**Terms of Reference (TORs) for Hiring a Firm to Support GBV Prevention of Gender Based Violence (GBV), Sexual Exploitation & Abuse (SEA) and Sexual Harassment (SH) for the Khyber Pakhtunkhwa Rural Accessibility Project (KP-RAP)**

**BACKGROUND:**

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 or services 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 site. 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. The Project Implementation Unit (PIU), Communication and Works Department (C&W), Government of Khyber Pakhtunkhwa which is managing the implementation of the Khyber Pakhtunkhwa Rural Accessibility Project (KPRAP) is looking to recruit a suitable firm with specialization and track record in gender-based violence (GBV) prevention and response, including Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) and Violence Against Children (VAC) to provide support in managing GBV risks associated with selected activities of KPRAP.[[1]](#footnote-2)
4. 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.
5. The Consultant will report to the Client, i.e., the Project Implementation Unit (PIU) established by the C&W, and work closely with a wide range of stakeholders. This includes, first and foremost the PIU’s GBV Specialist, 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. The Consultant is expected to obtain the Client’s endorsement on all pertinent issues. This Assignment is based on the GBV Good Practice Note[[2]](#footnote-3) that the World Bank developed to identify and mitigate the risks of GBV/HT 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.

***Project Components***

The project components are described below.

1. **Component 1: Safe and Climate Resilient Access:** This includes the following sub-components:
2. Road upgrading and rehabilitation in selected districts[[3]](#footnote-4), including design, rehabilitation, maintenance, and supervision of works.
3. Improvement of climate resilience of infrastructure through climate investments for rural roads to ensure all-weather accessibility to basic services.
4. Improvement of road safety infrastructure and equipment in the vicinity of schools, health facilities and marketplaces, including the provision of sidewalks, bike lanes, road markings, signage, and traffic calming measures.
5. Inclusion of gender approach and universal access features and measures in the design, construction/rehabilitation, and maintenance of rural roads
6. Provision of fiberoptic infrastructure to facilitate the expansion of internet connectivity in the future.

*Current progress on Component 1: Work has commenced in districts of Shangla, Swat, and Dir Upper.*

1. **Component 2: Safe and Affordable School Journeys for Girls.** This will support the provision of subsidized school transport for girls from marginalized communities.

The intervention aims to provide subsidized school transport to around 7,500 beneficiaries across ~200 middle schools in the first year of service commencement. Of this, approximately 400 beneficiaries will be OOS girls. This component will initially be implemented in 09 districts, namely: Kohistan (Kolai Palas and Lower Kohistan), Torghar, Hangu, Dera Ismail Khan, Lakki Marwat, Bannu, Kohat and Charsadda, as they have among the highest rates of OOS girls. In year 2 of service commencement, the number of beneficiaries is anticipated to double (~10,000 girls, of which 800 will be OOS), across roughly 400 middle schools, including the 200 from Year 1. The 10,000 will include some among the beneficiaries from year 1 of services that remain on the program in year 2.

1. **Stakeholders:** The intervention will involve several stakeholders, including: the beneficiaries (female students), parents and families of the beneficiary, teachers (providing chaperone services), members of the Parent Teacher Councils (PTCs), individual drivers or transport service providers and government officials (from the PIU, CWD, E&SED, Directorates (E&SE, DPD, DCTE), District Education Offices and P&DD.
2. **Modality:** PTCs will be strengthened to sign and monitor contracts with appropriately experienced and qualified local private transport providers, together with the PIU. Local private transport providers will be selected following a community-driven development method, as per the World Bank’s Procurement Regulations.

*Current progress on Component 2*: Identification of project beneficiaries and transport service providers is on-going and service commencement is expected in September 2024.

1. **Component 3: Project Management and Institutional Strengthening.** This component will build the GoKP’s capacity to leverage data to maintain road infrastructure, and geospatial analyses to optimize investments in schools and roads.

