



Invitation for Proposals

UNFPA, the United Nations Population Fund, an international development agency, invites qualified organizations to submit proposals for the implementation of the Stop FGM Now! – Komesha FGM Sasa! programme. The purpose of the Invitation for Proposals is to identify eligible non-governmental organizations for prospective partnership with UNFPA Kenya to support the achievement of results outlined in section 1.3 below.

Organizations that wish to participate in this Invitation for Proposals are requested to send their submission through email or mail clearly marked “NGO Invitation for Proposals” at the following address: kcoprocurement@unfpa.org by **11/02/2025**.

Proposals received after the date and time may not be accepted for consideration.

Applications must be submitted in **English**.

Any requests for additional information must be addressed in writing by **03/02/2025** at the latest to **Agnes Ngechu** (ngechu@unfpa.org). UNFPA will post responses to queries or clarification requests by any CSO/NGO applicants who submitted on UNFPA Kenya – as per the email provided before the deadline for submission of applications.

UNFPA shall notify the applying organization whether it is considered for further action.

Please see [Working with UNFPA: Key information for UNFPA Implementing Partners on completing the Protection from Sexual Exploitation and Abuse \(PSEA\) Assessment](#).

Section 1: Background	
1.1 UNFPA mandate	UNFPA is the lead UN agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.
1.2 UNFPA Programme of Assistance in [Country/Regional Office or Division/Branch Unit]	<p>In Kenya, UNFPA works with partners, including government institutions and civil society organizations, to implement innovative programmes that address the diverse needs of women, adolescents, and marginalized communities. Here are some key aspects of their work:</p> <ul style="list-style-type: none"> ● Family Planning: UNFPA works to increase access to and utilization of quality family planning services, including contraceptives. ● Maternal Health: They aim to reduce maternal mortality and morbidity by improving access to quality maternal health care, including skilled birth attendants. ● Gender-Based Violence and harmful practices: UNFPA works to prevent and respond to gender-based violence, including harmful practices like female genital mutilation (FGM).

- Adolescent and Youth Health: They focus on the specific SRHR needs of adolescents and young people, including access to information and services.
- Population Dynamics: They work to integrate population dynamics into national development planning.

Further information on the programme can be found at <http://Kenya.unfpa.org/en>

1.3 Specific results

It is expected that the organization (s) under this call for proposals will contribute to achieving the following results¹:

Output 1.: Civil Society Organizations and frontline activists effectively deliver community-level dialogues and services to prevent and respond to FGM

Activity 1 Facilitate community-level dialogues and frontline community-level outreach.

Description:

This initiative will support CSOs, frontline activists, and Community-Based Organizations (CBOs) in focus counties to manage community-led dialogues aimed at eradicating FGM in Kenya. The activity will also promote a participatory and inclusive approach that emphasizes collaboration, cultural sensitivity, and community engagement, seeking to empower communities to drive the conversation and take ownership of efforts to eliminate the practice of FGM. CSOs will collaborate closely with male champions within their counties to implement community initiatives aimed at navigating and challenging harmful cultural, social, and gender norms related to FGM. They will be supported to document and share key insights, success stories, and challenges from these dialogues and initiatives on a quarterly basis. The initiative aims to create spaces for open discussions, raise awareness, and empower communities to take ownership of efforts to eliminate FGM.

A sub-contracting framework will be designed to establish clear guidelines for awarding funds to county level CSOs/CBOs, including criteria for eligibility, application procedures, budget limits, and reporting requirements. The organization will lead capacity-building efforts and support to sub-contractors in effectively organizing and facilitating community dialogues and forums. These sessions will focus on dialogue facilitation, community engagement, and FGM-specific content. Resource materials will be developed, and sub-contractors will be supplied with toolkits, guidelines, and educational materials to support their initiatives. Materials will include facilitation guides, discussion prompts, and FGM prevention and response information.

