

TERMS OF REFERENCE

CONSULTANCY SERVICES

PREVENTING AND MITIGATING GENDER-BASED VIOLENCE (GBV): KHYBER PASS ECONOMIC CORRIDOR PROJECT (P159577)

I. INTRODUCTION

1. The World Bank Group (the “Bank” hereinafter) works with its client countries to support the promotion of gender equality through its projects and policy dialogue activities. The Bank’s Environmental and Social Policy (2017) covers both the environmental and social dimensions of sustainable development and includes gender equality as one of the key aspects to consider while the Bank’s Gender Strategy (2016-2023) outlines how the Bank can promote gender equality and women’s empowerment in its countries where it operates, as an important contributor to reducing poverty and promoting shared prosperity.
 2. There are well-founded concerns that projects involving major civil works can increase the risk of Gender-Based Violence (GBV), and in particular, Sexual Exploitation and Abuse (SEA). Projects can create a power differential between those who are engaged in civil works and the project-affected communities, which can increase the opportunities for the members of the project-affected communities to be sexually exploited and abused. The risk of incidents of sex between laborers and minors, both girls and boys, can also increase. Besides the risks of SEA, incidents of Sexual Harassment (SH) can occur within project related entities. Perpetrators could be fellow workers and supervisors, or armed forces and civilians in the project site¹. High incidents of SH are observed particularly in contexts dominated by a male workforce, or where the rule of law is weak or non-existent. Finally, economic corridor projects with influx of workers can increase the risk of sex-trafficking.
 3. In June 2018 the World Bank approved the Khyber Pass Economic Corridor Project (“KPEC” or the “Project” hereinafter) for the Islamic Republic of Pakistan. The Project aims to expand economic activity between Pakistan and Afghanistan by improving regional connectivity and promoting private sector development along the Khyber Pass corridor affecting the Khyber district of the former Federally-Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP) province. The Project will be implemented by the National Highways Authority (NHA) of Pakistan. It is estimated that about 500-700 skilled and semi-skilled labour will be employed during construction of roads in the Project where the host community is small and rural. The volume of the anticipated labor influx, small rural community context, acceptance and under-reporting of GBV in these communities and the potential for increase in sex-trafficking, have led to Project-induced SEA and SH risks being rated as substantial.
 4. In light of the above, the Project wishes to engage a team of GBV Specialists (the GBV Service Provider or “the Consultant” hereinafter) specializing in addressing GBV in the Project-affected communities to provide services (“Assignment” hereinafter) to prevent
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and respond to Sexual Exploitation and Abuse and Workplace Sexual Harassment in the Project. The Consultant will sensitize the PIU to the GBV risks and raise the awareness of the community on GBV in a culturally appropriate manner; map GBV service providers, identify/develop GBV Referral Pathways and monitor its functioning, provide GBV services and facilitate survivors' access to relevant services, as and when needed.

5. As GBV is a multi-dimensional phenomenon encompassing a wide range of areas such as, healthcare, psychosocial support, safety, justice and legal aid, the team may not be able to provide certain services to the GBV survivors that require institutional care (e.g. healthcare in a hospital; police service, or protection shelter) in which case the Consultant will refer the survivor to a relevant service provider whilst accompanying her/him to that service as a GBV case manager, if and when requested by the survivor. However, the Consultant is expected to provide a diverse skillset including, as a minimum, but not limited to legal aid, psychosocial services, health (except for support requiring hospital care), as well as extensive experience in GBV awareness raising, training, and outreach. Due to the multidimensionality of this Assignment, the Project intends to procure an organization with proven record in successfully managing teams and GBV projects on the ground.
6. The Consultant will report to the Project Implementation Unit (PIU) established by the NHA, and work closely with a wide range of stakeholders including, first and foremost the PIU's GBV Specialist², the project-affected communities, contractor/s, other GBV service providers, the Project Supervision Consultant, KP Social Welfare Department, KP Commission on the Status of Women, related departments of former FATA Secretariat, as well as the World Bank's Project team, as needed. Whilst the Consultant will provide support to the PIU in addressing GBV risks in line with these ToR, ultimately it is the responsibility of the PIU to ensure their implementation. Therefore, the Consultant is expected to obtain PIU's endorsement on all pertinent issues.

This Assignment is based on the GBV Good Practice Note that the World Bank developed to identify and mitigate the risks of GBV in projects involving civil works, as well as good international industry practices. Although these terms provide solid foundation for a GBV risk management approach, the Consultant is expected to be able to adjust these activities to respond to evolving GBV local context at any point during the Assignment, as necessary.

