

Term of Reference

Strengthening VAW Service Providers and Referral Mechanism in the Intersection of HIV – VAW Response to End Stigma and Discrimination for Women Living with HIV

A. Background

UN Women became one of UNAIDS' co-sponsors under UNAIDS Unified Budget, Accountability and Result Framework (UBRAF). The UBRAF is an instrument to translate the UNAIDS Strategy into action, mobilizing the contributions of UNAIDS Cosponsors and Secretariat to support the achievement of the Targets of the Political Declaration on HIV/AIDS (2011). Under this mechanism, UN Women in Indonesia is supporting number of initiatives to integrate gender equality and human rights principles into national HIV/AIDS response. The program will engage key government institutions, UN agencies, and most at risk population specially focusing on girls & women including Women Living with HIV (WLHIV).

Epidemiologically, HIV and AIDS transmission in Indonesia concentrates in high-risk groups or key populations, including sex workers, male sex with men, transsexuals, and injecting drug users. The Ministry of Health (MoH)'s quarterly HIV update shows that women consistently make up one third of new cases¹. Women's vulnerability to HIV is clearly visible in the HIV projection up to 2020 which shows women who are not members of any key population as the sub-population with the highest rate of transmission. This fact is strengthened by new HIV estimation, released by the Ministry of Health, showing that the 37% of new HIV infection occur within low-risk women in Indonesia. The National Commission of Violence Against Women (VAW) annual report which was launched recently, in 2020, reveals a spike of VAW cases among women living with HIV, 203 in 2020 compared to only 4 in 2019.²

Since 2019, Indonesia has been implementing the Intimate Partner Transmission program, namely partner notification in the HIV program, carried out by both health service providers and HIV outreach workers in almost all regions in Indonesia. Gender Based Violence to Women Living with HIV (WLHIV) and Key Population cases may have been encountered along the way. It is noteworthy, with limited resources and lack of infrastructure preparation, this massive and rapid rollout of testing strategies with target achievement, can jeopardize patients' rights to informed consent, expose patients to intimate partner and gender-based violence, and lead to criminalization of exposure/transmission, particularly among key populations (men who have sex with men, sex workers, transgender individuals, and people who use drugs).³ This is exacerbated by incapacity of field officer and peer support to handle violence against women (VAW) cases and provide referrals to VAW service providers. In addition, referral mechanism of VAW service providers and HIV response institutions is still limited in many areas in Indonesia.

VAW has undeniably affected WLHIV's health condition, both physically and psychologically, especially when the violence is perpetrated by their intimate partners.⁴ A study on violence among HIV positive women in Nepal reveals that low access to health services and treatment is one of the major

¹ Indonesia quarterly HIV report update, MoH, 2019.

² <https://komnasperempuan.go.id/siaran-pers-detail/catahu-2020-komnas-perempuan-lembar-fakta-dan-poin-kunci-5-maret-2021>

³ New HIV Testing Strategies in PEPFAR COP19: Rollout and Human Rights Concerns, Issue Brief, amfAR Public Policy Office, February 2019.

⁴ IPPI (Ikatan Perempuan Positif Indonesia). (2012). Pendokumentasian Kasus Kekerasan Pada Perempuan dengan HIV Positif Anggota IPPI. Jakarta: IPPI.

consequences of violence.⁵ This situation was also captured in the pilot implementation of Intermediary Organization to respond VAW in WLHIV in five cities in 2020, showing that missing follow up of ARV in WLHIV is an indication of VAW experiences.⁶ Another finding from the pilot implementation shows the lack of understanding and awareness, among VAW service providers which serve as referral institutions, on HIV issues. This indicates that stigma and discrimination against WLHIV subjected to violence may still occur among VAW service providers.

Responding to this situation, UN Women Indonesia underlines the urgency to strengthen VAW service providers both from NGO and government sectors. In 2020, UN Women collaborated with the Service Provider Forum (FPL) to develop the VAW - HIV module for assisting women living with HIV (WLHIV) subjected to VAW. This module has been used to strengthen FPL members' capacity in five areas, including DKI Jakarta, West Java, Central Java, Yogyakarta and Bali. We also developed a Non – Discriminatory Guideline for Handling VAW in WLHIV in order to protect and fulfill their access to quality services including health service as well as to ensure the continuity of treatment.

In order to strengthen VAW- HIV related services, this year, UN Women Indonesia seeks to enhance the integration of VAW-HIV services provision of NGO and government-based service providers by strengthening referral mechanism for handling cases of VAW – HIV response. This capacity building aims to increase the awareness of VAW service provider on HIV issues to eliminate stigma and discrimination against WLHIV subjected to violence, so they can access full services, including the continuity of their HIV treatment.