***GBV risks and mitigation measures envisioned under KP-RAP***

1. SEA/SH risks under the project’s Component 1 have been assessed as **moderate** (applied for major civil works). Potential adverse impacts on communities are expected in terms of labour influx, which may generate additional social risks and impacts, including increase in GBV, impacts on community dynamics because of incoming workers, child labour, and increased pressure on community resources. The prevailing security situation in KP may affect project supervision and labour management. The GRCs will be notified for all the districts covered under component 1 and Code of Conduct will be placed on prominent place in district offices of contractors.
2. On the other hand, Component 2 has a **substantial** risk rating for the project due to the direct interaction between male transport service providers and girls and women. Component 2 may also face resistance due to prevailing norms related to women’s mobility. It will also need to incorporate measures necessary to keep students safe in the context of driver training and associated road safety measures.
3. To mitigate these Component 2 risks, the PIU has set up Grievance Redressal Committees at the provincial and district levels. A code of conduct for transport service providers has also been developed, detailing appropriate behaviours by drivers. To provide a safe environment for the girls, female chaperones will be identified for riding with girls to schools for their pick-up and drop off. The PTCs will be trained to monitor the drivers and will need to have knowledge on referring cases to the right channels, such as the female teachers (trained in providing emergency psychosocial support). The hiring of a third-party firm under this assignment is a key mitigation measure, given gaps in local capacity to manage GBV incidents. The training materials so prepared after consultation/finalization with PIU and WB will be approved from Directorate of Professional Development being their mandate as per E&SE Department Notification No.SOG/E&SE/1-9/2021 dated 17.03.2021.

*For more details on the GBV risks, in general and in KPK, please see Annex 1.*

**OBJECTIVES OF THE ASSIGNMENT**

1. The objective of this assignment is to support the Project in preventing and responding to the Project-induced GBV risks and to provide support to the implementation of SEA/SH risk mitigation, prevention, and response measures for Components 1 and 2 of the Project. This includes but not limited to the following:
2. Proposing concrete measures of SEA/SH risk mitigation and prevention for both Components 1 and 2, related to driver and contractor behavior, tailored to local context, including support on developing and/or implementing necessary protocols and mechanisms.
3. Mapping of GBV services in the intervention districts.
4. Developing strong response and referral pathways for survivors of GBV, SEA/SH cases related to the project.
5. Stepping in to fill gaps in referral pathways.
6. Support the Client to facilitate and monitor vulnerable populations to avoid risk of GBV during project activities.
7. Training and awareness raising with the aim of preventing GBV and to facilitate referrals and incident management.
8. In addition to the above components, which is the direct responsibility of the Consultant, the Consultant will support the Client to develop and implement necessary protocols and mechanisms, such as the 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. Project-related SEA/SH risk mitigation approaches must adhere to the following principles:
9. **Survivor-centered action**: Create approaches that respect the survivor’s confidentiality and dignity, recognizing them as the principal decision-makers for their own care.
10. **Emphasis on prevention**: Focus on risk mitigation approaches that include prevention measures.
11. **Support for survivors**: Maintaining a mapping of the existing services in project implementation areas and assessing their quality-of-service provision to establish strong referral pathways. These services should at the minimum include medical, legal, psychosocial services that are consistent with provincial laws.

**SCOPE OF WORK**

**Task 1: Proposing concrete measures of SEA/SH risk mitigation and prevention related to the project components, tailored to local context, including support on developing and/or implementing necessary protocols and mechanisms**

1. Across project components, provide guidelines on the kinds of behaviors to be expected of contractors and service providers.
2. In addition to the above, the Consultant will work with the Client, contractor, and the Supervision Consultant under component 1, 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. This includes:
3. *Grievance Redress Mechanism*

* Advising the Client 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 Client have a prominent responsibility for running it and that the GRM guarantees a survivor-centered approach and a speedy resolution of the case.
* 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: (a) The nature of the complaint (what the complainant says in her/his own words without direct questioning); (b) If, to the best of their knowledge, the perpetrator was associated with the project; and, (c) 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.

1. *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.

1. *Code of Conduct:*

Work closely with the Client 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 Standard Procurement Documents (SPD) or the ones that have been customized for national market approach 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.
* 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 have agreed to conduct themselves in accordance.
* Ensure that the contractor reaffirms its commitment to the CoC 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.

1. Specific to Component 1, 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.

1. Specific to Component 2, propose feasible measures on the regular monitoring of transport service providers, to ensure that they are behaving appropriately, in line with the code of conduct. The monitoring measures have to consider the local context, time and cost efficiency, and durability. Once these measures are agreed in consultation with the Client, the Firm shall also assist in implementing these measures, and incorporating them under the Tasks to follow (training, etc.). Additionally, the Consultant will need to develop guidelines for the Client and PTCs to ensure vehicles are serviceable and safe to transport girls.
2. Identify services and individuals (e.g., community members and authorities) that can be contacted if there are any concerns related to service provider/driver behavior.

