Terms of reference:
Consultancy Services for Hiring of NGO/CSO/Firm responsible for implementation of Measures to Prevent and Respond to Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH)

SECRAMP and RETRAP Projects, Liberia

February 2026

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1. BACKGROUND AND JUSTIFICATION

Thirty percent of women worldwide have experienced either physical and/or sexual violence by intimate partners or other actors (WHO 2018). The World Bank recognizes that 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.

Nonetheless, the ESF Good Practice Notes for addressing Sexual Exploitation and Abuse and Sexual Harassment in Investment Project Financing involving Major Civil Works (SEA/SH GPN for Civil Works) and for Human Development operations (SEA/SH GPN for HD) recognize that World Bank-financed projects may exacerbate GBV risks, including risks for sexual exploitation and abuse (SEA) as well as sexual harassment (SH), by a range of actors linked to project implementation in both public and private spheres in a number of ways, such as the following:

- Projects with a large influx of workers 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 future. 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 their partners, including minors, even when it is not transactional, can also increase.

- When land redistribution occurs, such as due to resettlement for civil works, women may be extremely vulnerable to SEAH/GBV, in addition to risks of intimate partner violence and backlash. This vulnerability can be exacerbated in countries where the legal systems are complex. For example, although Liberia's legal system promotes gender equality in land ownership, its pluralistic system, which includes traditional customary land ownership, creates complex interactions and contributes to gender inequality.

- 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 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.

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 prepared to assist Task Teams and Borrowers in establishing an approach to identifying risks of SEAH/GBV which investment project financing (IPF) operations involving major civil works and in Education, Social Protection and Jobs (SPJ), and Health, Nutrition and Population (HNP) sectors may present and to advise on how best to manage such risks. The Notes build on World Bank experience and good international industry practices, including those of other development partners permitting the project to manage SEAH/GBV risks and impacts in the context of the Environmental and Social Framework, notably the following Environmental and Social Standards:

- ESS 1: Assessment and Management of Environmental and Social Risks and Impacts.
- ESS 2: Labor and Working Conditions.
- ESS 4: Community Health and Safety.
- ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement;
- ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities; and
- ESS 10: Stakeholder Engagement and Information Disclosure.

2. PROJECT BACKGROUND

The Government of the Republic of Liberia (GoL) has received funding from the International Development Association (IDA), toward the financing of the Southeastern Corridor Road Asset Management Project (SECRAMP). The Project Development Objective of SECRAMP is to improve road connectivity to the residents of the Ganta to Tappita section of the southeastern corridor of Liberia. The project envisages the rehabilitation of 100km between Ganta and Tappita under two design-build-transfer contracts (e.g. Lots 1 and 2). In addition, the GoL has implemented the rural section of the Liberia Road Asset Management Project (LIBRAMP). LIBRAMP funding has completed rehabilitation of the Monrovia-Ganta-Guinea Border Road (Suakoko Highway) under a long-term Output and Performance-based Road Contract (OPRC).

Aside from the two projects mentioned above, the pipeline Rural Economic Transformation Project (RETRAP), being financed through loans from the IDA is supporting the rehabilitation of a 125 km road section of the Tappita- Zwedru-Ivory Coast Border Road. The project adopts the use of Output- and Performance-Based Road Contracts (OPRC) under Design, Build and Transfer (DBT) methodology and finances the associated consultant services.

In 2018, the IIU prepared an Environmental and Social Impact Assessment (ESIA) and a Results and Performance (RAP) report covering the 100km Ganta-Tappita stretch of road, which is being updated. Under RETRAP, a number of upstream safeguards studies/documents have already been prepared. All three projects have or will have Environmental and Social Management Plans (ESMPs) for each road works contract, Resettlement Action Plans (RAPs), and Grievance Redress Mechanisms (GRMs). As a result of the high level of biodiversity concerns within the RETRAP corridor and the recommendation made in the ESIA report for additional study on biodiversity, a Biodiversity Field Survey (BFS) has been completed, followed by a Biodiversity Management Plan (BMP).

These safeguards instruments and the project GRM are embedded with specific actions which the IIU will implement with support from a specialist SEAH/GBV NGO/firm to ensure that SEAH/GBV social risks and impacts are appropriately prevented, minimized, and mitigated, and/or otherwise addressed.

