

UNICEF MADAGASCAR - TERMS OF REFERENCE

CONSULTANCY : SPECIALIST IN GENDER BASED VIOLENCE IN EMERGENCY (GBViE) AND PROTECTION AGAINST SEXUAL EXPLOITATION AND ABUSE (PSEA)

I. Post Information

Job Title: **PSEA and GBViE Specialist**
Post level: **P4**
Supervisor Title: **Gender specialist**
Duration: **October 2021 – June 2022**
Organizational Unit: **TBC**
Post Location: **Antananarivo, Madagascar**
Type: **Individual contractor**
Start date: **1 October 2021**

1. BACKGROUND

1.1 Humanitarian situation

Following consecutive years of inadequate rainfall and the effects of climate change, Southern Madagascar is facing its worst drought in decades. Limited food production, at less than 40% of the five-year average, and the ongoing socio-economic impacts of COVID-19 have left families struggling to feed themselves. Food insecurity has risen sharply, and currently over 1,130,000 people are facing crisis and emergency levels (IPC3 and IPC4), while 14,000 are already in famine-like conditions (IPC5). By October 2021, the projected number of people in IPC3 and IPC4 is estimated to rise a further 15% and those in IPC5 are projected to at least double depending on food security support and evolution of the meteorological situation.

Children continue to be the most vulnerable and the Global Acute Malnutrition (GAM) in children under five has almost doubled over the last four months, reaching an alarming rate of 16.5%. The number of children admitted for treatment for severe acute malnutrition (SAM) in the first quarter of 2021 was quadruple the five-year average. Projections indicate that an estimated 357,000 children under 5 will suffer from acute malnutrition by the end of 2021, and of these, 120,000 will be severely malnourished.

With the continued below-average rainfall and water shortages in 2021, many communities are resorting to expensive, polluted water, also impacting on children's health and nutrition status. As many as 1.7 million people lack basic access to safe water and sanitation in Southern Madagascar. As a result, actions must be taken to assist affected population with survival drinking, cooking, and hygiene water allocation.

With the lean season approaching and the country coming out of a second wave of COVID-19, urgent action and resources are needed to ensure these populations with the basic necessities for survival and avert unimaginable human suffering that could arise as a consequence of inaction.

1.2 Repercussions on child protection, gender based violence, sexual exploitation and abuse

In a country where gender inequalities influence all spheres of private and public life, the rights of girls and women are at stake in the household and in the community where they live; patriarchal social

norms persist in the Southern regions of Madagascar and the current ongoing emergency increases the vulnerability of populations, enhancing the adoption of negative coping strategies that often affect girls sexual and reproductive rights.

A rapid assessment conducted in December 2020 in 12 communes affected by the nutritional emergency unveiled a prevalent perception (more than 70% of respondents) that the risks of child marriage, child labor and sexual violence have increased because of the drought. 72% of respondents were of the view that women and girls feel unsafe in their daily lives. These perceptions are not reflected in the number of reported and referred cases, which remain relatively unchanged, reflecting the low confidence in, accessibility and effectiveness of services that characterize the South of Madagascar.

Field work and trainings conducted by UNICEF and its partners in the past months also helped unveil the main gaps in terms of capacities and constraints related to populations knowledge and perceptions on violence against children (VAC), GBV and PSEA. These gaps add to the structural weaknesses in the VAC-GBV protection system which were existing prior to the emergency and hinder a fast and effective intervention to prevent, mitigate the risk of exacerbations and respond to VAC, GBV and SEA cases:

Institutional structure

- The national strategy on GBV is expiring in 2021 and it hasn't been linked to on a solid monitoring system, its evaluation and update remain to be scheduled
- GBV-PSEA capacities remain limited within the government and the GBV area of responsibility hasn't been dynamic since the start of the drought-related emergency
- The national and regional platforms on GBV remain mostly to be re-activated and strengthened
- There is no effective centralized system to gather and analyse data on GBV/SEA from different reporting and referral services and provide a regular overview on trends

