



TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

Title: Individual Consultant to Cost the Implementation Plan for the Sexual Assault Protocols and Standard Operating Procedures at Public Health Facilities in Jamaica

Hiring Office:

UNFPA Sub-regional Office for the Caribbean (SROC), Jamaica

Purpose of consultancy:

The purpose of this consultancy is to cost the implementation plan for the rollout of the recently developed protocols and standard operating procedures (SOPs) for the treatment of victims of sexual assault at public health facilities in Jamaica.

Background

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. 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.

The Initiative responds to all forms of VAWG, with a focus on domestic and family violence, sexual and gender-based violence and harmful practices, femicide, trafficking in human beings and sexual and economic exploitation. In line with the 2030 Agenda for Sustainable Development, the Initiative will fully integrate the principle of leaving no one behind.

Over the past few decades, the international community has increasingly recognized violence against women and girls as 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 the health sector plays a crucial role.

As noted by the United Nations (UN) Secretary General’s in-depth study, health care providers are often the first professionals to have contact with women and girls who experience violence. As a result, training health professionals is an essential part of addressing violence against women around the world. In fact, many of the nurses and midwives who are at the forefront supporting survivors of VAWG are women, and have been victims of gender-based violence themselves. 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 its negative consequences and break the cycle

The importance of strengthening the capacity of health systems to identify and provide quality care to women who have experienced violence was recognized in the following mandates which were approved by Ministers of Health from the Pan American Health Organization (PAHO) and the World Health Organization’s (WHO) Member States:

- Regional Strategy and Plan of Action on Strengthening 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, in particular against women and girls, and against children.

Both documents call on countries to strengthen the capacity of their health systems to address violence against women.

Spotlight Jamaica

The Spotlight Initiative Country Programme for Jamaica uses a multi-sectoral, multi-layered, interlinked community-centered approach to the implementation of the interventions on the following six Outcome Areas based on the socio-ecological model for addressing Sexual and Gender-Based Violence:

- 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 CSOs.

Survivors of sexual assault are seen every day in health facilities across the island. They appear as survivors of rape, incest, sexual abuse and a range of legally sanctioned sexual acts that may be accompanied by varying degrees of violence. Survivors come in every age and gender identity, although young women and adolescent girls are most common. This is reflective of both patterns of offending and patterns of reporting, as men and boys are less likely to be victimized, and when victimized, are far less likely to make a report. Sexual assault cases accounted for 9% of the intentional injuries seen in Accident and Emergency Units in Public Hospitals in 2018¹. Sexual assault can lead to the spread of STIs, unplanned and underage pregnancies, poor sexual and reproductive health outcomes among other risks.

There is a wide range of international guidelines for the health sector that inform the scope, content and ethical approach taken in the development of health protocols. WHO has prepared several guidelines that provide a benchmark for the development of systems for the treatment of survivors/victims of sexual assault. These WHO Guidelines include detailed steps and standards for the examination of different types of sexual assault survivors/victims, including facility requirements, reference tools, recommended treatment regimens, checklists and other resources needed to provide adequate, patient-centered care to sexual assault victims. These international guidelines have informed the development of the country-specific protocols and practices outlined below. They are based on an intervention model that is designed to address patient needs holistically, with a focus on emotional and practical support.

The Sexual Offence Protocol supplements other guidelines and procedures developed by the Ministry of Health and Wellness. They include Guidelines on Interpersonal Violence and Trafficking in Persons, as well as Child Abuse Guidelines developed by the Bustamante Hospital for Children. In addition, the University Hospital of the West Indies has led in the

¹ MOHW data Source

research and development of sexual offense protocols and practices and their internal procedures, treatment regimen and best practice guidelines have been integrated throughout this protocol. Further, the protocol captures the requirements for use of the Sexual Assault Forensic Examination kits utilized by the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA) in the collection and processing of evidence, and documents practiced guidelines that are consistent with the protection of evidence for the benefit of the criminal justice system.

The impact of sexual assault – on individuals, societies and health systems – sits at the intersection of health, justice and gender equality issues and development objectives. Highly functional partnerships and communication systems between the health, police, justice and social support sectors are identified in this protocol as critical to the development of systems that provide a comprehensive approach to patient care.

The protocol addresses a range of different types of sexual assault activities, including acts that do not require sexual penetration and is not solely focused on rape. It also speaks to a wide range of victims/survivors, taking a life cycle approach to the sexual and reproductive health and psychosocial needs of a given victim/survivor based on their age and gender; the vulnerabilities, stigma and discrimination that they may face are also addressed. The protocol highlights the medical, ethical and legal considerations surrounding the treatment of sexual assault among certain groups of victims/survivors, including children, persons with disabilities, men, victims of intimate partner violence, persons who identify as LGBTQI, commercial sex workers, non-English speakers and the elderly. The implementation plan with the Monitoring & Evaluation Framework for the Sexual Assault Protocols and Standard Operating Procedures at Public Health Facilities in Jamaica were developed in phase 1 of the Spotlight Initiative under the guidance of the Family Health Unit of the MOHW.