7. The Assignment is expected to start at least three months before the civil works commences and implemented during the implementation of the Project.

II. OBJECTIVES

8. The overall objective of the Assignment is to support the Project in preventing and responding to the Project-induced GBV risks. The specific objectives are, as follows:
 - Support the PIU in addressing the risks of GBV, in particular, SEA and Workplace SH by identifying and implementing appropriate GBV prevention and mitigation measures, and
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- Support the PIU in responding to any identified GBV incidents³, ensure that effective monitoring and evaluation mechanisms are in place to report on such incidents and incorporate lessons into the approach, as appropriate.
- Support the PIU to avoid causing or increasing the risk of GBV associated with development project and to immediately counter any such issue if accrue and reduce the causes and neutralize the elements causing unanticipated GBV related issues.
- Support the PIU to facilitate and monitor vulnerable populations' to avoid risk of GBV during development project's activities.
- Support the PIU to identify and actively reduce the risks of GBV in the project and arrange program/workshops for contributing in decreasing of risk of GBV on site, its surrounding population and in the Project Implementation Unit (PIU) office.

III. SCOPE

9. The Consultant will develop and implement a range of activities to address GBV risks. These activities are grouped into the following components:

- a. PIU Sensitization of GBV Risks;
- b. GBV Service Provider Mapping and GBV Referral Pathway;
- c. Stakeholder Engagement and GBV Awareness Raising;
- d. GBV Case Management and survivor support;
- e. Risk Mitigation for STIs/HIV and Human Trafficking;
- f. Workplace and Campsite Infrastructure, and
- g. Sensitization of Security Force of GBV risks⁴.

10. In addition to the above components, which is the direct responsibility of the Consultant, the Consultant will work with the PIU and its Gender Specialist, contractor and the Supervision Consultant to develop and implement necessary protocols and mechanisms, such as Grievance Redress Mechanism, Code of Conduct, and the GBV Action Plan to ensure that the Project provides arrangements by which GBV risks will be addressed.

11. These components are discussed in detail in the following sections.

a. PIU SENSITIZATION OF GBV RISKS

12. The Consultant will sensitize the PIU to the potential GBV risks in the Project.

- As a minimum, GBV training will include:
 - Explanation of what GBV, particularly SEA, SH and human trafficking, is and how the Project can exacerbate their risks;
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- Follow-up activities to reinforce training content.
- Invite a range of GBV service providers to the training so that the PIU has a fuller understanding of the services offered and the referral pathway and has opportunity to ask questions.

13. Key deliverables of this component:

- PIU designates a focal point (Gender Specialist) to work with the Consultant on all GBV matters.
- PIU sensitized to GBV risks and mitigation measures (first time and then repeated periodically through refresher courses)

b. GBV SERVICE PROVIDER MAPPING AND GBV REFERRAL PATHWAY

- Undertake rapid assessment/mapping of the GBV prevention and response actors (GBV service providers and community organizations) available to the Project-affected communities. Assess their capabilities to provide quality survivor-centered services (also factor the Consultant's role/functions in GBV service provision). The assessment should seek the following questions: what services exist? Are they safe, accessible and adequately staffed? Are minimum standards of GBV service delivery met or is further capacity building required? Identify already existing directories of service providers prepared by various organizations to create a fuller picture of all relevant stakeholders on the ground.
 - Identify all currently functioning channels available to lodge GBV complaints (e.g. hotlines, email, etc.) and whether they provide services that are confidential and free of risks of stigmatization and reprisal (e.g. staffed by suitably trained female staff; available for 24 hours; operators equipped with information on GBV service providers to make timely referrals to these services, as needed etc.). Identify how long they have been in service, the number of complaints received and their sources of funding.
 - Identify all currently functioning shelters for the GBV survivors in Project area of influence and assess their quality, availability and accessibility; identify basic services they provide (e.g. food and other supplies, health care, economic empowerment initiatives, counseling and therapeutic activities, referral to legal aid services); their staffing (number of full time and part time staff and services offered); define their eligibility criteria for admission; whether children are accepted; any education opportunities for children (informal/formal); identify how long they have been in service; number of residents being served; type of the facilities (government, private) and their sources of funding. As with all other activities, collect only secondary data from the management of shelters so as not to increase distress to the survivors and to protect their privacy - in line with the ethical recommendations of the World Health Organization regarding research on violence against women.
 - Assess if they offer services in accordance with international standards⁵ that articulate a minimum basic package of services, such as, case management support, health services, psychosocial support, shelter, security and police support, and legal services. Describe
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those basic services that are not provided locally neither by the Consultant nor other providers. Also, identify those services that are offered but fall short of these standards.