In this regard, UN Women Indonesia is looking for an organization to implement activities to increase integrated service provisions (NGO-based and Government) for WLHIV subject to VAW and to strengthen the GBV referral mechanism in HIV response in NTT, North Sulawesi, North Sumatra, Lampung and West Kalimantan.

B. Objectives

1. To strengthen integrated non-discriminatory service provision for VAW survivors with emphasis on its intersection with HIV response in UN Women new target areas: NTT, North Sulawesi, North Sumatra, Lampung and West Kalimantan.
2. To establish and strengthen referral mechanism for Gender Based Violence against Women Living with HIV (WLHIV) and affected by HIV in at least three of the targeted 10 areas.
3. To monitor the implementation of integrated service provision and referral mechanism in areas of which UN Women has been intervening in the 10 area.
4. To ensure that WLHIV subjected to VAW can continue their HIV treatment without being stigmatized and discriminated against by service providers.

⁵ Aryal, N. (2012). Violence against Women Living With HIV : A Cross Sectional Study in Nepal. Global Journal of Health Science, 117.

⁶ Suparno (2021). REPORT ON IMPLEMENTATION OF IPPi AS INTERMEDIARY FOR HANDLING CASES OF GENDER-BASED VIOLENCE IN WLHIV. UNWOMEN.

C. Scope of Work

Under the supervision of National Program Officer for EAW and Migration and close monitoring and technical support from VAW-HIV Consultant, the Supplier will conduct some activities to achieve above objectives, with the following tasks but not limited to:

1. Build knowledge and capacity of VAW service providers (NGO and Government) to handle VAW cases of WLHIV and affected by HIV in NTT, North Sulawesi, North Sumatra, Lampung and West Kalimantan.
2. Disseminate the Non – Discriminatory Guideline for Handling VAW in WLHIV to the VAW service provider in ten areas (NTT, North Sulawesi, North Sumatra, Lampung and West Kalimantan, DKI Jakarta, West Java, Central Java, Yogyakarta and Bali).
3. Update VAW service provider internal SOP and service directories in 10 areas, ensuring the document in line with the Guideline.
4. To update data collection intake form, ensuring that data disaggregated by HIV status.
5. Develop an integrated non-discriminatory response referral mechanism for VAW survivors living with HIV and affected by HIV in collaboration with **intermediary organizations** in at least three of the ten areas of implementation, including the integration of data on cases of VAW living with HIV.
6. Monitor and provide technical support to the implementation of integrated non-discriminatory service provision and referral mechanism in DKI Jakarta, West Java, Central Java, Yogyakarta and Bali.
7. Ensure WLHIV subjected to VAW access to services needed including the health services as well as the continuity of treatment.
8. Build and strengthen coordination mechanism among key actors in the HIV – VAW response.

D. Deliverables

Deliverables	Tasks	Target Deliverables Dates	Payment
<u>Deliverable 1</u>			
1. Agreed and finalized inception report, detailing workplan, timeline and identified areas for piloting integrated referral mechanism	<ol style="list-style-type: none"> 1. To develop draft inception report with detailed work plan and timeline. 2. To assess and identify at least three areas from ten areas (DKI Jakarta, West Java, Central Java, Yogyakarta and Bali, NTT, North Sulawesi, North Sumatra, Lampung and West Kalimantan) which will be targeted to pilot the implementation of integrated non-discriminatory referral and response mechanism 	6 August 2021	25 %