The winning CSOs/CBOs will be expected to execute their community-level dialogues and forums as per their proposals under the guidance of the lead organization. UNFPA will monitor progress through regular check-ins, provide ongoing technical support, and address any challenges encountered. Monitoring and Evaluation Tools will be developed to track the effectiveness and impact of community dialogues and forums. Surveys, interviews, and focus groups with

¹ See section D.1 for the programme summary of the Stop FGM Now! – Komesha FGM Sasa! programme

participants and sub-grantees will take place to assess the success of the dialogues and forums and identify areas for improvement. It is also envisioned to document and disseminate the outcomes and best practices from the dialogues and forums.

To ensure the continuation of community dialogue platforms beyond the sub-grant period, the development of local partnerships will be encouraged from the start to ensure additional funding sources and to support capacity-building initiatives. In order to expand successful dialogue and forum models to other counties or communities in the future, it is planned to evaluate the potential for scaling, replicate successful approaches, and leverage lessons learned to enhance future initiatives. The structured support and monitoring ensure that this initiative is well-supported, impactful, and sustainable.

Output 2: Improved availability and access to psychosocial support, protection, and prevention and response services related to FGM

Activity 1 Elevate the capacity of community responders and healthcare workers to provide basic Psychological First Aid (PFA) in accordance with FGM standards and protocols.

Description:

Psychosocial First Aid (PFA) is often the initial step in the broader Mental Health Psychosocial Support (MHPSS) framework. While PFA provides immediate, practical support to those in acute distress, MHPSS offers ongoing, comprehensive support to promote long-term mental health and well-being. Together, they form a continuum of care that addresses both the immediate and longer-term needs of individuals affected by trauma or crisis. Therefore, PFA is a crucial intervention for supporting the mental health and well-being of survivors of FGM. To expand access to this support, this activity will focus on building the capacity of community responders (including frontline activists) and healthcare workers to deliver basic PFA. Participants will be trained on several key components: i) Providing immediate emotional and practical PFA support to help individuals regain a sense of safety, feel safe, calm, and connected; ii) Preventing further harm by identifying and addressing immediate needs, adhering to the Do No Harm Principle to avoid exacerbating psychological distress. Promoting resilience by empowering individuals and communities to use their strengths and coping mechanisms for long-term recovery; iii) Ensuring cultural sensitivity in delivering support tailored to the specific needs of individuals and communities; iv) Establishing clear referral pathways to connect survivors with complementary and specialized care, recognizing that PFA complements but does not replace professional mental health services.

This capacity-building initiative will equip participants with the necessary skills and knowledge to effectively provide PFA, enhancing the resilience and well-being of survivors and communities affected by crises such as FGM.

Activity 2 Equip CSOs, Healthcare Workers, and Programme Staff with advanced skills in MHPSS Standards and Protocols.

Description:

This activity will focus on building the capacity of local CSOs, healthcare workers, and their program staff to provide MHPSS to survivors of FGM or those

at risk. It emphasizes the importance of understanding (and using) specialized guidelines to address the emotional and psychological well-being of individuals affected by or vulnerable to FGM. The standards and protocols for MHPSS on FGM aim to address the often-overlooked mental health aspects of the practice. They provide a framework for delivering survivor-centered, culturally sensitive, trauma-informed, and evidence-based support services. This approach contributes to a holistic and comprehensive strategy for preventing and responding to FGM in Kenya.

The capacity-building efforts will enhance participants' skills in establishing effective mental health and psychosocial support systems that cater to diverse needs at different levels. This includes promoting mental well-being, resilience, and recovery among individuals and communities affected by FGM. Frontline activists will also be trained to conduct needs assessments involving affected communities and professionals, gathering insights on cultural considerations, stigmas, and barriers to accessing mental health support. This will enable them to provide survivor-centered psychosocial support effectively. The training sessions will be rolled out across all target counties in the Programme's second year. Participants will complete an e-learning course before attending the in-person sessions to maximize learning outcomes. This approach will allow the in-person training to concentrate on role plays, case studies, and practical exercises.