**Task 2: Mapping of GBV services in the project districts and mitigation measures**

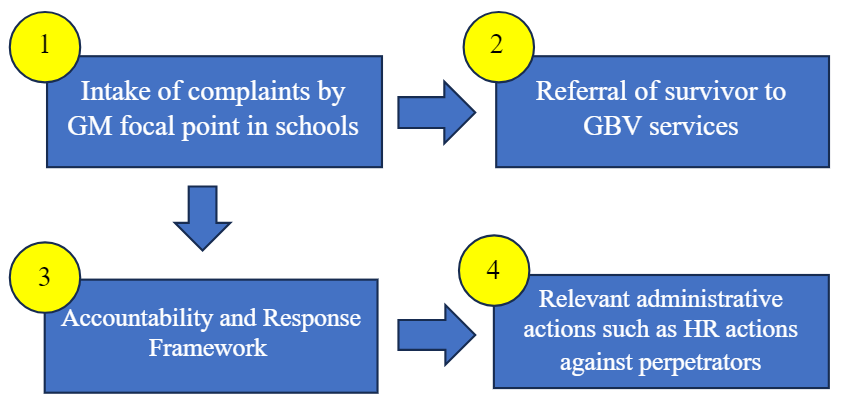
1. The firm shall update an existing initial mapping of GBV services in KP (covering medical, legal, psychosocial services). In performing this update, the firm shall consider the specifics of the project components and design.
2. The firm shall then identify any gaps in the provision of services for GBV survivors.
3. Following the service mapping, the firm shall map out existing GBV case referral pathways to these services and identify any missing links in the referral pathways.

**Task 3: Survivor support and Grievance Mechanism (GM)**

***Component 1:***

1. GM focal point for component 1 will be Executive Engineer C&W of the concerned district who is the member of district GRC.
2. Develop a strong and efficient response/referral pathway template to GBV survivor support services which can be easily accessed and understood by any survivor of SEA/SH incidents and relevant stakeholders. The pathway shall be developed in consultation with relevant stakeholders and should comply with internationally accepted standards on GBV prevention and response.
3. The referral pathways should be tailored to ground conditions in the specific districts where the Component 1 activities are implemented.
4. Develop script for contractors to manage GBV cases and referrals, in alignment with the referral pathway template developed above.
5. Develop an Accountability and Response Framework for KP-RAP to ensure complaints are verified following a survivor-centered approach and HR sanctions taken appropriately.

***Component 2:***

1. Under Component 2, given substantial risks of GBV and SEA/SH, the firm would be expected to develop a more comprehensive suite of measures to manage these risks. Broadly, four things need to happen whenever there is a GBV or SEA/SH incident or complaint received. The areas of support to be provided by the Firm in each of these steps is detailed below. Note that associated training and awareness raising is covered in Task 4.
   * 1. 
2. For Step 1,
3. Identify GM focal points in schools (most likely female teachers) that can take in complaints, provide emergency Psychosocial Support (PSS) and referral to services.
4. Identify and provide safe spaces accessible to women and girls where survivors can report GBV incidents, to trained personnel, without fear for their safety or breach of their confidentiality.
5. Define a basic referral system for uptake of complaints and develop a script for GM focal points in schools for the uptake of complaints.
6. For Step 2, the Firm shall do the following:
7. **Develop a strong and efficient response/referral pathway** template to GBV survivor support services which can be easily accessed and understood by any survivor of SEA/SH incidents and relevant stakeholders. The pathway shall be developed in consultation with relevant stakeholders and should comply with internationally accepted standards on GBV prevention and response. The pathway should be tailored to local needs and conditions in individual districts.
8. **Prepare a map and script for all GM focal points** with updated information on existing services and referral procedures, based on the mapping of GBV services in Task 2. This should include mandatory reporting to the Police or law enforcement agencies where relevant.
9. **Support survivors through the referral pathways.** The Firm shall train and deploy survivor-advocates in incident response and verification based on the choices and need of survivors and with their informed consent.
   1. The advocates would be responsible for facilitating access to available services as requested by survivors. Costs for conveyance and any other services rendered will be reimbursed, subject to submission of receipts.
   2. The advocates would be expected to support GM focal points and schools in managing incidents. For instance, GM focal points may need help identifying the right set of services to refer the survivor to. In every case, survivor advocates shall physically accompany survivors to GBV support services.
   3. The circumstances under which survivor advocates would support the process for GM focal points need to be clearly defined in the referral system.
10. **The Firm is not expected to provide medical or psychosocial support,** which will be the responsibility of existing service providers. However, the Firm should be prepared to give some first aid (medical or psychosocial) while the survivor is being transferred to the service providers.
11. The Firm will be expected to provide legal aid services to the survivor.

