

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

NATIONAL CONSULTANT

Development of a Guidelines for front-line health-care providers on responding to children and adolescents who have been sexually abused

1. **Background:**

Sexual abuse, including sexual assault or rape, of children and adolescents is a major global public health problem, a violation of human rights, and has many health consequences in the short and long term. The physical, sexual, reproductive health and mental health consequences of such abuse are wide ranging and need to be addressed. Data from several settings show that children and adolescents are disproportionately represented among the cases of sexual abuse that are brought to the attention of health-care providers.

A 2011 systematic review and meta-analysis of the prevalence of child sexual abuse around the world places the prevalence among girls at around 20% and among boys at around 8%. Another 2013 meta-analysis of the current prevalence of child (<18 years of age) sexual abuse worldwide suggests that around 9% of girls and 3% of boys experience attempted or completed forced intercourse (oral, vaginal, or anal), and 13% of girls and 6% of boys experience some form of contact sexual abuse.

The health outcomes associated with child and adolescent sexual abuse can be physical, including effects on sexual and reproductive health, behaviour and mental health. The physical health consequences include injuries and gastrointestinal disorders. For girls, the sexual and reproductive health consequences of sexual abuse include the risk of pregnancy, gynaecological disorders such as chronic non-cyclical pelvic pain, menstrual irregularities, dysmenorrhoea, genital infections and sexually transmitted infections (STIs), including HIV.

Several studies have found that boys and girls who have experienced sexual abuse are more likely to engage in risk-taking behaviours, including sexual risk taking and abuse of alcohol and drugs later in life, leading to negative health outcomes in adulthood. Child sexual abuse has short- and long-term mental health consequences, including lifetime diagnosis of post-traumatic stress, anxiety, depression, externalizing symptoms, eating disorders, problems with relationships, sleep disorders and suicidal and self-harm ideation and behaviours.

Therefore, it is extremely important for the health professionals to have a guideline and a training that can provide evidence-based recommendations for quality clinical care for children and adolescents who have, or may have, been subjected to sexual abuse, in order to mitigate the negative health consequences and improve their well-being.

2. **Purpose of Assignment:**

The purpose of the consultancy assignment is to develop a Guidelines for front-line health-care providers on responding to children and adolescents who have been sexually abused, and thus, to contribute to strengthening the capacity of healthcare workers in providing accessible and quality services to child survivors of sexual abuse.

3. **Scope of Work:**

The following outputs will be delivered:

- 1) Development of a Guideline for front-line health-care providers on responding to children and adolescents who have been sexually abused. The objective of the Guideline is to support health-care providers in providing quality, immediate and long-term clinical care; and applying ethical, human-rights-based and trauma-informed good practices in the provision of clinical care.
- 2) Organise a 2-day training sessions to introduce the Guideline to the health professionals in UB and the provinces.

To align the work with international standards, the consultant will consult with the following and other documents for references:

- The Convention on the Rights of the Child (1989) and its Optional Protocols that contain various provisions relating to children who are victims of crime and offer a framework for the protection of the rights of children including for those involved in sale, prostitution and pornography.
- UNICEF and IRC Guidelines on Caring for Child Survivors of Sexual Abuse for health and psychosocial service providers in humanitarian settings
- WHO guidelines for the health sector response to child maltreatment
- WHO clinical guidelines "Responding to children and adolescents who have been sexually abused"
- Other

4. Programme Area and Specific Project Involved:

This consultancy work is linked to the following Outcome and Output:

Outcome 300: Child related national policies, budgets and systems, including the child protection system, are inclusive and equity focused.

Output 302: Government's capacity to legislate, plan, budget and to provide child protection services have increased to protect children from violence, abuse and exploitation at central level and in targeted areas.

Activity 3.2.6: Social service workforce strengthening in preventing and responding to violence against children

5. Contract duration (start and end date):

This is a 3-month contract

6. Type of engagement:

☒ Deliverable based (home based) ☐ Full-time, office based ☐ Part-time, office based

7. Deliverables, Timeframe and Payment Schedule:

The Consultant will be paid upon submission of the deliverables as per below schedules.

- 1) Submission of the 1st draft of the Guidelines and stakeholder consultation – (25 workingdays) - 40%
- 2) Submission of the 2nd draft of the Guideline and organization of a Training for health professionals in UB – (15 working days) -30%
- 3) Three trainings for the provincial health professionals – (24 working days) - 30%

8. Project Management:

The Consultant will be supervised by the Child Protection Specialist, UNICEF and work in close collaboration with staff of WHO and MOH.

9. Qualifications and requirements:

- Masters or advanced degree in relevant fields including medicine, public health
- Experience in developing guidelines, training materials and other tools for health professionals in the area of human rights, child rights, gender-based violence, child protection, public health
- Distinct expertise of the health system landscape in Mongolia.
- A minimum of eight years of relevant professional work experience
- Ability to work independently and to meet tight deadlines
- Ability to write clearly and concisely in Mongolian

Note: (text should be added to all ToRs) Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures, and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.