

TERMS OF REFERENCE

Technical Consultant on Child Protection Integration in Primary Health Care Systems

Philippine Society for Responsible Parenthood, Inc. (PSRP) · UNICEF-Supported Maternal and Neonatal Health Project

POSITION TITLE Technical Consultant on Child Protection Integration in Primary Health Care Systems	CONTRACT DURATION 6 months (deliverables-based)
DUTY STATION Home-based with travel to Brooke's Point, Palawan and Catbalogan, Samar	REPORTS TO Project Manager, PSRP
PD REFERENCE PHI/PCA2025205/PD2025479-amd/2	IMPLEMENTING PARTNER Philippine Society for Responsible Parenthood, Inc. (PSRP)

I. BACKGROUND

Child, Early and Forced Marriage and Unions (CEFMU) remain a significant child protection concern in the Philippines, with serious consequences for children's rights, health, education, safety, and life opportunities, particularly for girls and other vulnerable adolescents. Republic Act No. 11596, which prohibits the practice of child marriage and imposes penalties for violations, provides the legal basis for prevention, protection, and response. This is further reinforced by the National Action Plan to End Child, Early and Forced Marriages and Unions (2025–2028), which calls for a whole-of-government and whole-of-society approach, stronger frontline systems, and improved local service delivery convergence.

Anchored in the UNICEF Child Protection Systems Strengthening (CPSS) Framework and current government efforts to localize the prevention and response to CEFMU, this consultancy will help position the health sector, particularly primary health care (PHC), as a practical entry point for early identification, first-line support, prevention messaging, and referral of survivors of sexual violence and potential cases of CEFMU (e.g. pregnant adolescents). At the local government level, PHC platforms, adolescent-friendly health services, Women and Children Protection Units, barangay health systems, and local social welfare services can serve as connected pathways for children at risk of or affected by CEFMU.

Health facilities are often among the first points of contact for adolescents vulnerable to or affected by child marriage, adolescent pregnancy, sexual abuse, exploitation, mental health concerns, and other protection risks. As such, the health sector plays a critical role in early identification, risk assessment, referral, case management, and continuity of care for vulnerable adolescents.

However, existing systems frequently face challenges, including fragmented referral pathways, weak inter-agency coordination, limited adolescent-friendly services, inadequate case management capacities, confidentiality concerns, and insufficient integration of child protection and psychosocial support within primary health care systems.

To address these gaps, the consultancy aims to strengthen the integration of child protection within adolescent health systems and service delivery mechanisms by establishing clear referral pathways and coordination mechanisms that enable children and adolescents to access timely, safe, confidential, and appropriate health, psychosocial, and child protection services, and by enhancing the capacity of health

facilities, frontline workers, and service providers to identify, assess, and refer adolescents vulnerable to or affected by CEFMU, adolescent pregnancy, abuse, exploitation, neglect, and violence.

II. OBJECTIVE OF THE ASSIGNMENT

To strengthen the integration of child protection within adolescent health systems through strategic technical leadership. The consultancy will build the capacity of health facilities and frontline workers to identify, assess, and refer adolescents vulnerable to or affected by CEFMU, adolescent pregnancy, abuse, exploitation, neglect, and violence through coordinated, adolescent-friendly, trauma-informed, and survivor-centered approaches.

Specifically, the consultancy aims to:

1. Strengthen the integration of child protection principles, safeguarding standards, and response mechanisms within adolescent health and primary health care systems;
2. Strengthen the capacity of health facilities and service providers to identify, assess, and refer adolescents at risk of or affected by CEFMU, adolescent pregnancy, abuse, exploitation, and violence;
3. Develop health referral pathways, and strengthen coordination mechanisms between health and child protection systems;
4. Support the establishment of adolescent-friendly, safe, confidential, and survivor-centered health services linked to child protection systems; and
5. Document lessons learned, good practices and provide recommendations for institutionalization, sustainability, and scale-up within LGU and health governance systems.

