



Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations:



TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT	
Title: Short term (Regional) Policy and Advocacy Consultant (#2) for the Caribbean Observatory on Sexual and Reproductive Health and Rights (SRHR)	
Hiring Office:	UNFPA Sub-regional Office for the Caribbean (SROC), Jamaica
Purpose of consultancy:	The main purpose of the consultancy is to spearhead the development of evidence-based advocacy materials (policy briefs 4-6) for the Caribbean Observatory on (SRHR)
Scope of work: <i>(Organisational context, description of services, activities, or outputs)</i>	<p>Organisational Context</p> <p>Sexual and reproductive health and rights (SRHR) lies at the centre of development with the International Conference on Population and Development (ICPD), 1994, establishing linkages between reproductive health, human rights and sustainable development. There is a great need to mainstream sexual and reproductive health and rights while promoting gender equality and non-discrimination, preventing and addressing gender-based violence (GBV) and enhancing accountability. Improving the lives of adolescents, youth and women ensures the integration of human rights, gender equality and population dynamics.</p> <p>The United Nations Population Fund (UNFPA) is the sexual and reproductive health and rights agency of the United Nations. Our mission is to deliver a world in which every pregnancy is wanted, every childbirth is safe and every young persons' potential is fulfilled. UNFPA is working with governments, civil society, regional partners and other UN agencies to achieve the Sustainable Development Goals (SDGs) by 2030, with specific focus on Goal 3 (health), Goal 5 (gender equality), and Goal 10 (reduced inequalities).</p> <p>The English- and Dutch-speaking Caribbean is part of the United Nations "delivering as one" initiative, and as such, the UNFPA Country Programme for the English- and Dutch-speaking Caribbean, is aligned to the United Nations Multi-Country Sustainable Development Framework (UNMSDF) 2017-2021. UNFPA's programme applies a human rights and culturally sensitive approach, supported by evidence-based advocacy and policy dialogue to address issues of sexual and reproductive health (SRH), gender equality, youth and population dynamics. At the heart of UNFPA's support in the Caribbean, is its work towards improving the enabling environment for sexual and reproductive health and rights (SRHR), building national capacities to advocate for and deliver policies and programmes for access to SRH information and services, as well as strengthening legal and protection systems for the implementation of laws, policies and programmes to prevent gender-based and sexual violence against women and girls.</p> <p>SRHR in the Caribbean</p> <p>The Caribbean region holds one of the highest adolescent fertility rates in the world: 60.2 births per 1,000 girls aged 15-19 (2010-2015 period). Early sexual debut and coerced sex are among the main contributing factors to adolescent</p>



pregnancy.¹ Lack of legal coherence between the age at which adolescents can consent to sexual activity for most countries is 16 and access to sexual and reproductive health services without parental consent for most is 18 which impedes health and wellbeing for adolescents. Throughout most of the Caribbean, the legal regime on access to termination of pregnancy is not clearly understood (such as where health and life are in danger) and even where it is, abortion is stigmatized and resources are often restricted. This results in very limited access to safe abortion, particularly by those who cannot afford private medical services. Adolescent pregnancy can severely limit the opportunities for personal development and remains a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health, poverty and the experience of violence in intimate unions. The high adolescent pregnancy is a reflection of the unmet need for contraceptives among young people.

As it relates to HIV, the Caribbean sub-region still has the highest incidence of reported AIDS cases in the Americas and is the second most-affected region in the world after Africa, with an HIV prevalence of 1.6% (UNFPA Newsletter, June 2020). This is the case, despite noteworthy progress being made in the reduction of new HIV infections and AIDS-related deaths with the incidence: prevalence rate of the region declining from 6.1% in 2010 to 3.9% in 2019.

Gender-based Violence: Family Violence

The persistence of risks of violence that women face in the home and the community is rooted in gender inequality and power imbalance. Inequitable gender norms support male dominance in intimate partner relationships. This is expressed in the continued assertion that men should be the head of the household, a view held by both women and men.² Relevant surveys show that women whose male partners demonstrate more than one type of controlling behaviour are more likely to experience all forms of intimate partner violence³ and family violence.⁴

These are some of the consequences of GBV (not a limited list): a) long-term physical and psychosocial trauma; b) perpetuation and/or 'acceptance' of violence as normal, beginning often in adolescence; c) early, repeat and/or unwanted pregnancies; d) lower school performance or school drop-out; e) job absenteeism; f) familial separation; g) inter-generational use and experience of family violence; and i) death.