Based on the above, UNFPA is seeking to contract the services of a consultant to cost the implementation plan.

All these actions are key for the effective roll-out of the Protocol and Standard Operating Procedures for the management of victims of sexual assault at public health facilities.

Scope of work:

(Organizational context, description of services, activities, or outputs)

With the foregoing considered, a consultant will be recruited to cost the implementation plan to roll out the recently developed Protocol and SOPs for the treatment of victims of sexual assault in public health facilities in Jamaica.

This consultancy supports the implementation of the UNFPA activities under pillar 4 of the SI that refers to Delivery of Quality, Essential Services.

Description of roles and responsibilities

The consultant will work under the leadership of the Family Health Unit at the Ministry of Health and Wellness, in collaboration with UNFPA and PAHO.

Based on the 5-outcome implementation plan for the SOP and Protocols for the treatment of victims of sexual assault in public health facilities in Jamaica and the human resource gap analysis already developed, the consultant will have to:

- Cost the infrastructural changes and retrofitting that will be required, with the support of in-house MOHW resources where existing or of an external person with an



	<p>engineering profile. [See as a main reference the Outcome 1 of the Implementation Plan (IP)].</p> <ul style="list-style-type: none"> - Cost the human resources needed, with details about quantities for each level of qualification and profile for the Centres of Excellence for Sexual Assault Management and for the Specially Equipped Health Facilities. In case of facilities with multisectoral staff such as CISOCA facilities, the costing will have to include no-health staff. [See as a main reference the Outcome 2 of the IP]. - Cost the capacity building of staff of the above mentioned facilities, as well as for the hospitals and health centres that are not designated as Centres of Excellence in the use of the SOP and Protocol to safely identify and appropriately examine and treat any sexual assault survivor. Capacity building activities should include training of staff, job aid development and other relevant activities). [See as a main reference the Outcome 2 of the IP]. - Cost the modern equipment needed for the health facilities to provide services in accordance with global standards of care [See as a main reference the Outcome 3 of the IP]. - Cost the supplies to be procured for the health facilities to implement the SOP and Protocol. - Cost relevant public education and communication program targeting partner agencies, police officers and the wider public. [See as a main reference the Outcome 4 of the IP]. - Cost what is needed in terms of monitoring and improvement of survivor-centered standards of care. [See as a main reference the Outcome 5 of the IP]. <p>This costing exercise will have to be developed considering:</p> <ul style="list-style-type: none"> - All parishes at national level and the different levels of care: primary, secondary and tertiary, according to the implementation plan agreed upon on previous consultations. - The maintenance and depreciation costs, that could also be gathered and/or validated with the support of in-house resources of the MOHW. In case of need expressed by the consultant an external person will review this aspect. - The timelines and phased approach already defined in the implementation plan and further validated. <p>To implement this costing exercise, the consultant will have to consult key stakeholders of the Ministry of Health & Wellness and other partners (CISOCA and non-government sectors) utilizing a mix method approach, that will include visits to the health facilities and regional health authorities.</p> <p>The consultant will propose sources of the funds needed to sustain the implementation and roll out of the SOP and Protocol.</p> <p>The consultant will present the costing to key stakeholders, including different levels of the MOHW, UNFPA and PAHO for validation.</p> <p>A final presentation to key stakeholders agreed upon with the MOWH will be done, this could include among others the Ministry of Finance and the Public service in Jamaica, and some potential funders, including UNFPA and PAHO.</p>
<p>Duration and working schedule:</p>	<p>This is a delivery based consultancy, not full time, and it is anticipated that this Consultancy will be completed over the period from February 10th, 2023, to March 30th, 2023.</p>
<p>Place where services are to be delivered:</p>	<p>The consultant is expected to work remotely, utilizing his/her own office space, computer, internet, telephone and other equipment, as needed, to undertake this assignment.</p>

