, 2016). This does not mean that education or employment is a driver of violence but suggests that perhaps educated and financially independent women are more likely to report.

Table 1: Popular narrative from the field on women and girls (by men)

"Women are uneducated, they do not understand, we (men) have a responsibility to make them understand (including by beating them to teach them a lesson)"; "women misuse the hard-earned money of their husbands and that is why husbands get angry"; women whose husbands have migrated, blow away the remittance, become sexually wayward, and elope with other men"

Regardless, it is clear that violence against women continues even when women are getting educated and going out to work; therefore, women's empowerment alone is not abating violence and interventions need to focus on those committing the violence to stop. In GBVPR project locations, men and women report that familial conflicts are the root cause of violence and they link familial conflicts to poverty and alcohol abuse. There are also reports of how micro-credit initiatives that exclusively focus on women are seen as fueling discord between couples: men believe that women take loans, "blow the money away" and then demand from husbands to repay the loans. Widespread male underemployment and related stress are also reported as contributors to violence against women and girls.

2. Project Background

UNFPA is a leading player in the area of Gender-based Violence prevention and response in Nepal. Active in Nepal since 1971, UNFPA has among other programmes, enhanced the national response to gender-based violence in partnership with donor partners, civil society, and government stakeholders. The country office manages a portfolio of GBV programmes focused both on multi-sectoral essential services and on prevention. UNFPA also implements programmes to address harmful practices such as prevention of early marriage by working at all levels: at the community level to empower adolescent girls with life skills training and support, as well as with parents, community, and influential members to create an enabling local environment. At the policy level, UNFPA works with government stakeholders to address legislative and policy gaps and build the evidence base on early marriage. UNFPA also works to ensure that girls who are already married can receive family planning support to prevent early pregnancy, which can have serious health implications.

Since 2016, UNFPA Nepal has been implementing two Gender-Based Violence Prevention and Response (GBVPR) projects in Province 1 and 3 (Okhaldhunga, Udayapur and Sindhuli) with the

[1] Overseas Development Institute, 2017: Understanding intimate partner violence in Nepal through a male lens

support of the Swiss Agency for Development and Cooperation (SDC), and in Sudurpaschim Province (Accham, Bajhang, Bajura and Baitadi) with the support of the Norwegian Ministry of Foreign Affairs (NMFA) represented by the Royal Norwegian Embassy (RNE) in Nepal, respectively. With the ending of Phase I of both projects by December 2020, the Phase II project will continue as a joint effort by SDC, RNE, and UNFPA with a start date of 05 August 2020.

The main goal of Phase II is, in partnership with other agencies and service providers, to reduce all forms of gender-based violence (GBV) and discrimination against women and girls in Province 1 and Sudur Paschim Province in Nepal. The project will be implemented in four Rural Municipalities, 13 Municipalities, and 2 Sub-Metropolitan Cities in 8 districts (Morang, Okhaldhunga, Udayapur, Kailali, Accham, Bajhang, Bajura, and Baitadi) in the two provinces, from 05 August 2020 to 04 August 2024.

3. Results from Phase I of the Project

In 2016, the United Nations Population Fund (UNFPA) in collaboration with the Government of Nepal, and supported by the Norwegian Embassy and the Swiss Agency for Development and Cooperation, launched the first phase of projects in Province 1, Province 3 and Sudurpaschim that aimed to reduce GBV by empowering women and girls and strengthening response services. Lessons learnt from these projects include:

- The importance of strengthening One-stop Crisis Management Centres (OCMC), through recruiting and training personnel, since OCMCs play a central role in the provision of integrated multi-sectoral health and psychosocial services to GBV survivors when fully functional.
- A significant increase in service-seeking behaviour among survivors of gender-based violence occurs when services are in place that meet the minimum standards.
- The investment in training and deploying community-based psychosocial workers (CPSWs) for facilitating referrals and providing outreach services including psychosocial first-aid has been instrumental in strengthening the link between survivors and service providers, thereby encouraging reporting and help-seeking behaviour.
- The sustainability of the projects has been enhanced through institutionalizing response mechanisms at the community level, thereby creating a demand for services and resulting in local authorities integrating key activities in their plans and budgets.
- Local Governments have also invested in safe house construction and maintenance for effective service delivery. Inter-governmental coordination has been strengthened to mobilize joint resources for shared services like safe houses and OCMCs.
- Capacity development interventions among Nepal Police, Judicial Committees, health service providers, LG officials, and other relevant stakeholders have contributed to gender-sensitive service delivery, and knowledge on the importance of gender equality, Gender Responsive Budgeting, Sexual and Reproductive Health Rights and other GBV related issues and related mechanisms to prevent and respond to GBV.

While response activities garnered substantial improvements in the referral pathway, on the prevention side results were more mixed hence new prevention approaches were designed for the roll out under the second phase.

4. Project Intervention Strategies

The intervention strategies of the project, that is, its action areas, are derived from a joint UN Framework-RESPECT. These actions will be implemented at 3 levels - micro, meso, and macro - and the philosophy, methodology, and content of interventions will be guided by established *approaches*, including REFLECT Methodology; Gender Transformative Approach, and Survivor-Centered Approach. These approaches are the core of all interventions and will be uniformly applied across intervention areas and target groups: with rights holders, as well as with duty bearers-both service providers and policymakers.

REFLECT[2] is a participatory learning **method** of facilitating group learning and action and will be applied to all group education interventions with men, women, boys and girls. It was originally developed by ActionAid in the early 90s to support adult literacy and has since been adapted and applied in different programmes across the world, such as SASA! and Promundo. It has also been adapted and applied by various organizations in Nepal, including for changing social norms around gender by organizations such as CARE, ActionAid, and UNFPA's partners such as WOREC. Under this approach, groups of learners are convened to learn about new concepts through participatory methods such as games, role-plays, discussions, and critically analyze different aspects of their own lives. These become the basis for a process of learning new words, gaining awareness of what causes underlying problems, and identifying action points and taking them forward. Reflect involves a continual cycle of reflection and action, neither is taken in isolation. The focus of this approach is on methods of learning and it can be applied to any content, including gender, citizenship, land rights, human rights, local level development planning, and so on.

Gender Transformative Approach (GTA) provides content and tools explicitly concerned with transforming understanding, attitudes, and behaviours specifically related to gender. While the method for conducting group-education is guided by the REFLECT methodology, the content for group education for rights holders and duty bearers on gender will be guided by a GTA where participants - rights holders as well as duty bearers, improve their understanding on root causes of inequalities and are enabled to intervene to transform gender roles, norms and power relations in their own personal lives, in the way in which service providers deliver (communicate) services and in the way in which policies, standards, plans, and budgets are drafted and executed. It is based on the understanding that men and women both hold traditional views of hegemonic masculinities, femininities, and internalized values of oppressing and being oppressed, respectively, and that unless these views are critically examined, they cannot progress towards gender equality.

