

TERMS OF REFERENCE

Title	Technical assistance for building capacity of the health sector to deliver hospital-based integrated child protection services
Purpose	The consultancy aims to support Ministry of Health to develop models of child protection multidisciplinary teams in healthcare facilities and enhance the health sector's capacity to deliver integrated health care and support for children who have experienced violence, abuse, or neglect.
Location	Home-based and in Viet Nam
Duration	Mid August 2024 – 30 December 2024
Start Date	Mid August 2024 (tentative)
Reporting to	Chief of Child Protection

1. Background

Violence against children (VAC) is a widespread concern globally – and it is also affecting millions of children and adolescents in Viet Nam. It is exacerbated by social norms and behaviours that tolerate violence and hence undermine children’s and adolescents’ safety and protection. Official figures¹ record, that between 01/01/2015 and 30/6/2019, there were 8,709 children subject to abuse, involving 7,037 females, accounting for eighty per cent; and 75 percent being child sexual abuse. However, given the taboo around violence it is assumed that this only captures the tip of the iceberg of what is in fact a much more widespread phenomenon, with cases often underreported and therefore under-investigated. According to the second National Survey on Gender-Based Violence², 4.4% of women experience sexual violence in Viet Nam before the age of 15. 72.4% of children from 1-14 years old in Viet Nam report experiencing violent discipline at home, with cases of serious injuries reported to be at 1.6%³.

Globally, there is growing recognition of the crucial role the health sector plays - along with child protection workers, police, and others - in a country’s integrated multi- sectoral response to violence against children. Health professionals have regular interactions with children throughout their childhood through routine health check-ups, immunization programmes, and medical examinations for illness and injury. Therefore, they can play a crucial role in early detection of signs of violence, abuse, and neglect. In addition, hospitals or health clinics are often the first place that children who have experienced serious violence are taken for help, and treatment for injuries is often the first and most immediate priority when responding to cases of violence against children.

However, detecting and reporting violence can be challenging, especially if the abuser is a family member. Health professionals might hesitate – unsure of their diagnosis, worried about the parents’ reaction, or feeling like they’re interfering in a family matter. Without proper training and support, they might miss crucial signs or fail to act when they suspect abuse.

To better manage the health response to VAC cases, hospitals around the world have implemented model approaches to providing child-centered and trauma-informed services. One

¹ Vietnamese government report number 217, 2020, to the National Assembly

² Journey of Change: General Statistics Office, Ministry of Labour, Invalids and Social Affairs (MOLISA) and UNFPA

³ General Statistics Office and UNICEF. 2021. Survey measuring Viet Nam Sustainable Development Goal indicators on Children and Women 2020-2021, Survey Findings Report. Ha Noi, Viet Nam: General Statistics Office

of the effective strategies is to establish a designated, inter-disciplinary team of health professionals, who come together to collaborate on known or suspected cases of VAC. These “Child Protection Teams” bring together doctors, nurses, social workers, mental health professionals and, where possible, legal or other professionals. They work with a multi-disciplinary approach to assess, diagnose, and treat children who've experienced violence. They also collaborate with police, child protection workers, other service providers and families to ensure the child's safety after leaving the hospital. By working together, child protection hospital teams are able to combine their different areas of expertise to ensure quality clinical care to address the child's holistic needs. Doctors and nurses focus on physical and mental health, while social workers take a child-friendly approach, provide emotional support, and connect them with outside help. This approach improves detection, reduces the number of times a child needs to be questioned, and ensures a more holistic response to their needs.

The health sector in Viet Nam has demonstrated its strong commitment to address child abuse and violence. UNICEF has been cooperating with the Ministry of Health to promote social work development and child protection services in health facilities. Particularly, since early 2024 UNICEF has supported the modelling of the first ever multi-disciplinary Child Protection Committee at the National Children's Hospital to provide health care, protection and support for children who are affected by violence. This model will be evaluated and will inform the ongoing cooperation of UNICEF with the Ministry of Health in the development of guidelines on the establishment and operation of multidisciplinary child (and women) protection teams in hospitals for national roll-out.

This pioneering initiative necessitates a strengthened healthcare workforce equipped to deliver integrated care and support for children who have experienced violence, abuse, or neglect. To achieve this, UNICEF Vietnam seeks the expertise of **an international institution to provide technical assistance to the MOH with a focus on developing the models for multidisciplinary child protection teams in healthcare facilities and enhancing the health sector's capacity to provide integrated care and support for affected children.**

This also includes the support to facilitate a study visit of MOH professionals and selected hospitals in Viet Nam to a leading international model – the Philippines. The Philippines has a long, successful history of child protection system advancement, particularly within the healthcare sector. Notably, in 1997, the Philippine General Hospital (PGH) established the first one-stop Child Protection Unit (CPU), offering coordinated medical, legal, social, and mental health services to children and families affected by violence. The model was later expanded to include the support for women who are victims of violence. After over two decades, these efforts have led to the establishment of 123 Women and Children Protection Units (WCPU) in 61 provinces, serving over 150,000 children, adolescents, and women across the Philippines. Given the similarities between the two countries' contexts, the study visit to the Philippines presents a valuable opportunity for Vietnam to learn from their experiences and successfully roll out service models on a national scale.

