



International Organization for Migration (IOM)  
Organisation internationale pour les migrations (OIM)  
Organización Internacional para las Migraciones (OIM)

## Terms of Reference

Request for Proposals	
<b>Implementation of Comprehensive SRHR-HIV Interventions in Eswatini, Lubombo region (Somntongo, Lugongolweni, Lomahasha, and Mhlume constituencies)</b>	
Duration of the Assignment	One year (with possibly of extension based on performance and availability of funding)
Reference Number	KNB II
Deadline	9 <sup>th</sup> of May 2023

## II. ORGANIZATIONAL CONTEXT AND SCOPE

### Background

International Organization for Migration (IOM), the United Nations Migration Agency, is a dynamic and growing inter-governmental organization, with a membership of 175 states. IOM is committed to the principle that safe, humane and orderly migration benefits for all. Established in 1951 and now active in over 480 field locations worldwide, IOM works with partners, government and civil society to promote international cooperation to address operational challenges of migration and mobility, assist in the search for practical solutions to migration problems, and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people. IOM addresses the migratory phenomenon from an integral and holistic perspective, including links to development, to maximize its benefits and minimize its negative effects.

Within its Migration Health Division (MHD), IOM delivers and promotes comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations. Bridging the needs of both migrants and IOM's Member States, MHD contributes towards the physical, mental and social well-being of migrants, enabling them and host communities to achieve social and economic development.

### Programme Context

IOM's Regional Migration Health (MH) Programme for Southern Africa addresses the health needs of migrants as well as the public health needs of host communities by assisting governmental and non-governmental partners in the development and implementation of relevant policies and programmes. Since 2003 to-date, IOM has been implementing migration health programmes with the aim of improving access to and use of SRH and HIV prevention services among migrants and other key populations in migration-affected communities in the region. Despite the successes made, migrants and host communities still face numerous health challenges associated with the migration process, and hence requiring the need for a sustained response at all levels of programming. The final evaluation of KNB Phase I concluded that the programme is effective and relevant to the needs of the many vulnerable youth and migrants and hence recommended the need for its continuity. IOM has received new funding from the Government of Netherlands for a continuation phase for the period 2021-2026.

IOM's Sexual Reproductive Health and Rights (SRHR)-HIV Knows No Borders (KNB II) seeks to respond to the SRHR and HIV challenges within the migration context in Southern Africa with specific geographic focus on **Eswatini, Malawi, Lesotho, Mozambique, South Africa and Zambia**. The programme is implemented in partnership with Save the Children International (SCI) and in collaboration with Ministries of Health, UN-agencies like UNDP and UNFPA, Local Community Organisations and networks, Religious and other Community Leaders. The KNB II project aims at improving quality of life and HIV-SRH outcomes among vulnerable youth, migrants, and sex workers in Southern Africa.

The programme delivers SRHR, HIV and other support services to meet specific needs of vulnerable migrants, adolescents and young people, sex workers and other individuals living in migration-affected communities in Southern Africa through public health, rights-based and gender responsive approaches. The KBN II programme takes a "whole-person" approach to sexual and reproductive health that seeks to advance social and economic change for individuals and communities through improving access to and use of SRH-HIV services, enabling social reproduction and family support among communities and promoting better socio-economic outcomes. This is done through a combination of direct engagement that equips and empowers individuals and communities as well as advocacy directed to community leaders and policy-makers to create enabling environments for vulnerable young people, migrants and sex workers to make better healthy choices and have their SRHR realised. The KNB II project is in the third year and it has been working with an implementing partner, AMICAALL which the contractual agreement between AMICAALL and IOM Eswatini expired in the fourth quarter of the second year of the project implementation.