A GTA facilitates men and women (and boys and girls and non-binary individuals) to critically examine these views and values. It promotes the examination of inequalities and gender roles, norms, and dynamics by recognizing and strengthening positive norms that support equality and build an enabling environment, promote the relative position of women, girls and marginalized groups, and transform the underlying social structures, policies and broadly held social norms that perpetuate and legitimize gender inequalities[3]. This kind of content is expected to change perceptions, attitudes and, in the long term, behaviours of individuals—rights holders as well as duty bearers. The GTA will be a common thread across all interventions in Phase II and will be applied in all the models, guidelines, training modules, methodologies, critical reflection sessions with rights holders and duty bearers, and

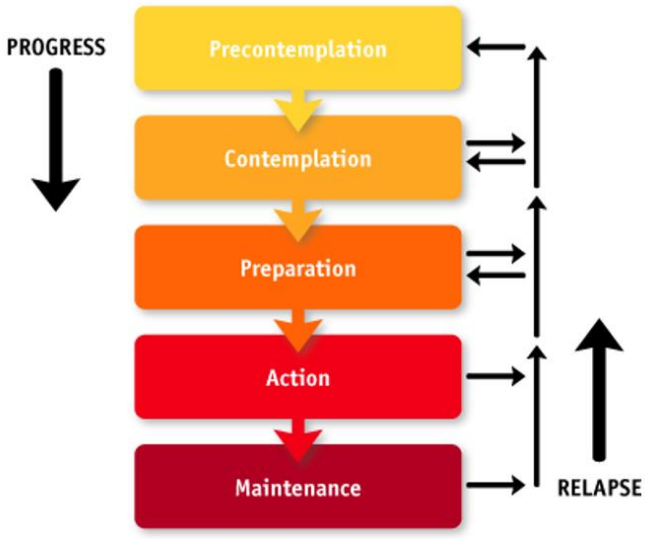
[2] Download available from https://www.actionaid.org.uk/sites/default/files/doc_lib/190_1_reflect_full.pdf

[3] From UNFPA, UNICEF and UN Women's joint technical note on gender-transformative approaches in the global programme to end child marriage. Phase II: a summary for practitioners

technical assistance. A resource on the GTA, including materials, methodology, and a pool of master trainers derived from training institutions will drive this approach throughout the project.

Iterative approach to building capacities: For most individuals, behaviour change occurs gradually with the person progressing from being uninterested, unaware, or unwilling to make a change (pre-contemplation), to considering a change (contemplation), to deciding and preparing to make a change (preparation). This is followed by definitive action and attempts to maintain the new behaviour over time (maintenance). People can progress in both directions in the stages of change. Most people will "recycle" through the stages of change several times before the change becomes fully established. For this kind of change to happen, sustained investments over time are required. Through a pre-determined sequence of iterative training, individuals and groups of community women, men, girls, and boys will be able to reflect and deliberate collectively on social norms, analyze barriers to change and make action plans for shared commitments on what beliefs and practices need to be changed for imbibing sustainable norms change.

Figure 2: Stages of change Model



Source: Adapted from DiClimente and Prochaska, 1998

Lessons learned from Phase I suggest that where the capacity building has been sustained, results were far more effective in transforming perspectives and behaviours than a one-off, 10-day workshop for female community leaders who were expected to facilitate norm change. Sustained activities included a 10-day training session followed by regular mentoring/coaching and supervision throughout the project period (e.g. CPSWs) and engaging girls in learning and discussions once per week, for a whole year (Rupantaran). Based on the understanding of what it takes to change behaviour and lessons from Phase I, UNFPA will promote the GTA through iterative capacity building of rights-holders as well as service providers and elected representatives. The iterative capacity building relies on skilled facilitators and there is a dearth of master trainers on the GTA in Nepal, which has negatively affected the quality of training and facilitation at the community level. Accordingly, in Phase II, iterative training will be used for developing a pool of master trainers (selected at institutional rather than individual level) who would then provide iterative training and mentoring to community-based facilitators and trainers of service providers.

Survivor-Centered Responses: Survivor-centered approaches place the rights, needs, and desires of women and girl survivors at the centre of service delivery. This requires consideration of the multiple needs of survivors, the various risks and vulnerabilities, the impact of decisions and actions taken, and ensures that services are tailored to the unique requirements of each individual woman and girl[4]. The approach ensures that the burden of identifying and accessing services is not on the survivors, that survivors' needs and wishes are respected by all service providers, and that she is provided with timely and quality services in a safe, confidential, and non-judgmental manner. At each step in the referral pathway, the survivor should be supported with information and in making a plan for their safety

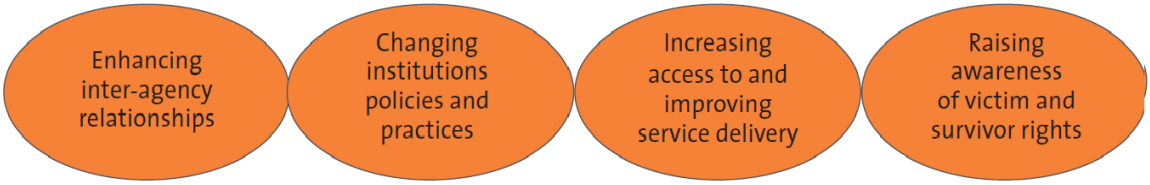
[4] Essential Services Package Module 1

(skills, negotiation, who to reach for intervention/support, etc.). At each stage, all service providers should adopt a GTA and offer encouragement, empathy, and respect her wishes and needs.

Service providers are also required to interact with survivors in ways that increase their power in personal, interpersonal, and social arenas (service provider as a facilitator, a survivor as decision-maker). In Phase I, UNFPA has been successful in creating greater access to services, establishing referral pathways, and enabling service providers to provide multiple services to survivors. While the survivor-centered response was a guiding principle in Phase I as well, embedding it was challenging given the various biases and pressures that influenced service providers. For this reason, in Phase II UNFPA will work with all levels of governments and all service providers to deepen their understanding of the delivery of the survivor-centered response as elaborated in the UN Essential Services Package for Women and Girls Subject to Violence (UN ESP).

Multi-sectoral Coordinated Responses: Given that the needs of survivors are multiple (shelter, psychosocial, medical, legal, financial, etc.) and that these needs fall under the mandate of different partners, a prerequisite of the survivor-centered approach is a multi-sectoral response, as opposed to individual needs being met in silos by different actors, often with different perspectives and messaging. A multi-sectoral coordinated response is recommended by international standards to ensure that the response to violence against women and girls is comprehensive, multidisciplinary, coordinated, systematic, and sustained – see Figure 2 below.

Figure 3: Common Components of a Coordinated Response[5]



Multi-sectoral responses need to be geared towards restoring dignity to survivors and improving survivors' sense of self-efficacy and hopefulness. It is a process that is governed by laws and policies and involves a collaborative effort by multi-disciplinary teams, personnel, and institutions from relevant sectors to implement laws, policies, protocols and agreements while communicating and collaborating to prevent and respond to violence against women and girls. In Phase I, prior to the adoption of federalism in Nepal, UNFPA facilitated multi-sectoral coordination at the local level through the District Development Committees. In the new governance structure, new mechanisms for coordination are evolving and UNFPA will work with these mechanisms to develop protocols as per UN ESP and build common perspectives and capacities so that survivors receive a coordinated and survivor-centered response.