Under both SECRAMP and RETRAP, the IIU is responsible for retaining qualified environmental and social specialists (e.g., E&S specialists) who will be tasked with:

(i) Supervising implementation of the safeguards instruments, and the social and environmental risk and impact management measures identified in all project-related documents, including the individual project appraisal documents (PADs) and the Financial (Legal) Agreements signed between the World Bank and the Borrower,
(ii) Monitoring and supervising the implementation of biodiversity activities, and
(iii) Reporting to the World Bank via the IIU on implementation and compliance of the Borrower requirements on environmental and social safeguards, including SEA and GBV.

The IIU, as the Borrower's implementing agency, is obliged to require entities contracted as part of the project and its ancillary aspects to implement all aspects of the agreed safeguards instruments and mitigation measures that are applicable to their scope of work. When necessary, the IIU will require these entities to develop their own management plans (such as ESMP, Environmental, Health and Safety Management Plan, Waste Management Plan, Traffic Management Plan, Emergency/Recovery Management Plan, etc.) and reporting and feedback mechanisms outlining how they will implement safeguards instruments and identify required mitigation measures. These will be subject to IIU's review and approval prior to implementation. These documents will be shared with the World Bank for its information and review. To manage the high risk of SEAH/GBV in the project areas, a detailed SEA/GBV Prevention, Response and Accountability Framework (of GBV/SEAH Action Plan) is under development for implementation from 2025-27.

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3. OBJECTIVES

These Terms of Reference (TOR) have been prepared for the purpose of recruiting an NGO/CSO/Firm that specializes in SEAH and GBV prevention and response, and which will be responsible for supporting the SECRAMP and RETRAP projects in Liberia by undertaking measures to prevent, mitigate, and respond to such risks and impacts during implementation. The general objectives of this assignment are to support the Projects in rolling out SEAH/GBV risk prevention, mitigation, and response measures linked to implementation of its activities, including the provision of and gap-filling holistic services (shelter, medical, psychosocial and legal) to survivors who disclose incidents of GBV, including, but not limited to project-linked SEAH/GBV cases, to the project.

The specific **objectives** of this assignment are to:

1. Carry out regular **SEAH/GBV risk assessment and awareness-rising in** the project intervention areas by means of orientation sessions, consultations and other participatory approaches for the IIU, both in terms of the context and, more particularly, risks that are likely to be exacerbated or potentially prevented by project implementation and propose effective and ethical prevention and mitigation measures to be implemented by the different project stakeholders. This would include identifying specific actors that the project could work with to prevent and mitigate the impact of SEAH/GBV.
2. Design, train, and further equip the IIU staff to replicate **training related to** the project GRM, Code of Conduct, and SEAH/GBV response and reporting protocols with concerned communities, local grievance committees, Contractors and Supervisory Consultants, workers, and other implementing organizations hired under the project, on SEAH/GBV prevention and mitigation.
3. Providing survivors directly with **quality holistic care** where it is not otherwise available through existing services, including psycho-social, medical, and legal support using survivor-centered approaches and response protocols.
4. Support the IIU in developing and **implementing an effective Grievance Redressal Mechanism (GRM)**, more particularly, in receiving, managing, reporting, and referring SEAH/GBV cases to the Bank and to the most appropriate service provider. The GRM should be capacitated to extend follow-up in accordance with the GRM manual and the project SEAH/GBV Action Plan
5. Support the project in **monitoring and evaluating SEAH/GBV prevention, mitigation, and response** activities and reporting on outcomes of interventions under the SEAH/GBV Action Plan.

Interventions to address project-related SEAH/GBV risks must consider and contribute to the implementation of the following principles:

Survivor-centered action: Favor an approach related to GBV prevention, mitigation, and response, and for addressing SEAH/GBV, through a lens focused on the survivor and respect for their confidentiality and safety, recognizing them as principal decision-makers for their own care and treating them with consideration, dignity, and respect for their needs and wishes.

Emphasis on prevention: Adopt risk-based approaches that aim to identify key project-related risks of SEAH/GBV (and, if relevant, of broader GBV) and contribute to recommending and putting into place measures to prevent or minimize these risks.

Support for survivors: Maintaining a mapping of the existing services in project implementation zones and assessing the quality-of-service provision to establish a referral and/or care pathway for survivors who choose to seek services. The minimum package of services should include medical, psychosocial, and legal case management that complies with national directives and international good practices and provides to survivors who report project-related incidents with referrals to the project's grievance redress mechanism.