1. For Step 3, the Firm shall do the following:
2. **To support fact finding, the Firm shall** develop an Accountability and Response Framework for KP-RAP to ensure complaints are verified following a survivor-centered approach and HR sanctions taken appropriately. The framework is not meant to replace any investigations to be conducted by law enforcement agencies and will serve as a record for the GRC and the Client in case any administrative actions need to be taken. The framework shall cover the following:
   1. 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. This would include recommendations on who should be involved in the fact-finding process, as well as how the project will provide information to employees and the community on how to report cases of GBV CoC breaches to the GRM.
   2. Recommendations on the stakeholders to be interviewed based on the nature of incident/complaint. For instance, the survivor(s), transport service providers, chaperons, other children taking the same vehicle, etc.
   3. Tailored questionnaires in the local language based on the nature of the incident/ complaint and stakeholder.
   4. Clear templates for GM focal points to record responses from interviewees and reporting.
   5. Response Framework which has mechanisms to hold accountable alleged perpetrators associated with the project;
   6. The GRM process for capturing disclosure of GBV; and
   7. A referral pathway to refer survivors to appropriate support services.
3. The Firm shall support the GM focal points with complaint intake, documentation, and referrals, in compliance with the SEA/SH-sensitive GM structure developed by the project (to be notified by KP-RAP) and orientation of GRC at provincial and district levels. The Firm shall establish clear reporting channels from GM focal points to district level GRCs, and the Client.
4. Ensure that any collection of SEA and SH-related data, including intake and referral forms and those for the GM, is done confidentially and ethically and that files are kept in a safe and confidential place, in compliance with international good practices.
5. For Step 4, the Firm shall recommend administrative actions, including HR sanctions to be imposed in case of any Code of Conduct violations, and the decision-making authority for such sanctions.
6. For all project components, at least two or suitable number of hospitals or basic health units will be selected at project related localities/districts where the GBV and SEA related emergency cases are to be dealt and to manage this issue in consultation with PIU.

**Task 4: Training and awareness-raising**

1. All training and awareness raising sessions under this assignment should be based on the following guidelines:
   1. Ensure that the materials center on human rights, including rights of survivors and children, are non-harmful or re-traumatizing, and adhere to the guiding principles for addressing GBV.
   2. SEA/SH mitigation messages should be adapted to specific project-related risks and to the mitigation strategies implemented by the project, including codes of conduct, the grievance redress mechanism, and the services available to survivors.
   3. Ensure that the materials are understandable, in the local language and/or developed using communication tools that are adequate and can be understood by all members.
   4. Adopt an active approach that promotes behavioral change and uses various educational and learning approaches for the different target groups.
   5. Key messages, educational and learning approaches should be tailored based on target groups.
2. The Firm shall submit the training and awareness-raising materials to the Client for approval and incorporation of feedback, and hold ‘pretest workshops’ to adapt the training and awareness raising tools and approaches. Training will take place only after Tasks 2 and 3 have been fulfilled.
3. Specific awareness raising and training activities under the two components are detailed below.

***Across Components:***

1. Propose strategy and plans, based on indicative plans included below e.g., Awareness Raising Strategy, which describes how workers and local communities will be sensitized to GBV risks, and the worker’s responsibilities under the CoC;
2. The Firm shall provide 01 training/year to the following groups:
   1. PIU, selected staff of the Communication and Works, and E&SED, Directorates of E& SE, DPD, DTCE and P&DD, Government of KP *(Group 1).*
   2. Provincial and district level GRCs (23 districts) *(Group 2 – can be combined in one training where feasible, but given the number of districts involved, two or three sessions may be needed).*
3. The focus of this general training shall be on SEA/SH risks associated with the two components, GBV services and referral pathways, process for managing complaints, and administrative actions such as HR actions, along with the decision-making authorities for such actions. The Consultant would be expected to train the GRM Operators on how to receive, review and process GBV cases confidentially and empathetically.

***Under Component 1****:*

1. Key target audience for training activities under Component 1 are the contractors and identified GM focal points. The Firm shall undertake the following activities:
   1. Develop and test training materials.
   2. Ensure Code of Conduct (developed in Urdu and Pashto) is to be displayed in prominent places in all the offices of contractors.
   3. Conduct an orientation of contractors, laborers, technical and non-technical staff, members of the PIU and Supervision Consultant, on gender, GBV, SH/SEA, and code of conduct. The training on code of conduct should also include penalties associated with breaches of the code, and general awareness of laws against GBV, to ensure they are fully aware of the consequences of the breaches.[[4]](#footnote-5) Moreover, Consultant must ensure the CoC is discussed with the local communities (please see the Stakeholder Engagement and Community Awareness component for more information), and must 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. Finally, Consultant must ensure that the contractor delivers refresher courses on SEA and SH periodically.
   4. In total, 02 trainings for contractors and their staff are expected over the duration of the contract.
   5. Conduct more specific training for the identified GM focal points on referral pathways, script developed for the uptake of complaints, fact finding and accountability protocol, reporting procedures, as well as provision of emergency psychosocial support. Overall, 23 GM focal points are expected to be trained across the Component 1 districts.

