



## NATIONAL DISASTER MANAGEMENT AUTHORITY



### TORs for MISP GBV /SRH Consultant

#### Background:

Emergency situations significantly increases the vulnerability of women, girls and boys in all forms of Gender Based Violence (GBV) due to disruption of law and order as well as natural breakdown of protection systems. Whether in camps or community settings, displaced women and girls are particularly at risk to sexual violence, exploitation, trafficking, harassment, poverty, illness and other forms of GBV. Over the years, there has been increasing recognition among countries in the world that “women and girls face different forms of violence from their own families and communities than they do from strangers”.

The National Disaster Management Authority (NDMA) is the lead agency at the Federal level to deal with the whole spectrum of Disaster Management activities. The Gender and Child Cell (GCC) of the NDMA will be playing an active role towards this direction which includes the development of policy briefs which identify entry points and a multi-year strategic vision to advance on National and Global commitments in line with risk mitigation, prevention and response to Gender Based Violence (GBV) in humanitarian programming.

In this regards the National Disaster management Authority enter into an agreement with UNFPA-Pakistan to ensure the protection of vulnerable women and girls, specifically addressing the GBV-SRH and MISP issues.

The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. The MISP is not just kits of equipment and supplies; it is a set of activities that must be implemented in a coordinated manner by appropriately trained staff.

This set of life-saving activities forms the starting point for ensuring quality reproductive health in even the worst scenarios. These actions should be sustained and expanded with comprehensive reproductive health services throughout protracted crises and recovery.

The MISP is a coordinated set of priority interventions designed to prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and newborn morbidity and mortality; and plan for comprehensive RH services. This set of activities must be implemented at the onset of an emergency in a coordinated manner by trained staff. The module is aimed at training humanitarian workers operating in health, protection, camp management and other sectors on how to implement the MISP.

#### **Trainings on Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Humanitarian Settings:**

Capacity building to implement the Minimum Initial Service Package for Sexual Reproductive Health in Humanitarian Settings was started in 2013. Trainings were done at various levels targeting mainly service providers, emergency responders and more recently policy-makers. However, due to rapid staff turnover and other human resource related issues, its



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institutionalization in the provincial emergency preparedness and response strategies remains a perennial challenge. To date, a total of almost 600 people/government officials were trained.

In Pakistan, UNFPA has worked closely with the government and civil society partners to build National and provincial capacity through advocacy and trainings on MISP. The trainings also served to advocate the importance of addressing RH needs and providing adequate services during disasters. The key players include NHEPRN, Muslim Aid, International Medical Corps and Rahnuma Family Planning Association of Pakistan. These trainings were conducted in four provincial capitals - Peshawar, Khyber-Pakhtunhwa, Karachi, Sindh, Lahore, Punjab, Kurram, FATA and Quetta and Naseerabad, Balochistan (June 2016).

### **Overall Goal of MISP:**

Decrease mortality, morbidity and disability in effected population in crises and emergencies situations. Under the following objectives to support MISP;

- 1) Ensure health cluster/sector identifies agency to LEAD implementation of MISP.
- 2) Prevent SEXUAL VIOLENCE & assist survivors.
- 3) Reduce transmission of HIV.
- 4) Prevent excess MATERNAL & NEONATAL mortality & morbidity
- 5) Plan for COMPREHENSIVE RH services, integrated into primary health care

### **Deliverables:**

- 1) Develop, validate and contextualization of MISP tools. The tools will include needs assessment questionnaires for SRH and GBV and SOPs for inclusion of MISP in disaster management and health policies and frameworks, particularly monsoon contingency plans) through consultative process at National and provincial level with key stakeholder's .i.e. PDMAs, Directorate of health, Population welfare, Women Development Department, social welfare departments, provincial women commissions, and ministry of health (NHEPRN) etc.
- 2) Roll out of MISP tools through validation by the relevant stakeholders by organizing provincial consultative workshops (one each in Quetta-Balochistan and Peshawar for K.P/ FATA).
- 3) This will also require contextualization of GBV & SRH UNFPAs tools for Govt. of Pakistan in humanitarian response and preparedness initiatives at provincial level through consultative process/ meetings with key stakeholders' .i.e. Health, PDMAs, Women Development Departments, Social Welfare, etc.

Design/ structure and facilitate 2 Provincial consultative workshops of 2 days each with key stakeholders' .i.e. NDMA, PDMAs, Health, Women Development Department,



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Social Welfare, Population Welfare etc. one each at Quetta Balochistan and Peshawar for K.P/ FATA on MISP inclusive of GBV-SRH

### Methodology:

1. Study the MISP regular course manual and its accompanying Facilitators' Manual and understand the structure and content of the modules including the learning objectives and key messages of each section of the module. (SPRINT MISP Manual and UNFPA's India MISP manual etc.)
2. Conduct a comprehensive review of the UNFPA RH, ASRH and GBV humanitarian response experience in the various disasters and emergencies to identify the concrete examples and cases that can be used in localizing the respective modules – adapting it specific to Pakistani context (data and case studies, programmes/policies/guidelines).

### Qualifications:

- 1) MBBS, Public Health or Disaster Management degree, Post Graduate, Graduate in Public Health or Disaster Management, Social Development.
- 2) Minimum 5 Years' Experience in at least one of the following areas is essential (Maternal Neonatal Health, Family Planning, Adolescent Sexual and Reproductive Health, HIV/STIs, Disaster Management)
- 3) Experience on coordination, especially during disasters, is preferred
- 4) Is committed to be available for district-level trainings after completion of the training.
- 5) Willingness to prepare additional background materials (district-level data) that may be required prior to trainings
- 6) Good facilitation and communication skills, ability to present and convey ideas, stakeholder engagement and liaison skills
- 7) Initiative, judgement, flexibility and self-motivation to achieve results
- 8) Good interpersonal skills necessary to work in teams and under stressful conditions
- 9) Is available for the complete duration of the assignment.
- 10) Developed and undertaken similar activities in the past



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<b>Other relevant information or special conditions, if any:</b>	<i>Payment:</i>
Three payments will be made throughout the consultancy based upon the receipt of high quality outputs certified by NDMA & UNFPA.	
The first payment of 33% of the total amount for the consultancy will be paid upon receipt and agreement of the consultancy inception work plan.	
The second payment of 27% will be paid upon receipt and agreement of first draft	
The final 40% will be paid upon receipt and agreement upon the final product	
The documents will be written in English.	

**All interested candidates may send their application along with latest CV to the [po.gcc@ndma.gov.pk](mailto:po.gcc@ndma.gov.pk) by 15, April, 2018 COB**