



TERMS OF REFERENCE

READINESS ASSESSMENT OF HEALTH, SOCIAL SERVICES, POLICING AND JUSTICE SECTORS TO PROVIDE SERVICES ACCORDING TO THE ESSENTIAL SERVICE PACKAGE AND IN LINE WITH THE JAMAICAN NSAP-GBV AND THE NPACV

1. Introduction and background

In September 2017, the EU and the UN launched an ambitious partnership to eliminate all forms of violence against women and girls worldwide. The Spotlight Initiative (SI) aims at mobilizing the commitment of political leaders and contributing to achieving Sustainable Development Goals (SDGs). The Initiative aims at ending all forms of violence against women and girls, by targeting those that are most prevalent and contribute to gender inequality across the world. The Spotlight Initiative will deploy targeted, large-scale investments in Asia, Africa, Latin America, the Pacific, and the Caribbean, aimed at achieving significant improvements in the lives of women and girls. Jamaica is one of the countries in the Caribbean to benefit from this transformative initiative.

The overall vision of the Spotlight Initiative (SI) is that women and girls realize their full potential in a violence-free, gender-responsive and inclusive way. The Spotlight Initiative will directly contribute to the achievement of three of the Sustainable Development Goals (SDGs): Goal 5 on Gender Equality, Goal 3 on Good Health and Well-being and Goal 16 on Inclusive and Peaceful Societies. The program will contribute to the elimination of Sexual and Gender Based Violence (SGBV) through the creation of a broad partnership with Civil Society, Government, Private Sector, Media, among others; and, build a social movement of women, men, girls, boys and transgender people as champions and agents of change at the national, sub-national and community levels. A specific focus will be on reaching and including in the program women and girls who are often isolated and most vulnerable to sexual & gender-based violence (SGBV) and harmful practices (HP) due to intersecting forms of discrimination. The program will also seek to address the Sexual and reproductive health and rights (SRHR) needs of all women and girls in all their diversity using a life-cycle approach.

Spotlight Jamaica

The SI Jamaica Country Program will use a multi-sectoral, multi-layered, interlinked community-centred approach in the implementation of the interventions on the following six Outcome Areas based on the socio-ecological model for addressing SGBV:

- Pillar One: Legislative and Policy Frameworks
- Pillar Two: Strengthening Institutions
- Pillar Three: Prevention and Social Norms
- Pillar Four: Delivery of Quality, Essential Services
- Pillar Five: Data Availability and Capacities
- Pillar Six: Supporting the Women's Movement and CSO

The SI in Jamaica will address three key priority areas within the overall focus on Family Violence against women and girls: 1) Child Sexual Abuse, 2) Intimate Partner Violence and 3) Discrimination against vulnerable groups. The approach will be guided by the ecological theory that underpins the connections between family and society. The ecological model is seen as the best framework within which to address the causes, consequences, and response to family violence in Jamaica. The approach will also be guided by the core principle of the 2030 Agenda for Sustainable Development – Leaving No One Behind, and underpinned by an intersectional approach that will ensure interventions address key social factors such as socio-economic status, age, sexual orientation, health, educational and disabilities status are addressed.

The SI in Jamaica will be national in scope and targeted intervention will focus on the following four parishes: The Kingston Metropolitan Area (Kingston and St. Andrew), St. Thomas, Clarendon, and Westmoreland.



Jamaica - country context

Despite progress made in advancing gender equality and women's and girls' empowerment and the relevant international and national legal frameworks promoting gender equality and GBV prevention and response, such as the National Strategic Action Plan to Eliminate Gender-based Violence in Jamaica (NSAP-GBV) 2017 – 2027, and the National Plan of Action for an Integrated Response to Children and Violence (2018-2022), gender discrimination in Jamaica, including its worst manifestations and forms, such as violence against women and girls, continues to adversely impact all the dimensions of sustainable development.

One-fifth of Jamaican women report that they were sexually abused as children, with the main perpetrators being friends or acquaintances (22.9%), complete strangers (16.5%) and family members other than parents or siblings (15.9%). Data from the National Children's Registry (NCR, previously OCR) revealed that between 2007 and 2015, there were 18,384 reported cases of physical abuse, 20,596 cases of sexual abuse and 758 children were killed. The Jamaica Injury Surveillance System (JISS) indicates that between 2014 and 2017, 20% of all child visits to public hospitals were due to sexual assault. Females are over-represented within this data with 40% of all female child visits being because of a sexual assault.

Official sexual violence records do not necessarily reflect the magnitude of sexual abuse that takes place among children. Data from the Jamaica Office of the Children's Registry (OCR), the Jamaica Constabulary Force, and hospital records (through its Injury Surveillance System) are usually different. There are disparities also among cases of rape reported and arrests for rape. The disparities in reporting figures could be due to: differences in data collection capabilities; victim's access to reporting mechanisms; impunity for offenders and a related lack of trust on the part of victims in the justice system; unwillingness to report to certain agencies. The disparities are cause for concern and an indication that survivors are not receiving the prompt services required.

The Victim Services Division (VSD) which offers services including counselling and emotional and court support to victims of crime indicated that in 2017, sex related offences (19%) ranked high among the main offences for which clients sought services. Additionally, 6.3% of persons sought assistance for domestic violence. Of the new clients who sought services from the VSD in 2017, 71.4% were female.

According to the Women's Health Survey 2016, lifetime prevalence of intimate physical and/or sexual violence for women between 15 to 64 years of age is 27.8% and the prevalence of Domestic Violence is 35.4% among every partnered women of reproductive years in Jamaica, higher than the global average. Despite the survey's findings, there is limited official data on IPV and there is currently no systematic process in place to collect this data. According to the Survey, **66% of women affected by physical and sexual violence do not seek help from the formal service system**; 32% of those who seek help, obtain it from the police and 12% from health services.

According to the information collected, **Health** service providers are not adequately trained in how to identify victims of GBV and there are insufficient protocols with regards to the medical management of survivors of violence. There is **no referral pathway in primary health care facilities**, as such, there are **no national protocols for health care providers** to follow that would ensure an integrated approach to the delivery of high-quality services. As a result, health care providers (and first responders) operate in silos and are left to their own judgment, which may be coloured by personal biases and discriminatory beliefs.

There is also a **lack of standard operating procedures (SOPs) and a formal referral pathway** for victims and survivors of family violence. Where referral mechanisms exist, they are often inoperative and underfunded at the sub-national level, and ineffective in ensuring a continuum of support for survivors of violence. Current protection mechanisms in Jamaica, such as **victim support and legal support services are fragmented**, often creating parallel and duplicated mechanisms for survivors with insufficient integration of multi-sector guidelines as set out in the NSAP-GBV. The Children's Registry offers a hotline for reporting child abuse, but **there is no seamless linkage between the Registry hotline and the Jamaica Constabulary Force** – again, standard operating procedures are not enforced.

In Jamaica, there are **not enough safe spaces for victims and survivors** of GBV, including shelters. This is especially so in rural areas. Furthermore, **the only shelter in Kingston, operated by an NGO**, does not provide comprehensive long-term recovery support for survivors of IPV and safe spaces are limited to 14 – 21 days.

There is also a **lack of a child-friendly court system for survivors and victims of sexual abuse**. The court system requires that an adult caregiver must accompany the minor to court. Where the adults are not supportive of the process, they may not take the minor to court. In such instances, cases are put off and little follow up done to ascertain the reasons children do not turn up. Routinely, cases of girl-child sexual abuse take up to two (2) years before going to trial.

All this calls the attention to the **urgent need for a strengthened multi-sectoral response to violence against women and girls, ensuring survivors have access to a coordinated package of essential and quality services to ensure their health recovery, access to justice, empowerment and the right to a life free of violence, both at national and decentralized level.**

Essential Services for Women and Girls Subject to Violence

The United Nations Joint Global Programme on “Essential Services for Women and Girls Subject to Violence” (the “Programme”), a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender based violence. With the aim to fill the gaps between the agreements and obligations made by the States at the international level for the provision of services for violence against women and girls (VAWG) and the existing country level activity, the “Programme” has developed an “*Essential Service Package for Women and Girls Subject to Violence*”¹, which is integrated by six overlapping modules². The Essential Service Package (ESP), identifies the most critical services to be provided by the health, social services, justice, and police sectors, along with quality guidelines for the core elements of each essential service. The Package also includes guidelines for the coordination of essential services and the governance of coordination processes and mechanisms. Additionally a “*Roadmap and tools for the implementation of the Programme on Essential Services for women and girls subject to violence*”³ was developed to provide guidance on some of the initial basic steps to operationalize the key quality of care elements and guidelines of the Essential Services Package.

Recognizing the key role played by the police, health care workers, social workers and the judiciary service providers, the Spotlight Initiative, in agreement, collaboration and support with the Jamaican government, will contribute to strengthening these sectors, so that they can comply with the ESP and provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender based violence.

In line with this, Pillar 4 of the Spotlight Initiative, which aims at achieving a situation in which “*Women and girls who experience family violence use available, accessible, acceptable, and quality essential services including for long term recovery from family violence*”, includes the “**implementation of a readiness assessment (availability, accessibility, responsiveness, adaptability, appropriateness, quality and gaps identification) of different sectors (police, health, social services, justice) to provide services to inform the implementation plan of the NSAP-GBV in line with the Essential Service Package**” as a key activity (Activity 4.1.2).