2. Justification

The model of multidisciplinary child protection team in the hospitals is new in Viet Nam. There is hence insufficient capacity among national experts with the necessary knowledge and experience to provide technical support for capacity building in this area. It is therefore necessary to recruit **an international institution** to work collaboratively with UNICEF and MOH to bridge the

knowledge gap by providing technical support for capacity building on multidisciplinary child protection interventions.

3. Objectives

The consultancy aims to support the Ministry of Health to develop models of child protection multidisciplinary teams in healthcare facilities and enhance the health sector's capacity to deliver integrated health care and support for children who have experienced violence, abuse, or neglect.

4. Duration and venue

Identified tasks will be implemented in 05 months, tentatively from mid August 2024 to 30 December 2024. The consultancy will be home-based with occasional travels to deliver on-site capacity building activities.

5. Tasks

Task 1:

Facilitate a study visit of the officials from Ministry of Health and selected hospitals in Viet Nam to the Children (and Women) Protection Unit model in the Philippines (see details in attached Annex).

Task 2:

Develop a training programme (PPTs & manuals) for multidisciplinary child protection teams in hospitals on:

- a. Understanding violence against children, child abuse and neglect and long-term effects of VAC
- b. Recognizing, recording, reporting, and referring of child protection cases
- c. The multidisciplinary team approach in child protection
- d. Psychological first-aid and crisis interventions
- e. Multidisciplinary assessment and management of child protection cases
- f. Inter-agency collaboration with external stakeholders in child protection cases
- g. Developmentally appropriate interview of abused children
- h. Specialized knowledge and skills for medical staff (i.e. history taking, physical examination of children, medical treatment) and social workers (i.e. risk assessment for children, safety assessment for children, working effectively with children and family)

Task 3:

Deliver 01 five-day training course for multidisciplinary child protection teams in selected hospitals in Viet Nam using the training manuals developed in task 2.

Task 4:

Provide technical assistance to MOH in developing relevant guidelines on child protection in the health sector, including: i) National guideline for establishment and operation of multidisciplinary child protection teams in hospital; ii) Technical guideline for medical staff to detect signs of abuse.

6. Deliverables and timelines

Task	Deliverables	Estimate no. of working days	Tentative Timeline
1.	- A study visit of officials from Ministry of Health and selected hospitals in Viet Nam to the Children (and Women) Protection Unit model in the Philippines.	05	August 2024
2.	- Training materials (PPTs & manuals) for multidisciplinary child protection teams in hospital.	20	September 2024
3.	- 01 five-day training course for multidisciplinary child protection teams in selected hospitals in Viet Nam using the training manuals developed in task 2.	05	October 2024
4.	- Technical assistance to MOH in developing relevant guidelines on child protection in the health sector: i) National guideline for establishment and operation of multidisciplinary child protection teams in hospitals; ii) Technical guideline for medical staff to detect signs of abuse.	10	November 2024
	TOTAL	40 days	

7. Management

The international institution will be supervised by the Chief of Child Protection in UNICEF, who is responsible for providing overall technical guidance and approving intermediate and final products. The concerned Child Protection Officer will be responsible for day-to-day work to liaise with the international consultant(s), facilitate the communications between the consultant(s) and stakeholders, providing technical input and day-to-day support. The UNICEF Child Protection section will support MOH in the organization of relevant technical meetings, training, and workshops. UNICEF Child Protection section will also provide support in ensuring the translation of documents, deliverables, and interpretation during country-based activities.

8. Qualification

This assignment is open for **international consultancy institutions** with the following qualifications:

- A reputable institution/agency specialized in child rights and child protection.
- Demonstrated experience in the area of child rights and child protection.

The Lead expert should have:

- Advanced degree in social work, social development, public health, or related field.
- At least 10 years of professional experience in advancing child rights and child protection, especially in the health setting.
- Demonstrated capacity and experience in developing training programs and delivery of training.
- Strong experience working with government agencies in the health sector and good understanding of child protection context in Vietnam.
- Fluent in English and excellent report writing, presentation and communication skills.
- Work experience with UNICEF or another UN agency is preferred.

9. Estimated budget

The institution shall be responsible for all expenses incurred throughout the term of this assignment, including, but not limited to, international and domestic travel, meals and accommodation (if any).

