

## **TERMS OF REFERENCE**

Individual consultant to assess the work of the established GBV coordination mechanism and platforms and provide recommendations and support on actions to strengthen their quality and effectiveness to guarantee a continuum of care to survivors.

-		
Requesting office:	UNFPA SROC, Jamaica Office	
	Introduction - Spotlight Initiative	
	In September 2017, the EU and the UN launched an ambitious partnership to eliminate all forms of violence against women and girls (VAWG) worldwide, the Spotlight Initiative (SI). The SI aims at mobilizing commitment of political leaders and contributing to achieving the Sustainable Development Goals (SDGs). The Initiative aims at ending all forms of VAWG, targeting those that are most prevalent and contribute to gender inequality across the world. The Spotlight Initiative is deploying 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 SI in Jamaica is that women and girls realize their full potential in a violence-free, gender-responsive and inclusive way. The Spotlight Initiative is directly contributing to the achievement of three of the 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 Gender Based Violence (GBV) 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 as champions and agents of change at the national, subnational (regional and Parish) and community levels. A specific focus is on reaching and including in the program women and girls who are often isolated and most vulnerable to GBV and harmful practices due to intersecting forms of discrimination. The program also seeks to address the sexual and reproductive health and rights (SRHR) needs of all women and girls using a life-cycle approach.	
	Spotlight Jamaica	
	The SI in Jamaica addresses 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 implementation of the SI in Jamaica is guided by the core principle of the 2030 Agenda for Sustainable Development – 'Leaving No One Behind' and underpinned by an intersectional approach to ensure that interventions address key social factors such as socio-economic status, age, health, educational and disabilities, among others.	

The SI in Jamaica is national in scope and targeted intervention focuses on the following four Parishes: The Kingston Metropolitan Area (Kingston and St. Andrew), St. Thomas, Clarendon, and Westmoreland.
The Pillar 4 of the SI is focuses on supporting public institutions and CSOs in improving the quality of services offered to survivors of violence contributing to the output "relevant government authorities and women's rights organizations at national and sub-national levels have better knowledge and capacity to deliver quality and coordinated essential services, including sexual and reproductive health services, and access to justice to women and girls survivors of violence against women and girls, including domestic violence and intimate partner violence, especially those facing multiple and intersecting forms of discrimination."
The most important policy referent for the SI in Jamaica, is the 10 years National Strategic Action Plan to Eliminate Gender Based Violence in Jamaica (NSAP-GBV) (2017-2027). The Bureau of Gender Affairs (BGA), a branch of the Ministry of Culture, Gender, Entertainment and Sport (MCGES), has the main responsibility for coordinating the implementation of the NSAP-GBV, and accordingly, has a fundamental role in the implementation of the Spotlight Initiative. The BGA and the Gender Advisory Council (GAC), in the capacity as the Secretariat, is also responsible of ensuring an adequate flow of information throughout the NSAP monitoring and evaluation (M&E) system, as well as provide technical and logistical support to the various committees and groups under the NSAP-GBV.
The output 5.1.1 of the strategic area number 5 of the (NSAP-GBV) "Protocols for Coordination of NSAP and the Establishment of an Integrated Data Management System", is the enhancement of the BGA capacity to support the coordination and implementation of the NSAP-GBV.
Within the Spotlight Initiative, UNFPA is providing to the BGA technical assistance and financial support for the implementation of various activities, in line with the above-mentioned output of the NSAP-GBV.
A well-coordinated multi-sectoral response for women and girls subject to violence is important since it is more effective in keeping survivors safe from violence and holding offenders accountable than when different sectors of the society work in isolation to address the issue <sup>1</sup> . Coordination provides benefits for survivors, for the agencies and institutions that respond to violence against women, and for their communities. A coordinated response gives survivors access to informed and skilled practitioners who share knowledge in a dedicated, supportive environment; and it reduces the number of times survivors are asked to tell their stories, thus reducing the risk of re-traumatization, for example. Among the benefits for institutions is that clarity about their roles and responsibilities allows each sector to excel in its area of expertise, and each professional's work is complemented by that of other agencies and professionals; it also results in better services at a lower cost. For communities, coordination is a sign that VAWG is being treated seriously. The national and Parish multisectoral coordination platforms are also important

<sup>&</sup>lt;sup>1</sup> Module 5 of the Essential Services Packages for women and girls subject to violence. Core elements and quality guidelines.