¹<https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>
<https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence#view>

² Module 1 Overview and Introduction; Module 2: Health Essential Services; Module 3: Justice and Policing Essential Services; Module 4: Essential Social Services; Module 5: Essential Actions for Coordination and Governance of Coordination. To the initial package other two modules and important annexes were recently added complementing the documentation with important guidelines. Module 6: Implementation Guide; and Module 7: Guidance on Estimating Resource Requirements for selected interventions in the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence and beyond.

³ The roadmap will be facilitated as an important reference to the consultancy agency by UNFPA.

A consultancy firm will be contracted to conduct the readiness assessment and the corresponding action plan.

2. Readiness Assessment Purpose

The readiness assessment is required to assess the existing capacities and gaps in the health, police, justice and social services sectors and in the coordinated response to VAWG among actors in those sectors, as well as in the education sector, in order to recommend, plan and cost necessary actions to be taken to accomplish with an Essential Services Package that is culturally relevant and appropriate to the Jamaica context and aligned to both the Jamaica National Strategic Action Plan to Eliminate Gender-based Violence (NSAP-GBV) and the National Plan of Action for an Integrated Response to Children and Violence (NPACV).

Intended users are as follows:

- UNFPA and all the other UN agencies involved in the SI, that will use the data as a guide on actions to be taken in support to the Jamaican government to guarantee that women and girls who experience family violence are able to use coordinated, available, accessible, acceptable and quality essential services including for long term recovery from family violence.
- Ministries and other government institutions and, specifically, some of their most relevant departments/units/division; including those listed hereafter:
 - The Ministry of Culture, Gender, Entertainment and Sports (MGES) and its departments, including the Bureau of Gender Affairs (BGA)
 - The Ministry of Health and Wellness (MOHW) and its departments, including the National Family Planning Board (NFPB).
 - The Jamaica Constabulary Force (JCF) and its departments, including the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA) and the Domestic Violence Intervention Centres (DVICs) in police stations.
 - The Office of the Children’s Advocate (OCA).
 - The Child Protection & Family Services Agency (CPFSA), and its departments, including the National Children’s Registry (NCR), formerly the Office of the Children’s Registry and the Child Development Agency (CDA).
 - The Ministry of National Security (MNS) and its departments, including the Citizen Security and Justice Programme.
 - The Ministry of Justice (MOJ) and its departments, including the Victim Support Division (VSD).
 - The Ministry of Labor and Social Security (MLSS) and its departments.
 - The Ministry of Education, Youth, and Information (MOEYI), and its departments, including the Guidance and Counselling Unit.
 - The Gender Advisory Council (GAC)
 - The Social Development Commission (SDC).
 - The Ministry of Finance and the Public Service, the Planning Institute of Jamaica (PIOJ) and the Ministry of foreign Affairs will also be users of these documents.
- Relevant CSOs providing services in the health, policing, justice, and social service sectors, which will use the information to strengthen their service provision in response to VAWG.
- Other relevant public and community-based partners who will put into practice the relevant activities to respond to VAWG.

3. Readiness assessment objectives and related questions

The consultancy team will meet the following objectives:

General objectives:

General objective 1. To identify existing capacities and gaps in the different sectors (health, justice, policing, social services and coordination and governance), both among public institutions and CSOs providing services to address VAWG, in compliance with the *“Essential Services Package for Women and Girls Subject to Violence.*

Core elements and quality guidelines” (ESP) to inform the National Strategic Action Plan to Eliminate Gender-based Violence in Jamaica (NSAP-GBV) 2017 – 2027.

General Objective 2: Based on the findings of the readiness assessment develop a specific set of recommendations to address the identified critical issues and gaps, both at sector level and in the coordination and governance, which can guarantee a continuum of care in the provision of quality and coordinated essential services to women and girls’ survivors of violence according to the NSAP-GBV and ESP.

Specific objectives:

Specific Objective 1.1: Identify existing capacities and gaps in the **health sector**, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.

Specific Objective 1.2. Identify existing capacities and gaps in the **police sector**, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.

Specific Objective 1.3. Identify existing capacities and gaps in the **justice sector**, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.

Specific Objective 1.4. Identify existing capacities and gaps in the **social services sector**, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.

Specific Objective 1.5.: Identify existing capacities and gaps in the **coordination and governance**, at national, regional, parish and community level, among the different sectors, both between public and CSO actors, to guarantee a continuum of coordinated and quality care and inform the NSAP-GBV and accomplish with the ESP.

Specific Objective 2.1: Based on the readiness assessment, inform about key actions to be taken to improve the **health sector** model of care for service delivery and standard operating procedures and protocols in the response to VAWG.

Specific Objective 2.2: Based on the readiness assessment, inform about key actions to be taken to improve the **policing** model of care for service delivery and standard operating procedures and protocols in the response to VAWG.

Specific Objective 2.3: Based on the readiness assessment, inform about key actions to be taken to improve the **justice** model of care for service delivery and standard operating procedures and protocols in the response to VAWG.

Specific Objective 2.4: Based on the readiness assessment, inform about key actions to be taken to improve the **social services** model of care for service delivery and standard operating procedures and protocols in the response to VAWG.

Specific Objective 2.5: Based on the readiness assessment, inform about the creation and/or improvement of a national and local coordination systems among different actors, involving public authorities (including the educational sector), and Civil Society Organizations (including women’s organizations and Faith Based Organizations, where relevant) to guarantee a referral pathway and a continuum of care in the provision of quality and coordinated essential services to women and girls’ survivors of violence, according to the NSAP-GBV and ESP, both at national and decentralized levels.

To meet the cited objectives, the consultancy team will have to explore answers to specific questions presented in ANNEX III.

4. Readiness assessment and action plan

4.1 Methodology

The selected consultancy team will be responsible for designing the investigation methodology and tools, organizing (with the support of UN agencies and institutions), and conducting the data collection (online

consultations and/or field work, when and where possible), analysis of data, and producing an assessment report and action plan. Throughout the process, the consultants will also be responsible for ensuring the quality of the data collected, as well as ensuring that all assessment activities are in compliance with ethical and safety standards applicable.

It is expected that the consultancy team will collect data from a variety of sources to meet the objectives and ensure accuracy. The assessment will involve qualitative research methods including a collection of background information and document review; surveys; in-depth interviews and focus group discussions with a variety of actors to include stakeholders of all relevant sectors; consultations of GBV survivors (if possible and always with a human right based, gender-sensitive and socially inclusive approach);⁴ and facility inventories; as applicable. The mixed method (involving qualitative and quantitative approach) is recommended for a knowledge, attitudes, and practices (KAP) analysis towards VAWG of a limited sample of service providers of the different sectors. Final methods and data collection tools to be selected must match the questions listed in the ANNEX III of this TOR. The data collection process will have to include all relevant stakeholders, through a human right based, survivor-centred, gender-sensitive and socially inclusive approach. The use of gender research methodologies is recommended, as well as the community development approach. This will ensure required coverage of all types of data.

The consultancy team is also expected to triangulate data to cross check data and different types of data sources. UNFPA expects the consultancy team to propose quality assurance mechanisms throughout the assessment to ensure the highest possible levels of validity and reliability.

A participatory validation process, with workshops involving all key stakeholders, should also be assured both for the readiness assessment and for the action plan.

Considering the COVID-19 context and the prevention measures (curfew, social distancing, among others), it is proposed that the consultancy team could start the collection and validation of data using virtual methodologies. Considering the situation in which it will not be possible to organize face to face meeting at all, the consultancy team will have to consider a strategy to have the complete assessment done remotely. Only when possible and necessary, travel and activities involving face to face meetings could take place, to complete the assessment with the quality required. In any case, face to face activities will have to take place in conformity with national prevention measures (use of protective masks, hand sanitizer, gatherings reduced to the number stipulated by the government guidelines, among others), only after previous assessment of the situation and agreement with key stakeholders, and in accordance with the “do no harm” principle.

4.2 Stakeholders

It is important that key stakeholders are involved in a participatory way in every stage of the study activities from designing the assessment tools, collecting primary and secondary data, analysing, and validating information, to disseminating results. Therefore, the following stakeholders, and their relevant departments/divisions/units should be involved in the process: UNFPA and all other UN agencies participating in the SI; MCGES and BGA; MOHW and its multiple relevant departments, including the NFPB; MNS; MOJ and VSD; OPD; JCF including CISOCA and DVICs; the CPFSA and its departments including NCR and CDA; OCA; MLSS; MOEYI; SDC; GAC; CSO of different types providing services in the health, policing, justice and social service sectors; representatives of survivors of violence, and the Spotlight Civil Society National Reference Group (CSNRG).

4.3 Documentation and source of information

UNFPA will provide to the consultancy team the digital version of the following documents, among others:

- The 6 modules integrating the Essential Services Package for Women and Girls Subject to Violence

⁴Apply the *Code of Conduct for Evaluation in the UN System* (UNEG, 2008), <http://www.unevaluation.org/ethicalguidelines/>. When addressing sexual violence, *apply the WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies* https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf?ua=1

- The roadmap and implementation tools of the Programme on essential services for women and girls subject to violence
- National Strategic Action Plan to Eliminate Gender-based Violence in Jamaica (NSAP-GBV) 2017 – 2027
- The National Plan of Action for an Integrated Response to Children and Violence - NPACV (2018-2022).
- AGBV service mapping of the four parishes that the Spotlight Initiative will focus on in Jamaica (Westmoreland, St. Thomas, Kingston & St. Andrew, and Clarendon).