For Task 1, the proposed budget for organizing the Study Visit may include all costs in the Philippines to deliver this Terms of References (i.e. hosting fee, tea breaks, venues for the arranged meetings, travel and transportation if any). Air tickets from Viet Nam to the Philippines and Daily Subsistence Allowance (DSA) (covering meals, hotels, per diem and airport transfers, transportation to and from hotels to meeting venues and visit sites) for Vietnamese participants will be arranged by UNICEF.

9. Payment Schedules

Payment for the assignment will be made based on achievement of the following deliverables based on the schedule below:

- **First payment:** upon satisfactory completion of Task 1 and 2 with deliverables accepted by UNICEF (i.e fee of estimated 25 working days and travel costs for the study visit to the Philippines).
- **Second payment:** upon satisfactory completion of Task 3 and 4 with deliverables accepted by UNICEF (i.e. fee of estimated 15 days and travel costs to Vietnam of the consulting team).

10. Performance indicators for evaluation

For evaluation and selection method, the Cumulative Analysis Method (weighted scoring evaluation approach) shall be applied:

- Technical Proposal: 70 points
- Financial Proposal: 30 points

First, the Technical Proposals will be evaluated. Technical Proposals receiving 49 pts (70% of obtainable points) or higher, will be considered technically responsive and the Price Proposal will be opened. Proposals which are considered not technically compliant and non-responsive, will not be given further consideration.

Item	Technical Evaluation Criteria	Max Obtainable Points
1	Overall Response <ul style="list-style-type: none"> The understanding of the assignment and the alignment of the proposal submitted with the ToR 	20
1.1	Completeness of response	10
1.2	Overall concord between TOR/needs and proposal	10
2	Organization and Key Personnel	40
2.1	Range and depth of <u>organizational or personal</u> experience with similar projects in specialized child protection especially for the health setting	20
2.2	Key personnel: relevant experience and qualifications of the proposed team for the assignment	20
3	Proposed Methodology and Approach	10
3.1	Work plan showing methodology, detailed methods, project implementation strategies. All are in line with the project's framework.	5
3.2	Project management, monitoring and quality assurance process	5
• Total Technical Score		70
• Total Financial Score		30
• SUMMARY OF TECHNICAL & FINANCIAL SCORE		100

*Minimum technical score: 70% of 70 points = 49 points

Financial Evaluation: Only those financial proposals for bidders which have been technically accepted according to the above criteria will be opened. Max points will be awarded to the lowest price proposal and the other proposals will receive points in inverse proportion of the lowest price proposal.

The Contract shall be awarded to applicant obtaining the highest combined technical and financial scores.

10. Submission of Proposals

Interested institutions should submit the following documents:

1. A brief profile of the institution with relevant experience and track records, including the institution credential documents;
2. A technical proposal describing how the assignment will be carried out;
3. A financial proposal for all-inclusive detailed costs involved. *All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization. Currency of the proposal must be specified (either US Dollars or Viet Nam Dong).*
4. Curriculum Vitae of the team members.

All Proposals must be signed and stamped by the Proposers and in pdf. format.

Women-owned companies are encouraged to bid. Preference will be given to equally technically qualified women-owned companies.

ANNEX

A study visit to learn experiences and good practices on international hospital-based integrated child protection services model

Objectives

- **Gain insights** into the establishment and operation of the the Children (and Women) Protection Unit model in the Philippines. This includes understanding the purpose, function, tasks/activities, personnel structure, child protection intervention/support process, operational apparatus, facilities, equipment, finance, and the legal frameworks which govern the model development.
- **Learn best practices** in providing coordinated child protection services within the hospital and with relevant external stakeholders.
- **Explore potential for international cooperation** with relevant agencies and organizations in the field of child protection at medical facilities.
- **Exchange experiences in education and training** on child protection for social workers and medical staff.

Time/Duration

03 working days (excluding travel days)

Participants

Tentatively 18 participants, including:

Ministry of Health:

- 01 representative from Medical Services Administration Department
- 01 representative from Personnel Organization Department

Selected hospitals:

- 08 members of the established Child Protection Committee of National Children's Hospital
- 03 representatives from Bach Mai General Hospital
- 01 representative from Ha Noi Saint Paul Hospital

University of Public Health:

- 02 representatives from Social Work Unit

UNICEF Viet Nam:

- 02 representatives from Child Protection Section

Responsibilities

- **MOH/National Children's Hospital of Viet Nam** will arrange all the logistical preparations for the delegation's travel from the government of Viet Nam to the Philippines and DSA, accommodation, and transportation during their stay there.
- **The contracted institution** will support to arrange relevant meetings and field visits in the Philippines and accompany with the delegation during the study visit.