United Nations Children’s Fund (UNICEF) in Namibia

TERMS OF REFERENCE

Technical assistance to map existing women and child protection services in five regions (Karas, Omaheke, Omusati, Khomas and Kavango) to develop strategies to provide integrated prevention and protection services to abused women and children.

BACKGROUND:

UNICEF partners with the Ministry of Gender Equality and Child Welfare (MGECW), Ministry of Safety and Security, other UN agencies and civil society partners in order to strengthen and expand care and protection for women and children.

Namibia is a country plagued by sexual violence, and is also a country with one of the highest rates of HIV and AIDS infection in Africa. One of Namibia’s biggest development challenges is to overcome the HIV/AIDS epidemic and to lessen its devastating and multiple impacts. The epidemic is weakening the quality of public service delivery and the capacity of families and communities to care for children. HIV/AIDS forces children out of school, makes them more vulnerable to exploitation, abuse, violence, stigma and discrimination. Particularly affected is the increasing number of orphans and vulnerable children (OVC) and youths. Child abuse is widespread, serious and increasingly acknowledged as a major problem in Namibia. Figures from the Women and Child Protection Units suggest that about one in five reported cases of domestic violence involve minors. Reports indicate that the percentage of young children who are rape victims is much higher. Child sexual abuse contributes to increased unwanted pregnancies and pregnancy complications. With the high prevalence of HIV infection, child sexual abuse has become life-threatening. There is also a growing concern around the linkages between GBV and HIV infection in many countries in sub-Saharan Africa. Survivors of GBV in most countries in sub-Saharan Africa are known to face a range of adverse consequences that may affect their sexual and reproductive health (SRH), as well as their vulnerability to HIV infection.

Protection systems in the country are fragmented and implemented via different agencies and thus survivors to abuse struggle to access quality services in an integrated manner. The lack of integration and coordination has been identified by studies (such as LAC Rape Study) as one of the main barrier to effective service delivery. These challenges also affect the willingness of survivors to report violations of basic rights and thus the ability of the country to provide effective protection and prevention services.

JUSTIFICATION:
There is therefore a growing need to institute an integrated and linked sectoral response to child protection and GBV service delivery by providing an array of clinical, psycho-social and legal services in an integrated and coordinated manner. Such psycho-social and medical-legal services could include prevention and management of pregnancy, STI prevention, HIV testing and post-exposure prophylaxis (PEP), treatment of acute injuries, forensic evidence collection, and provision of counselling and social support. An integrated model of service delivery for GBV survivors is increasingly being introduced and replicated in a number of countries in ESAR and other UN agencies like UNFPA with the creation of “One Stop Centres” (OSC), at which all of the required services are accessible to survivors in one location. As indicated above, one notable example of an OSC is the “Thuthuzela Care Centres” in South Africa that provide all SRH and HIV, trauma counselling and legal services at the same site, often in a tertiary hospital setting.

Although the OSC model is shown to be popular with policymakers, donors and survivors alike in South Africa and other countries in the region where it has been successfully replicated and adapted, its feasibility, effectiveness (results and cost-effectiveness), efficiency and acceptability and user-friendliness in most countries in ESAR are yet to be rigorously evaluated.

In Namibia a steering committee consisting of various Ministries, University of Namibia, NGOs and CBOs was established during 1991 to make recommendation to provide effective protection services to women and children. The first Woman and Child Protection Unit (WACPU) was established in 1993. Fourteen (14) more Units were established since 1993. One (1) per region with 2 Units in Karas region and 2 Units in Hardap region. The MSS (Namibian Police) is the lead agency responsible for the 15 operational WACPU’s. The WACPU is one of the specialized units that resort under the Criminal Investigation department has so far recruited about 37 police officers for all 15 Units countrywide. These Units were mostly situated on the premises of the state hospitals due to the need for the medical doctors to do the clinical management of survivors of GBV. All Child Welfare Services and social welfare services to survivors of GBV were transferred from the MOHSS to MGECW during 2007. The WACPU uses a multi-sectoral approach and the primary goal and objectives are to:
1. Provide victim friendly services to survivors of GBV,
2. Provide integrated services to victims of gender based violence and sexual assault,
3. Promote and standardize coordination and program implementation efforts related to GBV prevention and response,
4. Build the capacity of service providers and communities to prevent and respond to gender based violence.