Given the sensitivity and often traumatic nature of their work and experiences, counseling services will be provided to frontline activists and service providers since it is crucial for their mental and emotional well-being. These services aim to help individuals heal from trauma, build resilience, and continue their important work advocating for change and supporting survivors. Furthermore, MHPSS will be provided to survivors of FGM in the focus counties to support their recovery, enhance their mental well-being, and promote their overall quality of life. These services will be provided by existing professional counselors while the capacity of CSOs, Healthcare Workers, and programme Staff on MHPSS is built throughout the Programme

Activity 3 Support community outreaches for FGM screening and provision of healthcare services

This activity will involve working with health providers at county and sub-county levels to provide screening services for the identification and management of FGM-related health complications, including physical, mental, and sexual complications. Health facilities routinely offer outreach services to hard-to-reach communities. Therefore, the Programme will ensure collaboration with Level 3 and 4 health facilities and facilitate outreach to integrate FGM screening and care to the services being offered. To ensure a comprehensive approach to women's health, addressing both the immediate concerns of FGM and their broader impact on sexual and reproductive well-being, medical outreaches will provide an integrated package of SRH information and services, including FGM screening and safe identification (and referrals) of GBV. The medical officers will also offer mental health and psychosocial support to address the trauma and mental health issues associated with FGM. In addition, they will educate communities about the risks of FGM and the benefits of abandoning the practice. This activity will be led by the health sector in close collaboration with the State Department of Interior, frontline activists and other stakeholders for support with mobilization of the community. The healthcare

providers and frontline activists will conduct awareness campaigns to inform communities about the outreach services, dates, and locations, emphasizing the importance of FGM screening and care. Community leaders will also be engaged in using culturally sensitive approaches to encourage acceptance and participation. Additionally, health personnel will refer cases requiring specialized care or long-term follow-up to hospitals or specialized clinics and schedule follow-up visits to ensure continuity of care and monitor the health status of patients. Data will be collected to inform the complications identified/ addressed and the effectiveness of the outreaches to inform future interventions

Applicants Required Capacities

1. Operational Capacity in Target Counties

- Demonstrated presence and active engagement in one or more of the seven target counties: **Garissa, Marsabit, Wajir, Isiolo, Elgeyo Marakwet, Tharaka Nithi, and West Pokot.**
- Evidence of existing networks and collaborations with local stakeholders, including community leaders, government officials, and healthcare providers.
- Capacity to mobilize communities, facilitate outreach, and implement culturally sensitive interventions tailored to the specific needs of the target counties.
- Logistical capacity to organize, monitor, and report on activities in geographically diverse and hard-to-reach areas.

2. Organizational Expertise in FGM Initiatives

- Proven track record in implementing FGM prevention, response, or survivor support programs.
- Experience in conducting community-level dialogues, awareness campaigns, or advocacy efforts targeting harmful cultural norms.
- Evidence of prior collaboration with government agencies, healthcare providers, or other CSOs in FGM programming.
- Familiarity with FGM-specific standards, protocols, and survivor-centered approaches, particularly in psychosocial support, advocacy, and service delivery.

3. Alignment with Programme Outputs

- Proposals must address one or more of the key output areas targeted by the programme:
 - **Output 1:** Delivery of community-level dialogues and outreach to prevent and respond to FGM.
 - **Output 2:** Provision of psychosocial support, protection, and prevention and response services related to FGM.
- Clear description of how proposed activities contribute to achieving the programme's objectives, with specific emphasis on innovative, scalable, and sustainable approaches.

4. Technical and Administrative Capacity

- Adequate staffing with relevant technical expertise to manage proposed activities effectively.
- Robust financial and administrative systems to manage sub-grants in compliance with UNFPA's policies and procedures.
- Demonstrated capacity for monitoring, evaluation, and reporting, including the ability to track progress, collect data, and document best practices.

5. Community Engagement and Inclusivity

- Evidence of participatory approaches that involve community members, including women, girls, men, and cultural or religious leaders.
- Sensitivity to local cultural dynamics and demonstrated ability to navigate complex social norms.
- Plans to engage and empower marginalized groups, such as people with disabilities, pastoralist communities, and at-risk youth.

Evaluation Criteria for the Applicants Proposals

Proposals will be evaluated based on the following weighted criteria:

- **Relevance and Alignment (25%)**: The extent to which the proposed activities address the programme’s objectives and outputs.
- **Capacity and Expertise (40%)**: Organizational experience, technical expertise, and operational capacity to implement proposed activities.
- **Innovation and Sustainability (15%)**: Creativity, scalability, and long-term impact of the proposed approaches.
- **Community Engagement (20%)**: Depth and inclusivity of community involvement in the design and implementation of activities.