UNFPA will also organize an initial meeting between the consultancy team and the UN agencies participating in the SI that can be source of information about the actual situation, provide knowledge assets on the programme and the environmental context, and gaps in terms of legal framework, data collection, and other relevant issues. UNFPA and the BGA will also support in organizing an initial meeting with key stakeholder of the four sectors involved.

4.4 Location

The readiness assessment should address both the national and decentralized level thus the consultation activities must take place involving stakeholders from the four parishes (Westmoreland, St. Thomas, Clarendon, Kingston and St. Andrew) and of some of the communities selected.

As previously mentioned, considering the COVID-19 context it is proposed that the team of consultants could start the collection of data remotely using virtual methodologies. If, and when possible and necessary, travels involving face to face consultation activities could take place in order to complete the process and only with proper preventive measures and in accordance with the “do no harm” principle.

4.5 Timeframe

It is expected that the final report in an approved format and responding to quality standards defined by UNFPA will be submitted to UNFPA by no later than 15 December 2020.

5. Management, activities, and reporting

The consultancy team will have to identify a team leader who will be the main referent person for UNFPA and the MCGES and will work under the supervision of, and report to, the Pillar 4 Spotlight Initiative focal point at the UNFPA office.

The UNFPA SI Focal Point, together with the UNFPA team will be responsible for the following:

- Preparation (e.g. gathering preliminary documents from relevant UN, government and CSO entities).
- Ensuring that the selected consultancy team understands the TOR and the UN norms and standards, and ethics, and commits in writing to abide by them.
- Collaborating with the consultancy team in the organization of meetings with other partner UN agencies both within the consultative process and presentation of findings.
- In close collaboration with responsible UN staff, the BGA and other authorities preparing letters of introduction and supporting the consultancy team in setting up appointments.
- Follow up the implementation of the activity ensuring that the consultancy team follows the work plan in terms of activities and deliverables.
- Managing risks pertaining to readiness assessment and action plan processes.
- Coordinating and providing timely feedback and input on draft to deliverables to guarantee their quality.
- Ensuring payments are made against results (deliverables).
- Publishing, generating knowledge and dissemination.
- Following up on the stakeholders’ feedback for timely submission of incorporation in the readiness assessment report and action plan.



- Participating in regular meetings with the consultancy team every two weeks to discuss progress updates and convening ad hoc meetings when needed.

6. Consultancy team: roles, responsibilities, and composition

The consultancy team will work under the supervision of UNFPA and the BGA of the MGES and will report to the Pillar 4 Spotlight Initiative focal point at the UNFPA office.

The consultancy team will work in a coordinated and synergistic way in the organization and implementation of the assessment with quality, professionally, responding to the purpose and objectives of these TOR and demonstrating respect for the local culture.

6a. Consultancy team roles and responsibilities

With the support of UNFPA and other UN agencies, BGA and the collaboration of other actors, such as focal points in the ministries and other key institutions, local authorities and civil society organizations, the consultancy team will have to implement the following activities:

- Gathering documents and data.
- Setting up appointments.
- Guaranteeing that the assessment is carried out as per the work plan approved by UNFPA.
- Participate in regular meeting with the UNFPA SI Focal Point and other relevant actors every two weeks to discuss progress updates, and in ad hoc meetings when needed.
- Delivering products in a timely manner and providing regular updates on the progress of the assessment.
- Implementing the readiness assessment and action plan, considering the following specific methodological requirements:
 - a. Analyse the models of care for service delivery of the health, policing and justice, and social sectors and their gender sensitivity, including the referrals within each sector and within different sectors.
 - b. Through the readiness assessment, consider the following characteristics of the different sectors (police, health, social services, justice, and coordination): **availability, accessibility, responsiveness, adaptability, appropriateness, and quality.**
 - c. Consider both the **national and decentralized levels** (the parishes of Westmoreland, St. Thomas, Clarendon, Kingston and St. Andrew and regional authorities) in the data collection, consultation, and validation processes. The community development approach should be applied.
 - d. Involve both **government authorities**, including the educational sector, and **Civil Society Organizations** (CSO), including women's organizations and Faith Based Organizations (FBOs), where relevant.
 - e. Take into consideration **services offered to women in the full lifecycle**, with a special focus on girls, especially to cohabitating adolescent girls, married adolescents, adolescents visiting or in a common-law marriage, teenage mothers, and pregnant adolescents.
 - f. According to the principle of "leave no one behind", include other relevant marginalized populations, such as: women living with HIV, people of the LGBTIQ+ community with emphasis on transgender women, women/girls with disabilities, sex workers, pregnant women.
 - g. Ensure that the recommendations and action plan are **culturally relevant and appropriate, and in line with a contextualized ESP as well with both the NSAP-GBV and the NPACV.**
 - h. Coordinate with the individual consultant assessing the capacities of Community Lead Organizations (CLOs) to respond to cases of sexual violence against most marginalized populations.
 - i. Offer inputs and feedback useful for the following processes, that are also part of the Spotlight Initiative:
 - o **Establishment of a coordination platform** among government and Civil Society Organizations (CSO) service providers in each of the target parishes to enable the social



- services, health, police, justice and education sectors to deliver quality and coordinated essential services to women and girls' survivors of violence.
- o **Updating and/or development of SOPs** for service delivery to women and girls who experience violence, (including those facing intersecting and multiple forms of discrimination and who experience IPV and child sexual abuse), including at community level, in line with the ESP.
 - o **Adjustment to the models of care for service delivery and establishment of referrals within sectors** (including government actors, FBOs and CSOs) and **development of a national framework for the provision of gender-sensitive** and responsive services, in line with the guidance and tools for essential services.
 - o **Strengthening the capacities of service providers**, of both CSO and government departments, in the health, justice, police, education, and social service sectors, at the national, parish, and community levels, in the identification of GBV, especially IPV and child sexual abuse, and proper response to the cases, including through training initiatives (continuous and pre-service training), protocols, procedures, etc.
 - o **The continuous improvement of referral pathways and proper operationalization of GBV network** in the four targeted parishes, applying a community based approach, to respond to guarantee a continuum of care in the provision of quality and coordinated essential services to women and girls' survivors of violence, including the marginalized populations specified above.
- j. The data and information collected during the consultancy is the sole and full ownership of UNFPA under the Jamaica Spotlight Initiative.
 - k. The final report should be based on a triangulation of findings and provide a clear situational analysis highlighting existing capacities and gaps characterizing each sector and the coordination mechanism and provide recommendations on how to address the identified gaps. The action plan should be based on the readiness assessment and refer to its recommendations and feedback received during the validation process.

6a. Consultancy team composition

The consultancy agency/team participating in the competitive bidding should fulfil the qualifications and competencies cited below.

The consultancy team should be composed of at least 3 specialists (including team leader), be culturally diverse, multidisciplinary in nature and gender balanced. The team leader and the other specialists should possess track records and technical experience and skills in assessing and orientating public policies related to gender, specifically on issues related to violence against women and girls in all their diversity, as per the TOR.

The team members' profiles should be complementary guaranteeing a professional and appropriate integrated approach towards the variety of actors intervening in the prevention and response to GBV in the main sectors involved (health; justice and police; social services and education sector), both from part of the government and from civil society organizations (CSOs). The three specialists should preferably be:

- A GBV specialist with special expertise in the health sector.
- A GBV specialist with special expertise in the policing and justice sector.
- A GBV specialist with special expertise in the social service sector.

The desired qualifications and competencies of the team members should include:

a) Experience:

- Experience in information gathering methods, analysis, and reporting, preferably in the field of VAWG.
- Experience in offering orientation to policies and programming, preferably in the field of VAWG.
- Experience in participatory investigation methods, possibly with face to face and online processes.
- Experience in developing action plans, preferably costed action plans.
- Experience in working with diverse groups, including marginalized populations.
- Demonstrated experience in working successfully as a multidisciplinary team.
- Record of published related research findings in the form of reports, articles, and/or blogs.



