

TERMS OF REFERENCE

Mapping of Health Sector Response to Violence against Women and Children

Ministry of Health (MoH)

and

Ministry of Women Empowerment and Child Protection (MOWECP)

May – August 2014

Background

Since 2000, the Ministry of Health (MOH) has been committed to address and respond to violence against women and children (VAWC). With the *Katmagatripol* (Kesepakatan Bersama Menteri Pemberdayaan Perempuan dan Perlindungan Anak RI, Menteri Kesehatan RI, Menteri Sosial RI dan Kepala Kepolisian Negara RI)- a Mutual Agreement was made between the Ministry of Women Empowerment and Child Protection (MOWECP) Minister, the MOH Minister, the Ministry of Social Affairs (MOSA) Minister, and The Head of Police Department in 2002, to strengthen commitment to provide victim-friendly services to address the issue of VAWC.

Reinforced by a Decree of the Director General of Public Health in 2006, every district general hospital was ordered to form an Integrated Service Center for VAWC. Additionally, the MOH started to develop *Puskesmas Mampu Tatalaksana KTPA* (Primary Health Centers with VAW response competencies) to directly reach women and children subjected to violence in the field. Under the National Action Plan on Trafficking in Persons I 2002-2007 and II 2008-2012, MOH is also responsible for providing free health recovery services for victims of trafficking through the availability of services in the Integrated Service Center in hospitals. The Minimum Standard of Services for Victims of Violence Against Women and Children (MSS-VAWC) developed in 2010 encourages the MOH to provide a minimum of two Primary Health Centres with VAW response competencies in each district and a minimum of 1 or 2 hospital providing an Integrated Service Center.

Under UNFPA's Eighth Country Programme (CP8), UNFPA will support the MOWECP in developing guidelines aimed at strengthening national capacities to address gender-based violence (GBV) through comprehensive programming. The mid-term review of the MSS-VAWC supported by UNFPA found that there were weak coordination mechanisms for health sector responses to VAWC and trafficking. More than 1,000 health center staff has been trained to handle VAWC cases, however the numbers of Primary Health Centres with VAW response competencies and Integrated Service Center in hospitals cannot be measured - the available data does not show the number of hospitals whose personnel have been trained. The total number of victims who have access to health services is also difficult to obtain because the recording system is still separated from the data information systems of the health centers and hospitals.

In terms of internal coordination for health sector response to VAWC, the results of the mid-term review showed lack of coordination in reporting progress and advocating for the improvement of the

system. Results also indicated that the program is limited to the training of health personnel for treatment of child abuse. One of the causes is the restructuring of duties on the units at MOH. Different sections are in charge of training, technical assistance, programme monitoring and resource provision. At the level of the ministry itself, each section has its own responsibilities and duties and there is weak coordination between them. Training Center/PPSDM assigned to conduct training for health workers. Different Units within MOH are in charge of different functions and coordination among them is lacking.

- Technical directorate has the mandate for development of programmes;
- For hospitals and health centers, The DG for Health Special Effort is required to calculate the resource requirements for Integrated Service Center in hospital and Primary Health Centres with VAW response competencies
- Prevention including GBV prevention is the responsibility of Non-Communicable Disease Directorate.

In terms of the quality of case handling, there has not yet been any in-depth review to see if it meets established standards. Services for victims of rape are very limited; and access to medical-forensic services is limited to big cities.

For those who have delivered services to victims, there was some ambiguity in terms of the services to be provided: whether screening should be done, whether counseling should be done and how far it should be done, whether assistance should be done, the scope of medico-legal services, how to provide free services - including autopsy reports, referrals, and how and where to train health workers to be more skilled in handling cases needing legal referrals.

To promote the effectiveness and efficiency of health sector responses in the MSS-VAWC, the MOH, supported by the MOWECP and UNFPA will undertake an assessment of various forms of health sector services in addressing VAWC including trafficking in persons. This study aims to identify various types and duties of services for VAWC in health sectors that have been established at the national and sub-national levels and map out:

- What services are easily formed and functioning;
- How referrals are conducted;
- How case management are handled;
- Whether the units providing services meet the needs of trained personnel;
- How the service units can meet the minimum standard;
- The financing operations of each units;
- Standard operating procedures;
- The scope of health services, including who is involved in the provision of services to victims, the extent to which health workers provide counseling and mentoring services, and medico-legal practices; and
- Vertical coordination mechanisms from the unit services to health districts / cities and Provincial / District Office for Women Empowerment (DOWE), the Provincial Health Office; to the Ministry of Health and MOWECP.

To maximize programme response and coordination, programme response and coordination mechanism at ministerial level will also be reviewed.

Recommendations from this study will be prepared to help relevant health care units and MOH redesign concept of health care for victims of VAWC including Trafficking in Persons to make health sector responses more effective and efficient and easier to implement in areas with limited budget and human resources.