#### **Purpose**

It is with the above backdrop that IOM Eswatini is seeking again to form partnership with a local/indigenous Non-government Organization (NGO)/Community Based Organisation (CBO) with a very good track record of implementing SRHR and HIV interventions as outlined in the subsequent section. In Eswatini, the project is implemented in Lubombo region, in the following three constituencies: Somntongo, Lomahasha, Lugongolweni, Nkilongo and Mhlume. The eligible implementing partner will contribute to the KNB II objectives on; **1) healthy choices among migrants, YVPs and sex workers); 2) increased access to and use of SRH and HIV services, 3) creating an enabling environment in which SRHR of target groups are fulfilled, respected and protected**. In close collaboration with IOM and other stakeholders, the implementing partner will develop, monitor and implement interventions as outlined under each result area.

The following are the result areas and activities that will be implemented during the first year of implementation:

#### **Result Area 1: Healthy Choices: Young vulnerable people (YVP) have greater freedom of choice about their HIV and SRH rights**

This result area supports activities that will equip target populations with the correct sexual and reproductive health information to enable them to make the right SRH choices. Activities will include:

- 1) Conduct refresher trainings for the 90 change agents on the revised Non-Health and Health SRHR-HIV modules and mental health and psychosocial support training (20 Sex workers, 20 migrants and 50 AYP's) in Lavumisa-Golela, Mhlumeni-Goba, Mananga and Lomahasha-Namaacha (Lavumisa, Lubuli, Lugongolweni, Matsanjeni North and Mhlume).
- 2) Conduct SGBV indaba, rallies, SRHR-HIV and SGBV campaign and moonlight outreach services targeting YVPMS, LGBTQI and host community to provide correct information and services on SRHR-HIV and SGBV in Lavumisa-Golela, Mhlumeni-Goba, Mananga and Lomahasha-Namaacha (Lavumisa, Lubuli, Lugongolweni, Matsanjeni North and Mhlume)

- 3) Conduct SRHR and GBV responsive services for service providers and post training follow-ups to document application of knowledge and skills and changes at institutional and individual levels.
- 4) Provide information desks during UN observances (16 Days Activism Against GBV, pre-WAD and Migrants Day, DAC,) targeting YVPMS and host community in Mhlume, Lugongolweni, Lubulini, Nkilongo, Somntongo and Matsanjeni North Constituencies
- 5) Strengthen and enhance CAs community referrals for both health and non-health services (standard operating procedures training/use of standard operating procedures/Referral Directory).
- 6) Conduct follow ups (calls/visits) of referred clients who have not linked to health facilities to complete the referral cycle
- 7) Create and strengthen linkages with facilities experiencing stockouts to SRHR commodity supplier and organisations, including collaboration with SRH service providers on integrated outreaches.

**Result Area 2: Access to SRHR services: Young vulnerable people (YVP) have increased access to and utilization of quality SRH-HIV and other support services.**

This result areas focuses on strengthening access to services that promote positive SRH outcomes. Activities will include:

- 1) Conduct trainings of health and non-health service providers on YVPMS SRHR – HIV (teachers, police, social workers, Immigration, DEC officials, etc.)
- 2) Conduct integrated SRHR-HIV and SGBV community outreach and mobile clinic services targeting migrants, SW's ad AYP's on SRH-HIV and SGBV .
- 3) Build capacity of change agents, YVP (youth pressure groups, migrant groups, SW associations etc) and community structures (traditional, community, faith and local leaders) on community-based complaint mechanism (CBCM)
- 4) Strengthen 4 youth corners targeting Neighbourhood care points located at in Lavumisa-Golela, Mhlumeni-Goba, Mananga and Lomahasha-Namaacha (Lavumisa, Lubuli, Lugongolweni, Matsanjeni North and Mhlume) as SRHR-HIV information hubs and youthly friendly ports for SRHR-HIV& SGBV commodities.
- 5) In collaboration with IOM and Save the children, conduct post training follow-up through mentorship support and client satisfaction surveys for trained service providers.
- 6) Support implementation of integrated SRH-HIV outreach and mobile clinic services
- 7) Strengthen community referrals and linkages for service uptake.
- 8) Establish a support centre at Lomahasha border post that will provide SRHR-HIV and SGBV information about migrant's rights and duties.
- 9) Build capacity and skillsets of YVPMS in livelihoods/integral skills/entrepreneurship including support to 90 change agents with income generating activities.
- 10) Establish/strengthen 20 existing YVPMS platforms with a maximum of 20 people with economic empowerment initiatives like production of soap, polish and other handcrafts.