- Technical knowledge and demonstrated experience in Jamaica/Caribbean related to qualitative and quantitative investigation and policy analysis, preferably on violence against women and girls (VAWG).

b) Skills:

- Excellent English language skills; knowledge and understanding of Jamaican Patois will be an additional asset.
- Demonstrated experience and skills in interviewing different target audiences (i.e. victims/survivors of VAWG; providers of the police, justice, health, and social services sectors; national, sub-national and local government officers; non-governmental organisations; civil society and UN agencies), through in depth interviews, group interviews, focus group discussions, among others.
- Facilitation skills, especially in working with groups of different target stakeholders (see above)
- Demonstrated experience in realizing consultations and facilitating processes with online methodologies.
- Qualitative and quantitative data and information analysis skills.
- Demonstrated report writing skills (link to online reports, articles, blogs, and/or technical brief is required).
- Excellent written command of English and excellent drafting skills and accuracy and professionalism in document production and editing.

c) Personal ethics

- Respect the United Nations Evaluation Group (UNEG) Code of Conduct⁵.
- Be sensitive to beliefs, manners and customs and act with integrity and honesty in their relationship with all stakeholders, and in accordance with human rights norms, including sensitivity to different cultures and beliefs, sensitivity to gender, inequalities, disabilities, ages and ethnicity.
- Protect the anonymity and confidentiality of institutions and individual informants.

d) Others:

- Guaranteed access to internet, and solid overall computer literacy, including proficiency in various MS Office applications (Word, PowerPoint, excel, etc.) and email/internet; familiarity with Google survey, zoom and other online platform that will be used for the assessment until the COVID-19 preventive measure will require.
- Ability to work effectively with tight deadlines.

i. Team Leader

The team leader should be the specialist with major expertise and with demonstrated experience in multi-sectoral and multidisciplinary strategy to address GBV.

a) Qualifications and Profile

The Team Leader should:

- Have a minimum of a Masters degree in relevant areas: Gender based violence, Gender Studies, Social Science, Law, Human Rights, Political Science, International Relations, Peace and Conflict Studies, International Development, Public Health, Public Policy or another related field. Post-grades in areas related with GBV and sexual and reproductive health and rights is an important asset.
- Have at least eight (8) years of demonstrated experience in conducting and leading the process of assessment or research studies or projects at national and/or international level of similar scope and complexity, with preference in the sectors of domestic violence, gender-based violence, gender equality or other relevant programmes. Experience in developing country context, preferably in Jamaica, or other Caribbean countries will be an important asset.
- Demonstrated experience in leading a team.
- Demonstrated experience in qualitative and quantitative research and gender analysis.
- Sound knowledge of human rights is mandatory, with specific focus on women's rights and rights of marginalized populations. Knowledge of the Jamaican legal framework and situation related to GBV, including among marginal populations is an important asset.

⁵ UNEG Code of Conduct for Evaluation in the UN System UNEG, March 2008.
<http://www.unevaluation.org/ethicalguidelines>.



- Previous experience working in guaranteeing the quality of essential services to address GBV including through the GBV Essential Service Package is a strong asset, as it is experience in the field of sexual and reproductive health and rights.
- Demonstrated experience in leading collaborative consultation processes with multi-stakeholders from the Public and Civil Society sectors.
- Excellent interpersonal skills; culturally and socially sensitive. Ability and sensitivity to work inclusively and collaboratively with a range of partners, including authorities at different levels, grassroots community members, religious and youth organizations and marginalized populations, including women/girls with disabilities; women living with HIV; LGBTIQ+; sex workers; girls married, visiting or in a common-law marriage; pregnant adolescents and teenage mothers.
- Demonstrated high level management experience and knowledge of results-based management practices, including previous experience leading a team and managing the performance of staff and /or contracted expertise to ensure that professional standards are met.
- Demonstrated experience in the management of development projects that involve delivery of social services to citizens.
- Have extensive knowledge of the sectors offering services GBV prevention and response, including knowledge of the mandate and functions of organisations providing support on women's rights, child protection and/or human rights-based and gender services to women, girls, children and families.
- Experience with EU financed projects is an advantage.

b) Role and Responsibilities

The Team Lead shall be responsible to:

- Lead a diverse team in the assessment implementation process and be technically and financially accountable for the results of the consultancy.
- Ensure that all tasks and activities are completed on time and within budget, as well as timely submission of all deliverables, and in a manner that meets the results and objectives of the consultancy.
- Be guided by the Spotlight Pillar 4 Focal Point in ensuring that activities remain congruent with the Spotlight Framework.
- Ensure sex and age disaggregated data (& other intersecting data as relevant) is collected wherever applicable to guarantee the quality of the assessment.
- Ensure appropriate and effective levels of collaboration with key stakeholders, including the primary entities that will ultimately benefit from the readiness assessment and the action plan.
- Ensure a human right based, gender-sensitive, socially inclusive, survivor centred approach in all processes. The community development approach should also be applied.
- Ensure all tools, reports, action plans, presentations and any products/deliverable developed under this consultancy are gender-responsive, respectful of diversities, appropriate for their intended purpose and receive the appropriate approvals from the Spotlight team.
- Ensure that the deliverables address the objectives, answer to the relevant questions.
- Ensure the quality of the deliverable with proper sound analysis, based on the data collected and triangulation of different sources, and relevant recommendation and action plan.

ii. Experts

The experts should have complementary profiles to be able to accurately assess the capacities and gaps of actors of all the sectors involved in the prevention and response to GBV. Accordingly, the three GBV specialists will respectively have a specific focus on the health sector, on the policing and justice sector and on the social services sector. They will have to possess the following qualifications and profile.

a) Qualifications and Profile

Each expert should have:

- Postgraduate qualifications in his/her relevant field.
- At least three (3) years of professional work experience at national and/or international level in family violence, gender-based violence or gender equality programmes or other relevant programmes.
- Experience in implementing assessments, data and policy analysis and orientation, specifically in the field of GBV.
- Demonstrated experience in both quantitative and qualitative and descriptive research processes.



- Experience assessing and/or orientating GBV response in the health, justice, policing, social services and educational sectors and referral pathways.
- Sound knowledge and experience of the GBV Essential Service Package is a strong asset, as it is the experience in the field of sexual and reproductive health and rights and GBV with an emphasis on adolescents and youth.
- Experience working in the UN or other international development organization is desirable.
- Experience coordinating and liaising with government agencies is an asset.
- Excellent oral and written skills; excellent drafting, formulation, reporting skills in English and accuracy and professionalism in document production and editing.
- Excellent interpersonal skills; culturally and socially sensitive; ability to work inclusively and collaboratively with a range of partners, including grassroots community members, religious and youth organizations, and authorities at different levels; familiarity with tools and approaches of communications for development.
- Ability to lead the formation of strategies and communicate sensitively across different constituencies.
- Ability to work in a challenging environment and with tight deadlines.
- Good access to the internet.
- Solid overall computer literacy, including proficiency in various MS Office applications (Word, PowerPoint, excel, etc.) and email/internet; familiarity with Google survey, zoom and other online platforms that will be used for the assessment.
- Demonstrably sound experience in conducting consultations and facilitating validation and training processes, including with online methodologies.

7. Expected deliverables, timeline, and payment terms

The timeframe for the entire consultancy should not exceed the final deadline of January 30th. During this period, the consultancy team will have to prepare the following deliverables:

Product 1: The inception report with the technical proposal that will count with background information and bibliography consulted, a work plan with timeline and methodological details per each objective, including: a) sources of information including actors to be contacted/consulted; b) the assessment matrix (including the final list of assessment questions); c) The tools for the consultation process; d) Level of stakeholders’ participation; e) Explicitly address issues of marginalized groups; f) Plan for data analysis, quality assurance and risk management strategies. The technical proposal will have to be approved by UNFPA and other SI agencies, as well as by the MCGES.

Product 2: Draft readiness assessment report including the data analysis and recommendations to address gaps at the central and decentralized level (four parishes).

Product 3: Final version of the readiness assessment with recommendations and an executive summary in digital and printed format and a power point presentation. This will include feedback received from key stakeholders through an agreed participatory validation process.

Product 4: Final version of the action plan in digital and printed format and a power point presentation.

The 3rd product should be delivered by December 10th. The deadline for the fourth deliverable should not exceed the 30th of January 2021.

7b. Payment terms

The payment is linked to deliverable as per the following table.

Product	Timeline	Payment
Product 1: The inception report with the technical proposal	3 weeks	(First payment) 20%



<u>Product 2</u> : Draft readiness assessment report including the data analysis and recommendations to address gaps at the central and decentralized level.	6 weeks	(Second payment) 25%
<u>Product 3</u> : Final version of the readiness assessment with recommendation and an executive summary	3 weeks	(Third payment) 25%
<u>Product 4</u> : Final version of the action plan	3 weeks	(Fourth and final payment) 30%

The fourth and final payment is dependent on the satisfactory completion of all deliverables. The final readiness assessment and the action plan will be endorsed only when the quality of the report is approved by the UNFPA SI Focal Point after a consultation with other key stakeholders that include other UN agencies and the BGA.

8. Selection process

To undertake this consultancy, a Request for Quotation (RFQ) will be launched to receive proposals from consultancy agencies and teams of consultants which will participate in a competitive bidding process.

Candidates will be selected through the following process:

- a. Submission of a draft methodological proposal including the work plan and presentation of the composition of the assessment team with CVs and a letter of interest explaining why the team is considered suitable to undertake the assessment, and with documentation proving the experience in works of similar complexity and the reporting skills within the given deadline, as per the format provided in Annex I.
- b. Submission of the assessment financial proposal within the given deadline, as per the format provided in Annex II.
- c. Assessment of the Technical Proposal based on its responsiveness to the Terms of Reference (ToR) and prior to any Financial Proposal being opened and compared. A specific assessment tool will be used for such purpose.
- d. Assessment of the Financial Proposal. A specific assessment tool will be used for such purpose.