Section 2: Application requirements and timelines

2.1 Documentation required for the submission	The expression of interest shall include the following documentation: <ul style="list-style-type: none"> ● Copy of provisions of legal status of the NGO in Kenya. [<i>Required to be eligible for review</i>] ● Copy of provisions of legal status of the NGO in Kenya (for INGOs) ● Attachment I – NGO Profile and Programme Proposal in English. ● Latest annual report and audit report as separate documents or hyperlink to the documents 	
2.2 Indicative timelines	Invitation for Proposal issue date	20/01/2025
	Deadline for submissions of proposals	11/02/2025
	Deadline for requests of additional information/ clarifications	03/02/2025
	Review of NGO submissions	14/02/2025
	Notification of results communicated to NGO	17/02/2025

Section 3: Process and timelines

3.1 Review & evaluation of NGO submissions	<p>Applications will be assessed by a review panel to identify organizations that have the required knowledge, skills, and capacity to support the achievement of results <i>using criteria outlined in section 3.2 below.</i></p> <p>It should be noted, however, that participation in this Invitation for Proposals does not guarantee the organization will be selected for partnership with UNFPA. Selected NGOs will be invited to enter into an implementing partner agreement and applicable UNFPA programme policy and procedures will apply.</p>
3.2 Selection criteria	<p>Eligible organizations will be selected in a transparent and competitive manner, based on their capacity to ensure the highest quality of service, including the ability to apply innovative strategies to meet programme priorities in the most efficient and cost-effective manner.</p> <p>UNFPA Kenya office will review the evidence provided by the NGO submission and evaluate applications based on the following criteria:</p>

	NB: Any proposal not submitted in a specified working language will be excluded from consideration.	
	Governance & Leadership	<ul style="list-style-type: none"> • The organization has a clearly defined mission and goals that reflect the organization’s structure and context, as well as alignment with UNFPA priority areas. • The organization does not have a history of fraud, complaints, or service delivery issues.
	Human Resources	<ul style="list-style-type: none"> • The organization has sufficient staff resources and technical expertise to implement the proposed activities. • The organization does not have conflicts of interest with UNFPA or its personnel that cannot be effectively mitigated.
	Comparative Advantage	<ul style="list-style-type: none"> • The organization’s mission and/or strategic plan focuses on at least one of the UNFPA’s programme areas. • The organization has experience in the country or field and enjoys prominence in areas related to UNFPA’s mandate. • The organization has a proven track record in implementing similar activities and is seen as credible by its stakeholders and partners. • The organization has a relevant community presence and can reach the target audience, especially vulnerable populations and hard-to-reach areas.
	Monitoring	<ul style="list-style-type: none"> • The organization has systems and tools in place to systematically collect, analyse, and use programme monitoring data
	Partnerships	<ul style="list-style-type: none"> • The organization has established partnerships with the government and other relevant local, international, and private-sector entities.
	Environmental Considerations	<ul style="list-style-type: none"> • The organization has established policies or practices to reduce the environmental impact of its activities. If no policies exist, the organization must not have a history of its activities causing negative impact to the environment.
3.3 Prospective partnership agreement	UNFPA will inform all applicants of the outcome of their submissions in writing to the email/ postal address indicated in the NGO submission.	

Attachment I: NGO Profile and Programme Proposal (To be completed by NGO submitting proposal)

The purpose of this proposal is to provide the following information: a) an overview of the NGO, b) an outline of the activities the NGO is proposing to partner with UNFPA, and c) provide UNFPA with sufficient evidence to show it meets the criteria outlined in section 3.2 of the IFP.

Information provided in this form will be used to inform the review and evaluation of NGO submissions as outlined in the Invitation for Proposals.

Section A. NGO Identification

A.1 Organization information	Organization name	
	Address	
	Website	
A.2 Contact information	Name	
	Title/Function	
	Telephone	
	Email	
	Are you registered in the United Nations Partner Portal ? ²	
A.3 Conflict of interest statement	To your knowledge, do any staff members of your organization have personal or financial relationships with any staff of UNFPA, or any other conflicts of interest with this programme or UNFPA? If so, please explain.	
A.4. Fraud statement	Does your organization have fraud prevention policies and practices in place?	

