

TERMS OF REFERENCE FOR PROFESSIONAL SERVICES TO IMPLEMENT ACTIVITIES ON COMMUNICATION AND STRENGTHENING SUPPORTING SERVICES FOR VICTIMS OF GENDER-BASED VIOLENCE UNDER THE COVID 19 EMERGENCY CONTEXT

1. BACKGROUND

The violence against women is a manifestation of a pervasive human rights violation and happens in many countries, including Viet Nam. The common forms of gender-based violence (GBV) are physical violence, sexual violence, emotional abuse, economic abuse, and human trafficking. About 62.9% of ever-married women aged 15-64 reported that they had experienced some forms of violence at least once in their lifetime by their husbands or intimate partners, while 90.4% of them never sought help from formal service providers or the authorities.¹

Other types of GBV outside of family settings have been overlooked. Adolescent girls and young women are especially at risk of various forms of GBV including sexual violence and abuse, rape, incest, harmful practices such as child marriage, and cyber violence. They are at risk at home, at work, in school, or on the street.

The fundamental cause of violence against women is gender inequality which translates into unequal power and control over resources between men and women. Traditional culture and gender stereotypes are major barriers to gender equality and ending GBV. Subordination of women, which fosters negative attitudes towards women and stereotypes, is deeply entrenched. Men play a very important role in changing these cultural norms and gender stereotypes. However, communication about GBV targeting men and boys, and inclusion of them in policy and programs, including campaigns to promote gender equality and elimination of GBV, is still limited.

Violence against women affects not only individual victims and their families but also Vietnam's economic development. The overall productivity loss caused by violence against women (VAW) was estimated at 1.81% of GDP in 2018.

On 30 December 2019, a new strain of coronavirus (2019-nCoV, or COVID-19) was reported to the World Health Organization (WHO). Since then, the COVID-19 virus has rapidly spread worldwide and turned into more than a global health crisis, but socio-economic as well. Viet Nam, like virtually all countries, has been deeply affected by the COVID-19 pandemic. COVID-19, together with these control measures, has had major multidimensional impacts on the lives of all people in Viet Nam, especially children, women, and other vulnerable groups. History has demonstrated that in any country, disease outbreaks impact men and women, adults, and children differently, and vulnerable groups such as women disproportionately. For women and children, disease outbreaks like COVID-19 can place them at greater risk of violence, including gender-based violence (GBV), particularly in contexts where gender inequality is already pronounced. For women, outbreaks can include increased exposure to intimate partner violence due to tensions in the home in the face of dwindling family resources and under confinement conditions, while the economic impact can place women at higher risk of sexual violence and exploitation.² Also, global research has shown that during a period of crisis, the risk of domestic violence escalates as perpetrators seek to maintain a sense of power and control in their lives. In previous global health crises, like Ebola, studies have afterward shown a surge in domestic violence during quarantine at home.³ Similarly, women's

¹ Results from the National Study on Violence against Women in Viet Nam: Journey for Change, 2019.

² https://asiapacific.unfpa.org/sites/default/files/pub-pdf/COVID-19_A_Gender_Lens_Guidance_Note_3.pdf

³ <https://reliefweb.int/sites/reliefweb.int/files/resources/genderandgbvfindingsduringevdresponseindrc-final8march2019.pdf>. (In addition to domestic violence, a rise in sexual violence and exploitation resulted from the Ebola crisis).

rights organizations, researchers, and service providers across the globe are already reporting increases in VAWC incidents since the COVID-19 outbreak in countries directly affected.⁴ Some women in Viet Nam have reported that they would prefer to put themselves at risk for COVID-19 in public, rather than staying at home isolated with a violent and abusive partner.⁵ The effects of the COVID-19 crisis and the response measures thereto have exacerbated pre-existing deficiencies related to existing services to address violence against women and children, which in light of the current situation, requires immediate support and strengthening, and while at the same time contributing to a more structural reinforcing on the medium and longer-term. Viet Nam is at a critical phase to contain COVID-19 and minimize its direct and indirect impacts on its population and society, including children.