	for the contribution they offer to an improved policy framework for interagency capacity to coordinate, screen, refer and manage cases of VAWG.
	The BGA, as coordination body defined in the NSAP-GBV, has the responsibility to establish protocols for coordination and data collection with key MDAs and enhance the partnership among sectors to guarantee a coordinated multi-disciplinary response to VAWG both at the central/national level and at the local level.
	In this framework and within the Spotlight Initiative, UNFPA is providing to the BGA technical and financial assistance for the implementation of various activities, in line with the above-mentioned output of the NSAP-GBV and international quality standards such those included in the Essential Service Package for women and girls subject to violence.
	What was done during Phase 1 of the Spotlight Initiative
	At the beginning of phase 1 of the Spotlight Initiative a mapping of service providers was done; this served as the basis to develop and validate in a participatory way a referral pathway and policy documents for the coordinated response to GBV in line with the Jamaican policy end legislative framework and with international standards such those included in the Essential Services Package: the Multi-Agency Referral Protocols for Gender-Based Violence, The Multi-Agency Standard Operating Procedures for Providing a Continuum of Care to Survivors of Gender-Based. In 2022, four (4) Parish coordination platforms with representatives of the different sectors were established in Clarendon, Kingston and St Andrew, St Thomas, Westmoreland.
	The above mentioned parish coordination platforms, as well as the national coordination system for the response to GBV, need to be further strengthened to guarantee quality continuum of care to survivors of GBV,
	About the Consultancy
	A consultant is being sought to assess the referral pathway and the work of the established coordination platforms and provide recommendations and support on actions for the sustainable improvement of the effectiveness of the referral pathway.
	This activity falls under activity 4.1.3 of the Spotlight Initiative which is to "Support the establishment and operationalization of a referral pathway and a coordination platform among government and CSO service providers in each of the target Parishes to provide oversight and enable social services, health - including integrated HIV/SRH/GBV services, psychosocial support and mental health services -, police, justice and education sector to ensure a continuum of care in the provision of quality and coordinated essential services to women and girl victims and survivors of violence (Activity 4.1.3)".
Scope of work: (Description of activities or outputs)	With the focus of contributing to strengthening the intersectoral quality of service delivery, the work of the coordination platforms to support the access of survivors of GBV to a continuum of care, the consultant will conduct an assessment on the quality and functionality of the referral and coordinated work in the identified parishes. The assessment will have to be conducted considering the standards of the Essential Service Package, the Inter-Agency Minimum Standards for Gender-

Based Violence in Emergencies Programming and LIVEs approach of PAHO, inclusive of the survivor-centered approach. The most updated version of the referral pathways, the Jamaican Interagency Referral Protocols, Interagency SOP, training packages and other guidelines developed during the phase 1 of the Spotlight Initiative will also be among the most important reference documents. The findings will be used to propose and put into practice actions necessary to guarantee the strengthening and sustainability of the intersectoral quality and seamless response to GBV and to guarantee the accountability of these mechanisms.
<ul> <li>mechanisms.</li> <li>Phase 1: Defining the methodology.</li> <li>At the beginning of the consultancy, based on this TOR and a desk review, the consultant will be required to present an inception report with the methodological approach inclusive of the proposed data collection tools, outline of the report, and a timeline inclusive of all steps of the consultancy.</li> <li>For this purpose, the consultant will have to consider the present TOR as the main referent, have consultative meetings with the focal points at UNFPA, BGA and other important stakeholders, as needed (JCF, MoHW, MoJ, CISOCA, CPFSA, among others). A desk review will also to be conducted considering as important referents for this assessment, among others, the following documents that the consultant will need to resource, also with the support of UNFPA and the other agencies:         <ul> <li>the Jamaican legislative and policy framework, including the Domestic Violence Act, and all relevant and updated sectoral, and intersectoral guidelines, Protocols, SOP, and policy documents produce in the framework of the Spotlight Initiative and action plans such as the NSAP-GBV, and the National Policy for Gender Equality (NGPE).</li> <li>international quality standards and best practices, as the principles, common characteristics, foundational and core elements presented in the Essential Service Package (ESP) for sectoral service delivery and coordination, the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, and the WHO LIVEs approach for the health sector.</li> <li>The most updated referral pathway and GBV services mapping.</li> <li>Reports of previous relevant activities, inclusive of consultations with CSOs.</li> <li>Assessment tools prepared by UNFPA (Comprehensive Gender Based Violence in Emergencies Assessment Tool, Assessment Tool - Sexual and Reproductive Health in Emergencies).</li> <li>the Interragency referral pro</li></ul></li></ul>
communities. The inception report inclusive as detailed above will be presented to UNFPA and BGA for review. The methodology with integrated the first round of feedback will be presented to BGA, UNFPA and focal points of the different institutions during an intersectoral virtual meeting for its validation.