The root causes of GBV against women are very similar to that meted out against girls. Where violence against women exists in a given household, it is highly likely that same is being perpetuated against the girl child within that respective household, with girls often being overlooked in both prevention and

¹ Caroline Allen, Situation Analysis of Adolescent Sexual and Reproductive Health and HIV in the Caribbean. PAHO 2013

² Women's Health Survey Jamaica 2016. In Jamaica over three-quarters of women (77.4 %) agreed with a statement that it is natural (God-intended) that men should be the head of the family, and 70.2 % agreed that a woman's main role is to take care of her home. 31.4 % believed that a wife is obligated to have sex with her husband whenever he wants, except when she is sick or menstruating.

³ Intimate partner violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner - <https://www.un.org/en/coronavirus/what-is-domestic-abuse>

⁴ Spotlight Caribbean Regional Investment Plan



response actions.⁵ The studies have also emphasised the intergenerational nature of family violence, with children witnessing or experiencing such violence being at a greater risk of perpetuating and/or experiencing such violence as adults.

Linkages between SRHR and GBV

GBV is both a cause and consequence of limited access to SRHR and is linked to negative SRHR outcomes for women and girls. Women are more vulnerable to HIV infection and other sexually transmitted infections (STIs) where gender inequalities and high rates of physical and sexual violence exist and where access to SRH services are denied or delivered with stigmatising and discriminating attitudes and behaviours due to age, sexual orientation, HIV status, disability and immigration status.

Forced or coercive sexual intercourse with a HIV-infected partner is one of the routes of transmission for HIV and STI to women. Vulnerability to HIV is also shaped by experience of sexual abuse in childhood, harmful gender norms and socio-economic status.⁶

SRH health problems such as unwanted pregnancies, unsafe abortions, STIs and HIV are fuelled by GBV with inadequate policy and legislative frameworks to address these issues.

At the health system level, there are gaps in the way VAW data is collected, collated and analyzed and shared between health services as well as between the health and justice sector.

As it pertains to disasters and health crises, these tend to deepen inequalities that existed before crises, including a dramatic increase in violence against women and children. Family isolation, economic insecurity, reduced access to health services brought on by the COVID-19 crisis will intensify the problem of GBV, including family violence. With the advent of COVID-19, key and vulnerable populations including adolescent girls, young women, and their partners are likely to be disproportionately affected. Sex workers are especially vulnerable to shocks and risk fluctuations of this kind and often lack alternative livelihood strategies to support themselves or to access food. Persons with disabilities, migrants and displaced persons experience similar challenges. Stay at home and curfew orders can exacerbate HIV and risks of GBV for women and girls living in violent or abusive households. Increases in the incidence of HIV among newly out of school girls, sex workers, and others are therefore expected and have been documented globally.

Spotlight programming will address these threats at the regional and national levels. Programmatic responses to these challenges might include (but are not limited to) the integration of GBV, including family violence, prevention and

⁵ Guedes, A. et al. Bridging the Gaps: A global review of the intersections between violence against women and violence against children. *Global Health Action*, Vol. 9 (2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4916258/>.

⁶ Several studies highlight that men's use of violence is linked to their own sexual risk taking and hence, their own as well as their partner's risk of STI and HIV. Studies show that women's experience of violence is linked to increased risk-taking including having multiple partners, nonprimary partners (or partnerships outside marriage) or engaging in transactional sex



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response actions into health systems' response to pandemics such as COVID-19, strengthening of first response to violence systems, law enforcement actors like the police and justice/judiciary sectors, reinforcement of the social safety net, and increased access to shelter and temporary housing for survivors.⁷

The Spotlight Initiative Regional Programme

The Spotlight Initiative is being implemented in Belize, Grenada, Guyana, Haiti, Jamaica and Trinidad and Tobago. This regional programme will benefit both Spotlight, and non-Spotlight Caribbean countries through the production of and access to regional public goods. It will add value, and contribute to the scale, sustainability, visibility, lessons learnt and replication of programming throughout the region. The Regional Component will prioritise working with regional bodies, regional advocacy with CSO networks, transferring lessons learned and engaging in South-South and triangular cooperation. It will address specific regional challenges that inhibit progress on the prevention of and response to violence against women and girls.

The Regional Spotlight Initiative will focus on four (4) pillars of programming: i) working to ensure institutions are gender-responsive; ii) establishing comprehensive and evidence based prevention programmes aimed at changing social norms and gender stereotypes; iii) promoting the collection and use of quality, comparable data to inform public policy, advocacy, policy making, and delivery of complimentary services to improve prevention; and iv) supporting autonomous women's movements to influence, and monitor policy and to ensure accountability

What will change?