Objectives

- To “assess the compliance of the health sector services for VAWC with the latest international standards, i.e WHO clinical and policy guidelines
- Mapping various models of health services for VAWC including trafficking in persons victims in the target locations;
- Measuring the fulfillment of duties in each service unit (basic skills set/competencies, SOP, structure, work plan, reporting mechanisms, monitoring and evaluation, human resources and financing);
- Review of management system of cases and referrals;
- Assess vertical and horizontal coordination mechanisms within MOH and also to related stakeholders, especially MOWECP as the leading Ministry for VAWC intervention

Scope of Mapping

Integrated Service Center (Pusat Pelayanan Terpadu) in District General Hospital (Rumah Sakit Umum Daerah) and Bhayangkara Hospital; District and Provincial Health Office, Puskokes POLRI (Pusat Kedokteran dan Kesehatan Kepolisian Republik Indonesia), Ministry of Health.

This activity will involve relevant health sector partners delivering or involved in other way in the MSS-VAWC, such as PUSDOKKES POLRI (Center for Medicine and Health Police), PERSI (Perhimpunan Rumah Sakit Seluruh Indonesia), IDI (Indonesian Hospital Association), IBI (Indonesian Midwives Association), POGI (Indonesian Society of Obstetrics Gynecology), etc.

Location

Assessment will be conducted in 3 provinces (including provincial level and two districts / cities), which represent various condition of services availability based on MOH data on Primary Health Centers that have received training on VAW, namely:

1. Sulawesi Tenggara Province, Kota Kendari and Kab. Bau-bau (considered as having the lowest capacity)
2. Bengkulu Province, Kota Bengkulu and Kab. Bengkulu Utara (considered as having average capacity)
3. East Nusa Tenggara Province, Kota Kupang and Kab Belu (considered as having the highest capacity)

Methodology:

1. First Cross-Sector within MOH and MOWECP Coordination Meeting: Preparation to socialize the study, scope, area; consider the extent of health sector responses to VAWC including Trafficking in Persons by looking at legal frameworks, the Elimination of Domestic Violence Law No. 23/2004, government regulations i.e Ministry of Health Decree and MSS VAWC. This phase will also determine the working group including TOR , chair and membership of the working group, the tasks of the working group. There will be an agreement on the TOR and methodology of this study (MoH, MOWECP, Bappenas and UNFPA);
2. Second Cross-Sector Coordination Meeting: With the help of APRO Gender Technical Expert on VAWC- Discussion of the methodology of cross-sector studies will be conducted with relevant directorates. There will be agreement of the assessment framework, assessment instruments, report outline, collecting data location and coordination preparation of the field visit. (Direktorat Kesehatan Jiwa, Direktorat Kesehatan Ibu, Direktorat Kesehatan Anak, PPSDM (Pengembangan dan Pemberdayaan Sumber Daya Manusia)/BPPK (Balai Pusat Pelatihan Kesehatan), Dit.BUKD (Direktorat Bina Upaya Kesehatan Dasar), Dit, BUKR (Direktorat Bina Upaya Kesehatan Rujukan, Pusdatin (Pusat Data dan Informasi), Litbangkes (Penelitian dan Pengembangan Kesehatan), PUSDOKKES POLRI (Pusat Kedokteran dan Kesehatan Kepolisian Republik Indonesia), PERSI (Perhimpunan Rumah Sakit Seluruh Indonesia), Ikatan Dokter Indonesia (IDI), Ikatan Bidan Indonesia (IBI), POGI, Komisi Nasional Anti Kekerasan terhadap Perempuan (Komnas Perempuan), KPAI (Komisi Perlindungan Anak Indonesia), and MOWECP);
3. The third coordination meeting : Consultant will present the drafted methodology to MOH, MOWECP and UNFPA
4. Data collection and report writing.
5. The fourth coordination meeting: pre-validation meeting. Preparation for validation meeting
6. Validation Workshop: After draft report has been written by consultant, there will be a workshop to validate the assessment report conducted in Jakarta. Findings will be presented and related Ministries / Institutions and representatives of mapping location will provide input and agree on the recommendations.
7. Fifth Cross-Sector Coordination Meeting: discussion on final inputs to the final draft. (Consultants, MOH, MOWECP, and UNFPA)
8. The final report is to be submitted no later than 2 weeks after forth coordination meeting.

Executor/Tasks and responsibilities of different partners

MOWECP is the leading Ministry who has the mandate to address multi sector respond to VAWC, including health sector respond . In this case MOWECP will coordinate with Mental Health Directorate - Ministry of Health to lead the whole process.

Mental Health Directorate of MOH is the executor of this activity, prepare TOR and invitations, and coordinate preparation of activities both in the field and Jakarta.