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Community engagement: Engage stakeholders in the population affected by project implementation by recruiting community focal points—local authorities, women leaders, civil society organizations, women's and children's rights advocates—as resources for knowledge on local level risks, effective protection factors, and support mechanisms throughout the project cycle. Community engagement with identification and support for community focal points will also contribute to capacity building and sustaining efforts, while also ensuring that survivors have immediate and culturally appropriate access to information and services.

Evidence-based action: Develop approaches based on national and international research and good practices on addressing SEA and SH effectively.

Enabling continuous monitoring and learning: Ensure that the approach integrates a mechanism for regular monitoring and analysis to track implementation and, to the extent possible, effectiveness, and build knowledge of what works to prevent, mitigate, and respond to SEAH/GBV risks under the project.

4. SCOPE OF WORK AND TASKS FOR THE NGO/CSO/Firm

i. Referral Pathway Strengthening

a) Chart out a confidential **referral pathway** for survivors at district/village/clan cluster levels, for ethical and nondiscriminatory case management and referrals for GBV survivors in project implementation zones. Ensure that the referral pathway is aligned with existing GBV services and informs the project accountability and response framework.

b) Keep referral information up to date for multiple complaint channels and sharing the same information with the IIU, communities, supervisory staff and other (sub) contracted entities, along with instructions on usage (pathway).

ii. Training Activities

a) Define and implement a **Training Plan** for workers employed by the project, including any first-time and refresher training in collaboration with the IIU as well as the Contractors, and the Supervision Consultant. Training plan should categorize trainees, and identify content, pedagogy, location, number, frequency, etc., in the initial Implementation Plan, to be developed by the organization.

b) In consultation with IIU Social and GBV Specialists, **prepare worker training material, activities, and information** on SEAH/GBV related risks, the GRM, available services and focal persons, and referral mechanism usage. Adapt existing tools and materials, as needed. Conduct and report on training sessions, including pre- and post-session assessment tools to measure changes in knowledge and behavior of members of the community and project workers/contractors' response.

iii. Awareness-Raising Activities

a) Conduct Community-based SEA/SH/GBV awareness/sensitization meetings
b) Conduct awareness sessions with vulnerable groups (girls under 18, Persons with Disabilities (PwDs), single mothers, etc.)
c) Produce project-related material GRM and SEAH/GBV prevention and mitigation awareness IEC Materials

iv. Support for Survivors of SEAH/GBV

c) Manage and report on use of survivor support project resources, including emergency support for food, clothing, safe relocation/ transport, referral transport, and acquiring documentation, and other costs

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associated with minimum basic services where necessary and explicitly requested. Ensure that case management is provided by referral service providers, build capacity and advocate where necessary, and ensure tight follow-up in all cases. Escalate matters to relevant authorities and government service providers with the knowledge of the IIU, where needed.

d) Work actively to provide or link up survivors to primary psychosocial care and integrated support for SEAH/GBV, irrespective of the alleged link of the incident to the project, and in line with national and international good practices and a survivor-centered approach. Report all cases directly to the IIU and the World Bank against set reporting procedures, within 24 hours.

e) Ensure that GBV survivors, including those reporting allegations linked to the project, are effectively referred to medical, psychosocial, and legal services, livelihood opportunities, and safety/security support in line with the accountability and response protocol established as part of the project and according to the needs and choices of survivors.

f) Ensure that medical care remains the priority in cases involving rape and other physical injuries. In the case of rape, support by the NGO/CSO/Firm and the service provider must encompass the WHO Clinical Management of Rape Survivors Guideline and the national protocol in effect. Ideally, this support must be provided within 72 hours. At a minimum, it must include emergency contraception and post-exposure prophylaxis to prevent HIV transmission to a seronegative person during an incident of rape.

g) Facilitate access to safe and confidential services for survivors in a timely and non-discriminatory manner.

v. Support for the project's Grievance Redressal Mechanism (GRM)

a) Coordinate, through the referral system established in the project zones, referrals of survivors to the confidential GRM (from community to Ministry level) set up to respond to SEAH/GBV incidents.

b) Support the IIU in developing systems, procedures, channels, and material (forms, scripts, templates) for complaint intake, documentation, and referrals, in compliance with World Bank requirements for a SEAH/GBV-sensitive GRM structure.