Section B. Overview of the organization

B.1 Annual budget	Size of annual budget (previous year, USD)	
	Source of funding	<i>Outline funding base, including local, international, and private sector donors</i>
	Main funding partners/ donors	
B.2 Staff capacity	<i>List of number and key functions of core organization staff</i>	
B.3 NGO mandate and background	<i>Outline the organization's mandate and field of work, and how it aligns to UNFPA's mandate.</i>	
B.4 Available expertise and specialists	<i>Outline the distinctive technical capacity of the organization to achieve results in the proposed programmatic area</i>	

² Please be sure to self-identify under the governance profile question in the UN Partner Portal if you are a women, indigenous, refugee or youth led organization.

B.5 Experience in proposed area of work	<i>Outline of type/scope and key results achieved in proposed programmatic area in recent years, including any recognition received at local / global level for the work in the proposed area. Include a summary experience in Kenya and prior experience with any organization of the United Nations</i>
B.6 Knowledge of the local context/ Accessibility to target population	<i>Outline of presence and community relations in the location(s) the activities will be implemented in: include access to vulnerable populations and hard-to-reach areas, if any)</i>
B.7 Credibility	<i>To what extent is the CSO/NGO recognized as credible by the government, and/or other key stakeholders/partners?</i>
B.8 Monitoring	<i>Outline the systems in place (policies, procedures, guidelines, and other tools) that systematically collect, analyse and use programme monitoring data</i>

Section C. Proposal overview

C.1 Programme title	
C.2 Results to which the programme contributes	<i>Refer to Section 1.3 of the Invitation for Proposal</i>
C.3 Proposed programme duration	36 months
C.4 Proposed Programme budget	<p>Activity Facilitate community-level dialogues and frontline community-level outreach. Budget: US\$452,352.85 (for the duration of the Stop FGM Now! – Komesha FGM Sasa! programme)</p> <p>Activity Elevate the capacity of community responders and healthcare workers to provide basic Psychological First Aid (PFA) in accordance with FGM standards and protocols. Budget: US\$81,140</p> <p>Activity Equip CSOs, Healthcare Workers, and Programme Staff with advanced skills in MHPSS Standards and Protocols: US\$167,250</p>

Section D. Proposed interventions and activities to achieve intended results

D.1 Programme Summary	<p>The Stop FGM Now! – Komesha FGM Sasa! programme responds to the significant and persistent challenges impeding the eradication of Female Genital Mutilation (FGM) in Kenya. Despite the existence of legal frameworks such as the Prohibition of FGM Act (2011), communities in high-prevalence areas continue to adapt their practices to evade detection. FGM is increasingly performed in secret, at night, across national borders, at atypical times of the year, and mostly on younger girls who lack the capacity to report. Alarming, anecdotal evidence points to a re-emergence of FGM in communities where it had previously been abandoned, including instances of older women being subjected to the practice. This highlights the deeply entrenched nature of FGM as a cultural and social norm,</p>
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where failure to conform can lead to stigma, exclusion, and loss of perceived cultural identity.

The insufficient implementation of the Anti-FGM Act (2011) remains a critical gap, characterized by a lack of prosecutions, weak enforcement, and cultural biases among some duty-bearers that hinder effective action. Weak coordination among stakeholders, limited monitoring of FGM cases, and a lack of accessible justice and survivor support services exacerbate the problem. Additionally, county governments have yet to integrate FGM prevention and response programming into their County Integrated Development Plans (CIDPs), often due to resource constraints and a lack of prioritization, further limiting the reach and impact of interventions.

The COVID-19 pandemic significantly set back progress by intensifying vulnerabilities for women and girls. Prolonged school closures, economic disruptions, and the breakdown of community-level interventions led to increased cases of FGM. For example, in Kuria sub-county, nearly 3,000 girls underwent FGM in 2020, with the practice celebrated openly in defiance of existing laws. This period highlighted the urgent need for strengthened community safety nets and adaptive programming to protect at-risk girls during crises.

