Invitation for Proposals

| UNFPA, United Nations Population Fund, an international development agency, invites interested organizations to submit proposals for **Technical Assistance for strengthening the implementation of adolescent health and well-being programmes**  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 the India Country Office, UNFPA works with the government and other partners to achieve 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 and Rationale**  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.  The new country programme reaffirms UNFPA’s commitment to expand the possibilities for young people to lead a healthy sexual and reproductive lives free from any form of discrimination and violence. UNFPA will support the creation, strengthening and sustaining platforms and spaces for adolescents and young people for offering comprehensive sexuality education, information on adolescent health issues and life skills to empower them to make informed decisions, strengthen availability of adolescent friendly health services and create conducive environment to follow healthy behaviour and access services in collaboration with national and state governments. The Ministry of Health and Family Welfare in collaboration with other ministries is implementing national flagship programs like Rashtriya Kishore Swastya Karyakram (RKSK) and SHWP to improve adolescent health and well-being and UNFPA is lead development partner working with the ministry to strengthen implementation of these flagship programs.  UNFPA is looking forward to having partnership and collaboration with NGOs, civil societies to advance the UNFPA’s three transformative results and empower adolescents and young people in the country. This Invitation for Proposal (IFP) is for an organisation to implement a multi-pronged approach to promote and ensure quality implementation and uptake of government national flagship programmes aimed at improving adolescent health and well-being.  **Objectives**  The overall objective are:   1. To provide technical assistance at national and state levels for improving implementation of adolescent health programs such as RKSK and SHWP. 2. To develop and implement innovative strategies for improving effectiveness of adolescent health and well-being programmes in identified states. 3. To support UNFPA in evidence generation and advocacy for enhancing investments and expanding adolescent health programs across the country.   **Scope of work**  Achieving the above objectives, will entail undertaking the following activities :   1. ***School Health & Wellness Program (SHWP):*** 2. Development of training resource material and job aids for capacity building of key stakeholders: Support in developing necessary training modules and resource materials including job aids to build capacities of Principles , Health and Wellness Ambassadors (HWA) , Health & Wellness Messengers (HWM) and program managers to improve quality of school based transactions on life skills education. It is expected that at least one training module for each of the stakeholders mentioned above will be developed based on their role and responsibilities. 3. Training and capacity building: Support will be provided to build capacities national , state and district master trainers to build capacities of Principles, HWA, HWM and Program Managers to perform their roles and responsibilities envisaged for effective implementation of the program. It is expected to organise one national and one state level training program to train state and district trainers. The agency will also be expected to randomly monitor the quality of training for block level trainers or key stakeholders mentioned above. 4. Strengthen mentoring and support systems for skill building: The agency will be expected to design and implement mentoring systems or will strengthen existing mentoring systems to build skills of the HWA and HWM to improve quality of the school based session as per the guidelines for SHWP. 5. Development of IEC materials and communication material: For quality implementation and increasing uptake of SHWP, communication material will be developed based on the field observations and needs. The agency is expected to develop at least one communication material using innovative ways on 11 SHWP themes per year for 3 years duration. 6. Knowledge management and experience sharing: The agency is expected to support in developing knowledge products capturing success stories, best practice, Process documentation and case studies along with support for dissemination of those knowledge products with relevant stakeholders by organising workshops and meetings at national and state level. The agency is expected to develop at least 2 knowledge products per state ( 5 UNFPA Supported states) and 2 at national level. The agency is expected to organise one national workshop and one state level workshop in each of the states per year. 7. Developing technical and operational guidelines for program implementation: Develop new concept notes, operational guidelines and strategy notes for improved implementation of adolescent health programs at national and state level. The agency is expected to develop one new concept or innovations per state and pilot test the implementation after approval from the UNFPA and state government. 8. Support in strengthening in monitoring and reporting systems: The agency will be expected to provide support in developing robust M & E systems and strengthen existing systems for reporting and monitoring for SHWP to ensure timely availability of high quality of data for decision making. The agency will be expected to support the rollout of the national or state based monitoring and reporting systems. The agency will support building capacities of state and district officials in using MIS data for decision making and organise quarterly state level review meetings in 5 UNFPA supported states. 