***Under Component 2***

1. Key target audience for the training activities under Component 2 are: **(i)** district level education officials, **(ii)** GM focal points (likely female teachers in each school), **(iii)** Parent Teacher Councils (PTCs) in each school, **(iv)** transport service providers, and **(v)** chaperons for the transport service (likely female teachers from each school). The training content and focus will be different across the different target groups, as detailed in the table below. The table assumes that each stakeholder (transport service provider/chaperone/PTC) at the school level would only be trained once. However, some refresher trainings may be necessary on a needs basis.
2. The Table below only provides an indicative list of trainees and number of trainings. The actual training structure and number of sessions shall be proposed by the Firm in its bid, and subject to agreement at the inception report stage. This should take into account cost and time efficiencies, and the priority order for trainings at different stages of implementation (pre-service commencement, or during services).

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| **Target group** | **Indicative no. of trainees & training sessions\*** | **Key aspects** |
| District level education officials | District Education Officers (DEOs-09), DDEOs-9, SDEOs 29, ADEOs-27 & ASDEOs-59  17 officers (average) per training x 9 districts  01 training per district per year.    **Total: 09 trainings expected per year** | * Design of the subsidized transport provision * Overview of GBV and SEA/SH risks associated with the intervention, and mitigation measures – both preventive and post-incident management * Role of district education officials, schools, and different stakeholders |
| GM focal points | 200 schools spread across 09 districts in Year 1  Estimated 400 schools across 09 districts in Year 2  01 GM focal point per school  Training of 20 GM focal points at one go can be held at a convenient location for the concerned schools.  **Total: 10 trainings expected in Year 1, and 10 trainings in Year 2 expected** | * GBV and SEA/SH risks in the component * Management of SEA/SH complaints on survivor-centricity and key safety and ethical considerations of GBV incident response. * GBV services and referral pathways * Script developed for the uptake of complaints * Fact finding and accountability protocol * Reporting procedures * Training on the provision of emergency psychosocial support |
| Parent Teacher Councils | 200 schools spread across 09 districts in Year 1  Estimated 400 schools across 09 districts in Year 2  02 PTC members per school (Chairperson and Secretary)  Training of 40 PTC members at one go. The trainings will be at the district HQ level and one member per PTC will be nominated for the training.  **Total: 10 trainings expected in Year 1, and 10 trainings in Year 2 expected** | * Information on the relevant school structures and procedures in place to report incidences. * Overview of GBV and SEA/SH risks associated with the intervention, and mitigation measures – both preventive and post-incident management * Role of PTCs in mitigation and monitoring of drivers. Including expected behaviors and conduct of drivers, role of teachers (GM focal points), who to reach out to in case of an incident, how to submit complaints and available resources in school. |
| Transport Service Providers | 200 schools spread across 09 districts in Year 1  Estimated 400 schools across 09 districts in Year 2  05 service providers per school  Training of 40 service providers at one go can be held at a convenient location for the concerned schools.  **Total: ~25 trainings expected in Year 1, and ~25 trainings in Year 2 expected, before service commencement.** | * Code of conduct and girls’ safety |
| Chaperons for transport | 200 schools spread across 09 districts in Year 1  Estimated 400 schools across 09 districts in Year 2  05 chaperons per school  Training of 40 chaperons at one go can be held at a convenient location for the concerned schools.  **Total: ~25 trainings expected in Year 1, and ~25 trainings in Year 2 expected, before service commencement.** | * Role as chaperons * SEA/SH and Gender Sensitization * Communication of any incidents to GM focal points * Code of conduct for transport service providers * GBV services and referral pathways * Training on the provision of emergency psychosocial support |

*\*The actual number of trainings and trainees may be different as the intervention develops. Bidders are requested to include the unit cost of each training session in their proposals.*

**Task 5: Monitoring and Evaluation**

1. Carry out annual **SEA/SH risk assessments in** the project intervention areas by means of consultationsand participatory approaches and share findings with the Client and adjust all relevant changes in the risk profile.
2. Developing monitoring and evaluation arrangements (including GRM and SEA/SH uptake channels for complaints, and monitoring of SEA/SH).
3. Develop specific indicators for effective monitoring and evaluation of all SEA/SH related interventions for KP-RAP
4. Establish an ethical data collection system for SEA/SH incidents supported and addressed through the project.
5. Submit monthly reports of aggregated data on recorded complaints presumed to be project-related as well as on the support provided to survivors based on survivor consent and confidentiality.
6. Submit monthly/quarterly reports, annual and final narrative and financial reports regarding SEA/SH interventions.