Whole-of-Community Approach: This means, all people and all services and governments in target locations will be covered by one intervention or another related to the project objectives. So for instance, in a selected ward and its selected population, men, women, boys, and girls will be reached through group education and/or family dialogue; service providers catering to the selected

[5] Essential Services Package Module 5

population, such as all health facilities, shelters, justice sector, schools will be reached through capacity strengthening interventions and all relevant government offices such as ward offices and LGs will be reached through policy dialogues and interventions to strengthen systems, mechanisms and policies. This approach is based on an understanding that no single intervention, however powerful, can eliminate violence against girls and women, and that change needs to happen at the individual, relationship, community, and societal levels. This socio-ecological understanding of GBV views interpersonal violence as the outcome of interaction among all the four levels. While UNFPA attempted to address all four levels in Phase I, integration efforts required strengthening. Based on lessons learned from Phase I and global evidence, in Phase II UNFPA will adopt a "whole-of-community" approach: at the relationship level (through interventions with families and in afterschool activities); at the community level (through promoting social networks and services) and at the societal level (through the promotion of laws, policies, plans). The whole-of-community approach is expected to "saturate" communities in a way that higher numbers of rights holders and duty bearers in a community are reached through one or more interventions. This will achieve complementarity among all interventions for women and men, girls and boys, and interventions for service providers (health and psychosocial, shelter, legal/police, local governments) and elected representatives of the community.

Working with men and boys: A key component of the whole-of-community approach in Phase II will be working with men and boys who have been traditionally excluded in interventions to end violence against women and girls, despite evidence that men and boys form the large majority of perpetrators of this violence. In Phase II, UNFPA will deepen engagement with men and boys to facilitate change in their attitudes and behaviours through critical reflection group education to prevent them from violating women and girls and to encourage them to take action to address GBV in the community. UNFPA will not engage men and boys in isolation but as part of the whole-of-community approach. According to an assessment conducted by UNDP, GBV programmes in Nepal have made substantial progress in providing a coordinated response to GBV victims, however, most prevention efforts have not actively employed gender-transformative programming approaches including those designed to target men.

Phase I interventions also faced challenges with engaging men and boys, in part due to lack of experience among implementing partners on working with men and boys. Towards the end of Phase I, the project has piloted interventions with young boys that focus on critical reflection on hegemonic notions of masculinities and the results are promising. Simultaneously, other development partners have piloted similar interventions with men and found varying degrees of success. CARE in Nepal, for instance, has described its model of engaging men (and women) as "synchronization" (see figure)[6]. Based on these evolving models, the project will

Fig 4: CARE Syncronisation Model

[6] Men and women in same sex groups go through processes of conscientisation (reflect on hegemonic masculinities, gender, power and privilege in their lives); intimate dialogue (conversations with intimate partners and within families); building the base (building male allies for social support and solidarity); stepping out, stepping up (men undertake campaigns and facilitate

focus on engaging men and boys through transformative group education in communities and schools respectively, as well as through facilitated dialogues among family members. Elected male representatives, as well as men in service provision (doctors, health workers, police, lawyers, etc.), will be engaged in transformative group education through iterative trainings to critically reflect on their own notions and values on gender inequality and GBV, change their perspectives and consequently transform the way in which they receive and respond to information and cases on GBV.

Since models for correctional and therapeutic interventions for perpetrators have not met with much success, the project will not specifically work with perpetrators but will focus on working with men in the general population which will inevitably include current/former perpetrators. UNFPA will also build the capacities of service providers along the referral pathway (except the police and courts), from CPSWs to health workers including at OCMCs and shelters on dealing with perpetrators they come into contact with, to protect themselves, protect survivors from further harm and to convey key messages to the perpetrators.

B. EXPECTED RESULTS

5. Project Goal:

All forms of gender-based violence and discrimination against women and girls are reduced in two provinces in Nepal.

6. Outcomes:

i. Women and men, including girls and boys, increasingly prevent, report and address gender-based violence;
ii. Local governments, legal authorities, and health facilities provide effective (multi-sectoral) survivor-centered responses to Gender-Based Violence; and
iii. Local, provincial, and federal governments adopt and implement policies and budgets for the promotion of gender equality and the empowerment of all women and girls.

7. Project Log frame

Results	Indicators	Baseline	Phase target (2020-2024)
Goal: All forms of gender-based violence and discrimination against women and girls are reduced in 2 provinces in Nepal.	Proportion of women and girls who have experienced any form of discrimination and/or violence - Physical, Sexual, Emotional (Verbal), Economic and Cultural - in the previous 12 months	TBD after baseline	17% reduction from baseline

discussions around gender and masculinities); and alliances for advocacy (male allies join women led feminist movements for social and policy change).

	Proportion of reporting women survivors who return to report repeated/continued violence	64.4%	47.5%
Outcome 1: Women and men, including girls and boys increasingly prevent, report and address gender-based violence			
Outcome 1:	Percent (%) of women and girls reporting cases on GBV as survivors	14.4% (NDHS 2016, reporting to doctors, police, lawyer & social org.)	17.7%
	Percent (%) of men and boys increasing their share in household chores	2.9% (KAP Survey 2019)	4.4%
Output 1.1 Community facilitators have the capacities to conduct reflective sessions with target groups on social norms	Percent (%) of facilitators trained with increased understanding of social norms and social norm change	48% (SMs, Rupantaran Fs & CSE teachers & PEER educators in 2019)	80%
Output 1.2. Individual and groups of men, women, boys, and girls have enhanced capacity to challenge discriminatory social norms	Percent (%) of individuals trained in each target groups who are able to identify discriminatory social norms	33.5% (KAP survey 2019) (average score)	67.0%
	Number of instances of follow up by CBOs with the justice system	146 (6 districts of P1&P7 Jul-Dec.19) (This is based on follow up by IPs, need verification to identify # followed up by CBOs)	1,423
	Number of cases referred by influential leaders	45 (6 districts of P1&P7 Jul-Dec.19)	439
Outcome 2: Local governments, legal authorities, and health facilities provide effective (multi-sectoral) survivor-centered responses to gender-based violence			
Outcome 2.	Percent (%) of GBV survivors reporting satisfaction with services received from OCMC	82% (2019)	95.0%
	Percent (%) of GBV survivors reporting satisfaction with services received from shelter homes	89% (2019)	95.0%
Output 2.1 Government and non-governmental actors have enhanced capacities for the provision of quality services through temporary shelter homes for survivors	The number of GBV survivors who received services at a set standard from shelter homes.	815 (2019)	3,854

Output 2.2 The health sector has enhanced capacities for the provision of quality services through one-stop crisis management centers, health posts and network of female community health workers	Number of GBV survivors who received minimum standard services from OCMC	1,280 (2019)	6,055
Output 2.3 Local governments have enhanced capacities to provide community-based psychosocial services which are institutionally linked through the referral pathways	Number of GBV survivors referred by CPSWs along the referral pathway (disaggregated by type of service - shelter, OCMC, police)	207 (2 districts of P1, Jul-Dec. 2019)	3,480
Output 2.4 Informal and quasi-justice systems are strengthened to mediate GBV cases through a gender transformative approach	Number of community mediators and Judicial committee trained on GTA	35 JCs, 0 CMs	114 JCs, 38 CMs
Outcome 3: Local, provincial and federal governments adopt and implement policies and budgets for the promotion of gender equality and the empowerment of all women and girls			
Outcome 3:	Number of local and provincial governments assembly who have formulated/updated GEWE policies that are consistent with federal GEWE framework	0	9 local and 2 provincial governments
	Percent (%) of the budget allocated for GE and WE in governments' plans at the local, provincial and federal level	TBD after baseline	40% increase from baseline
Output 3.1 Local and provincial governments have improved capacities to implement gender-responsive plans, policies, legislation, and budgets	Number of LGs and Provincial governments (elected and staff members) trained on GTA	0	776
	Percent (%) of local governments that allocate budget for GBV programme	26% LGs (2019)	56% LGs
	Number of LGs and wards that adopt ESP protocols developed for effective multi-sectoral coordination/response	0	87 Wards of 19 LGs
Output 3.2 Local and provincial governments have improved	GEWE indicators are incorporated in the LISA[7]	No	Yes