- Find out if the Standard Operating Procedures (SOP)⁶ for managing GBVs, and for HIV are in place, and if and which of the service providers mapped are integrated into these SOPs. Standard operating procedures are specific procedures and agreements among organizations that reflect the plan of action and individual organizations' roles and responsibilities. Identify if and which agency/ies lead the development of the SOPs locally; reach out to them, inform them of the Project's activities and seek feedback.
 - Identify if Pakistan law mandates reporting GBV cases to specific entities and build these details (e.g. which entities the law mandates reporting GBV cases to; whether the explicit consent of the survivor is required prior reporting) into an accountability and response framework for handling GBV allegations.
 - Pay special attention to health care providers since high quality, confidential and integrated healthcare service is a critical component of a multi-sector response to GBV. Map if and which healthcare providers provide quality health care that ensures implementation of the Minimum Initial Services Package (MISP) for reproductive health (including post rape treatment supplies and other relevant clinical supplies⁷). Also, assess if services are age-sensitive, e.g. for boys and for girls. Finally, assess if health care providers offer services that are appropriate to male survivors of GBV.
 - In the event when conventional health care providers cannot be identified, or they exist but provide sub-standard GBV care, consider actively seeking out and collaborating with traditional health practitioners⁸ who are a valuable and sustainable resource that already exists in most communities. Together with conventional health staff, traditional health practitioners can be trained (on MISP with focus on clinical management of rape and referral systems) and utilized in primary health care provision to GBV survivors.
 - Assess if currently available GBV referral system, if any, is functional meeting the following key elements: at least one service provider for health, psychosocial, safety and protection and, as appropriate and feasible, legal and other support, in a given geographical area; services are delivered in a manner consistent with the GBV guiding principles; GBV service providers understand how and to whom to refer survivors for additional services; GBV service providers demonstrate a coordinated approach to case management, including confidential information sharing and participation in regular case management meetings to ensure that survivors have access to multi-sector services; GBV data collection, including standardized intake and referral forms, is undertaken in a safe and ethical manner; referral pathways identify all available services and are documented, disseminated and regularly updated, in a format that can be easily understood (e.g. through pictures/diagrams);
 - Subject to the results of the assessment of the existing referral system, coordinate the establishment of a new/updated GBV referral pathway; Try to build the pathway on existing GBV services and community-based structures, as much as possible.
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- Identify barriers to GBV survivors accessing multi-sector services: e.g. transport, language, literacy; fear of discrimination; knowledge of services, etc. Particularly focus on the barriers faced by minorities, e.g. displaced women, women living in particularly difficult to reach areas, transgender, etc. Reflect these barriers into the design of the referral pathway and complaints channels.
- Regularly (at least quarterly or more frequently as deemed necessary) monitor the service providers that are part of the GBV Referral Pathways, their capacity and coverage as some of them might weaken or disappear over time. Ask the questions: are they still safe, accessible and adequately staffed? Update the referral pathway accordingly and inform stakeholders.

14. Key deliverables of this component:

- GBV Service providers mapped vis-à-vis the international standards; shortfalls clearly identified.
- The GBV SOPs identified including communication protocols for reporting incidents.
- The Referral Pathway is in place and functional.
- Training delivered to other GBV Service Providers on how to follow the appropriate protocols for treating GBV survivors (as needed).

c. STAKEHOLDER ENGAGEMENT AND GBV AWARENESS RAISING STRATEGY

15. Identify and consult women and girls, and other at-risk groups (including persons with disabilities) in the Project-affected communities

- Include GBV-specific considerations into the Project Stakeholder Engagement Plan (SEP) and support the PIU in undertaking public consultations to ensure that i) women, girls and boys and other at-risk groups are consulted; ii) convenient time, safe transportation and culturally-acceptable setting are provided to these groups to enable their meaningful participation in consultations; iii) consultations with girls⁹ are conducted by a facilitator trained in child consultations; iv) consultations are conducted periodically, particularly when Contractors prepare the Environmental and Social Management Plan, and, v) consultations follow the Ethical and Safety Recommendations¹⁰ for GBV interventions to avoid inadvertently causing harm to the consulted.
 - Enable women's and girls' participation in consultations by utilizing various (ideally already tested) ways (e.g. integrate GBV consultations in spaces which women may visit without male escort; e.g. health centers; engage male activists, elderly and other respected members of the community so to enable men feel informed and welcome).
 - Ensure that during the consultations, as a minimum, the stakeholders are informed of the purpose, nature, scale and duration of the Project and of the potential risks on
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local communities related to GBV. Actively seek their guidance to identify potential GBV risks and their views on potential interventions and risk mitigation measures.