c) Support the GRM initially with complaints management and response by participating in the GRM - level meetings, providing close backstopping, and ensuring compliance with core principles for GBV case management. Guide the IIU in ensuring survivor confidentiality and safety during the process of managing and verifying the complaint.

d) Act, as needed, as survivor-advocate in incident response and verification based on the choices and needs of survivors and with their informed consent.

e) Ensure that any collection of SEAH and GBV-related data, including intake and referral forms and those for the GRM, used by GRCs, is done confidentially and that files are kept in a safe and confidential place, in compliance with international good practices.

vi. Monitoring and Evaluation

a) Develop and test specific indicators for effective monitoring and evaluation of all SEAH/GBV-related interventions carried out as part of the ToR (5. Scope of Work). These may be borrowed from indicators suggested in the table below (see Annex 1).

b) Establish an ethical data collection system for SEAH/GBV incidents supported through the project for handling cases.

c) Undertaking quarterly monitoring visits

d) Assist the IIU in compiling and submitting monthly reports of aggregated data on recorded complaints (always presumed to be project- related till re-classified), as well as on the support provided to survivors

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who report project-related incidents, while ensuring the confidentiality, safety, and informed consent of survivors in such reports.

e) Report any SEAH/GBV incidents recorded and presumed to be project-related within 24 hours of receiving them to the IIU and the World Bank, using the information-sharing protocol established beforehand by the project and in compliance with the SEAH/GBV Good Practice Notes and ethical considerations on documenting and reporting information about SEAH/GBV incidents.

f) Submit monthly/quarterly reports, annual and final narrative progress, and financial reports on the project, which will be shared with the IIU and the World Bank. Monthly/quarterly reports must include both quantitative and qualitative data against workplan and outcome indicators, and any necessary adjustments.

g) Submit six-monthly reports that summarize the activities to address SEAH/GBV implemented as part of the project and the lessons learned, including recommendations and action points for long-term continuation of SEAH/GBV risk mitigation measures.

h) Collect and share quarterly information about SEAH/GBV risks linked to the project using participatory methods (local consultation), and propose risk mitigation measures to the IIU, including those to be implemented by different project stakeholders on an ongoing basis.

Note:

All training and awareness-raising materials should fulfill the following minimum criteria:

- Ensure that the materials center on human rights, survivors, and children and adhere to the universal guiding principles for addressing GBV and SEAH, equality under law, accountability, and gender sensitivity.
- Provide information specific to project-specific GBV/SEA/SH risks and the prevention and response strategies implemented by the project, including codes of conduct, the grievance redress mechanism, and services available to survivors.
- Adapt interactive and participatory approaches to learning approaches as much as possible, to target different social groups using culturally appropriate and disability-friendly content and presentation of information.
- Ensure that the materials are understood in the local language, placed visibly and developed relayed in a manner that can be understood by all members of the community concerned. Use simplified language or pictorial information that is adapted as necessary for each target group to relay messages.

5. DELIVERABLES AND PAYMENT SCHEDULE

The GBV NGO/CSO/Firm is expected to complete the following deliverables. Payments will be based on successful completion of activities. All quoted activities' costs should be inclusive of related expenses, including logistics, communication, accommodation, hall charges, and rental payments for activities, per diems to participants, etc., with a clear break-up provided under each main activity, in the inception report.

No.	Deliverable	Frequency/Number	Timelines	Amount and Payment Schedule (%age of Total Budget)
1a	**Inception Report** Detailing proposed approach towards the assignment, methodology (e.g., clustering by group or location) and a brief analysis	1 report with implementation plan	Within one week of contract award	15%

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No.	Deliverable	Frequency/Number	Timelines	Amount and Payment Schedule (%age of Total Budget)
	(based on relevant available data) on site- and component-specific risks of SEAH/GBV at different project stages against which actions are proposed. The workplan should suggest key milestones related to systems development, record keeping, data management, capacity development, etc., until the completion of the assignment.			
1b	**Implementation Plan** Including budgeted workplan with timelines and M&E framework to support the project SEAH/GBV Action Plan, including proposed plan for: • Establishment of a clear referral pathway and well-functioning SEAH/GBV grievance redressal mechanism (GRM). • Conducting training for IIU teams, Contractors, and GRCs to build capacity on World Bank Social Safeguards, including SEAH/GBV - related GRM protocols, pathways for safe, private, confidential and ethical reception and management of SEA/SH complaints, and strict adherence to an accountability and response protocol, codes of conduct compliance checks, project GBV/SEAH prevention and accountability framework, Liberian laws and procedures related to SEAH/GBV, services infrastructure and available to survivors in project sites (including helplines). • Analyzing GRM data to generate aggregate cases report. • Providing survivor-centered care, through well-defined systems of SEAH/GBV case management (including protocols for complaints intake at multiple levels, case documentation, and needs & safety assessments and referrals), in compliance with the SEA/GBV - sensitive GRM structure developed			

