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

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| The purpose of this proposal is to provide the following information: a) overview of the NGO, b) an outline of the programme 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 Invitation for Proposal.  Information provided in this form will be used to inform the review and evaluation of NGO submissions as outlined in the Invitation for Proposals. |

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| **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](http://www.unpartnerportal.org)? |  |
| 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? |  |

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| Section B. Overview of the organization |

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| B.1 Annual budget | Size of annual budget (previous year, USD) |  |
| Source of funding | *Outline funding base, including local, international, and private sector donors* |
| Main funding partners/ donors |  |
| B.2 Staff capacity | *List of number and key functions of core organization staff* | |

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| B.3 NGO mandate and background | *Outline the organization’s mandate and field of work, and how it aligns to UNFPA’s mandate.* |
| B.4 Available expertise and specialists | *Outline the distinctive technical capacity of the organization to achieve results in the proposed programmatic area* |
| B.5 Experience in proposed area of work | *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 the Republic of Moldova and prior experience with any organization of the United Nations* |
| B.6 Knowledge of the local context/ Accessibility to target population | *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* |
| B.7 Credibility | *To what extent is the NGO recognized as credible by the government, and/or other key stakeholders/partners?* |
| B.8 Monitoring | *Outline the systems in place (policies, procedures, guidelines, and other tools) that systematically collect, analyse and use programme monitoring data* |

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| Section C. Proposal overview | |
| C.1 Programme title |  |
| C.2 Results to which the programme contributes | Before preparing the application form, please access UNFPA Country Programme 2023-2027 for the Republic of Moldova.  [UNFPA Moldova | UNFPA Moldova Country Programme 2023-2027](https://moldova.unfpa.org/en/publications/unfpa-moldova-country-programme-2023-2027)  Please select in the Table 1 below to which output, strategic interventions and indicators your organization intends to contribute. Organization can select multiple outputs, strategic interventions and indicators. Tick all appropriate boxes. |