[7] The LISA database is a self-reporting mechanism for Local Government, it is not yet operational, but the project will liaise with other UN Agencies and DP to ensure that GBV indicators are included.

collaboration and coordination on shared multi-sectoral services on GBV	Number of coordination meetings are held as per standard (ESP) protocol	0	133 (19 LGs*2 per year, but only one in Y1)

C. SCOPE OF WORK

The applicant organization must complete the proposal narrative (technical bid) and outline which of the above specific outcomes along with the related outputs and activities in the log frame above, the partner will contribute to. All proposals must outline how disability and social inclusion, environmental protection, accountability to affected populations (AAP), protection from sexual exploitation and abuse (PSEA), gender equity including among staff, staff welfare, and a respectful working environment will be addressed by the partner.

Successful partners for outcomes 1 and 2 will receive, as necessary, technical support and capacity building training onsite and distance support. Potential partners are encouraged to identify any gaps in capacity within a specific technical field or other relevant areas to implement the project for which they would require UNFPA technical or other support.

The procurement process and these terms of reference (ToR) are divided into 3 separate contracts:

- **Contract 1:** Procurement of an implementing partner to lead and implement Outcome 1 of the project which is focusing on GBV prevention activities.
- **Contract 2:** Procurement of an implementing partner to lead and implement Outcome 2 of the project which is focusing on GBV response activities.
- **Contract 3:** Procurement of an implementing partner to lead the design and development of curricula and training modules development; training of trainers; and institutional support, training and capacity building of UNFPA staff and the staff of selected implementing partners for rolling out prevention and response activities in outcomes 1 and 2.

In addition, an Operational Research partner (procured separately to this contract) will conduct independent operational research over the duration of the project, working closely with successful applicants for this ToR to ensure results and recommendations are monitored, measured, analyzed and fed back into ongoing implementation activities.

Therefore, all proposals must clearly outline how your organization will collaborate and work closely with the partners selected to deliver the other two contracts unless your organization is proposing to lead and implement all three outcome areas, as well as the operational research partner.

8. Contract 1: Outcome 1 - Implementing Partner to lead on GBV Prevention

Contract timeline: from date of contract appointment to project end date (04 August 2024)

This outcome area focuses on transforming attitudes, beliefs, and norms that perpetuate gender inequality, discrimination and violence against women. It is now widely recognized that violence

against women is preventable, and there is now more information than ever before about what works to prevent violence against women. Under this outcome, the project will implement 5 of the 7 strategies for prevention of violence against women and girls that have recently been adopted by several UN agencies, including UNFPA[8]:

- strengthening relationship skills,
- empowering women,
- making environments safe,
- preventing child and adolescent abuse, and
- transforming attitudes, beliefs, and norms.

The successful applicant for this contract will assume responsibility for delivering GBV prevention activities as outlined in the Log Frame and Programme Document (ProDoc) and its associated annexes.

The selected partner will be responsible for the following interventions:

a) GBV PREVENTION THROUGH CHALLENGING HARMFUL SOCIAL NORMS AND PRACTICES

i. **Family Dialogues:** The selected partner will be responsible for delivering gender-transformative family dialogues at the household and community level through a mix of group-based, same-sex (mothers, daughters, sisters, female in-laws, and fathers, sons, brothers, male in-laws), and couples (married or unmarried cohabiting couples) workshops and dialogues within households. Families will be selected in consultation with LGs, as per their mapping according to economic status, caste, and ethnicity, among other markers. The selected partner will coordinate closely with the technical content and capacity building partner (contract 3), as needed, to develop revised curricula and training methods that will guide these interventions.

   Sessions will include topics on relationships, traditional notions of masculinities and femininities, harmful practices, power dynamics, household roles and responsibilities, social and gender norms, alcohol use, sexual desire and consent (with couples only), effective communication, joint decision-making, conflict resolution, collective action for social norm change and survivor support. Part of the curriculum will require participants to plan and execute collective action in the community (peer effect) to promote new social norms. Collective actions could include holding discussions with their neighbours, conducting awareness through local art forms such as theater, songs, and dance, making representations to public institutions such as schools or health facilities and to local governments.

ii. **Group discussions with men and women's groups (age 18-45):** The selected partner will reach households not participating in family dialogues through engaging closely with existing Community Based Organisations (CBOs), cooperatives or community groups that targeted beneficiaries are a part of, such as mother's groups or forest user's groups. New groups will only be mobilized where none already exists. The partner will ensure that the selection of members will prioritize coverage of the most vulnerable communities. Same-sex group education sessions will be interspersed with

[8] WHO with UN Women, together with, the Office of the High Commissioner for Human Rights (OHCHR), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), the Government of the Netherlands, Swedish International Development Cooperation Agency (SIDA), UK Aid, United States Agency for International Development (USAID) and the World Bank Group have developed RESPECT women: preventing violence against women – a framework aimed primarily at policy-makers.

mixed group discussions. Each group will participate in fortnightly sessions over 6 months, which will be facilitated by community facilitators trained in the curriculum and methodology.

Sessions will include topics on social and gender norms, traditional notions of masculinities and femininities, relationships, power dynamics, household roles and responsibilities, alcohol use, consent, effective communication, joint decision-making, conflict resolution, collective action for social norm change, and survivor support.

iii. **Deliver a revised Rupantaran Package for Adolescent Girls and Boys (age 12-18):** This is the Government of Nepal's approved package for intervention with adolescents, which will be revised and adapted by the technical content service provider (contract 3) to contain a stronger GBV prevention focus for adolescents. The selected partner for contract 1 will implement the package through out-of-school, group-based education. Same-sex group discussions will be interspersed with mixed-sex discussions. The project will train peer educators among adolescent boys and girls to facilitate the rollout of the revised Rupantaran curriculum.

Based on lessons learned from Phase I, mentoring and supervision of trained peer educators will be built into the intervention. Adolescent peer groups will continue to be supported in conducting campaigns, community theater, and peer education in their communities. Each year, 40 adolescents (20 girls and 20 boys) from 83 schools will graduate from the revised Rupantaran package as schools remain a crucial entry point for this demographic. In addition, based on pilots introduced in Phase I in response to demand from adolescent girls, GBVPR had linked adolescent girls and boys with the SDC funded project ENSSURE for career counseling, and at least 15 girls who received such counseling were selected for and provided with vocational training. Based on this promising practice, in Phase II, the project will continue to refer adolescents in all project locations to ENSSURE and similar such initiatives.

iv. **Dialogues with opinion leaders (elected, religious, traditional, and other influential community leaders):** Based on learning from Phase I, the project will pilot interventions with opinion leaders, strategically engaging with them in dialogues to facilitate critical reflection. Religious leaders, together with scholars and other influential leaders, who together make 'opinion leaders' in their communities, will be mobilized to influence communities to give up harmful social norms that violate women and girls. Networks of religious leaders will be supported to campaign for gender transformative norms through mass media, community, and religious functions. Messages that challenge harmful cultural and superstitious beliefs will be developed in consultation with scholars and will be disseminated throughout the communities through schools, community dialogues, family dialogues, and in the mass media (radio/TV/community theater).

b) POLICY ENGAGEMENT AND DIALOGUES

i. **Policy dialogue** with governments for approval of revised guidelines at federal, provincial and local government level.
ii. **Event celebration and advocacy:** in collaboration with all project partners, deliver collective campaigns on 16-days activism to end VAW, International Women's Day and International Day of the Girl Child, among others.

iii. **Coordination and collaboration with partners implementing the project's operational research; the response activities (contract 2); and technical content development (contract 3**) to ensure closer working and engagement horizontally and vertically among all project partners.