The candidates should deliver two different emails to UNFPA's email address srocprocurement@unfpa.org by **September 18th 2020 @ 11:59 PM (GMT-5)**:

- The following reference must be included in the email subject line: **RFQ N° UNFPA/JAM/RFQ/20/002 – Readiness Assessment and Action Plan for Jamaican National Strategic Action Plan to eliminate Gender-Based Violence (NSAP-GBV) and the National Plan of Action for an Integrated Response to Children and Violence (NPACV)**. Proposals, including both technical and financial proposals, that do not contain the correct email subject line may be overlooked by the procurement officer and therefore not considered. **The technical and financial proposals are to be submitted as separate documents.**
- The total email size may not exceed **20 MB (including email body, encoded attachments and headers)**. Where the technical details are in large electronic files, it is recommended that these be sent separately before the deadline. **The technical and financial proposals are to be submitted as separate attachments.**
- Any quotation submitted will be regarded as an offer by the bidder and does not constitute or imply the acceptance of any quotation by UNFPA. UNFPA is under no obligation to award a contract to any bidder as a result of the RFQ.

ANNEX I TABLE OF CONTENT FOR TECHNICAL PROPOSAL

Please, in the technical proposal follow the following outline:

1. Introduction
 - a. Background of the readiness assessment
 - b. Objectives of the readiness assessment and action plan
2. Methodology
 - a. Data collection methods and tools
 - b. Sampling Design
 - c. Pre-test of data collection tools
 - d. Data processing and analysis
3. Consultation Process (online and/or face to face)
4. Work Plan and Time Frame
5. Team (include Curriculum Vitae of the Assessment Team)



ANNEX II UNFPA FORMAT FOR FINANCIAL PROPOSAL PER OUTPUT

Please, create your financial proposal following the following format and adapting it to the needs according to the technical proposal.

#	Description	Unit	Rate	Amount	Remarks
1	Staff Cost				
	Team leader				
	Technical Staff				
	Support staff				
	Sub-total				
2	Travel Cost				
	Field Visit				
	Air fare				
	Daily Subsistence Allowance (DSA)				
	Vehicle				
	Sub-total				
3	Programme Costs				
	Procurement of materials				
	Hiring of equipment				
	Sub-total				
4	Local Operational Costs				
	Hiring local staff				
	Mobilising local volunteers				
	Sub-total				
5	Publication				
	Printing of Materials				
	Printing of Reports				
	Sub-total				
6	Others				
	Communication				
	Visibility				
	Supplies				
	Sub-total				
	TOTAL PROJECT COST				



ANNEX III. PROPOSAL OF OBJECTIVES AND RELATIVE QUESTIONS OF THE READINESS ASSESSMENT AND COSTED ACTION PLAN

Contents

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Introduction

This annex contains the general and specific objectives and a preliminary list of questions of the readiness assessment of police, health, social services, justice sectors to provide services according to the essential service package and in line with the NSAP-GBV and the NPACV.

The list of questions is indicative and should be met at the extent possible, but adjustments can be made considering the reality of the available information and existing actors operating in the response of GBV in Jamaica.

It is important to remind that the SI in Jamaica is national in scope and targeted intervention will focus on four prioritized parishes (The Kingston Metropolitan Area (Kingston and St. Andrew), St. Thomas, Clarendon, and Westmoreland) and, within these parishes, in approximately 10 prioritized communities (the names of the communities will be informed to the consultancy team). Accordingly, the readiness assessment will have to refer to the national level and to the decentralized level that is to the specific parishes and communities prioritized by the Spotlight Initiative, considering also the intermediate regional level when relevant such as for the health sector.

General Objectives:

General objective 1. To identify existing capacities and gaps in the different sectors (health, justice, policing, social services and coordination and governance), both among public institutions and CSO providing services to address VAWG, in compliance with the “*Essential Services Package for Women and Girls Subject to Violence. Core elements and quality guidelines*” (ESP) and inform the National Strategic Action Plan to Eliminate Gender-based Violence (2017 - 2027) (NSAP-GBV)

General Objective 2: Based on the findings of the readiness assessment develop a specific set of recommendations to address the identified critical issues and gaps, both at sector level and in the coordination and governance, and guarantee a continuum of care in the provision of quality and coordinated essential services to women and girls’ survivors of violence according to the NSAP-GBV and ESP.

Specific Objectives:

Specific Objective 1.1: Identify existing capacities and gaps in the **health sector**, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.

Specific Objective 1.2. Identify existing capacities and gaps in the **police sector**, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.

Specific Objective 1.3. Identify existing capacities and gaps in the **justice sector**, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.

Specific Objective 1.4. Identify existing capacities and gaps in the **social services sector**, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.

Specific Objective 1.5.: Identify existing capacities and gaps in the **coordination and governance**, at national, regional, parish and community level, among the different sectors, both between public and CSO actors, to guarantee a continuum of coordinated and quality care and inform the NSAP-GBV and accomplish with the ESP.

Specific Objective 2.1: Based on the readiness assessment, inform about key actions to be taken to improve the **health sector** model of care for service delivery and standard operating procedures and protocols in the response to VAWG.

Specific Objective 2.2: Based on the readiness assessment, inform about key actions to be taken to improve the **policing** model of care for service delivery and standard operating procedures and protocols in the response to VAWG.

Specific Objective 2.3: Based on the readiness assessment, inform about key actions to be taken to improve the **justice** model of care for service delivery and standard operating procedures and protocols in the response to VAWG.

Specific Objective 2.4: Based on the readiness assessment, inform about key actions to be taken to improve the **social services** model of care for service delivery and standard operating procedures and protocols in the response to VAWG.

Specific Objective 2.5: Based on the readiness assessment, inform about the creation and/or improvement of a national and local coordination systems among different actors, involving public authorities (including the educational sector), and Civil Society Organizations (including women’s organizations and Faith Based Organizations) to guarantee a referral pathway and a continuum of care in the provision of quality and coordinated essential services to women and girls’ survivors of violence, according to the NSAP-GBV and ESP, both at national and decentralized levels.

Key questions to be addressed by the consultancy agency:

Questions for the Health Sector

Specific Objective 1.1: Identify existing capacities and gaps in the health sector , among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.
Q1.1.I. How are the existing health services - responding to cases of VAWG at the national and decentralized levels – distributed, and what level of service provision they had between 2017 and 2019?
Q.1.1.1a. Who are the health actors, both at the public and CSO level, responding to cases of VAWG at the national and decentralized levels?
Q.1.1.1b. What health services are provided to respond to VAWG by each of them?
Q.1.1.1c. What data for the period 2017-2019 is available (i) for the type of services provided; and (ii) number of people receiving these services, disaggregated by sex, age and geographical location
Q.1.1.1d. To what extent do actors of the CSO complement the gaps in the health service provision of public entities at national and decentralized level? If so, what are the main reasons at national and decentralized level?
Q1.1. II. To what extent are the health services provided in line with the fundamental elements contemplated in the ESP in the response to cases of VAWG?
Q.1.1.2a. To what extent do laws and policies in Jamaica allow and encourage victims/survivors’ seeking health services?



Q.1.1.2b. To what extent does the Jamaican health sector meet the principles of governance, oversight, and accountability in the health service delivery for victims/survivors of VAWG?
Q.1.1.2c. Both at national and decentralized levels, what is the gap between the required and current resources (human, finance, and tools/equipment) to provide quality health services that effectively and efficiently respond to VAWG? What are proposed strategies to address these gaps effectively and in a sustainable manner?
Q.1.1.2d. What are in general the knowledge, attitudes, and practices of health service providers towards VAWG?
Q.1.1.2e. To what extent is the referral pathway for cases of VAWG within the health sector institutionalized? What are the gaps? Is there a specific model of care for the primary health care?
Q.1.1.2f. Are medical products, commodities, and technology, including SRH commodities, to address cases of VAWG available? Is confidentiality, privacy and safety granted in their provision?
Q.1.1.2g. Is collection, analysis, and publication of comprehensive data on VAWG implemented systematically at the national and decentralized levels within the health sector, to permit regular Monitoring & Evaluation and to measure and promote accountability and quality service provisions? Is client feedback collected? If so, how?
Q.1.1.2h. To what extent are health services active in primary and secondary prevention interventions at national and decentralized levels?
Q1.1.III. To what extent do the health services provided comply with the ESP basic principles for the health sector in the response to cases of VAWG?
Q.1.1.3a. To what extent do the health services provided in the response to VAWG assure gender equality and take into consideration power relationship between men and women and between providers and patients?
Q.1.1.3b. To what extent are the health services provided in response to VAWG culturally and age appropriate and sensitive?
Q.1.1.3c. To what extent do the health services in response to VAWG apply the victims/survivors centered approach?
Q.1.1.3d. To what extent is the safety and security of service users a priority when delivering health services to victims/survivors of VAWG?
Q.1.1.3e. To what extent do the health services support and facilitate perpetrator accountability and victim/survivor’s participation in the justice process, promotes her capacity of acting or exerting her agency and ensures that the burden of seeking justice is not placed on her?
Q1.1.IV. To what extent do the health services provided in the response to cases of VAWG comply with the health sector specific characteristics, as well as with the common characteristics and activities contemplated in the ESP?
Q.1.1.4a. To what extent is the availability of health services responding to VAWG met for all survivors/victims, regardless of the place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language, level of literacy, sexual orientation, gender identity, marital status, disabilities, being HIV+, being sex workers, or any other characteristics?
Q.1.1.4b. To what extent is the adaptability, responsiveness and appropriateness of health services responding to VAWG met for all survivors/victims?
Q.1.1.4c. To what extent are best practices of risk assessment and safety planning put in place by the health sector in coordination with the social, police and justice sector in cases of VAWG?
Q.1.1.4d. To what extent are health services delivered guaranteeing safety to women and girls through the informed consent and confidentiality?
Q.1.1.4e. To what extent is data collection and information management about health services provided to women and girls survivor/victim of VAWG consistent and accurate?
Q.1.1.4f. What are the existing standard procedures, agreements about the referral process and pathway, coordination and responsibilities among the services involved (health, police, justice, social and education) in the health sector?
Q1.1.V. To what extent does the health sector comply with the health services guidelines in relation to the different health services that have to be offered according to the ESP?