<p><u>Deliverable 2</u></p> <ol style="list-style-type: none"> 1. Updated internal SOP and Service Directories of at least three of the targeted areas 2. Updated VAW Administrative Data Intake Form of at least three areas. 3. Progress report that mainly highlights capacity building activities, socialization of the Guideline and regular coordination between key actors VAW - HIV response related to the implementation of activities including ensuring WLHIV subjected to VAW access to services needed, including health services as well as the continuity of their HIV treatment. 	<ol style="list-style-type: none"> 1. To conduct socialization of the Non – Discriminatory Guideline for Handling VAW in WLHIV in order for the protection and fulfilled their access on the services including health service as well as to ensure the continuity of treatment to the VAW service provider in ten areas 2. To update internal SOP and service directories, ensuring the document in line with Non – Discriminatory Guideline for Handling VAW in WLHIV in ten areas. 3. To update data collection intake form, ensuring that data disaggregated by HIV status 4. To conduct capacity building activities for service providers (NGO and Government). in NTT, North Sulawesi, North Sumatra, Lampung and West Kalimantan. 5. To pilot integrated service provision in at least three areas selected. 6. To build and strengthen coordination mechanism among key actors in the HIV – VAW response 7. To monitor and provide technical support to the implementation of VAW service provision in DKI Jakarta, West Java, Central Java, Yogyakarta and Bali. 8. Ensuring WLHIV subjected by violence so they can access the services needed including the health services as well as the continuity of treatment. 	23 October 2021	45%
<p><u>Deliverable 3</u></p> <ol style="list-style-type: none"> 1. Implementation report containing lesson learned and recommendations for the next project implementation and also for scaling up. 2. Two stories of change from beneficiaries 	<ol style="list-style-type: none"> 1. To build and strengthen coordination mechanism among key actors in the HIV – VAW response 2. To monitor and provide technical support to the implementation of VAW integrated non-discriminatory service provision in DKI Jakarta, West Java, Central Java, Yogyakarta and Bali, NTT, North Sulawesi, North Sumatra, Lampung and West Kalimantan 3. To develop two stories of change, highlighting beneficiaries’ experiences of the project impact. 	15 December 2021	30%

E. Project Duration

The services will be provided for the period of 30 July - 31 December 2021 with the payment and settlement period until 31 January 2022.

F. Required Qualification for Supplier

General requirements:

Organizations fulfilling the following requirements are invited to apply:

- Legal person: public body or non-profit making private body
- Must be a legally registered entity with a valid registration
- Minimum 5 years of experience in areas related to violence against women advocacy as well as providing case support services and referrals to women survivors of VAW.
- Experience in community development and empowerment, specific working experience in Indonesia is preferable
- Minimum 5 years of experience in managing projects/grants from international development partners
- Solid internal capacities built in areas relevant to project management.

Specific Competencies :

- Have good networks with VAW service providers, both NGO-based and government, including local key stakeholders and experience in building coordination among VAW – HIV response partners, especially in the areas where activities will be implemented.
- Experience working on VAW – HIV response and understand VAW handling mechanism is an asset.

G. Qualifications of Key Personnel

The Team Leader should have :

- Minimum bachelor degree in social science, gender or any other related area.
- A minimum of 5 years of relevant experience in project/programme development and implementation with strong technical expertise in preventing violence against women, women empowerment, gender equality, community development and advocacy.
- Demonstrated experience in managing ERAW (Elimination Violence Against Women) program, developing, supporting, adapting and piloting evidence-based programming on prevention of violence.
- Knowledge about gender equality and women empowerment and violence against women living with HIV and affected by HIV is an asset.
- Have a good network with other VAW service providers both NGO based and government including the key related stakeholders.
- Have a good network with HIV response organization is an asset.
- Experience working for UN Women is a distinctive advantage.

The Team Members should have :

- Minimum bachelor degree in social science, gender or any other related area.
- A minimum of 3 years in in project/programme development and implementation with technical expertise in violence against women, advocacy and HIV response.
- Knowledge about gender equality and women empowerment and violence against women living with HIV and affected by HIV is an asset.
- Experience working on prevention of violence against women and girls' projects is an advantage.

H. Roles and responsibilities of the parties

UN Women will provide technical guidance where possible. The Supplier shall be required to bear all the related costs and work independently to successfully achieve the end results.

I. Communication and reporting obligations

The Supplier will report to UN Women National Program Officer EAW and HIV-VAW Consultant and communicate closely with the HIV-VAW Consultant to inform about progress, of the service provision (e.g. activities achieved, issues and challenges), in order to allow UN Women to monitor the service delivery. In addition to achieving required deliverables, the Supplier shall be required to submit monthly flash report (on day 27th each month), containing brief progress activity report.

J. Submission of application

The Submission package includes:

- Expression of Interest
- Updated CV of Key Personnel
- Technical proposal
- Financial proposal. The lumpsum amount must be detailed of how professional fee of each team member is calculated. Management fee (if any), tax, travel costs for technical team members of supplier and indirect costs such as printing, designing, stationeries, communications in relation to the scope of work of services must be included in each deliverable of the financial proposal;
- Organization Profile
- Organization registration
- 3 reference checks
- Sample of previous work undertaken (project report, technical brief etc.)

K. EVALUATION METHOD AND CRITERIA

Evaluation Method

Proposals will be evaluated based on UN Women Lowest-Price Technically Compliant methodology. The contract will be awarded to the Supplier who meet the requirements and provide the lowest price.

Evaluation Criteria

The proposal is evaluated on the basis of its responsiveness to the Terms of Reference (TOR) as per the criteria mentioned under Qualifications section.