- Once the GBV mitigation measures¹¹ are put in place, make stakeholders aware of them. As a minimum, inform them of i) the Code of Conduct, its mandatory nature and consequences of its violation; ii) the local GBV service providers (including the Consultant itself), their contacts and services offered and the referral pathway; iii) channels available to lodge complaints including through Project's GBV Grievance Redress Mechanism (GRM) and iv) ways in which complaints will be addressed. Provide opportunities for feedback immediately after the consultations and later.
- Devise a strategy to create awareness on GBV, sensitize communities and question norms and attitudes that underline GBV in a culturally appropriate manner. It is important that the strategy is an evolving one based on feedback from the stakeholders.
- Reach all members of the community. People need to know that they have a right to complain and how they can do so. They need to know what their rights are and what the mandate of each organization is. Be clear on what the Project can and cannot deal with - this will help manage community expectations.

16. *Engage men and boys*

- Engage men and boys, taking into account the cultural context, to help raise awareness around preventing GBV and promoting positive social norms in support of gender equality. Make efforts to appeal to male leaders, especially religious and community leaders, and to identify strategic allies for prevention of and response to GBV risks.
- Consult men and boys to ensure that services are appropriate to the needs of male survivors, and to develop strategies to mitigate their risk of experiencing GBV. Ensure that the consultations with boys are conducted by a facilitator trained in child consultations, with an understanding of local culture and customs.

17. *Identify and consult women's groups, advocates for children's rights, health workers, police officers, elders and key influencers in the Project-affected communities*

- Understand types of GBV that are present in the communities and that may be exacerbated by the Project; understand what groups of individuals are most vulnerable to harm and how they currently deal with GBV;
 - Explore ongoing initiatives to prevent and respond to GBV in the communities, and how the Project can use them. In this context, seek advice from the NGOs who have worked on the issue of GBV incidents reported to *jirgas* (a commonplace traditional dispute resolution mechanism comprising men) and how *jirgas* react and resolve such incidents. Identify the local women councilors, if any, who can serve as part of the referral mechanism and provide data for monitoring as well. Develop key messages for women councilors on GBV awareness and mitigation. It is essential that the
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Project-level GBV risk mitigation measures consider and, wherever possible, complement existing activities.

- Inquire about existing channels of reporting GBV complaints and identify if these channels follow a survivor-centered approach (e.g. whether they respect survivors' choices and maintain survivors' confidentiality), and
- Seek their views on potential measures to prevent and mitigate GBV risks of the Project and incorporate suggestions into the design of the GRM.

18. Key deliverables of this component:

- SEP revised with GBV-specific considerations
- Stakeholders identified and consulted periodically
- Prominent places of public facilities display CoC and the information indicating the complaints mechanisms and that support to the GBV survivors is free.
- Stakeholder feedback incorporated in all relevant project activities.
- GBV Awareness Raising Strategy, which describes how workers and local communities will be sensitized to GBV risks, developed and implemented.

d. GBV CASE MANAGEMENT

19. One of the key functions of the Consultant is to provide an effective GBV case management support to a GBV survivor, which implies acting as a GBV case manager and providing referral services to link the survivor to other services not provided by the Consultant itself.

20. As a GBV case manager, the Consultant is expected to do the following:

- Provide the survivor with information so she/he can make informed choices, including choices about using GBV services and the possible consequences of accessing those services (e.g. whether or not the case will be automatically reported to the police, expectations of the interview and/or examination process, etc.).
 - Prioritize the survivor's immediate needs, including her/his safety and security and access to healthcare and counselling. Work with the survivor to develop a plan that identifies what the survivor needs and how her/his needs will be met.
 - When required, and with the survivor's informed consent, act as an advocate on behalf of a survivor (e.g. to follow up on her/his access to other services or to speak with other community or family members – avoiding the survivors' re-victimization)¹².
 - Ensure informed consent and confidentiality, respect the survivor's wishes and provide services and support without discrimination.
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- Ensure that all confidential information is channeled correctly and handled with the utmost discretion. Provide information on GBV cases in an aggregate form. No identifiable information on the survivor should be provided in the GRM.
- Ensure that all cases are properly tracked and followed up to ensure that the survivor receives the optimum support required.