Q.1.1.5a. To what extent does the health sector comply with the health services guidelines in relation with the identification of survivors of intimate partner violence?

Q.1.1.5b. To what extent does the health sector comply with the health services guidelines in relation with the first line support in cases of VAWG?

Q.1.1.5c. To what extent does the health sector comply with the health services guidelines in relation with the care of injuries and urgent medical treatment in cases of VAWG?

Q.1.1.5d. To what extent does the health sector comply with the health services guidelines in relation with the sexual assault examination and care in cases of VAWG?

Q.1.1.5e. To what extent does the health sector comply with the health services guidelines in relation with the mental health assessment and care in cases of VAWG?

Q.1.1.5f. To what extent does the health sector comply with the health services guidelines in relation with the medical legal documentation in cases of VAWG?



Questions for the Police Sector⁶

<p>Specific Objective 1.2. Identify existing capacities and gaps in the police sector, among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP, both at national and decentralized levels.</p>
<p>Q1.2.I. How are the existing policing services - responding to cases of VAWG at the national and decentralized levels - distributed and what level of service provision they had between 2017 and 2019?</p>
<p>Q.1.2.1a. Who are the police actors specifically responding to cases of VAWG at the national and decentralized levels?</p>
<p>Q.1.2.1b. What are the police services provided to respond to VAWG by each of them?</p>
<p>Q.1.2.1c. What data for the period 2017-2019 is available (i) for the type of services provided; and (ii) number of people receiving these services, disaggregated by sex, age and geographical location</p>
<p>Q1.2.II. To what extent are the police services provided in line with the fundamental elements contemplated in the ESP in the response to cases of VAWG?</p>
<p>Q.1.2.2a. To what extent do laws and policies in Jamaica allow and encourage victims/survivors' seeking police services?</p>
<p>Q.1.2.2b. To what extent does the Jamaican police sector meet the principles of governance, oversight, and accountability in the police service delivery for victims/survivors of VAWG?</p>
<p>Q.1.2.2c. Both at national and decentralized levels, what is the gap between the required and current resources (human, finance, and tools/equipment) to provide quality police services that effectively and efficiently respond to VAWG? What are proposed strategies to address these gaps effectively and in a sustainable manner?</p>
<p>Q.1.2.2d. Which is the gap between needed and existing police professionals with proper and specialized sensitization and preparation to attend cases of VAWG at the national and local level at all times of day and night? At what extent does the variety of police service providers available cover the needs in terms of the delivery of services foreseen in the ESP to address VAWG at national and local level? Is a specific training for the police staff on VAW foreseen at policy level (pre-service, continuing education, in service)?</p>
<p>Q.1.2.2e. To what extent do the police officers attending cases of VAWG possess the expected knowledge, attitudes, and practices?</p>
<p>Q.1.2.2f. How does the pathway to attend cases of VAWG within the police sector work respect to the optimal situation? Which are the gaps to be addressed? Are there models of care for survivors of VAWG within the police system? What are the gaps to be addressed?</p>
<p>Q.1.2.2g. Is the collection, analysis, and publication of comprehensive data on VAWG implemented systematically at the national and decentralized levels within the police sector, to permit regular M&E and to measure and promote accountability and quality service provisions? Is client feedback collected? If so, how?</p>
<p>Q.1.2.2h. Within the police sector, are there gender-sensitive policies and/or are the police policies connected with the NSAP-GBV and the NPACV? Care for women experiencing VAWG are integrated into existing services or are standing alone services within the police sector?</p>
<p>Q.1.2.2i. Do essential police services for victims and survivors of VAWG engage with the community and advocate for women and girls?</p>
<p>Q1.2.III. To what extent do the police services provided comply with the ESP basic principles for the police sector in the response to cases of VAWG?</p>
<p>Q.1.2.3a. To what extent is a right based approach applied in the provision of police services to respond to cases of VAWG?</p>
<p>Q.1.2.3b. To what extent do the police services provided in the response to VAWG assure gender equality and take into consideration power relationship between men and women and between providers and survivors/victims of VAWG?</p>
<p>Q.1.2.3c. To what extent are the police service provided in response to VAWG culturally and age appropriate and sensitive?</p>
<p>Q.1.2.3d. To what extent do the police services in response to VAWG apply the victims/survivors centered approach?</p>

⁶ With special reference to Jamaica Constabulary Force (JFC) and the Centre for Sexual Offences, Child Abuse – CISOCA, and the Domestic Violence Intervention Centres (DVICs)



Q.1.2.3e. To what extent is the safety and security of service users a priority when delivering police services to victims/survivors of VAWG?
Q.1.2.3f. To what extent do the police services support and facilitate perpetrator accountability and victim/survivor’s participation in the justice process, promotes her capacity of acting or exerting her agency and ensures that the burden of seeking justice is not placed on her?
Q1.2.IV. To what extent do the police services provided in the response to cases of VAWG comply with the policing sector specific characteristics, as well as with the common characteristics and activities contemplated in the ESP?
Q.1.2.4a. To what extent is the availability of police services responding to VAWG met for all survivors/victims, regardless of the place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language, level of literacy, sexual orientation, gender identity, marital status, disabilities, being HIV+, being sex workers, or any other characteristics?
Q.1.2.4b. To what extent is the accessibility of police services responding to VAWG met for all survivors/victims?
Q.1.2.4c. To what extent is the adaptability, responsiveness and appropriateness of police services responding to VAWG met for all survivors/victims?
Q.1.2.4d. To what extent are best practices of risk assessment and safety planning put in place by the police sector in coordination with the social, health and justice sector in cases of VAWG?
Q.1.2.4e. To what extent are police services delivered guaranteeing safety to women and girls through the informed consent and confidentiality?
Q.1.2.4f. To what extent is data collection and information management about police services provided to women and girls survivor/victim of VAWG consistent and accurate?
Q.1.2.4g. Which are the existing and the missing linkages, standard procedures, agreements about the referral process and pathway, coordination and responsibilities among the services involved (health, police, justice, social and education)?
Q1.2.V. To what extent does the police sector comply with the police services guidelines in relation to the different policing services that have to be offered according to the ESP?
Q.1.2.5a. To what extent does the police sector comply with the police services guidelines in relation with the prevention of VAWG?
Q.1.2.5b. To what extent does the police sector comply with the police services guidelines, especially with the availability, accessibility, and responsiveness, in relation with the initial contact?
Q.1.2.5c. To what extent does the police sector comply with the police services guidelines in relation with investigation of cases of VAWG?
Q.1.2.5d. To what extent does the police sector comply with the police services guidelines in relation with pre-trial processes in cases of VAWG?
Q.1.2.5e. To what extent does the police sector comply with the police services guidelines in relation with trial/hearing processes in cases of VAWG?
Q.1.2.5f. To what extent does the police sector comply with the police services guidelines in relation with perpetrator accountability and reparations in cases of VAWG?
Q.1.2.5g. To what extent does the police sector comply with the police services guidelines in relation with post-trial processes in cases of VAWG?
Q.1.2.5h. To what extent does the police sector comply with the police services guidelines in relation with safety and protection in cases of VAWG?
Q.1.2.5i. To what extent does the police sector comply with the police services guidelines in relation with support and assistance in cases of VAWG?
Q.1.2.5l. To what extent does the police sector comply with the police services guidelines in relation with communication and information in cases of VAWG?
Q.1.2.5m. To what extent does the police sector comply with the police services guidelines in relation with coordination among justice institutions in cases of VAWG?
Q.1.1.5n. To what extent does the health sector comply with the health services guidelines in relation with the medical legal documentation in cases of VAWG?



