TERMS OF REFERENCE FOR A CONSULTANCY TO DEVELOP A GENDER-BASED VIOLENCE REFERRAL DOCUMENT AND A REFERRAL MAP FOR HOMA BAY COUNTY.
1.0 INTRODUCTION

KELIN is a human rights Non–governmental Organisation working to protect and promote health-related human rights in Kenya. We do this by: providing legal services and support, training professionals on human rights, engaging in advocacy campaigns that promote awareness of human rights issues, conducting research and influencing policy that promotes evidence-based change.

In a bid to transform normative frameworks and facilitate access to justice for Gender-Based Violence (GBV), KELIN is commissioning a consultancy to develop a GBV referral document and a referral map for a strengthened GBV response in Homa Bay County.

2.0 BACKGROUND

According to the Kenya Demographic Health Survey (KDHS 2014), forty-seven percent of women age 15-49 reported that they have experienced either physical or sexual violence. Thirty-three percent have experienced physical violence only; three percent have experienced sexual violence only. Overall, forty-five percent of men age 15-49 reported that they have experienced either physical or sexual violence; forty percent have experienced physical violence only, two percent have experienced sexual violence only. The survey found that the Nyanza Region in Kenya, where Homa Bay County is located, has the second highest rate of Sexual Gender Based Violence (SGBV).

Kenya’s long-term development blueprint Vision 2030’s Medium-Term Plan II (2013–2017) clearly outlines the establishment of integrated one-stop sexual and gender-based violence recovery centres in all health care facilities in Kenya. The proposed centres are expected to offer medical, legal, and psychological support to victims of Sexual and Gender-Based Violence. A National Framework on Gender-Based Violence Prevention and Response has also been developed, which is one step towards the clear coordination of the multi-sectoral efforts to prevent and respond to GBV. This notwithstanding, access to GBV services remains a challenge to those in need of the services.¹

In 2019, KELIN conducted a situational analysis of the existing laws and policies addressing gender based violence in Homa Bay County; an analysis of facilities, safe houses and police stations that can manage incidences of SGBV; and statistics on gender based violence. The findings revealed that channels of reporting SGBV are fairly varied in the community, dependent on prevailing situations and the urgency with which a case

needs to be handled. The three key institutions that were named include the chief, health facility and the police. The primary point of reporting sexual assault is at a health facility due to the time-sensitive nature of the violation, whilst for GBV, it is often to the chief and subsequently the police. Whereas there is no single protocol for SGBV cases in the county, the most commonly cited channel of reporting is through the chief as the primary point of contact.

While governments are mandated to manage social risks, little can be done without effective response structures at the local level. In many rural settings like Homa Bay County, the response capacity of law enforcement and social protection structures are hindered by lack of technical training, limited resources to facilitate a coordinated response, long distances to service delivery points for survivors, and social norms that hinder reporting and legal redress.

Often, sexual abuse especially of children remains unreported because communities do not trust the capacity of response structures and social norms that allow them to settle cases outside of the law. Therefore, comprehensive protection requires activation of local referral pathways, such as community and leaders, women’s and girls’ groups and religious institutions, as well as attention to perceptions and practices that can impact prevention efforts and reporting.

Besides visiting the hospital, a survivor may be referred to other qualified professionals for subsequent care as appropriate to the needs of the survivor. The referral network for survivors is wide and includes social services, psychiatrists and other medical specialists, legal services, the criminal justice system and shelters etc.

3.0 PURPOSE OF THE ASSIGNMENT
KELIN recognizes that prevention and response for sexual violence cases is not the work of one office, and multi-sectoral coordination is central to our approach towards addressing Gender Based Violence for the general wellbeing of the survivors.

This consultancy therefore aims to develop a referral document and a referral map which will contribute to a deeper understanding among stakeholders – including county
policymakers, political leaders, civil society, communities, and families – of the GBV services available in Homa Bay County and the referral mechanism therein.

The referral document will expound on a model referral pathway for SGBV services, the services offered at each service provision point and roles of SGBV actors. The referral map will show location and contacts of all GBV service provision points (e.g. health facilities, police stations) including key referral networks like chiefs and community based organization offices.

The developed referral document and map will be utilized in the following ways:

a) Reinforce and enhance the network of county-specific GBV working groups to facilitate community education and empowerment to report cases, coordinate survivor referral, provide safe spaces and shelters, and oversee response with relevant stakeholders and service points for cases reported to community structures.

b) Build provider capacity through continuing education, on-the-job training and supportive supervision for comprehensive, non-discriminatory care for survivors, injury management, forensic examination, and post-exposure prophylaxis. Other measures should include contraception, trauma counselling, psychosocial support, legal aid, maintenance of confidentiality, preservation of evidence, and free services such as documentation, testifying in court, and referrals (if necessary).

c) By highlighting gaps, inform resource mobilization and allocations by the Homa Bay county government, Homa Bay county assembly, and key non-governmental stakeholders towards catering for survivors’ comprehensive needs beyond the obvious formal or conventional ones.

d) Set up of response measures, tools and facilities for the law enforcement, social protection and health-related structures to which cases are reported or referred.