9. Conduct rapid assessment for evidence-based advocacy: Support in rapid assessment of SHWP program in UNFPA and Non-UNFPA states to overall effectiveness of the program. The agency will at least conduct one rapid assessment per state during the 3 years duration of the project period. 10. ***Rashtriya Kishor Swasthya Karyakram (RKSK):***      1. Development of training resource material and job aids for capacity building of key stakeholders: Support in developing necessary training modules and resource materials including job aids to build capacities of AH Coordinators , AH Counsellors , Medical Officers, Community Health Officers , Mentors of Peer Educators and Peer Educators to improve quality of RKSK program implementation. It is expected that at least one training module/ job aid for each of the stakeholders mentioned above will be developed based on their role and responsibilities. 2. Training and capacity building: Support will be provided to build capacities of national , state and district master trainers to build capacities of AH Coordinators , AH Counsellors , Medical Officers, Community Health Officers , Mentors of Peer Educators and Peer Educators to perform their roles and responsibilities more effectively . It is expected to organise one national and one state level training program to train state and district trainers on each of the modules or job aid developed for each of the stakeholders . The agency will also be expected to randomly monitor the quality of training for block level trainers or key stakeholders mentioned above. 3. Strengthen mentoring and support systems for skill building: The agency will be expected to design and implement mentoring systems or will strengthen existing mentoring systems to build skills of the AH Counsellors, PE Mentors and Peer Educator to improve quality of the community based session and adolescent health and wellness days as per the guidelines for RKSK. 4. Development of IEC materials and communication material: For quality implementation and increasing uptake of RKSK, communication material will be developed based on the field observations and needs. The agency is expected to develop at least one communication material using innovative ways on 6 RKSK themes per year for a 3 year duration. 5. Knowledge management and experience sharing: The agency is expected to support in developing knowledge products capturing success stories , best practice, Process documentation and case studies along with support for dissemination of those knowledge products with relevant stakeholders by organising workshops and meetings at national and state level. The agency is expected to develop at least 2 knowledge products per state ( 4 UNFPA Supported states) and 2 at national level. The agency is expected to organise one national workshop and one state level workshop in each of the states per year. 6. Developing technical and operational guidelines for program implementation: Develop new concept notes, operational guidelines and strategy notes for improved implementation of adolescent health programs at national and state level. The agency is expected to develop one new concept or innovations per state and pilot test the implementation after approval from the UNFPA and state government. 7. Support in strengthening in monitoring and reporting systems: The agency will be expected to provide support in developing robust M & E systems and strengthen existing systems for reporting and monitoring for SHWP to ensure timely availability of high quality of data for decision making. The agency will be expected to support the rollout of the national or state based monitoring and reporting systems. The agency will support building capacities of state and district officials in using MIS data for decision making and organise quarterly state level review meetings in 4 UNFPA supported states. 8. Conduct rapid assessment for evidence-based advocacy: Support in rapid assessment of RKSK program in UNFPA and Non-UNFPA states to overall effectiveness of the program. The agency will at least conduct one rapid assessment per state during the 3 years duration of the project period.   **Geographic Coverage**  UNFPA priority states and districts implementing School Health and Wellness Programme - Rajasthan, Madhya Pradesh, Odisha, Bihar, Delhi.  In Delhi to provide national level support - Adolescent Health Division, Ministry of Health and Family Welfare, Department of Education, Delhi and NHM, Delhi, Ministry of Youth Affairs and Sports.  **Indicative Indicators**  The project will use the following key indicator to measure the progress of the project at national and state level.   1. Number of districts in UNFPA focus-States that offer age-appropriate, gender-transformative life-skills education programmes through schools in line with international guidelines. 2. No of districts in UNFPA focus states implementing all three components (PE approach, AFHCs and AHWDs) of RKSK program. 3. Number of adolescent boys and girls reached with LSE in community settings. 4. No of adolescent girls and boys reached with LSE in school settings. 5. Percent of adolescent-friendly health clinics in priority districts which provide adolescent-responsive health and well-being services, as per national guidelines. 6. No of innovative technology and non-technology solutions implemented for enhancing access, quality and uptake of information and adolescent responsive services (SRH, GBV and MHPSS) by adolescent and young people. 7. Number of analytical papers/policy briefs/ research publication developed and shared with key stakeholders for improving the quality, effectiveness and scale of AFHC services   **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.* [*Click here to download the budget template*](https://docs.google.com/spreadsheets/d/1HF8Hl25ITdHclLiELN0CpXOW_Tl_lGnZc48RtvFJA7g/edit?usp=sharing)*.* |
| 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)