III. SCOPE OF WORK

Under the supervision of the contracting entity, the consultant will undertake the following workstreams at the national and subnational level (Brooke's Point, Palawan and Catbalogan, Samar):

Activities	Deliverables	Estimated Cost
1. Situational Analysis <ul style="list-style-type: none"> – Review of existing documentation and mapping activities on local health systems and PHC platforms, child protection systems and referral pathways, prevalence, drivers, and service gaps related to CEFMU – Identify gaps in coordination, case management, confidentiality, accessibility, and survivor-centered response – Assess readiness and capacity of health facilities to function as adolescent-friendly and child protection-sensitive entry points 	Situational Analysis on Catbalogan City and Brooke's Point	PHP 100,000
2. Integration and Systems Strengthening <ul style="list-style-type: none"> – Embed child protection within adolescent-friendly health facilities and integrated service delivery systems 	Health referral pathway developed	PHP 200,000

Activities	Deliverables	Estimated Cost
<ul style="list-style-type: none"> – Establish clear referral links within the health referral system in the municipality – Establish a standardized and coordinated health sector response for identifying, documenting, managing, and referring child protection concerns in a timely, safe, and confidential manner – Promote integration of child protection indicators, referral tracking, and monitoring mechanisms within existing local health and social service information systems where feasible – Identify opportunities for sustainability, scale-up, and institutionalization of good practices within LGU systems and frontline service delivery structures 		
<p>3. Capacity Building and Technical Assistance</p> <ul style="list-style-type: none"> – Design and facilitate competency-based training for health workers on: Revised CANE+D Protocol and adolescent-responsive case management; child protection and safeguarding; and CEFMU prevention and response – Provide mentoring, coaching, and technical assistance during the initial implementation and operationalization phase 	<ol style="list-style-type: none"> 1. Training on CANE+D and Orientation on CEFMU conducted for Catbalogan City 2. Training on CANE+D and Orientation on CEFMU conducted in Brooke's Point 	<p>PHP 50,000</p> <p>PHP 50,000</p>
<p>4. Peer Education and Adolescent Engagement</p> <ul style="list-style-type: none"> – Support the enhancement of the Peer Education Module and adolescent engagement tools through the integration of child protection, safeguarding, and CEFMU content – Support the conduct of Peer Educators Training and related adolescent engagement initiatives 	<p>Enhanced Peer Education Module and Adolescent Engagement Tools</p> <p>Facilitation support to the conduct of Peer Educators Training</p>	<p>PHP 50,000</p>

IV. DURATION OF ENGAGEMENT

Estimated duration: 6 months (deliverables-based)

V. QUALIFICATIONS AND EXPERIENCE

- Advanced university degree in Social Work, Public Health, Child Protection, Development Studies, Law, Public Administration, or another relevant field. A first-level university degree combined with additional qualifying experience may be accepted where appropriate.

- At least 8 years of progressively responsible professional experience in child protection systems strengthening, public health systems, adolescent programming, social service delivery, or related multi-sectoral development work.
- Demonstrated technical expertise in one or more of the following areas: child protection case management, referral systems, violence against children, prevention and response, gender-based violence, adolescent health, or integrated service delivery models.
- Strong knowledge of the Philippine child protection, health, and local governance landscape, including LGU systems, inter-agency coordination mechanisms, and frontline service delivery structures.
- Proven experience in leading assessments, designing frameworks and operational tools, facilitating consultations, and producing high-quality analytical and technical reports.
- Experience working with government counterparts, UN agencies, development partners, civil society organizations, and local stakeholders is highly desirable.
- Prior work related to child marriage, violence against children, harmful practices, or gender and adolescent-focused programming in the Philippines is an advantage.
- Excellent communication, facilitation, and report-writing skills in English are required. Working knowledge of Filipino and/or other relevant local languages is an asset.

VI. REPORTING LINE AND WORK ARRANGEMENT

The consultant will report to the Philippine Society for Responsible Parenthood and will work in close coordination with relevant technical focal points, government counterparts, and partner institutions involved in child protection, health, and social service delivery.

- Duty station: Home-based with travel, as required, to selected sites (Brooke's Point, Palawan and Catbalogan, Samar) in the Philippines, and attendance in virtual and in-person consultations, meetings, workshops, and validation sessions.
- The consultant is expected to provide regular progress updates and submit all outputs in agreed formats and according to the approved workplan and timeline.
- Any travel required under the assignment will be pre-approved by the contracting entity and managed in accordance with applicable organizational rules and procedures.

VII. ETHICAL STANDARDS, SAFEGUARDING, AND CONFIDENTIALITY

The consultant shall uphold the highest standards of professional and ethical conduct throughout the assignment and ensure that all processes and outputs are child-sensitive, survivor-centered, gender-responsive, disability-inclusive, and aligned with the best interests of the child. All information collected, accessed, or generated under this consultancy shall be treated as confidential and may not be shared or used for purposes other than the assignment without prior authorization. Where engagement with children, adolescents, families, or case-related information is required, the consultant shall comply with all applicable safeguarding, informed consent, data protection, and do-no-harm principles and organizational policies.