Expected Deliverables: Contract 1

In close collaboration and coordination with operational researchers and the partners selected to deliver the other two contracts:

i. **Year 1:** In collaboration with Master Trainers trained under contract 3, deliver a cohort of well trained, effective, and active community facilitators and peer educators to deliver community dialogues and training (family dialogues, couples, mixed and same-sex groups) and rollout the revised Rupantaran package for adolescents.

ii. **Year 1–4:** Rollout gender-transformative community-based dialogues and training workshops challenging harmful practices and social norms that perpetuate GBV. Demonstrably contribute to changes in behaviour, attitudes, knowledge, and understanding of GBV through dialogues among families, men and women's groups (mixed groups and a men and boys' component) and among young people through the Rupantaran adolescents training package. Ensure that the data of the participants is well recorded, including scores and answers of pre- and post-training tests to identify the changes produced.

iii. **Years 1-4:** A network of trained community and opinion leaders challenging harmful social norms, superstitions, beliefs and practices, who deliver a series of messages, advocacy activities and media products in their communities signaling their support of women's rights, empowerment and upholding the value of women and girls in their community.

iv. **Years 2–4:** A series of collective actions in the community delivered by trained participants from family and community dialogues to promote positive, gender-sensitive, women and girls-friendly social norms. Collective actions could include holding discussions with their neighbours, conducting awareness through local art forms such as theater, songs, and dance, making representations to public institutions such as schools or health facilities and to local governments.

v. **Year 1–4:** Deliver an advocacy and policy package through engaging with the Government of Nepal at relevant federal, provincial or local level to approve and institutionalize relevant guidelines and protocols on the prevention of GBV and prioritization of women and girls-friendly government programmes.

vi. **Year 3-4:** Development and roll-out of a sustainability and responsible exit plan focusing on skills transfer, and sustaining results and promising interventions among Local Governments, community-based groups and organizations, human rights defenders, and relevant groups.

9. Contract 2: Outcome 2 - Implementing Partner to lead on GBV Response

Contract timeline: from date of contract appointment to project end date (4 August, 2024)

The purpose of this outcome is to ensure the availability and quality of coordinated multi-sectoral responses geared towards restoring dignity to survivors, and improving their sense of self-efficacy[9] and hopefulness[10] (indicators of wellbeing). It will ensure that the burden of identifying and accessing services is not on the survivors, that their needs and wishes are respected by all service providers, and the provision of timely and quality services in a safe, confidential and non-judgmental manner. At each step in the referral pathway, the survivor should be supported with information and in making a plan for their safety (skills, negotiation, who to reach for intervention/support, etc.).

At each stage, all service providers should adopt a gender transformative approach[11] and offer encouragement, empathy, and respect their wishes and needs. Service providers should interact with survivors in ways that increases their power in personal, interpersonal, and social arenas (service provider as a facilitator, a survivor as decision-maker).

The successful applicant for this contract will assume responsibility for coordinating and delivering GBV response activities as outlined in the Log Frame and Programme Document (ProDoc) and its associated annexes. This contract will focus on effective and quality service provision, oversight, training, capacity building and monitoring and data management/reporting among key GBV response service providers including shelter homes & safe houses; One-Stop Crisis Management Centres (OCMCs); Community Psychosocial Workers (CPSWs); police and legal service providers; and Judicial Committees & Mediation Centres.

The selected Implementing Partner will be responsible for delivering the following interventions:

a) SHELTER HOMES & SAFE HOUSES

Improving the quality of services in existing shelter homes and expanding training and mentoring support to any new or existing shelter home supported by the local government or NGOs in the district through the following activities:

i. **Aligning existing guidelines and trainings to international standards** such as the UN Essential Services Package.
ii. **Introducing specific standards for the care and protection of survivors under 18**, and for children accompanying survivors.
iii. **Strengthening the capacity of shelter staff to intervene using a gender transformative approach** and develop survivor-centered individual case plans, including plans for follow up.
iv. **Applying gender transformative and survivor-centered approaches** to dealing with perpetrators and their families.

[9] Belief that one is competent and able to perform the actions needed to achieve goals important to them

[10] Perceived availability of successful pathways related to goals

[11] Gender transformative approaches: programmes and interventions that create opportunities for individuals to actively challenge gender norms, promote positions of social and political influence for women in communities, and address power inequity between persons of different genders. They create an enabling environment for gender transformation by going beyond just including women as participants. They are part of a continuum of gender integration, or the integration of gender issues into all aspects of programme and policy conceptualization, development, implementation and evaluation. (quoted by UNFPA, http://www.healthconmcapacity.org/wp)

v. Introduce procedures **for systematic follow up** with survivors along the referral pathway.

vi. **Introducing data management systems and mechanisms** for the improved tracking and monitoring of services to maximize the use of data to inform interventions.

b) ONE-STOP CRISIS MANAGEMENT CENTRES (OCMCs)

In Phase II, the selected partner will build on gains made in Phase I and focus on improving the quality of services in existing OCMCs, while expanding the model to newer OCMCs in the referral pathways. Similar to the planned improvements to shelter homes, the focus will be on enhancing the quality of services being provided by OCMCs through:

i. **Aligning existing guidelines and training to international standards** such as UN Essential Services Package and the most recent WHO guideline on Strengthening Health Systems to Respond to Women Subjected to Intimate Partner Violence or Sexual Violence[12].

ii. **Introducing specific standards for the care and protection of survivors** under 18, and for children accompanying survivors.

iii. **Improving the capacity of health workers** through training and continuous mentoring to intervene using a gender transformative approach and developing survivor-centered individual case plans including plans for follow up. In addition, the partner will train and mentor health workers including Female Community Health Volunteers (FCHVs) at the health posts for their role in the identification, first level counseling and referral.

iv. **Applying gender transformative and survivor-centered approaches** to dealing with perpetrators and their families.

v. **Introducing data management systems and mechanisms** for the improved tracking and monitoring of services to maximize the use of data to inform interventions.

vi. Creating processes for **systematic follow-ups** with survivors.

c) COMMUNITY-BASED PSYCHOSOCIAL WORKERS (CPSWs)

CPSWs were piloted in Phase I, and women from communities with some previous experience in psychosocial care work were trained and appointed on an honorarium basis to provide front-line psychosocial services to survivors in the communities. Their role included generating awareness about GBV, providing psychosocial support and education to communities through sharing of information at meetings of various community-based organizations, identification of survivors, first aid counseling[13] (mostly listening, acknowledging), and most significantly, linking survivors to counselors/case managers at the OCMC. The selected partner will build on these results by leading the implementation of the following:

i. **Provide psychosocial support and referral services for GBV survivors at the community level:** CPSWs who are based at Ward Offices and who report to the LGs will provide basic psychosocial support (emotional support/psychological first aid) at the community level to GBV survivors. The selected partner will lead and guide CPSWs to coordinate and refer survivors to OCMCs for further intervention, follow up on referred GBV cases back in their homes/communities, and conduct awareness sessions with community-based organizations. CPSWs will also support survivors who have opted for mediation through community mediation centres or Judicial Committees, and accompany and support GBV survivors as required as they