In this context, a new joint project ***“Supporting Interventions to Eliminate Violence Against Women and Children in Viet Nam under Covid-19 Emergency context”*** was officially launched by the Government of Australia and the United Nations (UN) participating agencies (UNFPA, UNICEF and UN Women) in Viet Nam on 17 June 2020. The project will be co-implemented by the Ministry of Labour-Invalids and Social Affairs (MOLISA), the Ministry of Culture, Sports and Tourism (MOCST), the Ministry of Education and Training (MOET), the Viet Nam Women’s Union, the civil society organizations (CSOs) and other relevant stakeholders. The project will support the ongoing efforts by the Vietnam Government and civil society organizations to strengthen the national prevention and response mechanisms to address VAWC in the context of Covid-19 and to ensure that all Vietnamese women and children, including those most vulnerable, can live a life free of violence. During the project implementation, key interventions designed to achieve the above-mentioned outcomes include:

- (1) innovative communications activities on VAWC and increased risks of violence during emergency;
- (2) VAWC response services ranging from national hotlines via phone and online platforms to report VAWC that can function well in both normal and emergency situations, to alternative services during emergency as well as essential services of shelter, protection, psycho-social care and healthcare; and
- (3) evidence generation through a rapid assessment on VAWC in Viet Nam during COVID-19 outbreak.

UNFPA plays a role to coordinate and ensure a smooth implementation of project activities and achievement of objectives. At the same time, UNFPA is responsible for the component on (i) innovative communication activities to raise awareness of local authorities and public on increased risks of VAW, (ii) ensuring availability of emergency support services for GBV/VAC victims, and (iii) project management including monitoring and reporting. (More information, please refer to the project document attached as Annex A to this TOR).

The expected project interventions will target:

- Women and children subject to violence; and
- Service providers who will have their capacity improved through case management training and implementation of case management guideline.

Against the above background, the UNFPA CO wishes to engage an entity on a professional service contract to contribute to the delivery the above-listed activities during August 2020 – April 2021. It

⁴ <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/vawg-helpdesk-284-covid-19-and-vawg.pdf>

⁵ Report by women’s organization in Viet Nam providing assistance to survivors of violence against women, in UN Women Asia and the Pacific, The First 100 Days of COVID-19: A Gender Lens, 10 April 2020.

is however expected that due to the imminent need to support victims of violence in Viet Nam, most activities are completed still within 2020.

2. PURPOSE/OBJECTIVES

The main objectives of the professional services are:

- To manage and implement key activities, listed in part of Scope and Focus below, and provide technical assistance to GBV/DV interventions, where relevant.
- To contribute to raising awareness of public and authorities on and strengthening national response mechanisms to VAWC in the context of the COVID-19 pandemic, as stated in the project document attached.

3. FINAL PRODUCTS

- A final detailed work plan to deliver the required services submitted (both in Vietnamese and English).
- Availability of Leaflets and delivered to the women and girls at 1st contact point including pharmacies, traditional market, supermarket.
- Innovative communication on Tik Tok implemented.
- Hotline/helpline currently run by DOLISA in intervention areas and CSAGA, and supporting services promoted through communication activities.
- Talkshows, interviews, forums on VTV, VOV and social discussion on Facebook about GBV during the pandemic and supporting services for GBV victims implemented.
- The temporary shelters at the registered hotels with accompanied counseling service provided.
- Guidelines on case management in emergency context including the COVID 19 pandemic and online training programs for service providers on the guidelines conducted.
- Monitoring activities, including joint missions, implemented.
- Progress report and final report on the implementation of this assignment in English

4. INTENDED BENEFICIARIES

- Women and children subject to violence
- Services providers who will have their capacity improved through case management training and implementation of case management guidelines.

