



**Spotlight Initiative**  
To eliminate violence against women and girls



**TERMS OF REFERENCE**

**Consultancy for the development of intake forms to complement the new Guidelines for the Management of GBV in Healthcare Settings of the MOHW in Jamaica**

<p><b>Hiring office:</b></p>	<p><b>UNFPA Sub-regional Office for the Caribbean (SROC), Jamaica</b></p>
<p><b>Background:</b></p>	<p>The European Union (EU) and the United Nations (UN) have embarked on a new, global, multi-year initiative focused on eliminating all forms of violence against women and girls (VAWG) - the Spotlight Initiative (SI). The Initiative is so named as it brings focused attention to this issue, moving it into the spotlight and placing it at the center of efforts to achieve gender equality and women’s empowerment, in line with the 2030 Agenda for Sustainable Development.</p> <p>The SI Jamaica Country Programme uses a multi-sectoral, multi-layered, interlinked community-centered approach to achieve the implementation of the six Outcome Areas based on the socio-ecological model for addressing GBV:</p> <ul style="list-style-type: none"> <li>• Pillar One: Legislative and Policy Frameworks</li> <li>• Pillar Two: Strengthening Institutions</li> <li>• Pillar Three: Prevention and Social Norms</li> <li>• Pillar Four: Delivery of Quality, Essential Services</li> <li>• Pillar Five: Data Availability and Capacities</li> <li>• Pillar Six: Supporting the Women’s Movement and CSO</li> </ul> <p>The Spotlight Initiative in Jamaica addresses all forms of violence against women and girls (VAWG), including family violence, and focuses on three key priority areas: 1) child sexual abuse, 2) intimate partner violence (IPV) and 3) discrimination against vulnerable groups. The approach is guided by the ecological theory that underpins the connections between family and society.</p> <p>Frontline health care providers such as physicians, nurses and midwives play a vital role in responding to the needs of those who have been exposed to all forms of VAWG. These health care providers are mainly found in primary care clinics, physicians’ offices as well as in the emergency rooms of the health centers and other hospitals.</p> <p>Over the past few decades, the international community has recognized that violence against women and girls is a serious public health problem and a violation of human rights. One out of every three women in the Americas reports experiencing intimate partner or sexual violence by a non-partner at some point in their lives. Preventing violence and responding to survivors, requires action from all sectors, and health services play a crucial role.</p> <p>According to the Women’s health Survey (2016), 25.2% of Jamaican women have experienced physical violence by a male partner, and 7.7 per cent have been sexually abused by a male partner. Lifetime prevalence of intimate partner physical and/or sexual violence against Jamaican women was 27.8 per cent. 28.8 per cent</p>

of Jamaican women have suffered emotional abuse, and 8.5 per cent report having experienced economic abuse.

As noted by the United Nations (UN) Secretary General's in-depth study - health care providers are often the first professionals to come into contact with women and girls who experience violence. As a result, training health care professionals is an essential part of addressing violence against women around the world. When health care providers are adequately trained to identify survivors and provide them with compassionate and effective care, they have the unique opportunity to prevent the re-occurrence of violence, mitigate negative consequences and break the cycle of violence.

The importance of strengthening health systems' capacity to identify and provide quality care to women survivors of violence was recognized in two mandates approved by Ministers of Health from PAHO and WHO's Member States, including:

- Regional Strategy and Plan of Action on Strengthening the Health System to Address Violence Against Women (CD54/9, Rev.2) – approved by PAHO's Directing Council in 2015
- Global Plan of Action on strengthening the role of the health system, within a national multisectoral response, to address interpersonal violence, against women and girls, and against children – approved by the World Health Assembly in 2016

Both documents call on countries to strengthen their health systems' capacity to address violence against women, including through concerted efforts to train their health workforce.

With the goal of supporting its Member States, PAHO/WHO have developed a series of tools that can be used to improve health care for women survivors and that are referred to in the reference section of this TOR.

Addressing violence against women requires a multisectoral response. Health systems have a critical role to play in this response. This includes:

- identifying those who are experiencing violence and providing them (and their children) with comprehensive health services;
- facilitating access to supportive services in other sectors that women who experience violence need and want;
- contributing to preventing the recurrence of violence by identifying early the women who are experiencing violence and their children, providing appropriate care and referrals, and addressing problems associated with violence such as harmful alcohol and substance use;
- integrating messages about the human rights violations and harmful health and other consequences associated with violence against women, the need to seek appropriate and timely care, and prevention into health education and health promotion activities with clients and communities;
- documenting the magnitude of the problem, its causes, and consequences, and advocating for coordinated multi-sectoral prevention and provision of effective responses.

