Invitation for Proposals (to be issued by UNFPA)

| UNFPA, United Nations Population Fund, an international development agency, invites interested organizations to submit proposals for **Strengthening the quality of mental health and psychosocial services to address gender-based violence and to promote the wellbeing of adolescents**  The purpose of the Invitation for Proposals is to identify eligible non-governmental organizations and academic institutions for prospective partnership with UNFPA India Country office to support achievement of results outlined in the 2023-2027 DP/FPA/CPD/IND/10 or section 1.3 below.  Organizations that wish to participate in this Invitation for Proposals are requested to send their submission through email clearly marked “NGO Invitation for Proposals” at the following address UNFPA India Country Office  bids.india@unfpa.org  By 07th November 2022, 23:59 hours IST.  Proposals received after the date and time may not be accepted for consideration.  Proposals must be submitted in English.  Any requests for additional information must be addressed in writing by 14th October 2022, 23:59 hours IST at the latest addressed to Operations Manager, *bids.india@unfpa.org.* UNFPA will post responses to queries or clarification requests by any applicants through emails to the concerned parties before the deadline for submission of proposals.  UNFPA shall notify applying organizations whether it is considered for further action.  Please see [Working with UNFPA: Key information for UNFPA Implementing Partners on completing the Protection from Sexual Exploitation and Abuse (PSEA) Assessment](https://www.unfpa.org/sites/default/files/admin-resource/Working_with_UNFPA_Key_information_for_IP_on_PSEA_Assessment_Nov2020.pdf). |
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| **Section 1: Background** | |
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| 1.1 UNFPA mandate (250 Words) | UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. |
| 1.2 UNFPA Programme of Assistance in India Country office ( 250 Words) | In India Country Office, UNFPA works with the government and other partners to achieve overall goal of the overall goal of the 2023-2027 DP/FPA/CPD/IND/10.  Further information on the programme can be found on http://unfpa.org/India] |
| 1.3 Terms of reference | **Background**  UNFPA is the United Nations sexual and reproductive health agency and has been operating in India since 1974. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled ensuring rights and choices for all.  UNFPAs 10th Country Programme (2023-27) is inspired by UNFPA’s Strategic Plan (2022 – 2025) and is aligned to the United Nations Sustainable Development Cooperation Framework, supporting in achieving the National Development Goals and the Agenda 2030. UNFPA will support national programmes that aim to advance the sexual reproductive health and rights of women, girls and young people, and accelerate achieving the three transformative goals of zero unmet need for family planning, zero preventable maternal deaths and zero gender based violence and harmful practices and the unfinished agenda of ICPD Programme of Action. While continuing to retain focus in the states of Bihar, Madhya Pradesh, Odisha and Rajasthan, the 10th country programme will scale up efforts and drive accelerated progress towards the three transformative results.  UNFPA recognizes the importance of ensuring quality mental health and psychosocial support services (MHPSS) for strengthening the response to GBV as well as to promote adolescent health and wellbeing. One of UNFPA’s key focus areas in strengthening services related to GBV prevention and response has been capacity building of critical stakeholders including One Stop Centre (OSC) staff, officials from the state Departments of Women and Child Development, health professionals, and CSO representatives onMHPSS and counselling skills to respond to survivors of GBV. This work has been supported across seven states. In partnership with the Department of Medical and Health, UNFPA is providing technical support for the roll out of the Rashtriya Kishore Swasthya Karyakram (RKSK) programme, where one of the main themes is focusing on mental health.  Furthermore, in Madhya Pradesh, UNFPA has been partnering with the Department of School Education and Directorate of Skill Development, Government of Madhya Pradesh to address adolescent mental health issues and concerns. As part of this work, UNFPA supports the tele-counselling service- UMANG Kishore helpline through a toll-free number to provide psycho social and counselling services in local language to students, teachers and families for mental health and emotional well-being.  UNFPA intends to continue the intervention of strengthening MHPSS services for responding to the needs of GBV survivors, and to support the provision of MHPSS services for adolescents in the 10th Country Programme (2023 -2027). In order to implement the intervention, UNFPA is keen to associate with an implementing partner which has expertise in the areas of MHPSS and in the provision of counselling services through a helpline. In this context, the terms of reference are being floated.  **Objectives**   1. To strengthen the quality of MHPSS services to respond to the needs of GBV survivors (Pan India) 2. To establish systems to offer psychosocial counselling services for adolescents and young people in school and non-school setting in Madhya Pradesh   **Specific Objectives**   1. To build capacities of service providers on MHPSS and counselling skills as part of GBV prevention and response  To increase uptake of mental health and psychosocial counselling services among adolescent and young people.To build capacities of key stakeholders and frontline functionaries to offer psycho-social first aid to adolescents and young people in school and non-school settings. **Scope of work**  **Objective 1:** To strengthen the quality of MHPSS services to respond to the needs of GBV survivors (Pan India)   * Build capacities of service providers including One Stop Center (OSC) staff, health professionals, RKSK counsellors, protection officials and CSOs on MHPSS and counselling skills as part of GBV prevention and response * Develop resource materials including job aids, teaching and learning materials, advocacy products related to GBV and MHPSS * Develop guidelines and protocols for different aspects of MHPSS and GBV response services * Generate evidence on good practices and emerging areas of focus on GBV and MHPSS   **Objective 2**: To increase uptake of mental health and psychosocial counselling services among adolescent and young people.   * Manage and operate tele-counselling services (Umang Helpline) to provide psychosocial counselling services to adolescents and young people in Madhya Pradesh * Capacity building of counsellors on counselling techniques and develop necessary job aids and counselling protocols to provide quality counselling services * Develop need-based resource materials including training modules, assessment tools required under the programme. * Conduct training and capacity building of government teachers, ITI training officers, RKSK counsellors and other resource persons of various non-school settings to provide psychosocial first aid at the state level and districts. * Undertake activities to promote and popularise the adolescent helpline and counselling services * Provide technical support in expanding the psychosocial counselling services to other states   **Indicative Deliverables**  Objective 1   1. Training undertaken for a range of stakeholders on MHPSS and counselling skills for responding to the needs of GBV survivors 2. Resource materials developed for MHPSS and GBV response 3. Guidelines and protocols developed on MHPSS and GBV response services 4. Evidence generated on good practices and emerging areas of GBV and MHPSS   Objective 2**:**   1. Management of the Umang Helpline through placement of qualified counsellors 2. Capacities of the counsellors of the helpline built on the provision of psychosocial counselling 3. Data of the Umang helpline analysed and trends developed based on the utilisation of services 4. Capacities of the Counsellors of the Department of Education built on the psychosocial counselling services 5. Capacities of the functionaries from various programmes of Government departments built on provision of psychosocial first aid 6. Knowledge products, protocols developed for delivering psychosocial counselling services and psychosocial first aid   **Indicative Results and Outputs**  Objective 1**:**   1. % of health facilities in identified areas with providers trained on the use of protocols for screening, treating and referral of GBV survivors as an integral package of SRH services. 2. Number of stakeholders trained on MHPSS and counselling skills for responding to the needs of GBV survivors 3. Evidence generated on good practices and emerging areas of focus related to MHPSS and GBV   Objective 2**:**   1. Number of field functionaries trained to offer MHPSS services to adolescents 2. Percentage increase of adolescents’ boys and girls receiving psychosocial services through the helpline (at least 30% every year) 3. Number of states provided technical support to replicate psychosocial counselling service model   **Geographic Coverage**   1. Pan India for MHPSS and GBV response 2. Madhya Pradesh for MHPSS helpline for adolescents and young people   **Project Duration**  The proposal is sought for a period of three years. Year wise budget to be submitted for three years. UNFPA will provide financial support on an annual basis depending on the availability of funds and progress of the project |