Reporting and referral services

- Efforts to strengthen capacities and equipment of reporting and referral services have reached only a fraction of the workforce in the different sectors involved
- There's no standardised referral guidance for the medical, psycho-social, juridical and socio-economic assistance to victims of GBV/SEA
- Resources available to local services are limited and mainly donor-dependent
- Referral services remain segmented and disconnected, often preventing the survivors of GBV or SEA from receiving comprehensive assistance
- Integrated response services exist only in 2 towns in the affected regions, at a significant distance from the most affected districts, leaving populations in remote areas without access to assistance

Social norms and barriers

- Perception and understanding of the different forms of GBV and VAC remains limited, and populations remain unaware of the different forms of GBV and SEA that can be reported, of the existing services and of assistance available for free
- Local traditions and customary arrangements within the community hamper the reporting of GBV and SEA cases to the authorities, and referrals often only happen after long delays and when health complications arise
- Survivors of GBV and SEA suffer stigmatization if they try to seek for assistance outside of the traditional circle, and there are no shelters for survivors to offer them a safe haven and protect them from retaliation
- Often the survivor is not economically independent and can't take independent informed decisions that would go against the family/community will

1.3 UNICEF commitment for zero tolerance against sexual exploitation and abuse

The prevention of sexual exploitation and abuse is at the core of UNICEF's mandate. UNICEF has a zero-tolerance policy for sexual exploitation and abuse perpetrated by employees, personnel and sub-contractors of UNICEF and its implementing partners.

In December 2018, under the Championship of UNICEF Executive Director Henrietta Fore, the IASC Principals laid out in a Plan for Accelerating PSEA at Country-Level. The plan outlines three main priorities: 1) safe, accessible and dignified reporting that is gender and child sensitive; 2) quality SEA survivor assistance; and 3) enhanced accountability, including through prompt and respectful investigations.

To demonstrate UNICEF's commitment to advance the agenda on PSEA, ED Fore allocated US\$11 million in 2018 to support 16 countries, where crises have created a spike in vulnerability. A Results Monitoring Framework has been developed and rolled-out at country level to measure progress and results at country and global level. Following the endorsement of the United Nations Protocol On Allegations Of Sexual Exploitation And Abuse Involving Implementing Partners (hereinafter referred to the UN Protocol) in February 2018, UNICEF has incorporated prevention of sexual exploitation and abuse standards in the General Terms and Conditions of partnership agreements with civil society organizations.

UNICEF has been leading and working with partners on the fight against sexual exploitation and abuse against children and beneficiaries, together with workplace discrimination, harassment, sexual harassment and abuse of authority.

Since 2020 UNICEF Madagascar country office (MCO) has been engaged in strengthening its efforts in this area, both within the office and as part of the joint PSEA task force composed by organizations members of the Humanitarian Country Team.

As part of the implementation of its PSEA workplan, UNICEF MCO trained a significant number of staff (more than 230 persons) based in the capital and in the region, including 35 sector focal points; multiple trainings have been conducted for non-governmental implementing partners (IPs); in compliance with global procedures, MCO adopted the mandatory SEA risk evaluation process for every non-governmental IP, training and launching the self-evaluation exercise for all of them.

2. OBJECTIVE AND TASKS

The consultant will be providing key technical advice and capacity strengthening to enhance prevention, risk mitigation and response to GBV and SEA. Considering the extent of capacity and structural gaps, and the limited PSEA competencies in-country across UNCT and HTC (humanitarian country team) member, the consultancy is proposed for the October 2021 – June 2022 period, in a view of building and consolidating PSEA know-how at local level.

The consultant will ensure that all sectors and key actors (technical and financial partners, Government and civil society) involved in the emergency response receive appropriate information, capacity strengthening and guidance to ensure that humanitarian interventions help to reduce the exposure of vulnerable groups to the risk of GBV and SEA; he/she will help strengthening UNICEF and its partners reporting system for PSEA, while also collaborating with public services to enhance reporting and referral outreach and quality; the selected person will advise on and support the establishment of a data collection and exploitation system to allow for regular, reliable information on GBV and SEA cases.