It is a necessity for the health system to count with a Model of Care to provide policy guidance for the MOHW IPV Clinical Care Guidelines.

Health care for women subjected to violence must be integrated into existing health services as much as possible rather than offered only as stand-alone services. Care to address violence against women may be integrated into:

- primary health centres and clinics
- district and regional hospitals and other tertiary hospitals
- one-stop centres.

During phase 1 of the Spotlight Initiative under Activity 4.1.5 of the Pillar 4 (quality of services) the MOHW was supported with the development of Guidelines for the Management of GBV in Healthcare Settings of the MOHW in Jamaica. These Guidelines offer the national framework for the provision of gender-sensitive and responsive services and present a model of care of service delivery, establishing referrals within the health sector (including for HIV and other SRH services) and other sectors along with FBOs and CSOs, in line with the guidance and tools for essential services and the WHO guidelines.

The Guidelines are an important policy document to assist in the country's efforts to reduce the impact of Violence Against Women and Girls on Jamaica in keeping with the Vision for Health 2030 and targets and obligations under the Sustainable Development Goals 3 and 5.

These Guidelines with the model of care presented contribute to reducing the number of visits and the number of providers that the women or girls have to contact, and to facilitating access to services they may need, in a manner that respects their confidentiality and prioritizes their safety.

They provide skills in line with the LIVEs (Listen, Inquire about needs and concerns, Validate, Enhance Safety, Support) and survivor and women-centered approaches. Accordingly, women and girls who have experienced violence are involved in the decision-making process, they can express what they need and want, and they are emphatically listened to and respected, they are provided all the information on which services are available and where they are located, and they can make an informed decision.

The guidelines aim to provide evidence-based guidance to health-care providers on the appropriate responses to intimate partner violence (IPV) and sexual violence against women, including clinical interventions and emotional support. They also seek to raise awareness, among health-care providers and policy makers, of violence against women, to better understand the need for an appropriate health sector response to violence against women. They were designed according to the LNOB principle to consider other forms of Gender-Based Violence, beyond IPV.

There is a need to complement the Guidelines with tools that will ensure its full implementation in adherence with quality standards.

Under Phase 2 of the Spotlight Initiative, it is planned to:

- Develop and validate the Intake form to complement the Guidelines for the Management of GBV in Healthcare Settings of the MOHW in Jamaica. This will permit the collection and analysis of harmonized GBV information according to standards that respect the survivor centered approach and GBV principles (confidentiality, safety, respect, no discrimination) and in line with the guidelines and the quality standards it adheres to.

	<ul style="list-style-type: none"> <li>- Develop and validate an audit tool to complement the Guidelines with integrated CMO feedback. The tool will permit monitoring the implementation of the Guidelines in adherence to quality standards.</li> </ul>
<p><b>Purpose of the consultancy</b></p>	<p><i>In line with the guidance and tools of the “Essential Services Package (ESP) for Women and Girls Subject to Violence”, the “WHO Clinical Handbook: Health care for women subjected to intimate partner violence or sexual violence”, the “GBVims Forms” among other guidance and tools, <b>develop the intake forms to complement the Guidelines for the Management of GBV in Healthcare Settings of the MOHW in Jamaica</b></i></p>
<p><b>Scope of work:</b> <i>(Description of activities or outputs)</i></p>	<p>The Consultant will be required to work in collaboration with the MOHW and with the technical assistance of PAHO and UNFPA to:</p> <ul style="list-style-type: none"> <li>• Prepare an inception report with a comprehensive methodology, work plan including chronogram of activities as outlined in the terms of reference to be discussed and agreed upon with the MOHW, UNFPA and PAHO at the beginning of the consultancy.</li> <li>• Conduct a desk review of relevant documentation. The consultant will need to analyze the relevant international quality standards, considering the forms created by the <a href="#">GBVims</a>, guidance of PAHO on IPV, the most updated UNFPA material on Clinical Management of Rape and Intimate Partner Violence, and the ESP and consider the intake form already created in the framework of the Spotlight Initiative for the civil society organizations and other intake forms used in the health system in Jamaica and in other countries. (Some references are listed below in a specific session and will have to be the main references; UNFPA and PAHO will be available to share the most updated version as needed).</li> <li>• Conduct consultations with different methods with internal and external stakeholders as identified between the Ministry of Health and Wellness, UNFPA and PAHO.</li> <li>• Develop a draft of the intake forms based on the desk review and consultations and send the product for revision of the MOHW, UNFPA, PAHO. The intake form will have to be designed to permit the collection of GBV information according to standards that respect the survivor centered approach and GBV principles (confidentiality, safety, respect, no discrimination) and in line with the Guidelines of the MOHW and the international quality standards they adhere to. Other documents such as the consent for release of information could be adapted as needed. Thus, improving the way data can be compiled.</li> <li>• After integrating the initial feedback of the above-mentioned agencies, pilot, and pre-test the intake forms in collaboration with the health facilities in the Parishes for a period of one month. The consultant should collect the feedback from the service providers in a systematic way using tools that can include a feedback survey form and other tools.</li> </ul>