Format to be used by the agency to submit the proposal

| **Section A. NGO Identification** | | |
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| A.1 Organization information | Organization name |  |
| Address |  |
| Website |  |
| Type of Organization ( NGO or Academic Institution) |  |
| Date of establishment of organization |  |
| Place of registration of the organization |  |
| HQ Location |  |
| A.2 Contact information  (Authorized Representative) | Name |  |
| Designation |  |
| Telephone & Mobile |  |
| Email |  |
| Contact details of the nodal officer for the project | Name |  |
| Designation |  |
| Telephone & Mobile |  |
| Email |  |
| A.3 United Nations Partner Portal | Are you registered in the [United Nations Partner Portal](http://www.unpartnerportal.org)? |  |
| If yes, provide the UNPP Partner ID |  |

| Section B. Overview of the organization |
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| B.1 Annual budget (250 words) | Annual budget (previous year, INR /USD) |  |
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| Main funding partners/ donors |  |

| B.2 Credibility (Include specific examples of working with State / National Govt.) (600 words) | *To what extent is the NGO or academic institution recognized as credible by the government, and/or other key stakeholders/partners?* |
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| Section C. Proposed interventions and activities to achieve intended results | |
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| C.1 Project Title (25 Words) | Please provide the project title along with any brand name to be used for the project. |
| C.2 Background  (300 Words) | This section should provide background and rationale for the proposed project |
| C.3 Goal and Objectives  (300 words) | *This section should clearly spell out 3 to 5 objectives for the project and broader goal.* |
| C.4 Geographic coverage  (150 words) | *The section should indicate the project implementation geographies* |
| C.5 Duration of the project (50 words) | *Proposed Start Date: DD/MM/YYYY*  *Proposed End Date: DD/MM/YYYY* |
| C.6 Description of strategies, activities and GANTT Chart (4500 words) | *This section should spell out broad strategies and suggested activities under each strategy clearly linked to achieving the proposed objectives.* |
| C.7 Human Resource /Team composition for the proposed project (1200 Words) | Organogram with brief role and responsibility table for all position to be hired for the project |
| C.8 Monitoring systems with key monitoring indicators (500 words) | The section should briefly explain the monitoring systems to be put in place for the project with 3 to 5 key indicators which organization proposes to be used for monitoring the project implementation |
| C.9 Budget | *This organization is expected to indicate tentative budget as per the attached template.* |
| C.10 Any other additional information to be submitted ( 600 Words) | *The organization can use the section to provide any additional detail they would like to submit as part of the proposal and not being captured in above heads for the proposal.* |