Questions for the Justice Sector⁷

<p>Specific Objective 1.3: Identify existing capacities and gaps in the justice sector to inform the NSAP-GBV and accomplish with the ESP both at national and decentralized levels; for legal support services consider both government actors and CSO.</p>
<p>Q1.3.I. How are the existing justice and legal services - responding to cases of VAWG at the national and decentralized levels - distributed and what level of service provision they had between 2017 and 2019?</p>
<p>Q.1.3.1a. Who are the justice and legal actors, both at public and CSO level, specifically responding to cases of VAWG at the national and decentralized levels?</p>
<p>Q.1.3.1b. What are the justice and legal services provided to respond to VAWG by each of them?</p>
<p>Q.1.3.1c. What data for the period 2017-2019 is available (i) for the type of services provided; and (ii) number of people receiving these services, disaggregated by sex, age and geographical location</p>
<p>Q.1.3.1d. To what extent do actors of the CSO complement the gaps in the legal service provision of public entities at national and decentralized level? If so, what are the main reasons at national and decentralized level?</p>
<p>Q1.3.II. To what extent are the justice services provided in line with the fundamental elements contemplated in the ESP in the response to cases of VAWG?</p>
<p>Q.1.3.2a. To what extent do laws and policies in Jamaica facilitate and encourage victims/survivors' seeking justice services?</p>
<p>Q.1.3.2b. To what extent does the Jamaican justice sector meet the principles of governance, oversight, and accountability in the justice service delivery for victims/survivors of VAWG?</p>
<p>Q.1.3.2c. Both at national and decentralized levels, what is the gap between the required and current resources (human, finance, and tools/equipment) to provide quality justice services that effectively and efficiently respond to VAWG? What are proposed strategies to address these gaps effectively and in a sustainable manner?</p>
<p>Q.1.3.2d. Which is the gap between needed and existing justice professionals with proper and specialized sensitization and preparation to attend cases of VAWG at the national and local level at all times of day and night? At what extent does the variety of justice service providers available cover the needs in terms of the delivery of services foreseen in the ESP to address VAWG at national and local level? Is a specific training for the justice professionals on VAW foreseen at policy level (pre-service, continuing education, in service)?</p>
<p>Q.1.3.2e. To what extent do the providers of justice services attending cases of VAWG count with the expected knowledge, attitudes, and practices? (this is the one I integrated from scratch)</p>
<p>Q.1.3.2f. How does the pathway to attend cases of VAWG within the justice sector work respect to the optimal situation? Which are the gaps to be addressed? Are there models of care for survivors of VAWG within the justice system? What are the gaps to be addressed?</p>
<p>Q.1.3.2g. Is the collection, analysis, and publication of comprehensive data on VAWG implemented systematically at the national and decentralized levels within the justice sector, to permit regular M&E and to measure and promote accountability and quality service provisions? Is client feedback collected? If so, how?</p>
<p>Q.1.3.2h. Within the justice sector, are there gender-sensitive policies and/or are the justice policies connected with the NSAP-GBV and the NPACV? Care for women experiencing VAWG are integrated into existing service o are standing alone services within the justice sector?</p>
<p>Q.1.3.2i. Do essential justice services for victims and survivors of VAWG engage with the community and advocate for women and girls?</p>
<p>Q1.3.III. To what extent do the justice services provided comply with the ESP basic principles for the justice sector in the response to cases of VAWG?</p>
<p>Q.1.3.3a. To what extent is a right based approach applied in the provision of justice services to respond to cases of VAWG?</p>
<p>Q.1.3.3b. To what extent do the justice services provided in the response to VAWG assure gender equality and take into consideration power relationship between men and women and between providers and survivors/victims of VAWG?</p>

⁷ Consider as a key actor the Victim Support Division (VSD) of the Ministry of Justice; the public prosecutor, the attorney general's department, and bodies in charge of medico legal reports; among others.



Q.1.3.3c. To what extent are the justice services provided in response to VAWG culturally and age appropriate and sensitive?
Q.1.3.3d. To what extent do the justice services in response to VAWG apply the victims/survivors centered approach?
Q.1.3.3e. To what extent is the safety and security of service users a priority when delivering justice services to victims/survivors of VAWG?
Q.1.3.3f. To what extent do the justice services support and facilitate perpetrator accountability and victim/survivor’s participation in the justice process, promote her capacity of acting or exerting her agency and ensure that the burden of seeking justice is not placed on her?
<i>Q1.3.IV. To what extent do the justice services provided in the response to cases of VAWG comply with the justice sector specific characteristics, as well as with the common characteristics and activities contemplated in the ESP?</i>
Q.1.3.4a. To what extent is the availability of justice services responding to VAWG met for all survivors/victims, regardless of the place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language, level of literacy, sexual orientation, gender identity, marital status, disabilities, being HIV+, being sex workers, or any other characteristics?
Q.1.3.4b. To what extent is the accessibility of justice services responding to VAWG met for all survivors/victims?
Q.1.3.4c. To what extent is the adaptability, responsiveness and appropriateness of justice services responding to VAWG met for all survivors/victims?
Q.1.3.4d. To what extent are best practices of risk assessment and safety planning put in place by the justice sector in coordination with the social, health and justice sector in cases of VAWG?
Q.1.3.4e. To what extent are justice services delivered guaranteeing safety to women and girls through the informed consent and confidentiality?
Q.1.3.4f. To what extent is data collection and information management about justice services provided to women and girls survivor/victim of VAWG consistent and accurate?
Q.1.3.4g. Which are the existing and the missing linkages, standard procedures, agreements about the referral process and pathway, coordination and responsibilities among the services involved (health, police, justice, social and education)?
<i>Q1.3.V. To what extent does the justice sector comply with the justice services guidelines in relation to the different justice services that have to be offered according to the ESP?</i>
Q.1.3.5a. To what extent does the justice sector comply with the justice services guidelines in relation with the prevention of VAWG?
Q.1.3.5b. To what extent does the justice sector comply with the justice services guidelines, especially with the availability, accessibility and responsiveness, in relation with the initial contact?
Q.1.3.5c. To what extent does the justice sector comply with the justice services guidelines in relation with investigation of cases of VAWG?
Q.1.3.5d. To what extent does the justice sector comply with the justice services guidelines in relation with pre-trial processes in cases of VAWG?
Q.1.3.5e. To what extent does the justice sector comply with the justice services guidelines in relation with trial/hearing processes in cases of VAWG?
Q.1.3.5f. To what extent does the justice sector comply with the justice services guidelines in relation with perpetrator accountability and reparations in cases of VAWG?
Q.1.3.5g. To what extent does the justice sector comply with the justice services guidelines in relation with post-trial processes in cases of VAWG?
Q.1.3.5h. To what extent does the justice sector comply with the justice services guidelines in relation with safety and protection in cases of VAWG?
Q.1.3.5i. To what extent does the justice sector comply with the justice services guidelines in relation with support and assistance in cases of VAWG?
Q.1.3.5l. To what extent does the justice sector comply with the justice services guidelines in relation with communication and information in cases of VAWG?
Q.1.3.5m. To what extent does the justice sector comply with the justice services guidelines in relation with coordination among justice institutions in cases of VAWG?



Questions for the Social services Sector

Specific Objective 1.4: Identify existing capacities and gaps in the social services sector , among public and civil society actors, to inform the NSAP-GBV and accomplish with the ESP both, at national and decentralized levels.
Q1.4.I. How are the existing social services - responding to cases of VAWG at the national and decentralized levels – distributed, and what level of service provision they had between 2017 and 2019?
Q.1.4.1a. Who are the social services actors, both at public and CSO level, responding to cases of VAWG at the national and decentralized levels?
Q.1.4.1b. What are the social services provided to respond to VAWG by each of them?
Q.1.4.1c. What data for the period 2017-2019 is available (i) for the type of services provided; and (ii) number of people receiving these services, disaggregated by sex, age and geographical location
Q.1.4.1d. To what extent do actors of the CSO complement the gaps in the health service provision of public entities at national and decentralized level? If so, what are the main reasons at national and decentralized level?
Q1.4.II. To what extent are the social services provided in line with the fundamental elements contemplated in the ESP in the response to cases of VAWG?
Q.1.4.2a. To what extent do laws and policies in Jamaica allow and encourage victims/survivors’ seeking social services?
Q.1.4.2b. To what extent does the Jamaican social services sector meet the principles of governance, oversight and accountability in the social service delivery for victims/survivors of VAWG?
Q.1.4.2c. Both at national and decentralized levels, what is the gap between the required and current resources (human, finance, and tools/equipment) to provide quality social services that effectively and efficiently respond to VAWG? What are proposed strategies to address these gaps effectively and in a sustainable manner?
Q.1.4.2d. Which is the gap between needed and existing social services professionals with proper and specialized sensitization and preparation to attend cases of VAWG at the national and local level at all times of day and night? At what extent does the variety of social service providers available cover the needs in terms of the delivery of services foreseen in the ESP to address VAWG at national and local level? Is a specific training for the social services providers on VAW foreseen at policy level (pre-service, continuing education, in service)?
Q.1.4.2e. To what extent do the providers of social services attending cases of VAWG count with the expected knowledge, attitudes, and practices? (this is the one I integrated from scratch)
Q.1.4.2f. How does the pathway to attend cases of VAWG within the social services sector work respect to the optimal situation? Which are the gaps to be addressed? Are there models of care for survivors of VAWG within the social service system?Which are the gaps to be addressed?
Q.1.4.2g. Is collection, analysis, and publication of comprehensive data on VAWG implemented systematically at the national and decentralized levels within the social services sector, to permit regular M&E and to measure and promote accountability and quality service provisions? Is client feedback collected? If so, how?
Q.1.4.2h. Within the social services sector,are there gender-sensitive policies and/or are the social services policies connected with the NSAP-GBV and the NPACV? Care for women experiencing VAWG are integrated into existing service o are standing alone services within the social services sector?
Q.1.4.2i. Do essential social services for victims and survivors of VAWG engage with the community and advocate for women and girls?
Q1.4.III. To what extent do the social services provided comply with the ESP basic principles for the social services sector in the response to cases of VAWG?
Q.1.4.3a. To what extent is a right based approach applied in the provision of social services to respond to cases of VAWG?
Q.1.4.3b. To what extent do the social services provided in the response to VAWG assure gender equality and take into consideration power relationship between men and women and between providers and survivors/victims of VAWG?