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No.	Deliverable	Frequency/Number	Timelines	Amount and Payment Schedule (%age of Total Budget)
	by the project. Providing comprehensive survivor support in cases of SEAH/GBV. • Undertaking SEAH/GBV and GRM-related awareness-raising for a variety of stakeholders across project sites. • Engaging and coordinating with GBV/SEAH stakeholders, relevant government committees, task forces, development partners, etc., for integrating prevention and mitigation measures, and to improve overall response to GBV/SEAH.			
2	Supporting the development and refinement of the project SEAH/GBV Action Plan	Update with IIU as needed.	Within 45 days of contract initiation, tracking GRM functioning on an ongoing basis	20%
3	Developing written policy, precise protocols, referral information, data entry systems, scripts for operators/ GRC members, Supervisors' and Contractors' GBV Focal Persons, etc., for the project GRM for SEAH/GBV case management	Set of guiding documents with steps, persons responsible, and roles, diagrammatic information/flow charts, responder scripts, etc.		
4	Conduct project SEAH/GBV Action Plan orientations, training sessions, and refreshers for Contractor firms, Supervisory and Monitoring staff on SEAH/GBV risks associated with the project; behavioral requirements in the Code of Conduct; Stakeholder role in SEAH/GBV prevention, and onward referral to GBV service provider and IIU; the project GRM structure, systems and protocol, etc.	Six orientation sessions and COC signing activity, and two in-depth training courses in the first year, second year activities to be conducted by IIU with backstopping support from GBV NGO/CSO only	To be provided by the GBV NGO/CSO/Firm	
5	Develop community awareness-raising and training materials in consultation with the IIU GBV Specialist (training manual for replication sessions by IIU, presentations, reference documents, community display material, different forms for recording community activities' details and outcomes including capturing challenges and recommendations, etc.)	Once, and undertaking revisions as necessary and based on community and IIU feedback	To be provided by the GBV NGO/CSO/Firm	
6	Develop training modules and SEAH/GBV prevention and response reference material for IIU's social and GBV staff, GRC, Contractors,	Once, and undertaking revisions as	To be provided by the GBV	5%

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No.	Deliverable	Frequency/Number	Timelines	Amount and Payment Schedule (%age of Total Budget)
	Resident Engineers, and Supervisory Staff, etc., on SEAH/GBV prevention, detection, survivor-centered response, functions and access points and protocols of the project GRM, record keeping and management, precise role of GRCs and other grievance mechanisms, etc. Training modules include practical exercises and case studies.	necessary and based on community, trainee, and IIU feedback	NGO/CSO/Firm	
7	Training of Trainers for Social and GBV Specialist at IIU, and GBV/SEAH GRC members on project GRM, how to use awareness materials provided by project in communities and with stakeholders, how and where to refer cases and coordinate on immediate response (e.g., referral information for those not wanting to report to GRM, case recording sheets, etc., across project implementation areas	2 (one main ToT and one refresher), reaching 200 number of participants	To be provided by the GBV NGO/CSO/Firm	5%
8	Conduct community-based awareness raising and sessions specifically targeting groups of vulnerable populations residing along the SECRAMP and RETRAP corridors.	(26 Community-based GBV awareness/sensitization meetings targeting 39 villages, 11 towns, and 2 cities in the RETRAP Section and 23 villages and 13 towns in the SECRAMP section, 26 cluster groups in both RETRAP and SECRAMP	To be provided by the GBV NGO/CSO/Firm	10%
	Dedicated sessions on GBV/SEAH risks, prevention and mitigation, and GRM for vulnerable groups (girls under 18, Persons with Disabilities (PwDs), single mothers, etc.) on prevention and reporting cases of abuse	(2 sessions for 18 months, covering vulnerable groups in targeting 39 villages, 11 towns and 2 cities in the RETRAP Section and 23 villages and 13 towns in the SECRAMP section, 26 cluster groups in both RETRAP and SECRAMP	To be provided by the GBV NGO/CSO/Firm	8%