At regional level: Because of the Spotlight interventions, **key regional institutions will have increased capabilities**, that is, capacity and political commitment, to drive functional cooperation with member states to improve the implementation of a comprehensive approach to ending family violence including in response to the impacts of COVID-19. This will be done through development of standardised approaches and capacity development for sectoral institutions for i) policy information and development (statistical services, parliamentarians, sectoral decision makers) ii) service delivery (justice, police, health and social services, to administrative data collection analysis and dissemination; iii) social norms change and prevention programming

Women's movement and civil society organisations will have structured mechanisms and capacity for engaging with, advocating, influencing and holding regional institutions and programmes accountable. They will have resources at national level to innovate and expand their work and especially grassroots organizations to reach the most marginalized groups of women and girls, in Spotlight and non-Spotlight countries.

At national level, countries will have access to regionally generated resources, knowledge, evidence and guidance on what works to improve access to quality

⁷ Peterman, A. et. al. *Pandemics and Violence Against Women and Children*. Working Paper 528: Center for Global Development. April 2020.



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	<p>and effective, and gender-responsive services and to support social norms change that is consistent with non-violence and gender equality</p> <p>Through the inter-relationship between regional and national level engagement and capacity development, for women, girls, Spotlight’s work should realise an observable improvement in gender-responsive service delivery, and institutions and readily available information, evidence and programming for prevention based on gender equality norms.</p> <p>For men and boys, Spotlight’s work will generate targeted primary and secondary prevention programmes and expand the reach of men’s voices as consistent advocates of gender equality and non-violence.</p>
<p>Objective of the Caribbean Observatory on SRH</p>	<p>UNFPA, through the Spotlight Initiative, seeks to establish a Caribbean Observatory on SRHR under Pillar 3 of the Spotlight Initiative Regional Programme contributing to “strengthening regional cooperation to prevent and respond to family violence in the Caribbean”. The Observatory as an output of the broader Spotlight Initiative will contribute to the achievement of Outcome 3.2: Advocacy platforms are established/strengthened to develop strategies and programmes,⁸ including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes and behaviours, including in relation to women and girls’ sexuality and reproduction, self-confidence and self-esteem and transforming harmful masculinities.</p> <p>The Caribbean Observatory is integral to help advance sexual and reproductive health and rights (SRHR) in the region. It is aimed at strengthening the region’s positioning to deliver on key advocacy to address the high tolerance for gender-based violence, change harmful social norms across the Caribbean and eliminate gender-based violence (GBV), through galvanising movements to advance legislative and policy changes, and to make improved programmatic linkages between GBV and SRHR. Grounded in the core principle of the 2030 Agenda for Sustainable Development of leaving no one behind, the Observatory is an impetus for social monitoring and lobbying to improve access to, and uptake of both SRHR and GBV services for vulnerable populations. Its functions include tracking progress and also providing timely and independent analysis while promoting south-south cooperation, strategic partnership, innovation and sharing knowledge and good practices.</p>
<p>Work Assignment (Description of roles and responsibilities)</p>	<p>A. Prepare three (3) evidence-based advocacy policy briefs (as part of a series) on the following issues/themes:</p> <ol style="list-style-type: none"> 4. Reducing unwanted adolescent pregnancies in the Caribbean: Beyond abstinence-only approaches; 5. The impact of early unions: Raising the minimum age of consent to marry; 6. Decriminalising medical termination of pregnancy: The impact on women and girls;

⁸ Including informing parenting skills around gender socialization through early childhood development programmes



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	<p>The briefs are aimed at decision-makers in governments across the region and should include policy options and recommendations for particular actions to be taken to deal with the issues.</p> <p>They should, among other things:</p> <ul style="list-style-type: none">● Be clear, succinct; focused and easy to read;● Not exceed 1500 words in length;● Be based on firm evidence drawing from various credible sources; and● Should be relevant to the big issue of advancing integrated SRHR/GBV within the region.
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Duration and working schedule:

Activity	Timeframe
BRIEFS 4, 5, 6	
4. Reducing unwanted adolescent pregnancies in the Caribbean: Beyond abstinence-only approaches 5. The impact of early unions: Raising the minimum age of consent to marry; 6. Decriminalising medical termination of pregnancy: The impact on women and girls	
Outline	May 8-12, 2023
Review & Feedback	May 15-19, 2023
First Draft	May 22-Jun. 9, 2023
Review & Feedback	Jun. 12-16, 2023
Second Draft	Jun. 19-30, 2023
Review and Feedback	Jul. 3-7, 2023
Final Draft	Jul. 10-14, 2023