21. Key deliverables of this component:

- Effective GBV Case Management provided including but not limited to acting as a victim's advocate, providing referral services, respecting confidentiality and providing support without discrimination.
- Key note: support is always 'survivor-centered' which is to keep the needs and wishes of the survivor at the forefront of the whole process.

e. STIs/HIV AND HUMAN TRAFFICKING

22. Cross-border corridors and major highways inevitably generate and result in increasing migration and influx of foreign workers. These changes can also bring increased risks, such as greater spread of HIV, sexually transmitted infections, and other communicable diseases; and human trafficking. Women and girls, especially from vulnerable groups (the poor, ethnic minorities), are often disproportionately affected by these risks. Women from local communities near transport projects (e.g., road corridors, truck stands, and construction worker temporary accommodation) are especially vulnerable to being drawn into unsafe practices, including transactional sex. Women can also be at risk of infection by their husbands who may work as mobile drivers or construction workers and return home infected and may take on the additional care burden for their sick husbands. Finally, boys and young men can also be victims of transactional sex leading to an increase in HIV transmission. To address these issues, the Consultant will be responsible for the following:

23. HIV/AIDs

- Map HIV counseling and treatment services for transport workers, sex workers, wives, and other female partners of transport workers, and ensure they are available.
- In consultation and collaboration with the contractors and the PIU GBV Specialist, provide HIV/AIDS awareness-raising to contractors and local communities. Collaborate with local AIDS authorities (if they exist) to maximize coordination, as well as international organizations working on these issues, e.g. UNAIDS.
- Build partnerships with local health providers for community awareness and referrals.
- Build STIs/HIV awareness of the PIU.

24. Human Trafficking

- Carry out social analysis to assess the likely vulnerability of local communities, particularly women and children, to human trafficking risk.
- Build capacity of border control officials and the PIU to identify cases, including on adequate preparedness and equipment for inspections.
- Conduct public awareness campaigns on human trafficking and unsafe migration using a range of culturally appropriate media and messaging.

- Build partnerships and coordination with human trafficking programs of NGOs and local authorities and networks, focusing on cross-border areas.
- Provide helpline information targeted at young girls/women and working-age men, both in source and transit/destinations.

25. Key deliverables of this component:

- HIV counselling and treatment providers mapped.
- STIs/HIV awareness provided to the communities and the Project staff.
- Human trafficking awareness provided to the communities and the Project staff.
- Partnerships with relevant local authorities/cross border agencies established.
- Regular contact with local AIDs authorities and health care providers established to record data of HIV cases and trafficking that may arise due to project activities.

f. WORKPLACE AND CAMPSITE INFRASTRUCTURE

26. The Consultant will ensure, together with the Contractor and the Supervision Consultant, that both the workplace and campsite infrastructure is safe for the Project-affected communities and the contractor's staff. To do so, the Consultant will undertake regular safety audits of the Project site to identify potential safety risks:

- Check that lighting is provided on key access routes and at key facilities;
- Ensure that locker rooms and/or latrines are located in separate areas, well-lit and include the ability to be locked from the inside;
- Ensure there are visible display signs around the project site that signal to workers and the communities that the project site is an area where GBV is prohibited;
- Talk to the communities to understand if they have any safety concerns in general and with regards to the project site infrastructure.
- Identify any other measure/s, not listed above that would enhance safety.

27. Key deliverables of this component:

- Regular site audits undertaken
- Safety issues identified brought to the attention of responsible stakeholders for immediate action and followed up to ensure they have been solved.
- Visible signs prepared and displayed on key locations

g. SECURITY FORCE

28. The Project is considering engaging personnel from the Frontier Constabulary (FC) - a well-trained and disciplined federal paramilitary police force to provide a safe working environment during the Project design and construction. The FC is a reputable institution with no known negative legacy issues. The interaction between FC and the community is expected to be limited as the alignment of the Project works is mostly in a sparsely populated area. Still, as with all other persons associated with the Project, the Project intends to sensitize the FC to the SEA and SH issues.

29. The Consultant will be responsible for the following:

- Sensitize all police personnel engaged in the Project to SEA and SH aspects in accordance with Pakistan Penal Code and other relevant laws.
- Upon completion of the training, obtain their signatures on the certificates showing the list of topics covered and indicating their understanding of the issues and implications. File them in the Project's records.
- Identify if/when FC rotations are planned and deliver the same training to all new members of the FC joining the Project.
- Make the Project-affected communities and staff engaged in the Project aware of the presence of the FC and their roles and responsibilities.
- Swiftly bring any misconduct or suspicion of misconduct by FC to the attention of the PIU Director and the World Bank's Project team.