[12] Strengthening Health Systems to Respond to Women Subjected to Intimate Partner Violence or Sexual Violence: A Manual for Health Managers. https://www.who.int/reproductivehealth/publications/violence/vaw-health-systems-manual/en/

[13] Psychological first aid (PFA) includes assessing needs and concerns; helping people address basic needs; listening to and comforting people and helping them feel calm; helping connect to information, services and social support; and protecting people from further harm.

access formal justice systems (police and courts). The selected partner will ensure that CPSWs will work closely with OCMC case managers and shelter home coordinators, while reporting to the Ward Office for administrative purposes, and to UNFPA implementing partners for programmatic purposes. The partner will also ensure that the GBV response service use data is well recorded, monitored and managed to inform reporting and programming at all times.

ii. **Appointment, training, and mentoring of CPSWs:** The project will support LGs to appoint 1-2 CPSWs per ward, depending on the number of households per ward. CPSWs will be appointed by LGs, with technical support from the selected partner in their selection, training, and mentoring. The partner will support participating LGs with technical assistance on cost-sharing with the goal of influencing the full adoption of CPSW costs by LGs by the end of the project. LGs who have been participating in Phase I will be supported to take on full cost-sharing earlier than LGs that join the project in Phase II.

d) FOSTERING ACCESS TO JUSTICE

Informal justice systems such as community mediation centres, and quasi-judicial bodies such as the Judicial Committees headed by LGs Deputy Mayors have been vested with the authority to mediate in cases of (non-criminal) conflict in the community, including GBV cases. There is a lot of confusion on the scope of their work, roles, and responsibilities and in the absence of training on gender equality principles and how to ensure gender-sensitive due process, mediations tend to conclude with survivors reconciling with perpetrators and being returned home, with little follow up on possible repeat offenses. The selected partner will lead in addressing the above issues through delivering the following:

i. **Technical assistance and training** on gender transformative and survivor-centered approaches to community mediation: the selected partner will provide technical assistance to LGs, quasi and informal justice systems to bring in gender transformative and survivor-centered approaches in their processes[14]. This support will comprise of training police, attorneys and lawyers, judicial committees on essential services package, coordination protocol, referral mechanism and GBV management.

ii. **Advocacy with LGs** for the presence of CPSWs during mediation sessions to ensure that the mandatory provision of psychosocial services to survivors is honoured. In addition to building capacities of LGs to train and support CPSWs, the successful partner will also enhance the capacities of community mediators and Judicial Committees to mediate using survivor-centered and gender transformative approaches towards both survivors and perpetrators.

e) TECHNICAL ASSISTANCE, COORDINATION, AND COLLABORATION

To successfully deliver a functional referral pathway and build capacity among service providers, the successful applicant will deliver the following:

i. **Technical assistance** to LGs, provincial governments for strategic planning (including sharing of services) of OCMC, CPSW and FCHV services in their locations.
ii. **Training and mentoring** elected representatives and administrative officials at ward, local and provincial levels on Gender Transformative Approach and gender-responsive planning and budgeting.
iii. **Review and revise existing referral mechanisms and pathways**, draft Standard Operating Procedures (SOPs) for referral among service providers and link survivors with existing programmes for skills

[14] UNFPA will draw upon the model developed by the International Rescue Committee (IRC) on survivor-centered mediation.

development and vocational training and provide information on referral pathways and services. Train and mentor service providers (including NGOs) on data management and referral SOPs and pathways

iv. **Coordination and collaboration with partners implementing the project** operational research; response activities; and technical content development to ensure closer working and engagement horizontally and vertically among all project partners and government stakeholders.

v. **Event celebration and Advocacy:** in collaboration with all project partners, deliver collective campaigns including 16-days activism to end VAW, International Women's Day, and International Day of the Girl Child, among others.

Expected Deliverables: Contract 2

In close collaboration and coordination with operational researchers and the partners selected to deliver the other two contracts:

i. **Year 1:** In collaboration with Master Trainers trained under Contract 3, deliver a cohort of well trained, effective and active community-based trainers to deliver training on the clinical management of GBV in OCMCs; case management; psychosocial support and counseling; and ongoing peer support to participants OCMC and shelter staff, CPSWs, FCHVs, and justice and legal service providers.

ii. **Year 1–4:** Effective, accessible and functional GBV response service delivery in project-supported One-Stop Crisis Management Centres (OCMCs), shelters and safe houses, with oversight and quality assurance of staffing and recruitment; staff training and capacity building; well-maintained, regularly updated GBV response service use data management system; operational oversight on the function of OCMCs, shelters and safe houses, and ensure the meeting of international quality and standards in their operation.

iii. **Year 1–4:** A cadre of well trained, active and professional CPSWs, FCHV and their managers on survivor-centered identification of GBV survivors and at-risk women and girls; psychosocial first aid provision; referral and signposting of GBV survivors to available services in the referral pathway; and effective case management and follow up. Ensure effective oversight, ongoing training, peer support, and mentoring of CPSWs, FCHVs, and their managers.

iv. **Year 1–4:** Establish an effective and functional referral pathway between service providers (OCMCs, shelter homes and safe houses, CPSWs, FCHVs, justice and legal service providers) with interlinkages with non-project-supported service providers for effective, multi-sectoral and accessible service provision.

v. **Year 1–4:** Technical assistance and capacity building among justice and legal service providers including Judicial Committees, Mediation Centers, police, lawyers on gender-sensitive, survivor-centered service provision.

vii. **Year 1 – 4:** Deliver an advocacy and policy package through engaging with the Government of Nepal at federal, provincial, or local level to approve and institutionalize relevant guidelines and protocols on the prevention of GBV and prioritization of women and girls friendly government programmes.

viii. **Year 3 - 4:** Development and roll-out of a sustainability and responsible exit plan focusing on skills transfer, and sustaining results and promising interventions among Local Governments, community-based groups and organizations, service providers, human rights defenders and relevant groups.

10. Contract 3: Implementing Partner to lead on Technical Content Development and Capacity Building

Contract timeline: from date of contract appointment to project end date (04 August 2024)

The selected partner will have the overall responsibility for the development of materials and methodology for all training activities, capacity building components, and the drafting of protocols and guidelines, working closely with selected partners for contracts 1 and 2. The selected partner will be responsible for delivering the following:

a) REVISION AND ADAPTATION OF EXISTING TRAINING MODULES FOR GENDER TRANSFORMATIVE TRAINING ON GBV PREVENTION:

The successful applicant will develop an iterative training framework and model outlining methods, tools and curricula for gender transformative training. In consultation with relevant gender experts, the selected IP will provide a cohort of master trainers and facilitators, with the support of local and/or international experts/agencies. The model will include both classroom and application-based learning, with participatory, adult learning and reflective learning methods that enable critical reflection for gender transformation. Curricula will be designed to promote gender-transformative reflections and gender equality among participants.

