**Terms of Reference**

**Development of an Action Plan for the National CMR strategy**

**UNFPA Lebanon**

**Background**

Clinical Management of Rape (CMR) is a critical component of the comprehensive response to meet the needs of survivors of sexual violence. In Lebanon CMR services were launched in 2012 in response to the Syria crisis with the first training conducted by UNFPA within trainings for the provision of the Minimum Initial Service Package (MISP) for Reproductive Health (RH). Clinical Management of Rape (CMR) task force (TF) was established under the leadership of MOPH and UNFPA with the aim to better coordinate the medical response needed for a sexual assault survivor. CMR services have been coordinated closely with the protection sector to enhance the referral mechanisms and ensure better privacy and confidentiality for the survivors seeking medical care. CMR clinics have been chosen to ensure geographical coverage gaps with an initial number of 43 centers then reduced to 19 prioritized facilities mostly located in governmental hospitals based on a set of criteria. CMR protocols were developed and integrated in the national Reproductive Health Services Delivery Guidelines however in view of the absence of CMR national accountability frameworks, a review of the practices for CMR Strategies and Guidelines conducted by the CMR TF identified concrete actions one of which is to develop a national strategy to institutionalize CMR and Intimate Partner Violence (IPV) services within MoPH health services network as per international standards; while outlining linkages with other ministries.

The MoPH, in partnership with UNICEF and UNFPA, took the leadership in developing this strategy in close coordination with the CMR TF and relevant actors. The strategy development extended from July 2019 until May 2021 and consisted of 1) conducting a comprehensive desk review including examination and mapping of national strategies, frameworks, initiatives, and stakeholders supporting CMR and IPV response in Lebanon; 2) developing an evidence-based framework that serves as a guide for the development of the national CMR strategy; 3) conducting national and field consultations to better understand the available services, challenges as well as related needs of at-risk women and girls; and 4) undertaking a gap analysis to examine the main determinants i.e. enabling environment , supply including availability and management of essential commodities and demand i.e. financial access, continuity of use; social and cultural beliefs etc.

Based on the above and in order to operationalize the CMR strategy, there is need to develop an action plan with concrete interventions, timeline, performance indicators and partners for the different suggested interventions to be implemented.

**Purpose**

The main purpose of the consultancy is to develop an action plan for the national CMR strategy for a period of three years from 2022 to 2024

**Objectives**

The specific objectives for the development of an action plan for the CMR strategy are:

* Develop a focused set of interventions aligned with the national CMR strategy six strategic areas to be implemented in 3 years
* Set a timeframe for the implementation of the proposed interventions
* Identify required resources for operationalization of the CMR strategy
* Develop a monitoring and evaluation framework including key indicators with baselines and targets, assigned responsibilities, and reporting requirements
* Identify concrete risks and assumptions as well as mitigation to minimize/nullify risks

**Process and Methodology**

The action plan of the CMR strategy will be developed for the six strategic areas, including a clear monitoring and evaluation framework. An analysis of the current context including challenges, risks, priorities, opportunities, etc will be developed to tailor the interventions and determine the resource requirements (i.e. financial, human, system, equipment, infrastructure, technical, etc). A detailed three-year action plan will be developed based on the national CMR strategy document while ensuring the engagement of the relevant stakeholders (including but not exclusive to the CMR TF). The development of the action plan will consist of the following phases:

Inception phase

* Inception meeting to clarify terms of consultancy between the consultant, MOPH, UNICEF and UNFPA.
* Delivery of brief 3 – 5 pages inception report detailing the consultant’s understanding of the required tasks and the proposed approach to work including required tools, proposed stakeholders, and consultation process, and detailed timeline for product delivery.

Desk Review phase

* Desk and literature review including the national CMR strategy and other related national strategies, reports and documents as well as similar global/regional initiatives with related documents, reports, and resource material produced on CMR action plans.
* Provide a comparative matrix of 4-5 CMR action plans compiled from various countries for agreeing with UNFPA, UNICEF and MOPH on the Lebanon CMR action plan structure

Consultations phase

* The consultant will hold meetings with key actors currently engaged and to be potentially involved in the CMR in Lebanon including relevant Ministries, CMRTF, health sector, GBVTF, professional associations, forensic doctors, relevant juridical entities, security bodies etc. Meetings could be conducted in person or remotely and it is expected that the consultation process will consist of 12-15 interviews.

Synthesis phase

* During this phase, the consultant will proceed with consolidation of information and elaboration of interventions based on the desk review and the consultation process
* All key interventions of the action plan must be backed by reference to evidence (source)

Validation phase

* A workshop to be conducted with key actors involved in the consultation process to gather additional inputs ( if any) and validate the proposed action plan

Final outcome

* The consultant will incorporate comments received from key actors during the validation workshop, MOPH, UNFPA and UNICEF into the final action plan
* The consultant will submit an action plan[[1]](#footnote-1) for the CMR strategy in English and a power point presentation in English/Arabic language (with 15-20 slides each language) summarizing key priorities of the action plan against each of the strategy areas.

Support to be provided by UNFPA

* Clarify consultancy TORs and expectations
* Avail the national CMR strategy
* Be available for meetings with the consultant at various phases
* Facilitate organization of meetings and interviews with stakeholders
* Provide additional and immediate advice and information when need be
* Review draft report and provide input

**Time Frame for the consul*tancy***

This consultancy to be conducted between September 25th and December 20th 2021, therefore the consultant requested to fulfill this task needs to be fully dedicated to this exercise and equipped to undertake requested multiple tasks.

**Qualifications**

*The consultant must offer the following demonstrated expertise, and qualifications:*

* A university degree in public health, gender studies, sociology/anthropology, social sciences or other relevant specialty (PhD will be added advantage)
* A minimum of 7 years’ experience in developing strategic frameworks, policy documents with the government, international NGOs & local partners
* At least 5 years of extensive experiences in carrying out research/ evaluations/assessments
* Experience and knowledge in the field of health/SRH and protection/GBV is essential
* Knowledge of the Lebanese health system and context is essential
* Excellent Arabic and English spoken and written skills
* Demonstrated ability to deliver quality results with strict deadlines

Individual consultant that meet the required qualifications set forth in the TORs may apply on line by sending **a cover letter expressing interest,** **curriculum vitae and price schedule form (Annex VII**). Alldocuments must be sent to the following email: bids\_lbn@unfpa.org by no later than September 16th 2021 COB

1. The final structure of the action plan will be discussed and agreed upon based on the 4 phases. The action plan will be considered a results framework that underlines key results to be achieved at the goal, outcome and output levels in line with the CMR strategy. The action plan should include – but not exclusive to - the following: strategic interventions, key indicators, timeframe, key actors and risks and assumptions [↑](#footnote-ref-1)