UNICEF and other development partners have been providing financial and technical support to the units since 1993. Despite the support studies and client feedback shows that access to integrated and quality services remain problematic the need for such a study was expressed by key line ministries and other UN agencies.

Initially the study was planned for three regions (Omusati, Omaheke and Karas) but has now been expanded to two more regions namely Khomas and Kavango. One reason for the change is to ensure collaboration and alignment of baseline information with the interest of UNFPA to introduce one-stop centres in Khomas regions. Kavango was introduced since the first TOR mistakenly mentioned this regions which raised an expectation with regional stakeholders. All the regions were selected based on recommendations from key stakeholders.
PURPOSE

UNICEF Namibia with the Ministry of Gender Equality and Child Welfare and Ministry of Safety and Security and UNFPA plans to undertake a mapping of existing women and child protection and prevention services/systems with the following purpose:

1) To evaluate the effectiveness, efficiency, acceptability and user-friendliness of existing WACPU services in five regions;
2) To assess the existing framework of prevention and protection services (formal and non-formal) with referral mechanisms and linkages to highlight constraints to effective and high quality services delivery as well as and opportunities strengthening of systems;
3) To compile information (locally, regionally and internationally) on existing and emerging models of integrated service delivery which could be useful examples for the Namibian situation; and
4) To recommend options for new approaches to integrated protection/prevention systems that can piloted as a model to determine the way forward

The study will be to determine how the integrated protection model can/should be adapted to meet the needs of Namibian women and children, and also how UNICEF and other development partners can work with and support government efforts to promote the most appropriate and effective methods of design and implementation of integrated service delivery.

KEY TASKS ENVISAGED

1. A Literature review of current information/studies WACPU, One Stop Centres and other relevant models to assess multi sectoral responses to child protection and GBV, including the range of methods, approaches, employed for prevention and response.

2. Conduct field visits to provide a better understanding on child protection and GBV and the range of methods, approaches, currently employed in the five regions through mapping of roles and responsibilities of different service providers with regard to child protection and GBV; including structures at community level, referral mechanisms and linkages;

3. Collection of baseline information on incidence and quality of current response to GBV and Child protection at WACPU in five regions

4. Assess capacity development needs (including M&E) for integration of services using a variety of different models of care and protection;


6. Identify the obstacles to and opportunities for integration of services to GBV survivors, especially children in each of three regions;

7. Propose recommendations on effective and efficient integration of services to GBV and child protection, with specific reference to the existing WACPU’s, OSC and alternative models.
**PROCESS**

The consultant(s) will perform the following key tasks to meet the purpose of the assignment:

<table>
<thead>
<tr>
<th>Process Description</th>
<th># days required</th>
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<tbody>
<tr>
<td><strong>STEP 1: Desk review and planning finalisation</strong></td>
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<tr>
<td>• Review necessary documents and reports including research on WACPU, OSC and other models</td>
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<tr>
<td>• Meet with MGECW and MSS and finalise log frame and work schedule for assessment</td>
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<td>• Present log frame and work schedule to Technical Working Group for finalisation</td>
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<td><strong>STEP 2: Finalise and make logistical arrangements</strong></td>
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<td>• Workout travel schedule, accommodation and travel requirements, and identify dedicated staff including MGECW, MSS and researchers.</td>
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<td>• Make field arrangements in five regions to include focus group discussions, with groups consisting of at least 6 people, and key informant interviews</td>
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<td><strong>STEP 3: Develop field tools for assessment, and report format</strong></td>
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<td>Develop focus group discussion guides, key informant interview questionnaires and data collection sheets;</td>
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<td>• Develop format for reporting process, including names, designations, region, GPS references, and content of discussions.</td>
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<td>• Draft research tools and report outline for submission to TWG</td>
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<td>• Present final tool and questions to Technical Working Group for approval</td>
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<td>• Incorporate changes to tools, schedule and final report format</td>
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<td><strong>STEP 4: Complete field work</strong></td>
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<td>• Complete Focus Group Discussions, key informant interviews and data collection in five regions;</td>
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<td><strong>STEP 5: Analyses of data from field visits, focus group discussion and interviews</strong></td>
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<td>• Analyse data to provide an understanding of findings</td>
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<td>Process Description</td>
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<td>• Meet with TWG to discuss preliminary findings</td>
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<td><strong>STEP 6: Draft preliminary recommendations</strong></td>
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<td>• Document findings, and recommendations based on agreed format</td>
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<td>• Prepare PowerPoint presentation(s) for pending consultation meeting with key stakeholders</td>
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<td>• Organise &amp; facilitate stakeholder consultation workshop where assessment process, findings, and preliminary recommendations are presented</td>
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<td>• Record and Incorporate comments and feedback in to report</td>
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<td><strong>STEP 7: Final submission approved and final report prepared for printing</strong></td>
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<td>• Submit Final report approved to MGECW, MSS and TWG for approval</td>
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<td>• Lay-out and design of report drafted incorporating final approved text, and pictures from field visits</td>
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<td>• Final lay-out version approved by MGECW and MSS</td>
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<td><strong>TOTAL</strong></td>
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**ESTIMATE DURATION OF CONTRACT**

