

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title	Funding Code	Type of engagement	Duty Station:
Individual Consultancy to Strengthen GBV risk Mitigation in Social Protection Programmes		<input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	Remote work with three trips to Freetown
<p>Purpose of Activity/Assignment:</p> <p>Gender-Based Violence (GBV) constitutes any harmful act perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, mental and economic harm or suffering; threats of such acts; coercion; and deprivations of liberty whether occurring in public or private life. (Source: IASC GBV Guidelines.)</p> <p>GBV Risk Mitigation or Integration is the process of ensuring that a program (1) does not cause or increase the likelihood of GBV; (2) proactively seeks to identify and takes action to mitigate GBV risks in the environment and in programme design and implementation; and (3) proactively facilitates and monitors vulnerable groups' safe access to services.</p> <p>The Government of Sierra Leone has in the Medium-Term National Development Plan (MTNDP) 2020- 2023 declared its commitment to developing a strong national social protection system and delivering quality social protection services to the population. The revised national social protection policy launched in January 2020 sets out the goal to establish a gender-sensitive and age-appropriate framework for the protection of the extreme poor and vulnerable, and to minimise risks of others sliding into poverty through a minimum social protection floor for all Sierra Leonean citizens to ensure a life of dignity. The policy specifies the priority groups as children, people with disabilities and ill health, older people, women and youth.</p> <p>With a view to strengthening the strategic vision and direction of the social protection sector and setting a work plan towards implementation of the objectives laid down in the social protection policy, an integrated national social protection strategy was adopted in 2022. The strategy has identified new programme options and has highlighted the need for strengthened referral systems for GBV cases.</p> <p>The national coordination mechanism for social protection consists of the National Social Protection Secretariat, currently housed within the National Commission for Social Action (NaCSA). The National Social Protection Technical Steering Committee (NSPTSC) includes technical officers of various social sector ministries involved in social protection programming.</p> <p>The National Social Safety Net (SSN) programme has been the national flagship social protection programme since 2014, reaching more than 100,000 extremely poor households with a regular cash transfer which has allowed families to smoothen their consumption and mitigate the most severe impacts of poverty. In 2023 the new Productive Social Safety Net and Youth Employment (PSSNYE) Programme will be rolled out as a follow-up to the SSN.</p> <p>Gender, along with age, sexual orientation and gender identity, determines the power that women, girls, men and boys have and their ability to access and control resources. In Sierra Leone, like in many other contexts, men and boys play gender roles which hold more social, economic and political power than those of women and girls. Consequently, men and boys exercise more decision-making power and autonomy over their own lives and over the decisions in their communities and families. Conversely, women and girls commonly lack the power to manage their own lives, including making decisions over their own bodies, marital status and having access to social, economic or political resources.</p>			

The Government of Sierra Leone has declared GBV a national emergency due to the high numbers of reported cases. The Ministry of Gender and Children's Affairs (MoGCA) is the lead ministry responding to GBV, along with the Ministry of Social Welfare which manages the social workforce. The national GBV Referral Pathway Protocol was updated in 2022, outlining the roles and responsibilities of stakeholders as well as the process to follow for referring GBV survivors to appropriate services.

Due to the prevalence of cases of GBV in the country and the recognition that cash transfer programming could involve - and in some cases even magnify - risks of GBV, several activities have been undertaken to strengthen sensitization of GBV among social protection stakeholders. Capacity-building on GBV risk identification and mitigation was undertaken in early 2021, including the key stakeholders from NaCSA, ACC and the TSC. Following initial capacity building and sensitisation on gender and GBV, the GRM structure and social protection frontline workers have become more attentive to cases of GBV that are brought to their attention by beneficiaries and communities, whereas the sector is aware it should not attempt to manage cases itself. There is hence a recognised need for strengthening referrals to the national GBV case management system. In early 2022 the social protection sector provided input to the revised national GBV referral protocol to tie the social protection sector more closely in with the GBV response system. More detailed guidance will be needed for community monitors and other social protection frontline workers on how to refer GBV cases.

The social protection sector has had initial meetings with the GBV sector to discuss referrals of cases that are detected specifically through the GRM mechanisms or by any social protection frontline worker. Further work is needed to establish an MoU between the ACC, NaCSA and the MoGCA on referrals, as well as provide training and guidance to all levels of frontline workers within the social protection sector to ensure they are aware of the referral processes and pathways. Concerns such as confidentiality, speed of accessing services and the best interest of the survivor need to be placed at the centre. Further work is also needed to systematically assess the GBV risks inherent in the different cash transfer programmes, both humanitarian and social cash transfers, and identify concise risk mitigation measures.

Scope of Work:

The Consultant will work in close collaboration with the Government of Sierra Leone, particularly the National Social Protection Secretariat, ACC and NaCSA and UNICEF Sierra Leone Evidence, Policy and Social Protection section, to strengthen capacity for GBV risk mitigation in social protection and strengthen integration of the social protection sector in the national pathway for referral of GBV cases. There will be three broad objectives as follows:

GBV risk identification and mitigation

- Develop tools for GBV risk assessment
- Conduct a GBV risk assessment
- Develop risk mitigation action plan in consultative workshop

GBV case referral

- Support the ACC and NaCSA in drawing up an MoU with MoGCA for collaboration on referral of GBV cases
- In close collaboration with both social protection sector and GBV response sector, outline a GBV referral sub- pathway for the social protection sector linking with the national referral protocol showing uptake of complaints, referral, management and feedback consistent with existing protocols and systems, as well as international good practices. This document should guide the social protection sector on how to refer cases and what (if any) data to record in the GRM system to ensure confidentiality of personal information.