5. SCOPE AND FOCUS

Intervention areas include 4 cities and provinces, namely Ha Noi, Quang Ninh, Da Nang, and Ho Chi Minh city.

The selected institution will focus on the implementation of the listed activities to achieve the following outputs in four (04) cities and provinces:

- a) Output 1: Innovative communication activities conducted to raise awareness of local authorities and the public on increased risks of VAW, through carrying out the following activities.
 - Develop leaflets and use pharmacies, traditional market, and supermarkets as the 1st contact points to deliver to the women and girls;
 - Implement the innovative initiatives on TikTok targeting youth people to support GBV victims during pandemic/isolated situation;
 - Promote current hotline/helpline numbers (run by DOLISA system in intervention areas and CSAGA) and available supporting services through mobile phones, VTV, VOV, Facebook, mass media, social media; and

- Organize talk shows, interviews, the forum on VTV, VOV and social discussion on Facebook focusing GBV during the pandemic and supporting services for GBV victims;
- b) Output 2: Emergency supporting services available to GBV victims:
- Provide temporary shelters for GBV/VAC victims at the registered hotels with accompanied counseling services provided by social workers;
 - Adapt the guideline on GBV case management in emergency context including the COVID 19 pandemic; and
 - Conduct online training programs to service providers on adapting GBV case management in the context of COVID 19 pandemic, support related agencies and local communities to implement the guideline.
- c) Output 3: Project activities implemented as planned
- conduct project monitoring activities, including joint monitoring missions

6. APPROACH AND METHODOLOGY

6.1. Approach:

The following approach will be applied:

- Interested institutions are expected to submit: (i) a technical proposal that meets the requirements of this TOR together with a detailed work plan; and (ii) a financial proposal with a detailed budget breakdown by planned activities to implement this assignment. Note that the financial proposal must be sealed in submission;
- Interested institutions could seek clarification on the TOR from UNFPA if needed; and
- The finally selected institution will have consultations with UNFPA during the finalization of the detailed work plan to ensure its viability and effectiveness.

6.2. Methodology:

Results-based project management methodology applies and is reflected in the technical proposal, work plan and the detailed budget.

7. ACCOUNTABILITIES

7.1. The selected institution will:

- To be technically and contractually accountable to UNFPA Country Office for all aspects of the assignment;
- Deliver the TOR in close consultation and collaboration with the UNFPA Gender Team Leader;
- Brief UNFPA on the progress of the project implementation against the planned timeframe;
- Consult UNFPA to address challenges and problems arising during the consultancy assignment;
- Work with local agencies in intervention provinces; and
- To be responsible for the quality of the activities, final products/deliverables;

7.2. UNFPA Country Office (CO) will:

- Develop a contract for signature between UNFPA and the selected entity;
- Provide necessary background documents relating to violence against women in Viet Nam (research reports, policy brief, factsheet, etc.);
- Facilitate the selected organization in completing its assignment, as mentioned in the

TOR;

- Monitor the progress and quality of the activity's implementation: Under overall guidance of the UNFPA Assistant Representative, Gender Team Leader, Project Coordinator will supervise and monitor the progress and quality of the consultancy assignment; and
- Provide comments on the products including detail work plan, activities implementation plan, mid-term and end project report before they are finalized;

8. TENTATIVE IMPLEMENTATION TIMEFRAME

The selected institution will implement the listed activities to deliver the expected products in close consultation with UNFPA as per the following timeframe.

	Task	Deadline
1	Sign the contract	1st week of September
2	Finalize the detailed work plan (in English and Vietnamese)	2nd week of September
3	Midterm report	15 November 2020
4	Completion of project activities	31 March 2021
5	End of Project report	30 April 2021

9. BACKGROUND DOCUMENTS

The following documents will be provided to the selected agency:

- The approved project proposal on Supporting Interventions to Eliminate Violence against women and children in Viet Nam under COVID 19 Emergency Context.
- Guideline on case management in the emergency context including the COVID 19 pandemic (in English).
- The related research reports/studies on GBV/DV, and other relevant documents and materials.