Cross-border FGM remains a major challenge, particularly in border regions inhabited by the Pokot, Borana, Abakuria, Rendille, Somali, and Maasai communities. Families increasingly cross national boundaries to perform FGM in countries with weaker legal enforcement, complicating prevention efforts. Additionally, the medicalization of FGM has emerged as a significant trend, with Kenya ranking third globally for medicalized FGM. This involves healthcare professionals performing FGM under the misconception that it reduces harm, undermining eradication efforts while legitimizing the practice. Legal gaps, such as the failure to explicitly criminalize medicalized FGM under the Medical Practitioners and Dentists Act, have further enabled its proliferation.

Compounding these challenges is the widespread lack of awareness among young girls about the consequences of FGM and the benefits of Sexual and Reproductive Health Rights (SRHR). This knowledge gap prevents them from making informed choices about their bodies, leaving them vulnerable to harmful practices.

The Komesha FGM Sasa! The programme will put in place a set of interventions to strengthen the capacity of duty bearers at national and county levels to eradicate FGM. At the same time, great emphasis will also be placed in enhancing the agency and access to services by right holders, working closely with community gatekeepers, government counterparts, and stakeholders. The programme fully aligns with the government's priorities and is being informed by a consultative process involving state and non-state actors. The Programme will also provide quality public education and awareness campaigns, including digitization of information and community-based services on the eradication of FGM and sexual and reproductive health, empowering Kenyan women and girls to prioritize SRHR over FGM and this plays a pivotal role in challenging long-standing beliefs and traditions. The Programme will also collaborate with schools, community centers, and health facilities to create culturally sensitive educational programmes

	empower girls to break free from the chains of FGM and make decisions that promote their well-being and rights.
D.2 Organizational background and capacity to implement	<i>This section should briefly explain why the proposing organization has the experience, capacity and commitment to successfully implement the workplan.</i>
D.3 Expected results	<i>“What” this programme will achieve - programme objectives and expected results</i>
D.4 Description of activities and budget	<i>This section includes a detailed description of budgeted activities to be undertaken to produce the expected results. Clear linkages between activities and results must be indicated. The applicant should include a separate excel spreadsheet with full details of activities and associated budget.</i>
D.5 Gender, Equity and Sustainability (optional)	<i>Explain briefly the practical measures taken in the programme to address gender, equity and sustainability considerations</i>
D.6 Environmental impact	<i>Outline the likely environmental impact of the programme, if any.</i>
D.7 Other partners involved	<i>This section outlines other partners who have a role in programme implementation, including potential sub-contractees and other organization providing technical and financial support for the programme</i>
D.8 NGO contribution	<i>This section briefly outlines the partner specific contribution to the programme (monetary or in-kind)</i>
D.9 Additional documentation	<i>Additional documentation can be mentioned here for reference</i>

Section E. Programme Risks and Monitoring	
E.1 Risks	<i>Identify major risk factors that could result in the proposed activities not being successfully implemented and any key assumptions on which the proposed intervention is based. Include any actions the organization will undertake to address/reduce identified risk(s).</i>
E.2 Monitoring	<i>This section briefly outlines the monitoring activities</i>

Section F. References	
Please provide 3 references to support your proposal. Include name, title, contact information and brief summary of relationship.	
Reference 1:	
Reference 2:	
Reference 3:	

Section G. Preventing Sexual Exploitation and Abuse (PSEA) Capacity Assessment
Please note, the results of this assessment may be shared with other United Nations entities

Please note: The PSEA Assessment must be completed in the UN Partner Portal. The questions below are simply for reference. (See the link: <https://www.unpartnerportal.org/landing/>)

G.0 Preliminary Screening

Does the organization have direct contact with beneficiaries?

Yes No

If your response is no, stop here and do not complete this section. However, please note if your organization begins working with beneficiaries at a later date, UNFPA will require your organization to fill out a self-assessment.

If yes, please continue.

Has the organization's PSEA capacity been assessed by a UN entity in the last 5 years?

Yes *If yes, share the assessment rating and supporting documentation with UNFPA and do not complete this section.*

No *If no, complete G.1 through G.8*

G.1 Policy Requirement

Please provide supporting documentation for any fields marked "Yes".