30. Key deliverables of this component:

- Training delivered to the FC;
- Project-affected communities and Project staff are aware of the presence of the FC, their roles and responsibilities.

h. GBV PROTOCOLS AND RESPONSE MECHANISMS

31. In addition to the above components, which is the direct responsibility of the Consultant, the Consultant will work with the PIU and its Gender Specialist, contractor and the Supervision Consultant to develop and/or implement necessary protocols and mechanisms, such as Grievance Redress Mechanism, GBV Action Plan and Code of Conduct to ensure the Project provides arrangements by which GBV risks will be addressed. More specifically:

32. GBV Grievance Redress Mechanism (GRM)

- Advise the PIU on the design of an independent GRM for GBV cases and propose various possible modalities of designating and running the GRM. Whatever is the modality, ensure that the Consultant (these terms) and the PIU's Gender Specialist have a prominent responsibility for running it and that the GRM guarantees a survivor-centered approach and a speedy resolution of the case.
- Train the GRM Operators on how to receive, review and process GBV cases confidentially and empathetically.
- Ensure the GRM has multiple channels through which complaints can be registered in a safe and confidential manner. Ensure that the GRM does not ask for, or record, information on more than three aspects related to the GBV incident. These are:
 - The nature of the complaint (what the complainant says in her/his own words without direct questioning);

- If, to the best of their knowledge, the perpetrator was associated with the project; and,
 - If possible, the age and sex of the survivor.
- Ensure that GRM also allows for potential workplace SH complaints to be made safely and confidentiality.

33. **GBV Action Plan**

- Review the draft GBV Action Plan including sanctions for the Accountability and Response Framework and the Code of Conduct provided by the contractor to the PIU and provide relevant components to complement the Plan so that it includes arrangements for the project by which GBV risks will be addressed. This includes considerations such as:
- Awareness Raising Strategy, which describes how workers and local communities will be sensitized to GBV risks, and the worker's responsibilities under the CoC;
 - GBV Services Providers to which GBV survivors will be referred, and the services which will be available; and,
 - GBV Allegation Procedures: how the project will provide information to employees and the community on how to report cases of GBV CoC breaches to the GRM.
- Contribute to the **Accountability and Response Framework**, to be finalized with input from the contractor, which should include as minimum:
- GBV Allegation Procedures to report GBV issues to service providers, and internally for case accountability procedures which should clearly lay out confidentiality requirements for dealing with cases; and,
 - Response Framework which has mechanisms to hold accountable alleged perpetrators associated with the project;
 - The GRM process for capturing disclosure of GBV; and,
 - A referral pathway to refer survivors to appropriate support services.

34. **Code of Conduct**

- Work closely with the PIU and the contractor to ensure the contractor complies with the Code of Conduct (CoC) by undertaking the following:
- Review the contractor's CoC to ensure it meets the minimum requirements articulated in the World Bank's 2017 Standard Procurement Documents (SPD) and the suggestions made in the World Bank's GBV Good Practice Note. Provide suggested edits as needed. Ensure text considers applicable labor legislation.
 - Check the contractor's training material to ensure the training material reflect cultural norms and local habits (e.g. certain times of the day that women usually go out, etc.). Provide suggested revisions, as needed.
 - Attend the contractor's CoC trainings to ensure its delivery to satisfactory standards: ensure that the contractor delivers CoC orientation where the employees are

rigorously taken through the CoC and the sanctions in case of breaches and are provided with gender awareness training where they discuss what constitutes SEA, SH and Human trafficking, cultural context and appropriate behavior expected of them.

- Ensure that the contractor has obtained signatures on CoCs by all its staff that confirms that the staff have read the code, understood the consequences of the breaches, and agreed to conduct themselves in accordance.
 - Ensure the CoC is discussed with the local communities (please see the Stakeholder Engagement and Community Awareness component for more information).
 - Ensure that the contractor delivers refresher courses on SEA and SH periodically.
 - Ensure that the contractor reaffirms its commitment to the Code of Conduct in its job advertisements. Suggest necessary wording to the contractor if needed.
 - In cases of confirmed breaches, follow up with all responsible stakeholders to ensure that commensurate disciplinary action, such as dismissal, suspension, written censure or other administrative/criminal measure are exercised.
 - Support the contractor to develop an internal database of disciplinary measures on staff, including dismissals, to avoid rehiring transgressors at a later point in time.
35. Train the members of the Supervision Consultant and the PIU members on the CoC to ensure they are fully aware of the consequences of the breaches.