<b>Phase 2: Conducting the assessment.</b> For the assessment some of the actions to be considered are:
<ul> <li>Meetings with the institutional representatives of all sectors at different levels. Relevant MDAs, and both actors of the government institutions and CSOs should be considered, starting from those mentioned in the referral pathway.</li> </ul>
<ul> <li>Organize hybrid meetings at national, Parish, inter-parish levels (in Kingston and St. Andrew (KSA), St. Thomas, Westmoreland, and Clarendon) with the relevant providers and actors with decision making authority for their agencies to inquiry about what worked and what did not work in the coordination platforms and coordinated work since it was started and collect feedback that could be helpful to provide recommendations on how to further improve the coordinated work to guarantee the continuum of care to survivors.</li> </ul>
<ul> <li>Have one on one meetings with key actors in the referral pathway to collect their opinion on how to strengthen the coordination to offer warm referrals and the continuum of care to survivors of GBV.</li> </ul>
• Considering the referral pathways and coordination platforms established during the phase 1 of the Spotlight Initiative, assess how the referrals are conducted for various scenarios in the different service delivery points using different methods (surveys, use of assessment tools, interview to survivors in respect of the survivor centered approach, random mystery shopping). The assessment will consider as reference the international quality standards mentioned above. For this purpose, the consultant will establish her/his own team of human resources to support in the data collection process.
<ul> <li>Prepare a report on the institutional capacities/strengths, weaknesses/gaps to provide quality coordinated services in compliance with the NSAP-GBV and Essential Service Package, highlighting aspects such as availability, accessibility, responsiveness, adaptability, appropriateness, and quality of services and referrals.</li> </ul>
• The report should propose feasible recommendations for the strengthening and sustainability of the intersectoral coordination at parish and national level. The recommendations should refer for example to aspects such as: recommendation on how to improve the referrals to guarantee they respect the survivor centered approach, how to strengthen intersectoral connections, assess the existing tools and forms and propose complementary ones to be developed and/or used, content of training needed, aspects to be considered in the M&E framework, recommendations on how to create an inter-agency tracking system to facilitate information sharing among agencies and follow the progress of a survivor through the system, in full guarantee of the survivor centred approach.
<ul> <li>Present the preliminary findings and include the feedback received to the draft report by UNFPA, BGA, JCF, MoHW and other key stakeholders as deemed necessary, to the satisfaction of UNFPA and BGA.</li> </ul>

• Co-facilitate a session to validate the findings and recommendations of the version including the feedback of the actors mentioned above and to gather commitments to guarantee the sustainability of the coordination platforms for the response to GBV at national and parish level.
Phase 3: Implementation of recommendations needed to guarantee the sustainability of the coordination platforms.
Based on the findings of the assessment and the recommendations agreed upon with the relevant stakeholders, the consultant will have to support some of the actions agreed with UNFPA, BGA and other actors. For this the consultant will have the support of BGA, UNFPA and the consultant currently engaged in supporting the BGA in strengthening the coordination platforms. These actions can be implemented even prior to the finalization of the final report and will depend on the findings of the assessments and priorities identified and could (but not necessarily will have to) include activities such as:
• Support in the implementation of key recommendations to strengthen the weakest links of the referrals, such as co-facilitating intersectoral meetings and/or training with emphasis on the importance of warm referrals and a coordinated approach or other training; cofacilitating validation sessions; ensuring the consistency among the different guidance documents used by key service providers and their alignment with the main referents (ESP, NSAP-GBV among others already mentioned) in terms of quality coordinated services delivery to survivors of GBV.
<ul> <li>Coordinate the development of communicational material (infographic, flyers) for the dissemination of the report findings, outsourcing the relevant support.</li> </ul>
<ul> <li>Validate and present the findings of the assessment, train on tools resulting for the recommendations.</li> </ul>
<ul> <li>Create and validate a Monitor and Evaluation framework for the intersectoral and interagency coordinate response to GBV (with qualitative and quantitative indicators and short, medium- and long-term goals) to be used beyond the Spotlight Initiative to regularly monitor, evaluate, and improve the effectiveness of the coordination platforms.</li> </ul>
<ul> <li>Co-facilitate a consultative session on the sustainability of the coordination platforms at national and parish level with all relevant stakeholders (different sectors, from the first line responders to decision makers), draft a strategy and validate it with clear commitments.</li> </ul>
<ul> <li>Draft a procedure that can be adapted by all sectoral stakeholders on data collection, storage, sharing and treatment in alignment with international standards. This should consider:         <ul> <li>The system that is being created for the shelters and helpline units at the BGA;</li> <li>The CSOs intake forms;</li> <li>The MOHW intake forms;</li> <li>Intake forms used by other agencies;</li> </ul> </li> </ul>