i. **Review Phase 1 results and findings, global evidence, and emerging research** on interventions that work to successfully prevent and respond to GBV, and identify methods and approaches for integrating into the project's training curricula and materials.
ii. **Review and alignment of existing training materials for outreach activities** for adolescents, men and boys, young couples, family dialogues, working with perpetrators, community dialogues and opinion leaders, to deliver gender transformative and survivors centered prevention interventions.
iii. **Review and alignment of existing training materials for service providers:** health workers, community psychosocial workers (CPSWs), case managers, Judicial and Mediation Committees, shelter and safe house staff, and outreach counselors, to deliver gender transformative and survivors centered response services.
iv. **Development of iterative training frameworks, training methodologies, and curricula** for training of trainers to deliver prevention and response activities under Outcomes 1, 2 and 3.

b) TRAINING OF MASTER TRAINERS:

The selected partner will develop a pool of mixed gender facilitators for transforming attitudes, beliefs, and norms. This training will build on current subject-specific training for facilitators and will complement and strengthen existing subject-specific training on, for instance, safe house staff to deliver quality services that meet international standards or health workers' training on clinical protocols on managing GBV. A pool of Master Trainers from among existing gender trainers in Nepal

and NGOs will be engaged in the development and application of the course as designers and pilot participants. After training of trainers, the selected supplier will provide quality assurance and mentoring of the Master Trainers in conjunction with partners selected for contracts 1 and 2 on prevention and response respectively. The selected partner will quality assure the Master Trainers whose responsibility will be to also train service providers (see under Outcome 2) such as CPSWs, case managers, health workers, counselors, shelter coordinators, and management and supervisory staff of the different service providers, such as hospital superintendents. Some Master Trainers will provide regular mentoring (on-site and off-site) for the facilitators and service providers.

The iterative training process will include an assessment of the impact of facilitation at the local level, reviewing whether the facilitation is leading to reflection among participants and if the reflection is leading to changes in attitudes, the kinds of changes that are perceptible, and opportunities for improvement. Such assessments will be conducted by Master Trainers during their on-site mentoring, where they will engage in in-depth discussions on personal changes and successes achieved in transforming social norms among target groups over a period of six to eight months. These assessments will also be validated by third party observation and assessment through operational/action research that will accompany Phase II. This data will be collated to analyze and assess what is working and what is not – thereby contributing to the global evidence base.

i. **Technical assistance to local governments** for selection and iterative training and mentoring of community mediators and members of the Judicial Committee on GTAs.
ii. **Conducting training of Master Trainers for all 3 Outcomes** on GTAs towards changing beliefs, attitudes and norms and training of community facilitators in participatory methods for reflection among individuals and in group education.
iii. **Ongoing quality assurance, mentoring and periodic refresher courses**, engagements and dialogues with trainers, UNFPA staff and Implementing Partner staff, to maintain consistency and quality of interventions and delivery.
iv. **Coordination and close engagement with the operational research team** to ensure a smooth and collaborative approach to ongoing assessments of project activities, the efficacy of training materials, curricula and approaches.

Expected Deliverables: Contract 3

In close collaboration and coordination with operational researchers and the partners selected to deliver contract 1 and contract 2:

i. **Year 1:** Develop a high-quality technical training curricula package (English and Nepali Versions) on challenging harmful social norms and GBV prevention for family dialogues, women and men's groups (including engaging men and boys), community and opinion leaders, and a revised Rupantaran youth/adolescent package that incorporates modules on GBV prevention for young people and GBV response providers. The training curricula package should build on existing training packages developed and used in Phase I of the project and incorporate global, regional and local evidence of what works to prevent GBV, and the recommendations from pilot testing and lessons inputs from the project baseline.

ii. **Year 1:** Develop high-quality technical training curricula package (English and Nepali Versions) on GBV response for service providers working in OCMCs, CPSWs, FCHVs, shelter home and safe house staff, Judicial Committees and Mediation Committees, police and legal service providers, ensuring a survivor-centred, gender transformative approach to GBV response interventions. The training curricula package should build on existing training packages developed and used in Phase I of the project and incorporate global, regional and local evidence of what works to prevent GBV, and the recommendations from pilot testing and lessons inputs from the project baseline.

iii. **Year 1:** Identify and recruit a cohort of Master Trainers to lead on the delivery of training to community and local-partner trainers across Outcomes 1 and 2.

iv. **Year 1–4:** Rollout of the training of Master Trainers in Year 1, based on the Prevention and Response Training Packages, and from Years 2 - 4 provide periodic mentoring and quality assurance of Master Trainers' effective delivery of training activities to local trainers.

v. **Year 1–4:** Develop and rollout a capacity building plan for UNFPA and Implementing Partner staff on preventing and responding to GBV, with ongoing institutional support and mentoring to the above-mentioned staff periodically throughout the project life cycle.

vi. **Year 3 - 4:** Development and rollout of sustainability and responsible exit plan focusing on skills transfer among Master Trainers and downstream local and community trainers.

D. ELIGIBILITY CRITERIA

Institutions are invited to apply individually or in association with one or more downstream partner(s) (through sub-contracting), building on each other's comparative advantages, skill sets/expertise and operational capacities in country. Applicants may choose to apply for one, two, or all three contracts, as long as they can clearly demonstrate in their application their (and their downstream partner(s), if applicable) capability, expertise, and ability to effectively manage the selected contracts they are applying for. Partners applying in association with a downstream partner(s) will clearly indicate which partner will lead the contract and the division of labour between the respective partners in the delivery of the programme results. The lead partner will have a direct contract with UNFPA as an Implementing Partner (IP) and will assume all responsibility and accountability for the oversight, management, efficiency and effectiveness of their respective downstream partner(s) in implementing and delivering programme results.

Required:

- Applicants must complete all application requirements.
- National or international institutions must demonstrate solid experience on evidence-based gender-based violence prevention and response programming, gender equality and women's empowerment (GEWE), preferably in Nepal.
- International NGOs must be register with the Social Welfare Council of Nepal, if applying for contract 1 and/or contract 2.
- Applicants must demonstrate existing activities on GBV prevention and response programming, including references for such activities.

- International institutions applying for contract 1 and/or contract 2 must ensure that they have local presence in Nepal, either directly or in partnership with a reputable, registered and experienced local entity to ensure close working and engagement with project partners, UNFPA staff and project beneficiaries.

Desirable:

- Applicant has been operational in the specified project provinces for at least 2 years (as lead organisation or the sub-contractee), or can demonstrate the ability to deploy staff and resources to project locations, if selected.
- Applicant has available funding for programming for at least 6 months and demonstrates the ability to raise funds after the partnership comes to an end.

E. APPLICATION DETAILS

Eligible organizations may submit applications to complete the deliverables as described above. Partners will be selected in a transparent and competitive manner, based on their capacity to ensure the highest quality of service, including the ability to apply innovative strategies to meet UNFPA's country programme priorities in the most efficient, cost-effective and sustainable manner. Interested organizations are requested to submit their proposal consisting of **3 sets each of the Technical Proposal and Financial Proposal**. An indicative budget for each outcome is as follows and should not exceed: USD 2.9 million (Outcome 1), USD 2 million (Outcome 2), USD 590,000 (Outcome 3).