**Task 6: Close-out report/Handover Plan**

1. While the Firm is expected to undertake the full assignment with the expectation that GBV mitigation would eventually be undertaken by the Client and project stakeholders, in this task, the Firm shall develop a clear handover plan over SEA/SH and GBV prevention and response referral pathways and mitigation measures to the Client and project stakeholders.
2. A draft exit strategy will be expected in Year 1 of the assignment itself, with the final version to be provided at the end of the assignment, which incorporates learnings across two years of implementation. The soft wares with source codes and documents (i.e. Manuals etc) will be handed over to this PIU and will be the sole property of PIU alongwith all copy rights.
3. The report should clearly document all the services, referral pathways, protocols, reporting procedures and forms, as well as monitoring and evaluation summaries from the two years of intervention.

**Proposed Reporting of GBV**

1. 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:
2. PIU Gender Specialist
3. PIU Senior Education Specialist
4. Communication & Works Department
5. E&SE Department
6. The Consultant (these terms)
7. Supervision Consultant
8. An Occupational Health & Safety Manager (OHSM) of the contractor (or someone tasked with the responsibility of addressing GBV within the contractor)
9. A member of the KP Social Welfare Department
10. A member of the KP Commission on the Status of Women, and
11. Any other relevant member identified later.

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| --- | --- | --- | --- | --- |
| **Who** | **To Whom** | **What** | **When** | **Objective** |
| **The Consultant** | PIU (and PIU to furnish to WB) | **GBV Incident reporting:**  • Reporting of GBV incidents with three key data:  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. |
| Both PIUs and Supervision consultant (and PIU to furnish to WB) | **Aggregate data on case load:**  • Number of GBV cases referred by the GRM;  • disaggregated by adult/children and by sex;  • The number of cases open, and the average time they have been open, and,  • The number of cases closed, and the average time they were open.  **Implementation progress on all activities of these ToR, e.g.**  • 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. | Monthly | To ensure accountability of the Consultant, particularly if financial support is being provided for survivor support. |

**DURATION OF ASSIGNMENT**

1. It is envisaged that the firm will render its services for a duration of two years initially.

**KEY DELIVERABLES and schedule of payments**

| **S. No** | **Deliverables** | **Due** | **Schedule of Payments** |
| --- | --- | --- | --- |
|  | Inception report outlining the approach to the assignment with budget and timelines | Within 2 Weeks of mobilization | 10% |
|  | Report on driver behavior guidelines and monitoring measures. | Within 3 Weeks of mobilization |  |
|  | Updated GBV mapping and GBV Risk Assessment & Mitigation plan | Within 1 month of mobilization | 20% |
|  | Accountability and Response Framework recommendations, including tailored questionnaires and clear templates for recording responses and reporting. | Within 1 month of mobilization |  |
|  | 1. Training and awareness raising package for Component 1; 2. Training and awareness raising package for Component 2; 3. GM protocol and scripts for components 1 and 2. 4. Some of the activities will be based on execution (such as Conveyance to GBV survivors for referrals and others) | Within 3 months of the mobilization  Within 2 Months of the mobilization  Within 1 Month of the mobilization  During the contract | 45% |
|  | Report on establishing a functioning GRM with Referral pathways templates | Within 12 months of the mobilization | 15% |
|  | Monthly/quarterly reports on complaints handling and referrals. | Monthly & Quarterly |  |
|  | Assessment of SEA/SH risk | Annually |  |
|  | SEA/SH Sustainability and firm exit strategy (one document) | Draft in Year 1, and final report in 3rd Quarter of Year 2 of assignment |  |
|  | Final, financial, and narrative report | 4th Quarter of Year 2 of assignment | 10% |
|  | Workplace and Campsite Infrastructure audits | Periodic workplace and campsite infrastructure audits |  |

**PROFILE OF THE FIRM**

1. The eligible firm should be a nationally recognized firm with the following attributes:

**a.** The firm must be registered in similar business providing similar services for the past five (05) years especially in Khyber Pakhtunkhwa.