	And	<ul> <li>Feedback from Pillar 4 on the user-p d should provide guidance on:</li> <li>How to make steps towards an interfacilitate information sharing among progress of a survivor through the symptotic symptometry.</li> </ul>	er-agency trac ng agencies a	king system to nd follow the
	by UNFPA, Entertainme GBV in Jama will also rec	<ul> <li>survivor centred approach.</li> <li>How each agency should maintai evaluation</li> <li>Use of common terminology for all r</li> <li>Promoting and monitoring the us survivors before recording person (PII), considering that codification a information are recommended, whe ensuring that confidentiality and pri are protected when collecting, recorn the Bureau of Gender Affairs of the ent and Sport of Jamaica and other key stataica (JCF, MoHW, MoJ, MoEYI, CISOCA, are eive support and inputs from the consult ening the coordination platforms.</li> </ul>	n data for m recording and r se of informe ally identifiab and not person n possible, for ivacy of the su ding, and repo e provided teo Ministry of C akeholders of t mong others).	nonitoring and reporting. ed consent of le information hal identifiable safety reasons, invivors of GBV orting data. chnical support ulture Gender he response to The consultant
Duration and		ncy will have a duration of 2 months and a ha		ptember 1,
milestones:	Product	ding on November 15 2023 with no possibility Description	Timelin e	Payment on product basis %
	Product 1	Validated inception report inclusive of desk review and methodological proposal with tools and timeline; to the satisfaction of the BGA and UNFPA.	Sept 15	30%
	Product 2	Preliminary assessment report with the results of the data collection process, to the satisfaction of the BGA and UNFPA.	October 15	30%
	Product 3	<ul> <li>3.1 Final assessment report with integrated all stakeholders' feedback, additional findings obtained after the preliminary report, any recommendation implemented meanwhile with the relevant results and attachments; to the satisfaction of the BGA and UNFPA.</li> <li>Attachments should include, among others: <ul> <li>PowerPoint presentation.</li> <li>M&amp;E framework.</li> <li>Data collection tools, list of consultations, activity reports among others including the</li> </ul> </li> </ul>	November 10	40%
		presentation of the report.		

	1		
	presented to relevant stakeholders and to the satisfaction of UNFPA.3.23.2Report of all the activities implemented to put in practice recommendations and a validated sustainability plan for the coordination platforms.		
Location of activities:	National. Nevertheless, the IC will organize information collection, consultations, and validation activities involving key actors of government as well as CSO addressing responding to GBV, and those assisting marginalized populations, at national level and in the four parishes and in the communities selected for the project implementation, including those working with the underserved communities. The consultant will alternate virtual and face to face modalities for the collection of data and meetings, considering the most effective for each stakeholder. In case of face-to-face meetings the State COVID-19 preventive measures will be taken if the case.		
Coordination & reporting mechanism:	The consultant will report to the UNFPA designated technical focal point for the Spotlight Country Programme in Jamaica.		
Inputs/services to be provided by UN agency:	UNFPA and the BGA will facilitate relevant policy documents (protocols, SOPs), the most updated referral protocols, guidelines, reports on the establishment of the parish level coordination platforms and possible scenarios for the national coordination platforms.		
Required expertise, qualifications and competencies, including language requirements:	<ul> <li>Advanced higher degree (Master's or equivalent) in social sciences.</li> <li>Minimum 5 years of experience working in policy development, implementation, assessment whether in Government or non-government agencies.</li> <li>Experience in the field of GBV and knowledge of the Essential Service Package for women and girls subject to violence</li> <li>Previous experience in assessing programs or policies and leading a team are an asset.</li> <li>Good understanding of Jamaica's human rights framework and situation related to GBV, including among marginal populations is a strong asset.</li> <li>Excellent interpersonal skills; culturally and socially sensitive with 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.</li> <li>Excellent oral and written command of English and excellent drafting skills and accuracy and professionalism in document production and editing.</li> <li>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 could be used for the assessment.</li> <li>Self-motivated, ability to work with minimum supervision; ability to work with tight</li> </ul>		
	<ul> <li>Self-motivated, ability to work with minimum supervision; ability to work with tight deadlines.</li> </ul>		

Other relevant information or special conditions, if any:	For the implementation of the consultancy the consultant will have to establish a own team of persons. The consultant will hire these persons directly. The amount paid for this consultancy is inclusive of all relevant costs assumed by the consultants including for the team that will be supporting with data collection (fees, costs related to commuting or overnighting in case of field visits). Interested candidates should present an expression of interest, their CV highlighting experience in similar areas of work a short technical proposal and budget for the intervention.