11. Technical Bid Application Requirements

The technical bid should be concisely presented in the NGO Profile and Programme Proposal Form (Annex I) and structured to include but not necessarily be limited to the following information:

i. **Description of the organization and the organization's qualifications:** A brief description of your institution and an outline of recent experience on projects of a similar nature, including country experiences. You should also provide information that will facilitate the UNFPA evaluation of your institution's substantive reliability, such as catalogues of the organization, and financial and managerial capacity to provide the services, such as, audited financial statements. If your organisation is already a partner of another United Nations entity, then the information about this as well, including any assessments carried out by them.

ii. **Understanding of the requirements for services, including assumptions:** Include any assumptions as well as comments on the data, support services, and facilities to be provided as indicated in the TOR or as you may otherwise believe to be necessary.

iii. **Proposed Approach, Methodology, Timing and Outputs:** Any comments or suggestions on the TOR, as well as your detailed description of the manner in which your firm/institution would respond to the TOR. You should include the number of person-months in each specialization that you consider necessary to carry out all work required, and clearly outline how your organization will collaborate and work closely with the partners selected to deliver the other two contracts.

iv. **Proposed Team Structure:** The composition of the team which you would propose to provide in the country of assignment and/or at the home office, and the work tasks (including supervisory) which would be assigned to each member. An organogram illustrating the reporting lines, together with a description of the team structure that will support the implementation of the contract(s).

v. **Proposed Project Team Members:** Please attach the curriculum vitae of the Team Leader and all senior members of the proposed team.

12. Logical Framework Format

The logical framework should be presented in a Microsoft Excel spreadsheet in the format below:

Results	**Indicators**	**Baseline**	**Phase target (2020-2024)**
Goal:			
Outcome 1:			
Outcome 1:			
Output 1.1			
Output 1.2.			
Outcome 2:			
Outcome 2			
Output 2.1			
Output 2.2			
Outcome 3:			
Outcome 3:			
Output 3.1			
Output 3.2			

13. Financial Bid Format

The financial proposal should be presented in a Microsoft Excel spreadsheet in the format below:

Item	Description	Number & Description of Staff by Level	Hourly Rate	Hours to be Committed	Total for Year 1	Total for Year 2	Total for Year 3	Total for Year 4	Grand total
1. Professional Fees									
Total Professional Fees									
2. Field work/Travel Costs									
2.1 Transportation cost									
2.2 DSA									

Total Field Work/Travel Costs									
3. Logistics									
Total Logistics Costs									
4. Activity Implementation Costs									
Total Activity Implementation Costs									
5. Administrative Costs									
Total Administrative Costs									
6. Monitoring and Reporting Costs									
Total Monitoring and Reporting Costs									
7. Equipment and Materials Costs									
Total Equipment and Materials Costs									
8. Others (please specify)									
Total Others									
Sub Total									
Support cost (maximum 7%)									
Total Contract Price									

If your organization is interested, please complete the NGO Profile and Programme Proposal Form (Annex I), Log Frame and Financial Bid, along with the required attachments and send to bid.nepal@unfpa.org no later than **11 December 2020**. You may also send them by mail clearly marked "NGO Invitation for Proposals" at the following address:

United Nations Population Fund
UN House
Pulchowk, Lalitpur
Kathmandu, Nepal

Applications will only be considered if they include the following (but not limited to):

i. A narrative proposal, indicative budget, logical framework and work plan (UNFPA template found on www.nepal.unfpa.org)
ii. Statement of Interest, signed by the applicant organisation's management
iii. CVs of the proposed team of relevant experts to lead programme delivery, including organogram
iv. Proof of registration and renewal in Nepal for contracts 1 and 2
v. No conflict of interest declaration
vi. Current Strategic Plan (if available)

vii. Organizational and financial policies, including organization's constitution.

viii. 2 years of annual narrative and audited financial reports

ix. If the application includes a downstream partner arrangement, all the above-listed documents must also be submitted for the sub-contractee organization, including Annex 1

F. SELECTION CRITERIA

The total score for each bidder will be the weighted sum of the technical score. The maximum total score is **100** points. **The Technical Proposal** will be evaluated based on its responsiveness to the Terms of Reference and the criteria mentioned in the following table:

	Criteria	[A] Maximum Points	[B] Points obtained by the Bidder	[C] Weighting %	[B] x [C] = [D] Total Points
1	**Technical approach and methodology – understanding nature and scope of work**				
	1.1. Are the proposed activities and methods of implementation clear, coherent and adequate for achieving the project goals and the expected results and outcomes?	30			
	1.2. How innovative and adaptable are the technical methodologies and approaches to the COVID-19 context which may warrant working in a restricted travel environment?	10			
	1.3. Does the proposal show a clear understanding of the issues and problem analysis?	25			
	1.4. Are the targeted area(s) of intervention and scope relevant and realistic?	25			
	1.5. Good knowledge/understanding of the Nepali context, language and culture of project communities and its relevance to successful project implementation	10			
	Sub Total	**100**		**30%**	
2	**Implementation (work) plan and management plan**				
	2.1 Coherence, appropriateness, effectiveness of the overall implementation approach	20			
	2.2 Clarity of work plan and specific project activities, identification of milestones and deliverables	20			
	2.3 Innovative and flexible approaches to activity implementation especially in the COVID-19 context	15			
	2.4 Partnership & networking strategy with government stakeholders and other CSOs	15			
	2.5 Are risks identified appropriately and does the proposal indicate how these risks will be overcome?	15			

	2.6 What do the applicant(s) envision and propose to ensure close collaboration with Operational Research, and other contracts (contract 1, 2 or 3) implementing partners?	15			
	Sub Total	**100**		**20%**	
3	**Demonstrated experience and expertise relevant to the assignment**				
	3.1 Does the lead organization have sufficient technical and project management experience to successfully implement this assignment?	25			
	3.2 Does the applicant's (and its sub-contractee's, if relevant) track record match the scale and nature of the proposed project?	20			
	3.3 CVs of the Team Leader and senior management (of both lead organisation and sub-contractee(s)) indicating appropriate and relevant educational qualifications and experience to implement the project	20			
	3.4 For proposals with a joint lead downstream partner(s), are the specific roles for each partner described in the proposal including the lead organisation? Are the main tasks attributed to each partner detailed? Are the previous experiences of each partner relevant to those tasks indicated? For proposals without downstream partners, organisations will automatically receive the maximum score (20).	20			
	3.5 How extensive is the applicants' experience in this type of work and how well does the information about similar projects demonstrate the applicant's experience work related to this RFP?	15			
	Sub Total	**100**		**25%**	
4	**References (if a joint application, provide 3 references per applicant) to demonstrate previous customer satisfaction, track record and quality programming**				
	4.1 Did the applicant(s) submit 3 references?	25			
	4.2 Did references identify any particular strengths of the applicant(s)?	30			
	4.3 Did the references provide information to verify the satisfactory performance of the applicant(s)?	30			
	4.4 Did references identify any areas of concern?	15			
	Sub Total	**100**		**15%**	
5	**Organization and staffing**				
	5.1 Organisation's profile of both lead organisation and sub-contractee(s) (organizational nature of business and years of experiences in the field of GBV and GEWE)	25			

	5.2 Geographical presence in Nepal, or demonstrated ability to mobilise staff and resources to project locations	25			
	5.3 Does the number of staff assigned to the project and work breakdown seem appropriate to accomplish the requirements of the project?	25			
	5.4 Has the applicant provided information about how the proposed project team will be organised, the work they will perform, and estimated hours?	25			
	Sub total	**100**		**10%**	
	FINAL SCORE OUT OF 100 (SUM OF SUB-TOTALS COLUMN D)				