| Section D. References | |
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| Please provide 3 references to support your proposal. Include name, title, contact information and brief summary of relationship. | |
| Reference 1: |  |
| Reference 2: |  |
| Reference 3: |  |

| Section E. Preventing Sexual Exploitation and Abuse (PSEA) Capacity Assessment  Please note, the results of this assessment may be shared with other United Nations entities | |
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| E.0 Preliminary Screening | Does the organization have direct contact with beneficiaries?  Yes ☐ No ☐  If your response is no, stop here and do not complete this section. However, please note if your organization begins working with beneficiaries at a later date, UNFPA will require your organization to fill out a self-assessment.  If yes, please continue. |
| Has the organization’s PSEA capacity been assessed by a UN entity in the last 5 years?  Yes  ☐    *If yes, share the assessment rating and supporting documentation with UNFPA and do not complete this section.*  No ☐  *If no, complete G.1 through G.8* |
| E.1 Policy Requirement | *Please provide supporting documentation for any fields marked “Yes”.*  Your organization has a policy document on PSEA. At a minimum, this document should include a written undertaking that the partner accepts the standards of conduct listed in section 3 of the ST/SGB/2003/13.  Yes ☐ No ☐  Supporting documentation may include:   * Code of Conduct (internal or interagency) * PSEA policy * Documentation of standard procedures for all personnel to receive/sign PSEA policy * Other (please specify): |
| E.2 Subcontracting | Your organization’s contracts and partnership agreements include a standard clause requiring sub-contractors to adopt policies that prohibit SEA and to take measures to prevent and respond to SEA.    Yes ☐ No ☐ \*N/A ☐  Supporting documentation may include:   * Contracts/partnership agreements for sub-contractors * Other (please specify):   *\* Please Note: If the partner notes that it does not have subcontractors in the self-assessment this core standard is not applicable and UNFPA will assess this core standard as N/A. However, if this situation changes and the same partner subsequently subcontracts activities to another entity, this would warrant a re-assessment.* |
| E.3 Recruitment | Your organization has a systematic vetting procedure in place for job candidates through proper screening. This must include, at minimum, reference checks for sexual misconduct and a self-declaration by the job candidate, confirming that they have never been subject to sanctions (disciplinary, administrative or criminal) arising from an investigation in relation to SEA, or left employment pending investigation and refused to cooperate in such an investigation.  Yes ☐ No ☐  Supporting documentation may include:   * Reference check template including check for sexual misconduct (including reference from previous employers and self-declaration) * Recruitment procedures * Other (please specify): |
| E.4 Training | Your organization holds mandatory trainings (online or in-person) for all IP employees and associated personnel[[1]](#footnote-0) (herein “personnel”) on PSEA and relevant procedures. The training should, at a minimum include:   1. a definition of SEA (that is aligned with the [UN's definition](https://undocs.org/ST/SGB/2003/13)); 2. an explanation on prohibition of SEA; and 3. actions that personnel are required to take (i.e. prompt reporting of allegations and referral of victims).   Yes ☐ No ☐  Supporting documentation may include:   * Training package * Attendance sheets * Training certificates * Other (please specify): |
| E.5 Reporting | Your organization has mechanisms and procedures for personnel, recipients of assistance and communities, including children, to report SEA allegations that comply with core standards for reporting (i.e. safety, confidentiality, transparency, accessibility).  Yes ☐ No ☐  Supporting documentation may include:   * Internal Complaints and Feedback Mechanism * Participation in joint reporting mechanisms * Communication materials * PSEA awareness-raising plan * Description of reporting mechanism * Whistle-blower policy * Other (please specify): |
| E.6 Assistance | Your organization has a system to refer SEA victims to locally available support services, based on their needs and consent. This can include actively contributing to in-country PSEA networks and/or GBV systems (where applicable) and/or referral pathways at an inter-agency level.  Yes ☐ No ☐  Supporting documentation may include:   * Internal or Interagency referral pathway * List of Available service providers * Description of referral or Standard Operation Procedure (SOP) * Referral form for survivors of GBV/SEA * Guidelines on victim assistance and/or training on GBV and GBV case management principles * Other (please specify): |
| E.7 Investigations | Your organization has a process for investigation of allegations of SEA and can provide evidence. This may include a referral system for investigations where in-house capacity does not exist.  Yes ☐ No ☐  Supporting documentation may include:   * Written process for review of SEA allegations * Dedicated resources for investigation(s) and/or commitment of partner for support * PSEA investigation policy/procedures * Contract with professional investigative service * Other (please specify): |
| E.8 Corrective Measures | Your organization has taken appropriate corrective action in response to SEA allegations, if any.  Yes ☐ No ☐ N/A ☐  Supporting documentation may include:   * Evidence of implementation of corrective measures identified by the UN partner entity, including capacity strengthening of staff. * Specific measures to identify and reduce risks of SEA in programme delivery. * Other ((please specify): |

1. Associated personnel include sub-contractors, consultants, interns or volunteers and others associated with or working on behalf of the Partner. [↑](#footnote-ref-0)