UNFPA will provide technical assistance through APRO Technical Expert on VAWG and Country Office NPO Gender. UNFPA will conduct several activities including the selection of national consultants for the implementation of this study and quality assurance of this exercise and result.

MOH is to ensure that all relevant parties participate in the process from the onset, and to oversee all data-collection in the field in close coordination with targeted local government. MoH, MOWECP and UNFPA will follow all working group activities and where possible will participate in data collection.

Schedule: (to be discussed)

Date	Topics	Person in Charge
28 August	First Multi-Sector Coordination Meeting	MOH, MOWECP, UNFPA
Fourth week of August	Consultant recruitment	UNFPA, MOH
2 Sep	Second Multi-Sector Coordination Meeting – discussion on the methodology	Consultants, MOH, MOWECP, UNFPA
9 Sep	Third meeting – Consultant presentation	Consultants, MOH, MOWECP, UNFPA
Second week of Sep	Data collector training	Consultants, MOH
Third week of Sep – First week of Oct	Data Collection	Consultants, MOH
Second week of Oct	Report Writing	Consultants
Third week of Oct	First draft report Third cross section meeting -Meeting with consultation for preparation of validation workshop	Consultants, MOH, MOWECP, UNFPA
Fourth week of Oct	Validation Workshop (one day)	Consultants, MoH, MOWECP, related stakeholders
First week of Nov	Submissions of final report by consultant	Consultants to MOH, MOWECP, UNFPA

Funding

Overall costs are charged to the UNFPA CP8 Output IDN8U513 Activity 58.

Output of Consultants:

1. Assessment methodology, including instrument, data collection method, data analysis and report outline.
2. Travel report on data collection, ensuring that the data collection is coordinated properly.
3. The first draft of the report, including the results of the initial analysis, recommendations for stakeholders at all levels of government (central / provincial / district).
4. The final report, ensuring the report meets the established quality standards and is completed in the agreed time period.

Division of Role:

1. National Consultant 1 (The Coordinator) :
 - a. Jointly with second consultant, and with input from MOWECP, MOH, UNFPA Indonesia and *APRO Technical Expert, Violence Against Women and Girls*, develop a methodology for the mapping, with focus on international and national standards for health services for GBV
 - b. Collecting data in 1 province
 - c. Collecting data in the National level, which include the coordination mechanism within MOH and between MOH and MOWECP
 - d. Analyze the information collected, and write a mapping report, with input from second consultant
 - e. Presenting mapping result
 - f. Finalize the mapping report after the validation workshop.
2. Consultant 2 (with Medical Doctor) :
 - a. Jointly with second consultant, and with input from MOWECP, MOH, UNFPA Indonesia and *APRO Technical Expert, Violence Against Women and Girls*, develop a methodology for the mapping, with focus on international and national standards for health services for GBV
 - b. Collecting data in 2 provinces
 - c. Provide input to first consultant in developing report
 - d. Supporting the first consultant to present the mapping result
 - e. Supporting the first consultant in finalizing the report after the validation workshop
3. APRO Technical Adviser on VAWG
 1. Provide input for TOR development
 2. Provide input for methodology development
 3. Provide input for Data Analysis
 4. Providing input for the first draft report including recommendation

Consultant Qualifications and Competencies

General Competencies:

1. Strong research skills and good knowledge of gender, GBV and health sector response in Indonesia
2. Full understanding of integrated services to handle victims / survivors VAWC and trafficking in persons - experience in performing services in health sector is preferable.
3. Having a good knowledge of the standard of care for victims of VAWC or trafficking in persons. Good knowledge about MSS-VAWC including trafficking in persons will be beneficial.

Specific Competencies:

Consultant 1:

1. Good understanding on coordination mechanisms between different agencies in addressing VAWC and human trafficking. Knowledge on the Task Force on Trafficking in Persons and GBV Forum will be beneficial.
2. Good knowledge of government and regional autonomy: the structure and the distribution of tasks and responsibilities at each level.
3. Broad knowledge of policies related to VAWC, including trafficking in person: sub-national, national, international.
4. Familiarity in conducting research / mapping exercise
5. Good skill in report writing

Consultant 2:

1. Have a Medical doctor background
2. Familiar with International and National medical services standard for GBV victim treatment
3. Familiarity in conducting research / mapping exercise

Consultant Qualifications (needs to be split between 2 consultants)

1. Master (S2) science or equivalent in public health, public policy, or medical (especially for consultant 2);
2. Meet the competency criteria as above;
3. Experience in evaluating programmes or academic research on a national scale; evidenced by a list of research titles and evaluations conducted and/or list of publications;
4. At least 7 years work experience in the issue of women's empowerment/gender equality/gender-based violence/child protection/trafficking;
5. Fluent in English and Bahasa Indonesia (writing and speaking);
6. Dedicate time during the consultation period.