Your organization has a policy document on PSEA. At a minimum, this document should include a written undertaking that the partner accepts the standards of conduct listed in section 3 of the ST/SGB/2003/13.

Yes No

Supporting documentation may include:

- Code of Conduct (internal or interagency)
- PSEA policy
- Documentation of standard procedures for all personnel to receive/sign PSEA policy
- Other (please specify):

G.2 Subcontracting

Your organization's contracts and partnership agreements include a standard clause requiring sub-contractors to adopt policies that prohibit SEA and to take measures to prevent and respond to SEA.

Yes No *N/A

Supporting documentation may include:

- Contracts/partnership agreements for sub-contractors
- Other (please specify):

** Please Note: If the partner notes that it does not have subcontractors in the self-assessment this core standard is not applicable and UNFPA will assess this core standard as N/A. However, if this situation changes and the same partner subsequently subcontracts activities to another entity, this would warrant a re-assessment.*

<p>G.3 Recruitment</p>	<p>Your organization has a systematic vetting procedure in place for job candidates through proper screening. This must include, at minimum, reference checks for sexual misconduct and a self-declaration by the job candidate, confirming that they have never been subject to sanctions (disciplinary, administrative or criminal) arising from an investigation in relation to SEA, or left employment pending investigation and refused to cooperate in such an investigation.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supporting documentation may include:</p> <ul style="list-style-type: none"> • Reference check template including check for sexual misconduct (including reference from previous employers and self-declaration) • Recruitment procedures • Other (please specify):
<p>G.4 Training</p>	<p>Your organization holds mandatory trainings (online or in-person) for all IP employees and associated personnel³ (herein “personnel”) on PSEA and relevant procedures. The training should, at a minimum include:</p> <ol style="list-style-type: none"> 1) a definition of SEA (that is aligned with the UN's definition); 2) an explanation on prohibition of SEA; and 3) actions that personnel are required to take (i.e. prompt reporting of allegations and referral of victims). <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supporting documentation may include:</p> <ul style="list-style-type: none"> • Training package • Attendance sheets • Training certificates • Other (please specify):
<p>G.5 Reporting</p>	<p>Your organization has mechanisms and procedures for personnel, recipients of assistance and communities, including children, to report SEA allegations that comply with core standards for reporting (i.e. safety, confidentiality, transparency, accessibility).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supporting documentation may include:</p> <ul style="list-style-type: none"> • Internal Complaints and Feedback Mechanism • Participation in joint reporting mechanisms • Communication materials • PSEA awareness-raising plan • Description of reporting mechanism • Whistle-blower policy • Other (please specify):

³ Associated personnel include sub-contractors, consultants, interns or volunteers and others associated with or working on behalf of the Partner.

<p>G.6 Assistance</p>	<p>Your organization has a system to refer SEA victims to locally available support services, based on their needs and consent. This can include actively contributing to in-country PSEA networks and/or GBV systems (where applicable) and/or referral pathways at an inter-agency level.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supporting documentation may include:</p> <ul style="list-style-type: none"> • Internal or Interagency referral pathway • List of Available service providers • Description of referral or Standard Operation Procedure (SOP) • Referral form for survivors of GBV/SEA • Guidelines on victim assistance and/or training on GBV and GBV case management principles • Other (please specify):
<p>G.7 Investigations</p>	<p>Your organization has a process for investigation of allegations of SEA and can provide evidence. This may include a referral system for investigations where in-house capacity does not exist.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supporting documentation may include:</p> <ul style="list-style-type: none"> • Written process for review of SEA allegations • Dedicated resources for investigation(s) and/or commitment of partner for support • PSEA investigation policy/procedures • Contract with professional investigative service • Other (please specify):
<p>G.8 Corrective Measures</p>	<p>Your organization has taken appropriate corrective action in response to SEA allegations, if any.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Supporting documentation may include:</p> <ul style="list-style-type: none"> • Evidence of implementation of corrective measures identified by the UN partner entity, including capacity strengthening of staff. • Specific measures to identify and reduce risks of SEA in programme delivery. • Other ((please specify):