The consultant will work in collaboration with UNICEF child protection team, the gender, GBV and PSEA expertise of the MCO and with the members of the UNCT to adopt a collaborative approach, facilitate the exchange of information, avoid duplications and maximise synergies for results.

In particular, the incumbent will be in charge of the following tasks:

GBViE

In collaboration with the child protection section, the gender and GBV expertise, and the UNICEF MCO sections involved in the emergency response, the consultant will:

Technical advice and coordination:

- Advise all sections on how to reduce the risk of GBV in their area of competence, and identify entry points and key actions to be performed by UNICEF and its partners to this end;
- Coordinate with UNCT members, humanitarian country team (HCT) members and government / non-government partners to ensure that UNICEF is advising on best practices and contributing to the implementation of coordinated efforts to protect vulnerable populations from GBV
- Prepare information sheets on GBV and PSEA in Madagascar for external audience
- Support the Government of Madagascar (GoM) and partners in the establishment and operationalization of a data collection and exploitation system on GBV and PSEA in the regions affected by the emergency
- Collaborate with MCO sections and partnerships specialist for the drafting of project proposals to mobilize funds for GBV/GBViE/PSEA interventions
- Support the revitalization of the GBV area of responsibility under the Protection cluster.
- Support the mapping of services and actors for GBV/VAC in the affected areas

Training and Learning

- Assess capacity strengthening needs for UNICEF MCO, its partners and sister agencies in UNCT on GBViE, and conceive/deliver tailored trainings for staff at management, programme and field level;
- Organize and deliver trainings and information sessions on GBViE for key actors at local level in the areas affected by the emergency (services, local authorities, members of child protection networks, etc)
- Organize and deliver trainings and information sessions on GBViE for members of the GBV area of responsibility of the Protection cluster.
- Collaborate with UNICEF MCO partners to conceive a standardized GBViE learning package

PSEA

The consultancy will build on the work of the current PSEA focal point network and PSEA specialist, and will focus on the following tasks:

Strategic Advice and Coordination

- Support senior leadership in developing, implementing and monitoring PSEA partner capacity building and risk assessment plans;
- Support the country office in managing and coordinating responses to SEA concerns and incidents at IP level;
- Contribute to and ensure coherence with the work of the Madagascar joint PSEA Task Force, keeping the senior leadership updated on PSEA/Safeguarding developments and making appropriate recommendations on enhancing prevention strategies;
- Strengthen UNICEF MCO PSEA reporting system and contribute to the establishment and operationalization of the joint community-based complaint mechanism in the drought affected areas;

- Strengthen quality control and oversight on referral and orientation to SEA survivors ;
- Establish a registry for SEA cases received by UNICEF MCO;
- Ensure communication and interaction with relevant UNICEF PSEA staff (at HQ and RO)

Monitoring and Strengthening Implementing Partner PSEA Capacity and Practice

- Supporting and monitor implementation of IP PSEA action plans, providing technical advice to strengthen capacity as required with an emphasis on those involved in emergency response;
- Complete capacity assessments on new partners and repeat PSEA assessments where indicated, especially for those partners who have scored high risk in the initial assessment;
- Work with relevant focal points in the Child Protection section to support partners to implement internal complaints and investigation procedures, which are coherent with existing and planned community-based complaints mechanisms (CBCMs);
- Advise management of any concerns regarding IPs with persistent high PSEA risk levels, which could result in termination of the partnership;
- Advise management on any challenges with meeting the UNICEF PSEA standards in the Madagascar context;
- At the end of the assignment, provide senior management with a summary report of work completed with matrix of current partner PSEA capacity, highlighting challenges and risks identified and providing clear recommendations for future SEA risk management;