Q.1.4.3c. To what extent are the social services provided in response to VAWG culturally and age appropriate and sensitive?
Q.1.4.3d. To what extent do the social services in response to VAWG apply the victims/survivors centered approach?
Q.1.4.3e. To what extent is the safety and security of service users a priority when delivering social services to victims/survivors of VAWG?
Q.1.4.3f. To what extent do the social services support and facilitate perpetrator accountability and victim/survivor’s participation in the justice process, promote her capacity of acting or exerting her agency and ensure that the burden of seeking justice is not placed on her?
Q1.4.IV. To what extent do the social services provided in the response to cases of VAWG comply with the social services sector specific characteristics, as well as with the common characteristics and activities contemplated in the ESP?
Q.1.4.4a. To what extent is the availability of social services responding to VAWG met for all survivors/victims, regardless of the place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language, level of literacy, sexual orientation, gender identity, marital status, disabilities, being HIV+, being sex workers, or any other characteristics?
Q.1.4.4b. To what extent is the accessibility of social services responding to VAWG met for all survivors/victims?
Q.1.4.4c. To what extent is the adaptability, responsiveness and appropriateness of social services responding to VAWG met for all survivors/victims?
Q.1.4.4d. To what extent are best practices of risk assessment and safety planning put in place by the social services sector in coordination with the health, police, and justice sector in cases of VAWG?
Q.1.4.4e. To what extent are social services delivered guaranteeing safety to women and girls through the informed consent and confidentiality?
Q.1.4.4f. To what extent is data collection and information management about social services provided to women and girls survivor/victim of VAWG consistent and accurate?
Q.1.4.4l. Which are the existing and the missing linkages, standard procedures, agreements about the referral process and pathway, coordination and responsibilities among the services involved (health, police, justice, social and education)?
Q1.4.V. To what extent does the social services sector comply with the social services guidelines in relation to the different social services that have to be offered according to the ESP?
Q.1.4.5a. To what extent does the agencies in charge of assistance to children and adolescents⁸ , subject to violence comply with the social services guidelines in relation with crisis information in case of VAWG?
Q.1.4.5b. To what extent does the agency in charge of assistance to children and adolescents¹ subject to violence comply with the social services guidelines in relation with crisis counseling in case of VAWG?
Q.1.4.5c. To what extent does the agency in charge of assistance to children and adolescents¹ subject to violence comply with the social services guidelines in relation with crisis hotline in case of VAWG?
Q.1.4.5d. To what extent does the agency in charge of assistance to children and adolescents¹ comply with the social services guidelines in relation with safe accommodation in case of VAWG?
Q.1.4.5e. To what extent does the agency in charge of assistance to children and adolescents¹ subject to violence comply with the social services guidelines in relation with material and financial aid in case of VAWG?
Q.1.4.5f. To what extent does the agency in charge of assistance to children and adolescents¹ subject to violence comply with the social services guidelines in relation with legal and rights information in case of VAWG?
Q.1.4.5g. To what extent does the agency in charge of assistance to children and adolescents¹ subject to violence comply with the social services guidelines in relation with psychosocial support and counseling in case of VAWG?
Q.1.4.5h. To what extent does the agency in charge of assistance to children and adolescents¹ subject to violence comply with the social services guidelines in relation with children’s services for any child affected by violence in case of VAWG?

⁸Child Protection & Family Services Agency (CPFSA) and its departments: National Children Registry – NCR, Child Development Agency – CDA; and Office of the Children’s Advocate – OCA.



Q.1.4.5i. To what extent does the agency in charge of assistance to children and adolescents ¹ subject to violence comply with the social services guidelines in relation with community information, education, and community outreach?
Q.1.4.5j. To what extent does the agency in charge of assistance to children and adolescents ¹ subject to violence comply with the social services guidelines in relation with referral to other sectors in case of VAWG?
Q.1.4.5k. To what extent do the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with crisis information in case of VAWG?
Q.1.4.5l. To what extent do the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with crisis counseling in case of VAWG?
Q.1.4.5m. To what extent do the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with crisis hotline in case of VAWG?
Q.1.4.5n. To what extent do the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with safe accommodation in case of VAWG?
Q.1.4.5o. To what extent do the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with material and financial aid in case of VAWG?
Q.1.4.5p. To what extent do the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with legal and rights information in case of VAWG?
Q.1.4.5q. To what extent the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with psychosocial support and counseling in case of VAWG?
Q.1.4.5r. To what extent the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with children’s services for any child affected by violence in case of VAWG?
Q.1.4.5s. To what extent do the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with community information, education and community outreach?
Q.1.4.5t. To what extent do the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with referral to other sectors in case of VAWG?
Q.1.4.5u. To what extent the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with creation replacement and recovery of identity documents in case of VAWG?
Q.1.4.5v. To what extent the BGA and relevant CSOs of the social services sector comply with the social services guidelines in relation with women centered support in case of VAWG?
Q.1.4.5w. To what extent does the existing shelters for survivors of VAWG comply with the social services ESP guidelines?
Q.1.4.5z. To what extent does the Ministry of Labor and Social Security (MLSS), and other bodies responsible for vocational training and supporting micro, small enterprises comply with the social services guidelines in relation with assistance towards economic independence, recovery and autonomy of survivors/victims of VAWG?

Questions for the Coordination and governance system

Specific Objective 1.5.: Identify existing capacities and gaps in the coordination and governance , at national, regional, parish and community level, among the different sectors, both between public and CSO actors, to guarantee a continuum of coordinated and quality care and inform the NSAP-GBV and accomplish with the ESP.
Q1.5.I. What are the existing coordination mechanisms (and GBV networks) responding to cases of VAWG in place or planned at the national and decentralized levels and to what extent were these mechanisms operational and effective?
Q1.5.II. To what extent are the existing coordination mechanisms (and GBV networks) in line with the fundamental elements, basic principles and common characteristics and activities contemplated in the ESP in the response to cases of VAWG?
Q1.5.III. To what extent are the essential actions to be implemented at the national and local level according to the ESP accomplished?
Q.1.5.5a. What are the main gaps in laws and policy making regarding the coordination and governance of GBV services?



Q.1.5.5b. What are the main gaps in appropriation and allocation of resources?
Q.1.5.5c. What are the main gaps in terms of standard settings for the establishment of local level coordinated responses?
Q.1.5.5d. What are the main gaps in terms of inclusive approaches to coordinated responses?
Q.1.5.5e. What are the main gaps in terms of facilitating the development of policy makers and decision makers on coordinated responses to VAWG?
Q.1.5.5f. What are the main gaps in terms of monitoring and evaluation at national and local levels?
Q.1.5.5g. What are the main gaps in terms of creation of formal structures for local coordination and governance of coordination at local level?
Q.1.5.5h. What are the main gaps in terms of implementation of coordination and governance of coordination at local level?

Questions for the recommendations and action plan

Specific Objective 2.1: Based on the readiness assessment, inform about key actions to be taken to improve the health sector model of care for service delivery and standard operating procedures and protocols in the response to VAWG.
Q.2.1 Based on the readiness assessment findings, which are the actions to be taken to address critical issues and gaps in the health sector response to VAWG to inform the NSAP-GBV AND THE NPACV and accomplish with the ESP?
Specific Objective 2.2: Based on the readiness assessment, inform about key actions to be taken to improve the policing model of care for service delivery and standard operating procedures and protocols in the response to VAWG.
Q.2.2 Based on the readiness assessment findings, which are the actions to be taken to address critical issues and gaps in the policing sector response to VAWG to inform the NSAP-GBV AND THE NPACV and accomplish with the ESP?
Specific Objective 2.3: Based on the readiness assessment, inform about key actions to be taken to improve the justice model of care for service delivery and standard operating procedures and protocols in the response to VAWG.
Q.2.3 Based on the readiness assessment findings, which are the actions to be taken to address critical issues and gaps in the justice sector response to VAWG to inform the NSAP-GBV AND THE NPACV and accomplish with the ESP?
Specific Objective 2.4: Based on the readiness assessment, inform about key actions to be taken to improve the social services model of care for service delivery and standard operating procedures and protocols in the response to VAWG.
Q.2.4 Based on the readiness assessment findings, which are the actions to be taken to address critical issues and gaps in the social services sector response to VAWG to inform the NSAP-GBV AND THE NPACV and accomplish with the ESP?
Specific Objective 2.5: Based on the readiness assessment, inform about the creation and/or improvement of a national and local coordination systems among different actors, involving public authorities (including the educational sector), and Civil Society Organizations (including women’s organizations and Faith Based Organizations) to guarantee a referral pathway and a continuum of care in the provision of quality and coordinated essential services to women and girls’ survivors of violence, according to the NSAP-GBV and ESP, both at national and decentralized levels.
Q.2.5 Based on the readiness assessment findings, which are the actions to be taken to create an effective, efficient and sustainable national coordination system, both at national and local level, among all pertinent actors to guarantee a referral pathway and a continuum of care in the provision of quality and coordinated essential services to women and girls’ survivors of violence, according to the NSAP-GBV and ES