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No.	Deliverable	Frequency/Number	Timelines	Amount and Payment Schedule (%age of Total Budget)
9	Provide holistic, survivor-centered case management for all GBV survivors, including those reporting project-linked allegations by providing referrals to appropriate services and following up on SEAH/GBV incidents. This includes developing a criterion for extending survivor support and for strong follow-up mechanisms in consultation with the IIU and related protocols for the GRM, IIU, and other (sub)contracted entities. to follow	Support for an estimated 30 cases (estimated)	To be provided by the GBV NGO/CSO/Firm	12%
10	Transmission within 24 hours to the IIU of reports of all project-related SEAH cases. This report will be transmitted to the World Bank Task Team Leader within a few hours using the information-sharing protocol included in the GRM procedures for handling SEAH/GBV cases.	On-going basis, part of management costs in budget		10%
11	Quarterly reports summarizing the community consultations, highlighting the key themes and critical risks identified at each meeting. Quarterly narrative and financial reports should summarize interventions and outcomes obtained as compared to the established timeline and indicators, integrating lessons learned and recommendations.	8		
12	Six-monthly assessments of project-related SEAH/GBV risks and proposals for mitigation measures to the ESU within the PMU to be implemented by different project stakeholders	4		
13	Final report to be submitted at the latest two weeks after the end of the project. The IIU will have 20 days to provide feedback. All material, reports, etc., developed during the project must be handed over to the IIU. The definitive report at the end of the project, incorporating the feedback from the Environmental and Social Unit, will be submitted 10 days after receipt by the NGO/ GBV Firm.	1		15%

6. DURATION AND PROCEDURES FOR DELIVERING SERVICES

The duration of the Consultant's services will be 24 months, with staff hired or charged on a time-sharing basis. SEAH/GBV risk management activities are expected to continue on a regular basis throughout the life of the

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project. The work under this contract will be done under the supervision of the GBV and Social Specialists within Project PIU (IIU) and in coordination with the Supervision Consultant, Contracted firms, and the World Bank.

The budget for this assignment is activity-based, and interested organizations should use the list of deliverables for preparing the budget.

7. STAFF AND EXPERTISE

The GBV NGO/CSO/Firm is required to have one full-time Project Lead staff member, who will act as the liaison between the IIU, the World Bank, and the NGO/CSO/firm, and who is an expert in GBV and SEAH in the context of Liberia.

The GBV NGO/CSO/Firm can include in its team up to 6 trained and locally based social workers, who will be mainly responsible for carrying out awareness, sensitization, training, monitoring, and reporting work in project areas, in respective counties.

The GBV NGO/CSO/Firm must also be able to mobilize expertise in 1) health (all ages), 2) GBV/ SEA/SH laws and justice system in Liberia, including codes related to children, and 3) psychosocial counselling using a trauma-informed approach, for survivor support, on a time-sharing basis, and preferably within the organization. The contract will further allow a maximum of ten (10) percent time-charging of support staff for monitoring, administration, finance, and other functions – to be described by the NGO/CSO/Firm in the inception report.

8. QUALIFICATIONS FOR GBV NGO/CSO/FIRM

The firm providing services must: `

i. Be legally incorporated or registered in Liberia.

ii. Have at least five years of experience in GBV prevention and response, with experience on prevention and response to SEAH/GBV being an added value.

iii. Have ongoing activities to address GBV or protect women and children in the project intervention zones. Experience of working in very similar contexts may be given consideration.

iv. Have extensive experience in the following fields:

    a. Community engagement and promotion of behavior change related to SEAH/GBV.

    b. Training and promotion of behavior change related to GBV.

    c. Familiarity with national laws, police and response procedures related to SEAH/GBV.

    d. SEAH/GBV case management experience, including psychosocial and psychological support; medical referrals and establishment of collaboration agreements with competent health care facilities, and legal authorities. Firms having experience in dealing with children and minors would have an added advantage.

v. Have experience in ethical data collection on case management of SEAH/GBV survivors.

vi. Have a code of conduct and a clear internal policy and effective systems (to be demonstrated) on preventing and responding to sexual harassment, exploitation and abuse.

vii. Have experience in strengthening local accountability systems, including training and

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awareness-raising on prevention of SEAH/GBV.

viii. Have the necessary material and human resources to fulfill tasks, including a project team and experienced and qualified medical, legal, and counseling professionals, to fulfill contract objectives.

ix. Have had at least one financial audit conducted in the past two years by a well-known and reputable audit firm.

x. Demonstrable positive outcomes in the implementation of projects financed by international donors in the recent past, related to GBV.

xi. Applications from local women-led organizations are highly encouraged.