	<ul style="list-style-type: none"> <li>• Systematize and analyze all feedback received from the service providers and integrate into the intake forms the feedback received justifying the recommendations that were integrated or not integrated.</li> <li>• Adapt the intake forms to the final version of the GBV Guidelines with integrated feedback from the CMO.</li> <li>• After feedback and approval of the deliverable by MOHW, PAHO, and UNFPA in the intake forms, submit the revised version to the MOHW for submission to the forms committee; if the feedback from the Forms Committee arrives on time, integrate it.</li> </ul>																
<b>Duration</b>	The contract starts in the last week of May and finalizes before the end of August.																
<b>Delivery dates</b>	<p>This is a delivery-based consultancy and payments will be made as follows, upon approval of the deliverables by MOHW and PAHO, and UNFPA:</p> <table border="1" data-bbox="441 768 1419 1871"> <thead> <tr> <th>Deliverable</th> <th>Timeline</th> <th>Payment</th> <th>%</th> </tr> </thead> <tbody> <tr> <td data-bbox="441 842 773 1073">1) First draft of the intake form to satisfaction of UNFPA, PAHO, MOHW</td> <td data-bbox="773 842 1010 1073">End of Week 3</td> <td data-bbox="1010 842 1274 1073">Upon approval of deliverable 1</td> <td data-bbox="1274 842 1419 1073">30%</td> </tr> <tr> <td data-bbox="441 1073 773 1514">2) Report from the pre-tests conducted at the level of RHA/Parishes with service providers. And intake form with integrated proper feedback to be submitted to the forms committee.</td> <td data-bbox="773 1073 1010 1514">End of Week 9</td> <td data-bbox="1010 1073 1274 1514">Upon approval of deliverable 2</td> <td data-bbox="1274 1073 1419 1514">30%</td> </tr> <tr> <td data-bbox="441 1514 773 1871">3) Final version of the intake forms aligned with the most updated version of the Guidelines approved by the CMO to satisfaction of UNFPA, PAHO,</td> <td data-bbox="773 1514 1010 1871">End of Week 13</td> <td data-bbox="1010 1514 1274 1871">Upon approval of deliverable 3</td> <td data-bbox="1274 1514 1419 1871">40%</td> </tr> </tbody> </table>	Deliverable	Timeline	Payment	%	1) First draft of the intake form to satisfaction of UNFPA, PAHO, MOHW	End of Week 3	Upon approval of deliverable 1	30%	2) Report from the pre-tests conducted at the level of RHA/Parishes with service providers. And intake form with integrated proper feedback to be submitted to the forms committee.	End of Week 9	Upon approval of deliverable 2	30%	3) Final version of the intake forms aligned with the most updated version of the Guidelines approved by the CMO to satisfaction of UNFPA, PAHO,	End of Week 13	Upon approval of deliverable 3	40%
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<p><b>Location of activities and expected travels:</b></p>	<p>The consultant is expected to work remotely, utilizing their own office space, computer, internet, telephone, and other equipment, as needed, to undertake the assignment.</p> <p>The pre-test of the intake form can be coordinated remotely with the service providers. Only if considered needed, the consultant could be required to travel to some of the parishes, in that case allowances will be offered according to UNFPA standards.</p>				
<p><b>Required expertise, qualifications, and competencies:</b></p>	<p>Candidates should count with the following qualification and experience:</p> <ul style="list-style-type: none"> <li>● Minimum of postgraduate studies in a relevant area, including, but not limited to, Public Health, Gender Based Violence, Gender Studies, Social Science, Human Rights, International Development, HIV, Political Science.</li> <li>● Minimum of 3 years' experience of proven record of working in health systems and services and more concretely specific experience in developing policies, forms, and programmes for strengthening health systems and services.</li> <li>● Previous training and/or working experience with VAWG.</li> <li>● Previous working experience in VAWG in the health sector and or in the development of intake forms is an asset.</li> <li>● Proficient in written and verbal communication with excellent technical writing skills.</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 will be used for the assessment.</li> </ul>				
<p><b>Coordination &amp; reporting mechanism:</b></p>	<p>The consultant reports to the UNFPA, Spotlight Initiative focal point and the MOHW.</p> <p>Final approval of deliverables for payment will be given by UNFPA, after receiving the approval from the Director of NCD and Injury Prevention Unit, based also on consultations internal to the MoHW as required, the advisors of the UNFPA and the PAHO offices liaising on the Spotlight initiative implementation.</p> <p>The Ministry of Health and Wellness ensures access to relevant documents and to all relevant officers deemed necessary for the successful completion of the consultancy. The NCD and Injury Prevention Unit will liaise for the appointments</p>				