36. Key deliverables of this component

- GBV GRM team trained
- A GBV Action Plan reviewed and enhanced
- Communities and staff informed of how GRM functions
- Contractor's CoC compliance monitored
- CoC training delivered to the PIU and Supervision Consultant teams
- CoC displayed in all operational and office areas in local language/s.

IV COORDINATION AND REPORTING

37. Play an active part of the GBV Coordination team (to be created and led by the PIU Gender Specialist). The GCT will be composed of the following members:
1. NHA PIU Gender Specialist
 2. The Consultant (these terms)
 3. A Supervision Consultant
 4. An OHS Manager of the contractor (or someone tasked with the responsibility of addressing GBV within the contractor)
 5. A member of the KP Social Welfare Department
 6. A member of the KP Commission on the Status of Women, and
 7. Any other relevant member identified later.

V Placement Stagey

At least two or suitable number of hospitals or basic health units will be selected at project related localities. These selected units will be provided with the GBV kits to support and equip the units especially in dealing with the GBV and SEA related emergency cases and to manage this issue by the PIU.

38. Participate in team meetings to discuss and work on joint activities (e.g. GRM, Code of Conduct and the GBV Action Plan). Discuss ways to strengthen resources and GBV support for employees and communities. Discuss the progress made in all components of these ToR (except for confidential GBV information) and seek each other's feedback.
39. Share proposals about innovative but at the same time culturally appropriate ways of addressing social norms that condone violence and about ways of strengthening local stakeholders' capacity to address GBV that are not covered in these ToR. Propose these ideas to the PIU and the World Bank in monthly reporting.
40. Report on GBV incidents (only aggregated data) and on the Assignment activities as per below reporting lines and the timelines.

Proposed Reporting of GBV

Who	To Whom	What	When	Objective
The Consultant	PIU (and PIU to furnish to WB)	GBV Incident reporting: <ul style="list-style-type: none"> • Reporting of GBV incidents with three key data: <ul style="list-style-type: none"> o Nature of the case; o Project related (Y/N); and, o Age and/or Sex (if available). 	As soon as becomes known	For PIU to monitor response. For WB to report to management in accordance with SORT.
	PIU and Supervision consultant (and PIU to furnish to WB)	Aggregate data on case load: <ul style="list-style-type: none"> • Number of GBV cases referred by the GRM; • disaggregated by adult/children and by sex; • The number of cases open, and the average time 	Monthly	To ensure accountability of the Consultant, particularly if financial support is being provided for survivor support.

		<p>they have been open, and,</p> <ul style="list-style-type: none"> • The number of cases closed, and the average time they were open. <p>Implementation progress on all activities of these ToR, e.g.</p> <ul style="list-style-type: none"> • Status on the implementation of project's GBV Action Plan; • Number of training courses related to GBV delivered; • Percentage of workers that have attended the CoC training and signed it • Percentage of security forces trained and percentage of them signing the certificates of attendance and acknowledging their obligations enriched in the Penal Code. 		
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VI. KEY DELIVERABLES AND TIMELINES

PHASE I	PHASE II
Time-bound work plan mapping all the activities described in the ToR. Within two weeks of the contract start date	Work plan updated throughout the Assignment as and when needed
PIU sensitization of GBV Risks	Periodic refresher courses on GBV sensitization to the PIU

GBV Service Provider Mapping and Referral Pathways	Periodic review of the referral pathways to check the status of the service providers
Social analysis to assess the likely vulnerability of local communities, particularly women and children to human trafficking risks. Awareness raising on human trafficking to the Project staff and the communities. Capacity building of the border control officials and the PIU to identify HT cases, including on adequate preparedness and equipment for inspections	Periodic refresher awareness raising courses on STIs/HIV and Human Trafficking to the Project staff and the communities
Mapping of the STIs/HIV counselling and treatment providers STIs/HIV awareness raising to the Project staff and the communities	Periodic refresher awareness raising courses on STIs/HIV to the Project staff and the communities
Stakeholder Engagement and GBV Awareness Raising plan developed and delivered	Periodically, Stakeholder Engagement and GBV Awareness activities undertaken
GBV Action Plan, Grievance Redress Mechanism and the Code of Conduct developed before civil works commence	Review and update of the Action Plan, the GRM and the Code of Conduct based on the lessons learned during the first phase. Compliance with the CoC training checked throughout the project.
Sensitization of key service providers on how to follow the appropriate protocols for treating GBV survivors	Periodic refresher courses to the service providers
GBV sensitization of the key local government stakeholders	Periodic refresher courses on GBV sensitization of the key local government stakeholders
Workplace and Campsite Infrastructure audits	Periodic workplace and campsite infrastructure audits
Training of security force and their certification of attendance	Periodic refresher courses conducted to existing security force Training delivered to all new joiners