• Twelve (12) weeks, including travel to the regions

**TERMS AND CONDITIONS**

• The consulting team will work under the general guidance of the TWG (consisting of MGECW, MSS, MOJ, MOHSS, UNDP, UNFPA and PACT) and specific supervision of the Chief for Special Protection for Vulnerable Children, UNICEF.
• The consulting team will not have access to UNICEF office space and computer equipment
• The contract will be terminated with immediate effect if the performance of the consultant is not satisfactory
• The technical committee will have property rights to all materials developed during the consultancy

**EXPECTED DELIVERABLES (OUTPUTS) & PAYMENT SCHEDULE:**
A. A logical framework and work schedule (including time frame and detailed budgets) for the consultancy approved by the TWG – Payment of 20% of total budget

B. Finalisation of logistical arrangements, field tools and report outline. This process will clearly describe the study research questions, the study methodology and ethical considerations – Payment of 20% of total budget

C. An draft/interim report describing the preliminary results of the primary research in three regions which include specific findings and specific recommendations with power point presentation - 20% of the total budget

D. Stakeholder workshop conducted and a final draft of the report which will incorporate comments and suggestions received by partners and development partners on the first draft – 20% of total budget

E. Final layout and print ready documents submitted to UNICEF for approval – 20% of final budget

FINANCIAL AND LOGISTICAL CONSIDERATIONS/IMPLICATIONS

- The consulting team will provide a budget to include consultancy fee for duration of the consultancy including costs related to field work.
- The consulting team will develop tools for field work agreed upon with the technical working group
- Travel and workshop costs will be included in the approved budget of the consultant
- Remuneration will be commensurate with experience and disbursed as per schedule of payments outlines above.

MINIMUM QUALIFICATIONS AND REQUIRED SKILLS

The consultant (or team of consultants) will be selected based upon the following criteria:

- A high quality technical proposal that demonstrates an understanding of the challenges of the assignment and a methodologically sound approach responding to the research problem
- Advanced university degree in the social sciences, public health, public finance and knowledge of current developments in the field of GBV and HIV
- At least 5 years proven experience in conducting policy-oriented research, with a focus on multi sectoral responses to child protection, GBV, public sector management, public finance, and law
- Familiarity with developing of One stop centres and other models of care responding to GBV and Child Protection in Eastern and Southern Africa and/or internationally
- Familiarity with child protection, GBV and HIV in Namibia and Southern Africa.
- Demonstrated capacity to carry out the assignment within allocated timeframe.

UNICEF’s OBLIGATIONS:

- UNICEF will take responsibility of providing comments to the incumbent on a regular basis and assisting in introducing the incumbent to key counterparts;
UNICEF will award the contract to the most suitable candidate based on documents submitted with applications and if necessary interviews and written assignment. UNICEF reserves the right to reject any candidate and to award no contract in case no suitable candidate is found and/or for any other un-stated reason.

MODE OF SELECTION

The TOR will be shared via Better Care Network, ESARO regional office and local newspapers (Republikein and New Era) to identify potential candidates. The office will review CVs and present the recommended candidate’s submission together with other submission to the TWG and internal Contract Review Committee.

SUBMISSION SHOULD INCLUDE

The interested consultant for this contract must submit a written (computer typed) expression of interest. The proposal should include a minimum of the following:

- A motivation/cover letter outlining the relevant qualification and experience
- Samples of previous work related to evaluation especially impact assessment of programmes
- Proposed detailed methodology and work plan
- CVs of the team members
- Detailed budget for the consultancy with breakdown of all costs

The closing date for the submission is 29 January 2009.

Connie Botma
Chief Special Protection for Vulnerable Children

Madhavi Ashok
Deputy Representative

Approval by:
Ian MacLeod
Representative