**Result Area 3: Creating an enabling environment: Young vulnerable people (YVP) have their SRH-HIV rights and needs progressively addressed in changed socio-cultural norms, policy reforms at all levels.**

This result area focusses on addressing socio-cultural norms and policy gaps that may hinder the target population from enjoying their SRHR. Activities will include:

- 1) Conduct two meetings with key stakeholders at the selected sites (National, Regional and local) to advocate for the provision of SRH HIV and-SGBV commodities at project sites and cross border facilities.
- 2) Support locally YVPMS and ally- led SRHR-HIV and SGBV related community initiatives (youth clubs, migrant clubs, SW Networks) to address identified barriers to SRHR and HIV services access.
- 3) Collaborate with organisations of People Living with Disabilities/ Social Welfare department in addressing YVPMS living with disabilities’ needs as articulated by the mapping exercise Eswatini.
- 4) Engage traditional and faith leaders structurally to challenge harmful traditional practices that perpetuate SGBV, teenage pregnancy and child marriages as well as other poor SRH outcomes.
- 5) Coach and mentor YVPMS on advocacy skills on SRHR-HIV and SGBV to influence social norms and policy changes at the community level.

**Crosscutting Issues**

- 1) Support the project evaluation processes, including but not limited to the projects assessment exercises, mid-term, and end-of-project evaluation.
- 2) Attend project related meetings and capacity building sessions as requested by IOM.
- 3) Program monitoring and shared learning: compile and submit narrative (quantitative & stories of change), and financial reports in accordance with stipulated reporting schedules.

**III. Responsibilities and Accountabilities**

**Key Deliverables**

The contracted implementing partner will be expected to submit quarterly narrative and financial reports as well as a final project report.

- a) Final proposal with work-plan and budget for the period of July 2023- December 2026
- b) Monthly progress updates.
- c) Quarterly narrative and financial reports (IOM to provide template).
- d) Final project report.

**V. Tender Process**

For parties that are interested in tendering for this work please submit the following:

- 1) Information about your organization with the following:
  - a. Details of past similar experience and work undertaken, and programming approaches utilized.
  - b. CVs of three key staff (Director, Project Officer and Finance officer) who will be involved in the implementation of the KNB II project.
  - c. A minimum of 3 references from former clients/organizations

- d. Current NGO registration certificate and latest financial Audit report
  - e. Recent Organisational Capacity Assessment Report
- 2) Concept Proposal (8 pages maximum) outlining the approach to the interventions demonstrating and highlighting:
- a. The applicant's understanding of the country context, stakeholder interests, target group, activities, implementation approaches, partnerships and M&E aspects
  - b. A work plan for Year 1. (IOM to provide format)
  - c. An itemized budget (IOM to provide format)

Interested parties should submit applications in English to [iommbabane@iom.int](mailto:iommbabane@iom.int) and copy [lsimelane@iom.int](mailto:lsimelane@iom.int).

**Proposals should be submitted by 9<sup>th</sup> of June 2023.**

For further information please contact Ms. Lindiwe Simelane on [lsimelane@iom.int](mailto:lsimelane@iom.int).

IOM reserves the right to accept or reject any proposal and to annul the selection process and reject all Proposals at any time prior to contract award, without thereby incurring any liability to affected applicants.

**Please follow the method of application on the Terms of Reference.**

**INCOMPLETE APPLICATIONS WILL BE REJECTED**