9. CONTENT OF THE APPLICATION

The application must include the following elements:

a. CVs of key personnel with biographies and anticipated roles.
b. Copy of organizational code of conduct and policies regulating the prevention of SEAH/GBV.
c. A capacity statement, including a summary of proven experiences detailing the basic approaches used in carrying out activities like those outlined in these TORs, and the results obtained, sources and amounts of funding (including contacts of people who can corroborate the information given, and including donors in the past 2 years).
d. Proposed approach to assignment (Inception Report with proposed Budgeted Implementation Workplan).

ANNEX 1: Recommended Minimum Indicators for Monitoring SEAH/GBV Risk Mitigation Interventions

Objectives	Examples of indicators
Community and project staff awareness-raising on project-related risks, mitigation, and response mechanisms (GRCs, GRM)	Number of community members sensitized (men, women, boys, and girls) regarding SEAH/GBV risks and mitigation measures, including codes of conduct, services available, and reporting mechanisms % of project actors trained on SEAH/GBV, including codes of conduct Number of focal points trained in the community % of community members with improved scores on the post-test, demonstrating an increase in knowledge and a change in attitude or support for survivors % of employees, workers, contractors, supervising staff, and other stakeholders trained, with improved scores on the post-test, demonstrating an increase in knowledge, change in attitude or practice
Implementation and monitoring of the SEAH/GBV response mechanism, including clearly defined referral pathways	Number of SEAH/GBV cases reported to the GRM (disaggregated by survivor age and sex and type of incident reported) % of SEAH/GBV survivors who were offered a referral to holistic services (disaggregated by type of service, and by service provided by your agency; services already received from another agency: service not applicable; referral declined by survivor; and service unavailable)
Needs-based support for service providers, such as training, referral management, and technical expertise ***(The NGOs is expected to provide medical, psychosocial, and legal services for survivors, bridging existing gaps in project implementation zones)***	Number of survivors reporting project-related SEAH/GBV incidents who received referral (by type of service provider) Number of survivors reporting project-related SEAH/GBV incidents who received medical care within 72 hours after an incident of rape Number of survivors reporting project-related SEAH/GBV incidents who received psychosocial support services Number of survivors reporting project-related SEAH/GBV incidents who received legal services Total number of reported cases referred to GBV services (medical, police, helplines, etc.)

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Technical evaluation criteria for expressions of interest
Maximum points: 80

Criteria	Scoring
More than three years of experience with GBV prevention activities, notably (a) Community mobilization and promotion of behavior change, (b) Protection from sexual exploitation and abuse (PSEA), (c) Organization of trainings on sexual harassment and sexual exploitation and abuse	2 points per activity If Consultants have worked for 10 years or more on prevention activities, add an extra point per activity.
More than three years of experience with GBV response, notably: (a) Case management, psychosocial and psychological support, (b) Medical care referrals and establishment of collaboration agreements with competent health care facilities, and (c) Legal assistance	2 points per activity If NGOs have worked for 10 years or more on response activities, add an extra point per activity.
Experience in training (a) community members, (b) medical personnel, (b) psychosocial service providers	2 points per category
Is a regular member of national or county GBV coordination mechanisms	5 points
Experience with creating and organizing safe spaces for women and girls	2 points
Ongoing activities in the project implementation zone	2 points If they are GBV activities, add 2 extra points
Experience in ethical data collection on case management for GBV survivors	5 points
Experience in setting up and/or strengthening community-based grievance redress mechanisms	5 points

Criteria	Scoring
Has a code of conduct and a clear internal policy on preventing and responding to sexual harassment, sexual exploitation, and abuse, including a plan for regular personnel training that complies with the minimum standards of the project	3 points
Has at least eight full-time staff members, of which at least 4 are women	4 points
Keeps accounts and has had at least one financial audit conducted in the last two years by well-known and reputable audit firms	5 points
Number of international donors in the last three years	2 points per financing agency

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