VII BUDGET AND OTHER ARRANGEMENTS

The Assignment is expected to last for three years. The budget should be accordingly available for the whole duration (3 years) of the Project. The contract will be initially offered for the first year, which will be extendable for whole duration of 3 years based on the annual performance.

The Assignment will be divided into two phases:

- The First Phase will finish in a year from the start date of the contract and will include bulk of the deliverables. The deliverables under Phase 1 will be paid Lumpsum based on the milestone/deliverables as identified/agreed in the contract;
- Extension to the Second Phase will be subject to the satisfactory delivery of the First Phase and will primarily include monitoring and refresher training activities as well as other emerging activities that cannot be anticipated now. Payments under second phase will be a combination of Time-based and Lumpsum.

The expertise is required on a full-time, part-time and retainership basis.

The preferred staffing under two phases is as follows:

Key Expert / Position	Qualification/ Experience	Phase 1	Phase 2 (five years)
Team Leader of the Assignment (1) (woman or a man)	<ul style="list-style-type: none"> • Master in Gender Studies /Social Sciences. or minimum 16 years education. • Minimum Ten years experience. • Knowledge of Pashto language will be given preference. 	Full time 12 person-months Extendable upto 3 years	Part time 25 person-months
Communications Specialist (1) (woman or a man)	<ul style="list-style-type: none"> • Master in Gender Studies/Mass Communication/Social Sciences/ or minimum 16 years education. • Minimum Five years experience. • Knowledge of Pashto language will be given Preference. 	Full time 12 person-months Extendable upto 3 years	Part time (woman or a man) – shared with PIU 35-person months
Health Expert (GBV) (1) (woman)	Lady Health Visitor/ <ul style="list-style-type: none"> • LHV Diploma 	Retainership 6 person-months)	Retainership 6 person-months

	<p>Course or minimum 16 years education.</p> <ul style="list-style-type: none"> • Minimum Two years experience. • Knowledge of Pashto language will be given preference. 		
Psychosocial Counselor (1) (woman)	<ul style="list-style-type: none"> • MA/MSc Psychology or related faculties or minimum 16 years education. • Minimum Five years experience. • Knowledge of Pashto language will be given preference. 	Retainership 6 person-months)	Retainership 6 person-months
Legal Expert (1) (woman)	<ul style="list-style-type: none"> • LLB. Practicing Lawyer or minimum 16 years education. • Minimum Five years experience. 	Retainership 6 person-months)	Retainership 12 person-months
GBV Trainers (2) (at least one woman)	<ul style="list-style-type: none"> • Master in Gender Studies/ Social Sciences or minimum 16 years education. • Minimum Five years experience. • Knowledge of Pashto language will be given preference. 	Part time 20-person months	Part time 20 person-months
GBV Coordinator at EACS	BA Social Sciences 14 year education Minimum Five year experience.		
Total		62 person-months)	104 person months

Supporting Staff

As per requirement

Miscellaneous

All deliverables will need to be shared with the PIU and the World Bank for approval.

The payments will be released against satisfactory deliverable of each output.

Deliverables are expected to be produced in English and/or the local language (depending on the audience of the deliverable).

Ten (10) per cent of the proposed budget will be put aside for contingency funds and used to absorb any additional tasks required for funding new activities, which cannot be foreseen now, especially those that have potential to influence social norms and increase capacity of the local stakeholders to address GBV (e.g. organization of GBV workshop/s or attendance in such workshops by local stakeholders that aim to enhance their capacity to address GBV).

- Key Positions/expertise:
 1. Manager of the Assignment (with experience in one of the below areas)
 2. GBV Trainer
 3. Communications expert
 4. Health expert (GBV)
 5. Psychosocial Counsellor
 6. Legal Expert
- The Team must include local experts with work experience in the Project area of influence.
- Team composed of both women and men.

VIII SELECTION METHOD

Selection of the consultants shall be carried out following the World Bank Procurement Regulations for IPF Borrowers, dated July 2016, revised November 2017 in accordance with Consultant Qualification Selection (CQS) method of procurement.