**b.** Should have completed at least 3 assignments of comparable scale and complexity.

**c.** Should have adequate logistics capacity as evidence through established offices.

**d.** Should have professional staff that is largely consistent with scope of work (details of staff are given in the TORs- (CVs not required at this stage).

**e.** Have excellent experience in the following fields: (a) Community engagement and promotion of behavior change; (b) Training and prevention of GBV; (c) Organization of safe spaces for women and girls; (d) Case management, psychosocial and psychological support; (e) Medical referrals and establishment of collaboration agreements with competent health care facilities, and (f) Legal assistance. (g) Strong working relation with Government entities

**f.** Participation of local women led organizations are highly encouraged.

**KEY PROFESSIONAL STAFF**

|  |  |
| --- | --- |
| **Position** | **Qualifications** |
| Project Manager | * Master in Social Sciences or 16 years of education * 10 years of experience in Project Management/Administration in GBV related work with priority experience with Government and International Organization * Proficiency and Knowledge of Local Languages will be given preference |
| GBV expert in SH/SEA mitigation approaches and strategies formulation | * Masters in Social Sciences, 16 years of education * 8 years of experience in GBV related work with prior experience of formulating mitigation strategies * Knowledge of English, Urdu and Pushto |
| Communication expert (for IEC material development) | * Masters in Gender Studies/Mass Communication/Social Sciences/ or minimum 16 years education. * Minimum three years’ experience. * Knowledge of English, Urdu and Pushto |
| Master trainer men and women on GBV (08) | * Masters in Gender Studies/ Social Sciences or minimum 16 years education. * At least 8 years’ experience of planning and conducting gender/GBV-related training. * Having knowledge and experience of working in GBV * Knowledge of Pushto language will be given preference. |
| Female Psychosocial Counselor/GBV Support Officer (09) | * MA/MSc Psychology or related faculties or minimum 16 years education. * At least 5 years’ experience in counseling violence and/or trauma victims. Candidates with additional experience of working with children and young adults would be given preference. * Knowledge of Pushto will be given preference |
| Legal Aid Officer  (woman) | * LLB. Practicing Lawyer or minimum 16 years education. * At least 5 years’ experience of working in the development sector as a legal expert in GBV related interventions |
| GBV Service Referral Coordinator | Masters in social sciences, 5 years’ experience in GBV issues and understanding of GBV service provider’s work |

**Supporting Staff (As per requirement)**

All deliverables will need to be shared with the Client for approval.

The payments will be released against satisfactory deliverable of each output and some of the payments will be based on execution and if not performed then no claim will be submitted by the firm.

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

**Reporting Arrangements**

1. The firm will report to the Project Director, PIU, KPRAP.

**Annex 1: Background on GBV**

1. Thirty percent of women worldwide have experienced either physical and/or sexual violence by intimate partners or other actors (WHO 2018). Addressing gender-based violence (GBV) globally is critical for closing gaps between men and women, ensuring a lasting impact on a reduction in poverty, and promoting inclusive and sustainable economic growth.
2. Projects involving civil works and human development interventions may exacerbate GBV risks, including SEA/SH,[[5]](#footnote-6) by a range of public and private actors linked to project implementation, such as the following (relevant to KPRAP):
3. Projects with an influx of labor may introduce and/or increase the demand for sex work—even increase the risk for sex trafficking of women—or the risk of early marriage in a community where marriage to an employed man is seen as the best strategy for an adolescent girl’s livelihood. Furthermore, higher wages for workers in a community can lead to an increase in transactional sex. The risk of abusive sexual relations between laborers and minors, even when it is not transactional, can also increase.
4. Human development operations, with a high level of person-to-person activity, multiple layers of organizational hierarchy, and a focus on the delivery of essential services and/or goods or services that need to be made available to every person, including the most vulnerable groups, may create or exacerbate existing real or perceived power differentials, exposing beneficiaries to risks of sexual exploitation and abuse at the hands of project actors. Workers or project beneficiaries can be exposed to risks of sexual harassment, but also sexual abuse by community members, especially when working in isolation, and in remote or conflict-affected regions.
5. The World Bank’s Environmental and Social Standards (ESS) set out specific requirements relating to the identification and assessment of environmental and social risks and impacts associated with projects financed by the World Bank. The Good Practice Notes were developed to help Task Teams and Borrowers in identifying approaches to identify risks of SEA/SH associated with operations involving civil works and human development (health, education, etc.) may present and how best to mitigate these risks.