10. DEGREE OF EXPERTISE AND QUALIFICATIONS

- An established entity based in Viet Nam with at least 10 years of practical experience in prevention and response to violence against women and children in Viet Nam.
- Proven experience in designing and implementing interventions on eliminating violence against women including providing counselling services, capacity building, and behavior changes communication.
- Demonstrable organizational capability (clear governing bodies including an organizational chart, staff size and profile), coordination and financial management (having appropriate project management capacity including financial management system).
 - The manager should have (i) at least a master's degree, preferably in the field of gender-based violence against women and children, development and/or social sciences; (ii) at least 10 years of working experience in prevention and response to VAWC; (iii) capacity to manage and deliver large value projects funding (from \$150,000), (iv) be fluent both English and Vietnamese speaking and writing skills.
 - All project team members should have at least 3 years of working experience in delivering services/projects on GBV/DV. Demonstrable experience on project management and project monitoring, including the financial management skills will be an asset.
- A submitted list of past and current projects with similar scope and value will be an asset.
- Have experience working with multi-,bilateral programmes/projects, UN agencies, particularly UNFPA and/or other development partners in Viet Nam will be an asset.

11. REVIEW TIME REQUIRED AND PAYMENT TERM

A contract for professional services will be signed between UNFPA Viet Nam and the selected organization.

- Payment will be made in 3 instalments as follows:
 - **The first instalment:** Maximum of 40% of the contract value will be transferred to the contractor upon receipt of the final detailed work plan;
 - **The second instalment:** given on the progress of project implementation, a maximum of 40% of the contract value will be transferred to the contractor after completion of the mid-term report and accepted by UNFPA;
 - **The third instalment:** The remaining 20% of the contract value will be disbursed after the final report is submitted by the contractor and accepted by UNFPA.
- Payments will be reduced by 10% if the submission of the final report of expected outputs is delayed by more than 20 days;

12. ESTIMATED BUDGET

The total budget for implementing this project is around US\$185,000 which includes all costs to deliver this Terms of References (ANNEX A).

ANNEX A: Key project intervention

Expected Results	Group of activities (GA)	Indicative budget	Timeline for implementation			
Total Expected Result 1		132,000	2020		2021	
			Q3	Q4	Q1	Q2
Expected Result 1: Innovative communication to raise Government's and public awareness of increased risks of VAW/VAC	GA 1.1: Develop leaflets and use pharmacies and supermarkets as the 1st contact points to deliver to the women and girls	37,000	x	x		
	GA 1.2: Conduct competition on social networks (Tik Tok) for young people on innovative solutions to support GBV victims during pandemic/isolation situation	11,000		x	x	
	GA 1.3: Promote hotline/helpline numbers (run by DOLISA system and selected organization) and available supporting services through mobile phones, VTV, VOV, Facebook, mass media, social medial	75,000	x	x	x	
	GA 1.4: Talk shows, interviews, forum, on VTV, VOV, and social discussion on Facebook on the situation of GBV during the pandemic and supporting services for GBV victims	9,000	x	x	X	
Total Expected Result 2		47,000				
Expected Result 2: Availability of emergency supporting services for GBV/VAC victims	GA 2.2: Provide temporary shelters for GBV/VAC victims at registered hotels with accompanied counseling service provided by social workers.	20,000	x	x	x	
	GA 2.3: Adapt of GBV case management guideline to the context of COVID 19 pandemic and provide online training programs for service providers on this guideline	27,000	x	x		
Management		6,000				
	Conduct project monitoring activities, including joint monitoring missions	6,000	x	x	X	x
Reporting		-				
	Conduct Mid- term report	-	x			
	Conduct final project report	-			x	
Total Programme Costs		185,000				