**Table 1. Priorities** **for the UNFPA Country Programme 2023-2027**

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| **Output 1. Improved policies and accountability frameworks for enhanced capacities of the health system, institutions and communities to deliver human rights-based, client-centred sexual and reproductive health information, services and supplies to women and young people, particularly those furthest left behind, including in humanitarian settings** | |
| **Strategic Priorities** | **Indicators** |
| Provide technical expertise and facilitate policy dialogue on sexual and reproductive health and rights;  Advocate for the integration of sexual and reproductive health and rights provisions into universal health coverage policies and strategies and adequate annual resource allocation for contraceptive procurement from the state budget for vulnerable groups and target utilization;  Advocate for increasing engagement of primary health-care providers in improving delivery of human rights-based family planning services to reach out to rural women and youth;  Strengthen contraceptive supply chain management and information systems;  Enhance national capacities in cervical cancer prevention and increasing awareness, targeting furthest left behind first;  Strengthen interlinkages between HIV prevention and other sexual and reproductive health services for key populations, and increasing awareness and scaling up HIV prevention effort among key populations;  Advocate for creating an enabling environment and support for the expansion of demand-side interventions for family planning services that empower women and girls, particularly those furthest behind, including people with disabilities, to make their own reproductive health decisions;  Apply innovative solutions to reach those furthest behind with sexual and reproductive health and rights information and services;  Advocate and provide technical support for integration of sexual and reproductive health and rights provisions into disaster risk management policies, strengthening further the capacities of national partners in humanitarian preparedness and response, and building resilient communities and institutions that can withstand shocks, including from climate change;    Support the health system with supplies and infrastructure for sexual and reproductive health to absorb increased refugee caseload, and supporting the provision of sexual and reproductive health information and lifesaving services, including clinical management of rape for refugees and internally displaced persons through the development-humanitarian-peace continuum and building context-specific humanitarian responses. | National programme on sexual and reproductive health and rights, 2023-2027 with costed action plan, developed and validated.  Baseline: No (2022); Target: Yes (2027)  Percentage of primary health-care facilities with at least one health provider trained on logistics management for forecasting and supply of contraceptives to vulnerable groups.  Baseline: 0% (2022); Target: 50% (2027)  Percentage of women aged 25-61 covered with cervical screening services.  Baseline: 36% (2021); Target:55% (2027)  National disaster risk reduction and management strategy and national health strategy 2030 integrate sexual and reproductive health and rights and priorities of the ICPD Programme of Action. Baseline: No (2021); Target: Yes (2027)  Percentage of primary health-care facilities with at least one capacitated health service provider on clinical management of rape, including in humanitarian contexts.  Baseline: 0% (2021); Target: 50% (2027) |
| **☐ Output 2: Strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to respond and prevent gender-based violence in advancing gender equality and women’s decision-making** | |
| Advocate for the implementation and monitoring of recommendations in human rights mechanisms of global commitments, including the Istanbul Convention: Action Against Violence Against Women and Domestic Violence, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the universal periodic review, and facilitate the participation of young people and civil society;  Support the operationalization of national policies, strategies and action plans that address gender-based violence and gender inequalities and support data production and analysis on GBV;  Address perceptions around gender stereotypes and patriarchal norms that limit women's rights and lead to gender-based violence by scaling up programmes engaging men and boys;  Advocate against stigma and discrimination towards women and girls with disabilities by building alliances and partnerships, and informational and advocacy campaigns, to support sexual and reproductive rights, raise awareness and strengthen service provision, build skills of service providers to ensure inclusion, and address different forms of gender-based violence;  Facilitate innovative partnerships for engaging men in advocating for gender responsive family policies through private and other non-traditional partnerships;  Strengthen the capacities of the health system to respond to gender-based violence and gender stereotypes as part of a multisectoral mechanism, including the response to sexual violence through the clinical management of rape;  Provide life-saving services for refugees to prevent and respond to gender-based violence and ensure awareness of gender-based violence referral pathways and existing services for refugees;  Provide technical support across sectors to mainstream gender-based violence risk mitigation measures as part of the humanitarian response to refugees. | The national strategic programme on gender-based violence prevention includes gender transformative initiatives involving men and boys.  Baseline: No (2021); Target: Yes (2027)  Proportion of regions covered with transformational initiatives on gender social norms.  Baseline: 5.7% (2021); Target: 25% (2027)  Proportion of regions with at least one primary health care facility trained on integration of gender-based violence prevention and response.  Baseline: 5.7% (2021); Target: 25% (2027 |
| **Output 3: Strengthened national capacity and policy in the youth and education sectors to empower adolescent girls and youth through life-skills development and participatory civic engagement for advancing human rights, bodily autonomy and gender equality** | |
| Support increased operationalization of in-school life-skills-based comprehensive sexuality education in general education and vocational education and training.  Enable the educational system to ensure quality and sustainable life-skills-based comprehensive sexuality education delivered by prepared teachers who make effective use of interactive and digitized learning materials and a youth-friendly learning environment.  Advocate for the benefits of comprehensive sexuality education for the healthy transition of adolescents to adulthood and the role of schools;  Empower young people and build the capacities of national stakeholders to implement out-of-school comprehensive sexuality education programmes, focusing on vulnerable young people, including rural youth, young people with migrant parents, refugees, and persons with disabilities;  Facilitate partnerships and referral mechanisms to increase the access of adolescents and youth to information and services for the realization of sexual and reproductive health and rights and build psycho -emotional resilience;  Advocate and provide technical expertise to develop and implement evidence-based funded youth policies and programmes at the national and local levels, including based on youth indices;  Support mechanisms and platforms and promote volunteerism to increase civic engagement and meaningful participation of young people in decision-making processes at all levels, including youth engagement in peace building and conflict prevention;  Strengthen the capacities of the network of public youth centres to deliver tailored and needs-based programmes for young people, including for refugees, focusing on those left furthest behind, by engaging local public authorities, schools, youth councils and youth organizations;  Support establishment of safe spaces for adolescents and youth refugees, and support youth refugees in building resilience, developing life skills and integrating in communities. | Number of modules from the United Nations international technical guidance on sexuality education integrated in preservice and in-service teachers’ training.  Baseline: 0 (2021); Target: 5 out 8 (2027)  Proportion of vocational education and training institutions with capacities (trained teachers and innovative learning materials) to implement life skills-based education.  Baseline: 13% (2021); Target: 80% (2027)  Out-of-school comprehensive sexuality education for youth, including young people with disabilities, is operationalized following international standards. Baseline: No (2021); Target: Yes (2027)  Percentage of local public authorities that developed evidence based and budgeted youth action plans.  Baseline: 45.7% (2021); Target: 60% (2027)  Percentage of public youth centres at the district level with participatory youth civic engagement programmes  Baseline: 40% (2021); Target: 65% (2027) |
| **Output 4: Strengthened data systems and evidence-based policies that consider population dynamics and regional developments for building demographic resilience** | |
| Support the local and central authorities in promoting policies and programmes that build demographic resilience and address population changes, including ageing and declining fertility;  Strengthen policies and institutional capacities for the implementation of gender-responsive family policies in the workplace, with a focus on the private sector, to support women and men in achieving their desired fertility;  Provide expertise on the economic implications of demographic changes and mainstreaming pertinent findings into relevant policy framework to achieve the SDGs and ICPD Programme of Action;  Advocate for policies and programmes that build active and healthy ageing as well as intergenerational dialogue;  Strengthen the capacities of the national statistics system to produce high quality, fully disaggregated data;  Provide expertise to create a strong administrative data-based national statistical system, relying on available administrative sources and big data;  Support the Government in conducting the next generations and gender surveys to develop rights-based and data-driven demographic policies;  Advocate for quality implementation of censuses, including through technical expertise;  Support processes that allow for the identification of population groups that are the most excluded or marginalized;  Support institutionalization of the production of population projections as official statistics at the national and subnational levels and their integration into budgetary and policy frameworks;  Enhance the use of data for risk-informed decision-making, including population projections, in policy and budgetary framework by increasing the capacities of government at the national and local levels as well as other relevant stakeholders;  Support the development of tools to accessing georeferenced data. | Number of regions supported by UNFPA in implementing programmes and policies on demographic resilience.  Baseline: 0 (2021); Target: 5 (2027)  Number of modules of the informational system on demographic and social statistics that are operational  Baseline: 0 out of 4 modules (2021); Target: 2 out of 4 modules (population and migration; and census) (2027)  ICPD-based SDG-related indicators are available based on generation and gender surveys.  Baseline: Yes, collected (2021); Target: Yes, monitored each three years (2027)  Population projections are developed to inform policy framework.  Baseline: (a) National: No; (b) Subnational: No (2021); Target: (a) National: Yes; (b) Subnational: Yes (2027) |