***GBV in KP***

1. Much like the rest of Pakistan, KP has discouraging statistics in relation to violence against women and girls. According to the Pakistan Demographic and Health Survey (2017-18), 28% of women in Pakistan, between the age of 15-49 have experienced physical violence since age 15 and 6% have experienced sexual violence. About 34% of ever married women have experienced spousal violence, including emotional, physical, and sexual harm. The most common manifestation of spousal violence is emotional violence (26%), followed by physical violence 23% and 5% sexual violence. Rural women (34%) are more likely to experience physical violence than urban women (23%). They are more prone to physical violence often or sometimes in the past 12 months.
2. Among the districts, women residing in KP are most likely (9%) to experience sexual violence, followed by women in Gilgit Baltistan (7%) and Punjab (6%).[[6]](#footnote-7) Within KP, the percentage of women who have experienced physical violence is highest in the Federally Administered Tribal Areas (FATA)[[7]](#footnote-8) at 56%, and KP at 43%. In various parts of KP, the incidence of child marriage is still prevalent. For instance, in Lakki Marwat the incidence of child marriage is reported to be around 34%, Chitral at 39%, Kohat at 51% and Buner at 60%, indicating a concerning trend.[[8]](#footnote-9)
3. About 56% of women who have experienced any type of physical or sexual violence do not seek help or talk to anyone about intervening to stop the violence. This is due to fear of retaliation and the lack of access to confidential and robust GBV prevention and referral pathways. Although the Government of Pakistan has passed various laws to prevent violence and support survivors, there is widespread impunity, and the conviction rate for violence against women is only around 1-2 percent. Health service personnel are inadequately equipped to deal with cases of GBV and lack the essential basic training to provide survivor-centered services.[[9]](#footnote-10)
4. Besides national laws, KP has several laws related to women’s protection such as:
5. The Khyber Pakhtunkhwa Enforcement of Women ownership Rights ACT of 2012, to protect and secure women’s right of ownership of property.
6. The Protection against Harassment of Women at Workplace Act was passed in the year 2010.
7. The Women Empowerment Policy of Khyber Pakhtunkhwa was approved in 2017
8. Khyber Pakhtunkhwa domestic violence against women (Prevention and Protection) Act 2021
9. Child Marriage Restraint Bill, 2020
10. Acid and Burn Prevention and Rehabilitation Bill
11. These laws are aimed at protecting women. However, their implementation remains weak.

1. For more details on the project, please see the Project Appraisal Document, URL: <https://documents1.worldbank.org/curated/en/895161654610033556/pdf/Pakistan-Khyber-Pakhtunkhwa-Rural-Accessibility-Project-KPRAP.pdf> [↑](#footnote-ref-2)
2. Good Practice Note: Addressing Gender-Based Violence in Investment Project Financing involving Major Civil Works” World Bank 2018 <http://pubdocs.worldbank.org/en/399881538336159607/Good-Practice-Note-Addressing-Gender-Based-Violence.pdf> [↑](#footnote-ref-3)
3. Shangla, Swat, Chitral, Dir Upper, Dir Lower, Bajaur Agency, Dera Ismail Khan, Tank, Khyber Agency, Mohmand Agency, Charsadda, Kurram Agency, Orakzai, Karak, Lakki Marwat, Kohistan Lower, Abbottabad, Mansehra, Torghar, Kohat. [↑](#footnote-ref-4)
4. It is the responsibility of the contractor to deliver trainings to all the personnel contracted or sub-contracted by the contractor. However, the Consultant will be responsible for CoC orientation/ GBV training of all other staff engaged in the Project (e.g., PIU, Supervision Consultant, Security Force etc.) and for ensuring that the contractor’s trainings for the workers is of satisfactory standards/cover all pertinent areas. [↑](#footnote-ref-5)
5. Source: The World Bank’s Environmental and Social Framework (ESF) Good Practice Notes (GPN) for addressing Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) in Investment Project Financing (IPF). [↑](#footnote-ref-6)
6. <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf> [↑](#footnote-ref-7)
7. FATA has now been merged with KP which is why there are separate data for KP and FATA in the report. [↑](#footnote-ref-8)
8. <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAsia/Docs/Publications/2021/02/UNW-NCSW%20Costing%20Study%20KP-Punjab%20FINAL.pdf> [↑](#footnote-ref-9)
9. <https://pakistan.unfpa.org/en/topics/gender-based-violence-6#:~:text=A%20staggering%2032%20per%20cent,the%20full%20extent%20of%20cases>. [↑](#footnote-ref-10)