- Based on the above, develop brief guidance sheets for community monitors and other frontline workers on how to refer GBV cases as well as available services
- In close collaboration with both social protection sector and GBV response sector, develop guidance and recommendations on management of costs of victims/witnesses in a GBV case in a complex social, economic and cultural setting and how to integrate in social protection programmes and budgets.

Capacity building on GBV

- Advise on GBV communication strategy for multiple stakeholders, including integrating GBV into social protection communication strategies and plans targeting beneficiaries and the public as well as information/ guidance to frontline personnel.
- Develop training curriculum and materials for training of frontline workers.
- Conduct training of trainers and key stakeholders in the social protection sector on GBV awareness and risk mitigation.
- Support the review and strengthening of Code of Conduct for all social protection workers.

Child Safeguarding

Is this project/assignment considered as “[Elevated Risk Role](#)” from a child safeguarding perspective?

☒ YES ☐ NO If YES, check all that apply:

Direct contact role ☒ YES ☐ NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

The consultancy would involve some data collection with cash transfer beneficiaries, including adolescents

Child data role ☒ YES ☐ NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

The consultant may be given limited access to data from programme MIS/ social registry, however as much as possible data will be anonymized before handing over, and the data is commonly not identifiable at child level.

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Budget Year: 2023	Requesting Section/Issuing Office: Evidence, Policy and Social Protection (EPSP)	Reasons why consultancy cannot be done by staff:
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:		
Consultant Sourcing and Selection Method: <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)		Request for: <input checked="" type="checkbox"/> New SSA – Individual Consultancy <input type="checkbox"/> Extension/ Amendment

If Extension, Justification for extension:			
Supervisor:	Start Date:	End Date:	Number of Days (working)
Chief of EPSP	15 July 2023	31 March 2024	75 days
Work Assignment Overview			
Tasks/Milestone:	Deliverables/Outputs:		Timeline
			Estimate d Budget
Based on discussion with government, UNICEF and relevant partners develop a short inception report which details the issues to be addressed, methodology and detailed action plan for the assignment	Inception report and work plan		Month 1
Based on international good practices, develop a tool for GBV risk assessment in cash transfer programmes for the Sierra Leone context. The tool should be possible to adapt and use to assess different cash transfer programme	GBV risk assessment tools		Month 1
Conduct a thorough GBV risk assessment of cash transfer programmes in collaboration with social development specialist – NaCSA and ACC. The risk assessment will be undertaken through interviews/focus group discussions with beneficiaries of the SSN/PSSNYE/ECT programmes and interviews with key informants, and will need to detail the risks identified for each programme. Findings will be discussed in a workshop with the TSC with a view to developing recommendations and risk mitigation measures with a concise roadmap of activities.	<ul style="list-style-type: none"> Report on GBV risk assessment for SSN/PSSNYE and ECT programmes Facilitation of one workshop Workshop report including risk mitigation measures and action plan 		Month 2 - 5
Provide technical assistance to development of an MoU between ACC, NaCSA and MoGCA which will detail the collaboration, roles and responsibilities over referral of GBV cases through the GBV Referral Pathway.	MoU outlining the collaboration between MDAs over GBV referrals from the social protection sector		Month 3
In close consultation with MoGCA, NaCSA and ACC develop guidance documents and protocol for referral of GBV cases that are detected through the GRM or by any other social protection frontline worker – with appropriate linkages to the national GBV referral protocol, showing uptake of complaints, referral, management and feedback consistent with existing protocols and systems, as well as international good practices. This document should guide the social protection sector on how to refer cases and what (if any) data to record in the GRM system to ensure confidentiality of personal information.	Guidance document for referrals by the social protection sector linked with the national GBV referral pathway		Month 3-5
Develop a format for mapping services and service providers for GBV response, family support units (FSUs), one-stop centres and NGO-run services which can be continuously updated	Matrix of existing services for GBV response, including social workers, police, one-stop centres etc		Month 2
Develop a one-page guidance sheet for community monitors and frontline workers outlining the steps to	Guidance sheet for community monitors and frontline workers		Month 5

follow for referral of cases as per the MoU with MoGCA and National Referral Protocol (NRP). The sheet should detail existing service providers and should be provided in a format that allows the Social Development Specialist to edit and update with new information as applicable	outlining the steps to follow for referral of cases as per the MoU with MoGCA and National Referral Protocol (NRP).		
In close collaboration with both social protection sector and GBV response sector, develop guidance and recommendations on management of costs of victims/witnesses in a GBV case in a complex social, economic and cultural setting and how to integrate in social protection programmes and budgets.	A brief document summarizing the current practice, challenges, and recommendations for managing cost of GBV cases	Month 6-7	
Review and update codes of conduct for NaCSA and ACC staff, community monitors and any personnel (either short-term or fixed term) involved in cash transfer exercises	Revised and updated code of conduct that are fully in line with international good recommendation on GBV and PSEA	Month 2	20%
Advise on GBV communications strategy for multiple stakeholders, including integrating GBV into social protection communication strategies targeting beneficiaries and the general public as well as information/ guidance to frontline personnel	A short document outlining how to address GBV in communication to beneficiaries and the general public and guidance to frontline personnel. The document should include key points to include in communication and standard text as applicable	Month 3-5	
Develop training curriculum and materials for training of frontline social protection staff including community monitors on GBV, GBV risk mitigation and referrals in line with the MoU with MoGCA	<ul style="list-style-type: none"> • Training curriculum and materials on GBV • Training undertaken for core stakeholders • TOT training utilizing the tools 	Month 3-5	
In close collaboration with NaCSA, ACC, MoGCA and other relevant partners, finalize GBV risk mitigation action plan for humanitarian and social cash transfers.	Final action plan with clearly defined activities for risk mitigation and risk reduction for cash transfer programmes	Month 8	
			10%

[illegible]

ⁱCosts indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures, and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.