Training and Learning

- Deliver PSEA training to implementing partners, utilizing the UNICEF PSEA Toolkit and materials adapted to the local context;
- Deliver PSEA training to staff deployed in the humanitarian response to the emergency;
- Deliver PSEA training to staff of local services and authorities in the affected regions, including cluster members and GBV area of responsibility ;
- Prepare adapted training materials for different audiences in the Southern Regions including on reporting and referral, behaviour change, awareness raising, survivor based approach;
- Collaborate with implementing partners, UNCT members and UNICEF MCO sections for the delivery of awareness raising sessions on PSEA associated to all humanitarian interventions, to ensure that all beneficiaries are informed and aware of their rights and of existing services to report and seek assistance for SEA survivors;
- Organize a training of trainers to ensure sustainability on PSEA capacity strengthening efforts, by i) identifying adequate profile across partners, ii) developing dedicated materials, iii) delivering the training

3. REPORTING

The consultant will report to the gender specialist.

4. EXPECTED BACKGROUND AND EXPERIENCE

- An advanced university degree (Masters and above) in one of the following areas is required: international development, human rights, psychology, sociology, law, or another relevant social science field.

Technical skills

- Knowledge of current developments, procedures, standards and activities within UNICEF and the IASC in the field of PSEA.
- Knowledge of standards, practices and tools of GBViE prevention, risk mitigation and response
- Ability to design, organize and conduct trainings aimed at building the capacity of colleagues and partners in gender-based violence and PSEA.
- Very good organisational and facilitation skills required.
- Excellent ability to work in a team and to facilitate meetings and workshops.
- Excellent oral and written communication skills
- Very good analytical, writing and synthesis skills
- Proficiency in French mandatory, proficiency in English is an asset.
- Good command of working software (Word, Excel, PowerPoint), communication tools via the Internet and the use of audio-visual tools.

Experience

- A minimum of 7 years of relevant professional work experience in a humanitarian context with relevant professional experience in the field of sexual exploitation and abuse, protection, gender-based violence, misconduct and staff discipline, gender mainstreaming and / or humanitarian affairs. Experience in conducting trainings is an asset. Experience in capacity building and systems strengthening is an asset.
- Relevant experience in programming and management of protection and gender-based violence in an agency or organization of the United Nations system is required.
- Experience in development and management of protection-related programs in response to affected populations.
- Professional experience in development and humanitarian aid contexts is an additional asset.
- Experience in inter-agency coordination is highly desirable.

UNICEF Core Values are Diversity and Inclusion; Integrity; and Commitment. UNICEF Core Competencies are Communication; Working with People; and Drive for Results. Applicants are required to have proficiency in all of these areas.

General Conditions: Procedures and Logistics

(Note: these are generic procedures and travel is not expected under this consultancy)

- When it is necessary for the consultant to travel and such is approved by the Deputy Representative, DSA shall be provided pursuant to UN Staff Rule 203.9.
- UNICEF shall cover all costs of travel including air ticket to the regions.
- UNICEF will provide the consultant an office space.
- The consultant is expected to provide his/her own materials, i.e. computer, office supplies, research database subscriptions, etc.
- The consultant shall have access to UNICEF vehicles in the regions with each regional trip organized in close consultation with regional UNICEF offices.

Policy both parties should be aware of:

- Under the consultancy agreements, a month is defined as 21 working days, and fees are prorated accordingly. Consultants are not paid for weekends or public holidays.
- Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- No consultant may travel without a signed travel authorization prior to the commencement of the journey to the duty station.
- Unless authorized, UNICEF will buy the tickets of the consultant. In exceptional cases, the consultant may be authorized to buy their travel tickets and shall be reimbursed at the “most economical and direct route” but this must be agreed to beforehand.
- Consultants will not have supervisory responsibilities or authority on UNICEF budgets.
- Consultant will be required to sign the Health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
- The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant upon arrival, at the HR Section.
- ****** Please consult with HR on entitlements as many are set by UNICEF rules.**