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| Section D. Proposed interventions and activities to achieve intended results | |
| D.1 Programme Summary | *This section should provide a brief summary of the programme.*  *It should include a problem statement, the context and the rationale for the Programme:*   * *Overview of the existing problem;* * *How the problem is linked to global/regional/national priorities and policies; and* * *The relevance of the programme in addressing problem identified* |
| D.2 Organizational background and capacity to implement | *This section should briefly explain why the proposing organization has the experience, capacity and commitment to successfully implement the proposed interventions.* |
| D.3 Expected results | *“What” this programme will achieve - programme objectives and expected results. Clear linkages between expected results and UNFPA Country programme priorities shall be ensured.* |
| D.4 Description of strategic interventions/  major activities | *This section includes a description of strategic interventions/major activities to be undertaken to produce the expected results.* |
| D.5 Gender, Equity and Sustainability (optional) | *Explain briefly the practical measures taken in the programme to address gender, equity and sustainability considerations* |
| D.6 Environmental impact | *Outline the likely environmental impact of the programme, if any.* |
| D.7 Other partners involved | *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* |
| D.8 NGO contribution | *This section briefly outlines the partner specific contribution to the programme (monetary or in-kind)* |
| D.9 Additional documentation/  information | *Additional documentation/information can be mentioned here for reference* |

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| Section E. Programme Risks and Monitoring | |
| E.1 Risks | *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).* |
| E.2 Monitoring | *This section briefly outlines the monitoring activities* |

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| 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: |  |

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| 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 | |
| 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.* |
| G.3 Recruitment | 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.  Yes  No  Supporting documentation may include:   * Reference check template including check for sexual misconduct (including reference from previous employers and self-declaration) * Recruitment procedures * Other (please specify): |
| G.4 Training | Your organization holds mandatory trainings (online or in-person) for all IP employees and associated personnel[[1]](#footnote-1) (herein “personnel”) on PSEA and relevant procedures. The training should, at a minimum include:   1. a definition of SEA (that is aligned with the [UN's definition](https://undocs.org/ST/SGB/2003/13)); 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).   Yes  No  Supporting documentation may include:   * Training package * Attendance sheets * Training certificates * Other (please specify): |
| G.5 Reporting | 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).  Yes  No  Supporting documentation may include:   * 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): |
| G.6 Assistance | 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.  Yes  No  Supporting documentation may include:   * 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): |
| G.7 Investigations | 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.  Yes  No  Supporting documentation may include:   * 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): |
| G.8 Corrective Measures | Your organization has taken appropriate corrective action in response to SEA allegations, if any.  Yes  No  N/A  Supporting documentation may include:   * 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): |

1. Associated personnel include sub-contractors, consultants, interns or volunteers and others associated with or working on behalf of the Partner. [↑](#footnote-ref-1)