The specific objective of the study includes:

1. Develop a referral document – from victim to end-point
   a) Expound a model referral pathway for Homa Bay County.
   b) Highlight services that should be offered to the survivor at each service point.
c) Expected documents to be filled or provided at each service provision point.

d) Roles of key GBV actors.

2. Develop a referral map

a) Mapping of health facilities, police stations, chiefs’ offices and CBOs by use of coordinates borrowing from KELIN’s situational analysis report and including KELIN pro bono lawyers and GVRC psycho-social support officers.

4.0 METHODOLOGY

The study approach will involve review of KELIN’s ‘situational analysis of the existing laws and policies addressing Gender Based Violence in Homa Bay County’ report and other relevant material to systemize the information into a referral document. Raw data from the mapping of health facilities, police stations and CBOs will be used to develop a referral map.

5.0 SPECIFIC TASKS

The Consultant is expected to:

a) Participate in an inception meeting and prepare an inception report, detailing the general understanding of the assignment, methodology and deliverables.
b) Finalize a jointly agreed work plan and map out timelines for activities;
c) Review KELIN’s situational analysis report and available literature on GBV and referral mechanisms.
d) Conduct phone interviews for health facilities with missing details regarding the services offered to inform the mapping exercise;
e) Prepare draft referral document and draft referral map showing the coordinates and services provided in those sites;
f) Participate in a brainstorming meeting with KELIN and partners for review and feedback;
g) Prepare final referral document and referral map incorporating feedback from KELIN staff and partners;
h) Participate in a validation meeting in Homa Bay County with key stakeholders
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6.0 DELIVERABLES
The key deliverables for the assignment are as follows:

a) Inception report, prepared after an inception meeting with final work plan and timelines as agreed on with KELIN.

b) The Draft referral document. KELIN will provide comments on the Draft Report, and the Consultant will finalize the document in view of these comments.

c) Final referral document and a referral map: The referral document should be logically structured and include recommendations for a model referral pathway.

7.0 KELIN’S ROLE
KELIN shall avail location coordinates, relevant reference materials, review drafts and provide comments to the consultant for the finalization of the referral document and referral map. The roles will be further defined at an inception meeting.

8.0 DURATION OF THE CONSULTANCY WORK
The assignment should be completed within 20 consecutive working days after signing the Agreement including inception report, review of relevant materials, development of drafts and review and finalization of the referral document and referral map.

9.0 QUALIFICATIONS OF THE CONSULTANT
   a) Functional Competencies:
      i. Expert knowledge on Sexual and Reproductive Health Rights;
      ii. Extensive knowledge of the national GBV situation and its management challenges;
      iii. Significant knowledge and experience with the health sector;
      iv. Ability to use GIS software and technologies
      v. Experience in conducting research;
      vi. Excellent ability to write and articulate issues in a concise language;
      vii. Advanced Degree in one of the following: Public Health, Social Sciences, Development studies, Law, Statistics, Planning or other relevant related fields.

   b) Core Competencies:
      i. Produce high quality outputs in a timely manner, while understanding and anticipating the evolving needs of the client;
ii. Assess situations or circumstances, and to draw sound conclusions;
iii. Think strategically, manage competing priorities and be highly organized;
iv. Work independently and produce high quality outputs;
v. Demonstrate integrity by modelling KELIN’s values and ethical standards.

10.0 APPLICATION INSTRUCTIONS:
Send a Cover Letter, a Resume and a detailed proposal to conduct the assignment outlining the consultant’s understanding of this task, proposed methodology, work plan and budget before application deadline 7th September, 2020 to applications@kelinkenya.org and copy info@kelinkenya.org.

While submitting your application be sure your email subject line is CONSULTANCY TO DEVELOP A GBV REFERRAL DOCUMENT AND REFERRAL MAP FOR HOMA BAY COUNTY - (Your Name)

Important Notes:
i. A candidate applying only by sending CV to the designated email will not be considered.
ii. Please group all your documents into one PDF document.
iii. A signed consultancy agreement and terms of reference will be the main documentation required in contracting the consultant. (This terms of reference should have details regarding roles and responsibilities of the contractor and the client).

11.0 FOR FURTHER INFORMATION
Please contact:
Ms. Linda Kroeger
Role: Program Officer, SRHR
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