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Place where services are to be delivered:	The consultant is expected to work remotely, utilising their own office space, computer, internet, telephone and other equipment, as needed, to undertake this assignment.						
Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	This is a deliverable-based consultancy and it is estimated to take place from May 8, 2023 to July 14, 2022. The Consultant is expected to submit the following deliverables, in electronic copy, in accordance with the time frame listed.						
	<table border="1"> <thead> <tr> <th data-bbox="501 613 576 680"></th> <th data-bbox="576 613 1166 680">Deliverables</th> <th data-bbox="1166 613 1437 680">Due Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="501 680 576 752">1.</td> <td data-bbox="576 680 1166 752">Policy Briefs 4, 5, 6</td> <td data-bbox="1166 680 1437 752">July 14, 2023</td> </tr> </tbody> </table>		Deliverables	Due Date	1.	Policy Briefs 4, 5, 6	July 14, 2023
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1.	Policy Briefs 4, 5, 6	July 14, 2023					
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The consultant will report directly to the SRHR Programme Analyst, Sub-regional Office for the Caribbean (SROC). Deliverables will be assessed for quality and to the extent they fulfill the requirements of the TOR. SROC reserves the right to discontinue the contract if it feels that the consultant/team does not live up to the expectations or if the consultant/team acts in a way that is detrimental to UNFPA's reputation and image.						
Expected travel:	There is no travel expected for the assignment						
Required expertise, qualifications and competencies, including language requirements:	<p>Required Degree Level: Master's degree Required Experience: 5 years</p> <p>a) Qualifications, skills, experience:</p> <ul style="list-style-type: none"> • Advanced degree (Master's or equivalent) in health, public policy, public administration, law, social science, international relations, international development, communication for social and behaviour or other related field; • Minimum 5 years of experience of professional experience in related to health, advocacy, GBV and/or SRHR for UN agencies and/or other international organisations; • Proven track record of writing policy briefs and other evidence-based advocacy materials; • Strong communication, analytical and writing skills; • Knowledge of demographic, political, social and cultural situations in the Caribbean will be an asset; • Experience working with UNFPA or another UN Agency is an asset • Excellent interpersonal skills; culturally and socially aware and sensitive; • Receptive to critique and feedback on work • Familiarity with tools and approaches of communications for development; • Self-motivated, ability to work with minimum supervision; ability to work with tight deadlines. 						



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<p>Inputs/ services to be provided by UNFPA or implementing partner (e.g., support services, office space, equipment), if applicable:</p>	<p>UNFPA will support the consultant to make the necessary contacts with government and relevant partners. UNFPA will share all relevant documents with the consultant once the assignment is awarded. UNFPA will facilitate the use of UNFPA virtual platforms for presentation of results, if needed.</p> <p>Confidentiality Statement: All data and information received from UNFPA for the purpose of this assignment are to be treated confidentially and are only to be used in connection with the execution of these Terms of Reference.</p>																				
<p>Other relevant information or special conditions, if any:</p>	<p>The contract is valued at US \$15,000 and is payable upon satisfactory completion of the deliverables in keeping with the schedule below:</p> <p>Payments will be based on deliverables</p> <table border="1" data-bbox="507 813 1409 1137"> <thead> <tr> <th></th> <th>%</th> <th>Deliverables</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td></td> <td>10%</td> <td>Outline</td> <td>May 12, 2023</td> </tr> <tr> <td></td> <td>20%</td> <td>First Draft</td> <td>June 9, 2023</td> </tr> <tr> <td></td> <td>20%</td> <td>Second Draft</td> <td>June 30, 2023</td> </tr> <tr> <td></td> <td>50%</td> <td>Final Draft</td> <td>July 14, 2023</td> </tr> </tbody> </table>		%	Deliverables	Due Date		10%	Outline	May 12, 2023		20%	First Draft	June 9, 2023		20%	Second Draft	June 30, 2023		50%	Final Draft	July 14, 2023
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<p>Expressions of interest / Applications</p>	<p>Interested consultants are requested to submit an application to UNFPA to include:</p> <ol style="list-style-type: none"> up-to-date curriculum vitae(s); letter of motivation / interest <p>The application should be submitted by e-mail no later than 11:59 p.m. EST, Friday, 21 April 2023. E-mail address: vacancy.sroc@unfpa.org</p> <p>Email Subject: Application: Short term (regional) consultancy – Policy and Advocacy Consultant (#2) for SRHR Observatory</p>																				