	<p>with stakeholders, obtaining national documents and reports on any technical matters of the consultancy.</p> <p>The NCD unit will liaise with:</p> <ul style="list-style-type: none"> <li>- the health facilities to coordinate the pre-test within the timeframe of one month.</li> <li>- the Forms committee for the review of the intake forms and approval process.</li> </ul>
<p><b>Inputs/services to be provided by UN agency:</b></p>	<p>At the beginning of the consultancy, the MOHW, in collaboration with PAHO and UNFPA will facilitate to the consultant:</p> <ul style="list-style-type: none"> <li>- a partner mapping and the linkage with relevant stakeholders</li> <li>- provide relevant documents.</li> </ul> <p>Throughout the consultancy, the MOHW, PAHO and UNFPA will collaborate and support the consultant in the organization of meetings as required.</p>
<p><b>References:</b></p>	<p>The following documents will be key references for the development/adjustment of the model of care:</p> <ul style="list-style-type: none"> <li>● Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers. Geneva: World Health Organization; 2017.</li> <li>● WHO guidelines for the health sector response to child maltreatment. Geneva: World Health Organization, 2019.</li> <li>● Essential services package for women and girls subject to violence <a href="https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence">https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence</a></li> <li>● Health care for women subjected to intimate partner violence or sexual violence. A Clinical Handbook. 2017</li> <li>● Minimum Initial Service Package for Sexual and Reproductive Health</li> <li>● WHO, UN Women and UNFPA (2014) Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook. Geneva: Switzerland.</li> <li>● WHO (2013) Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: Switzerland</li> <li>● MOHW. Guidelines for the Management of GBV in Healthcare Settings of the MOH in Jamaica (internal review process)</li> <li>● MOHW (2023) Management of interpersonal violence: procedures for healthcare workers.</li> <li>● MOHW. Sexual assault Protocols and Standard Operating Procedures at Public Health Facilities in Jamaica.</li> <li>● MOHW. The management of suspected victims of trafficking in persons. Protocol for health care workers.</li> </ul>

	<ul style="list-style-type: none"> <li>● UNFPA Clinical Management of Rape and Intimate Partner Violence most update material (available by the end of May after the pilot is completed).</li> <li>● GBVims website on intake forms <a href="https://www.gbvims.com/gbvims-tools/intake-form/">https://www.gbvims.com/gbvims-tools/intake-form/</a></li> <li>● Intake form produced by ILE for CSOs</li> </ul>
<p><b>Other relevant information or special conditions, if any:</b></p>	<p>The interested candidates should present a letter of interest of their motivation in applying for the consultancy, accompanied by a CV proving experience in the required fields and in the production/revision of similar documents and the expected daily rate.</p> <p>Please, in the CV place link to online documents if any, UNFPA could ask the shortlisted candidates to share samples of these documents</p>