<p>Travel</p>	<p>The consultancy will require visits to health facilities and RHA, should the need arise it will be carefully monitored by the MoHW and UNFPA against the background of the provisions regarding travel in light of the COVID-19 pandemic. Any travel to the field and related costs will be funded by UNFPA, according to UNFPA policies.</p>																
<p>Delivery dates and how work will be delivered (e.g., electronic, hard copy etc.):</p>	<p>This is a delivery-based consultancy, not full time, and it is anticipated that this Consultancy will be completed over the period from February 10th, 2023, to March 30th, 2023. The Consultant is expected to submit the following deliverables in accordance with the timeframe listed.</p> <table border="1" data-bbox="347 562 1453 1223"> <thead> <tr> <th></th> <th>Deliverable</th> <th>Timeline</th> <th>Payment on product basis %</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Inception report including the following: a) Action plan of the consultancy with timelines and a brief methodological approach b) proposed outline for the costing tool. To the satisfaction of the MoHW and UNFPA.</td> <td>17th February, 2023</td> <td>30%</td> </tr> <tr> <td>2</td> <td>First draft of the costing</td> <td>17th March, 2023</td> <td>40%</td> </tr> <tr> <td>3</td> <td>Final version of the costing tool validated and with all feedback received from different stakeholders including MOHW, UNFPA and PAHO integrated and presented in a PowerPoint format to key stakeholders.</td> <td>27th of March, 2023</td> <td>30%</td> </tr> </tbody> </table> <p>The deliverables have to be submitted electronically and should be properly formatted and referenced, and be written in English.</p>		Deliverable	Timeline	Payment on product basis %	1	Inception report including the following: a) Action plan of the consultancy with timelines and a brief methodological approach b) proposed outline for the costing tool. To the satisfaction of the MoHW and UNFPA.	17th February, 2023	30%	2	First draft of the costing	17th March, 2023	40%	3	Final version of the costing tool validated and with all feedback received from different stakeholders including MOHW, UNFPA and PAHO integrated and presented in a PowerPoint format to key stakeholders.	27th of March, 2023	30%
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<p>Monitoring and progress control, including reporting requirements, periodicity format and deadline:</p>	<p>This is a joint activity between MoHW, UNFPA and PAHO. The consultant will report directly to the Director, Family Health Unit at the Ministry of Health and Wellness and the UNFPA focal points. UNFPA and PAHO will provide technical guidance under the leadership of MOHW. The consultant will liaise with the representatives of the MOHW, Regional Health Authorities and other key SI Pillar 4 partners in order to arrange consultations.</p> <p>The MoHW will facilitate a partners mapping list to the consultant and the necessary documents to conduct this assignment.</p>																
<p>Required expertise, qualifications and competencies, including language requirements:</p>	<ul style="list-style-type: none"> Advanced higher degree (Master’s or equivalent) in social sciences with demonstrated health experience OR Health-related master’s degree. Minimum 5 years of experience working in policy development and/or implementation whether in Government or non-government agencies. Previous costing exercises are an asset. Experience working in Public Health and experience working in the local (Jamaica) Health Sector would be an asset, especially in the area of sexual and reproductive health and gender-based violence. 																



	<ul style="list-style-type: none"> ● Knowledge of demographic, political, social and cultural situations in the Jamaican health sector. ● Demonstrated ability and knowledge to collect and analyze data is an asset. ● the candidate should demonstrate competence in costing of projects/programmes. ● Excellent oral and written communication skills. ● Excellent interpersonal skills; culturally and socially sensitive. ● Self-motivated; ability to work with minimum supervision; ability to work with tight deadlines; ability to work within a team under pressure.
<p>Inputs/ services to be provided by UNFPA or implementing partner (e.g., support services, office space, equipment), if applicable:</p>	<p>The MOHW, UNFPA and PAHO will facilitate the linkage between relevant stakeholders and will provide relevant documents prior to the start of the consultancy. UNFPA will assume the costs related to DSA in case the consultant need to make field visits, according to UNFPA’s policies.</p>
<p>Essential References for Consultancy</p>	<ul style="list-style-type: none"> ● UNFPA GBV Readiness Assessment of the health, police, social services and justice systems - UNFPA Spotlight Initiative consultancy ● Adaption of the WHO Curriculum and toolkit for training of healthcare providers - UNFPA Spotlight Initiative consultancy ● The Referral Pathway - UNFPA Spotlight Initiative consultancy ● The UNFPA, WHO and UNHCR shared updated guidance "Clinical management of rape and intimate partner violence: developing protocols for use in humanitarian settings (CMR/IPV)" https://www.who.int/reproductivehealth/publications/rape-survivors-humanitarian-settings/en/ ● The Interagency Minimum Standards for Prevention and Response to GBV in Emergencies Programming https://www.unfpa.org/minimum-standards ● The Minimum Initial Service Package for SRH in Emergencies. https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence ● The Essential Services Package for Women and Girls Subject to Violence, including the module on costing https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence ● Responding to children and adolescent who have been sexually abused: WHO clinical guidelines (2017) https://moj.gov.jm/victim-support-unit ● Caring for women subjected to violence: A WHO curriculum for training health-care providers (2019) https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/