



Terms of Reference:

Consultancy: Conduct an assessment of the existing case management systems within the country to provide a baseline status of the current GBV response practitioners, response protocol, service gaps and sub-population needs

1. Background and Context

In 2023 UNFPA received funds to increase support to survivors of Gender-Based Violence (GBV) through quality case management. Zimbabwe is one of five countries that is part of this multi-country project, entitled Women at the Center: Rising Against the Pandemic of Violence Against Women. The project goal is to ensure increased and sustained accessibility and availability of quality services for survivors of GBV, including the most marginalised, through increased GBV case management capacity and system strengthening. The project will increase the uptake of GBV response services, raise community awareness of GBV, and mitigate and prevent further violence.

This project addresses gaps in the comprehensive provision of case management services for survivors of gender-based violence, particularly those most socially marginalised including adolescent girls, women and girls with disabilities, and other key populations. The following are some of the issues and challenges that the project seeks to address:

- Investment in the health and justice sectors is often prioritised over social services, including case management, despite its centrality to the needs of survivors, primarily because of the professional nature of health and justice service providers.
- Where there is an investment in case management, it focuses on increased access to health and legal services rather than support for comprehensive case management that addresses a survivor's holistic needs.
- Current GBV case management standards and practices generally focus on building skills to meet the needs of large target populations, while the specific knowledge, attitudes and skills needed to adapt services for marginalised survivors are not yet institutionalised in most settings, leaving social workers without sufficient capacity to assist these survivors potentially putting them at risk of further harm.
- Lack of professional recognition/accreditation and continuing education in many countries is a disincentive to maintaining a knowledgeable and experienced national body of social workers equipped to meet international standards of care for both mainstream and marginalised survivors.

In Zimbabwe, the project has three key intervention areas i.e.

- Support capacity building of specialised GBV actors on GBV Case Management
- Ensure availability and accessibility of life saving multi-sectoral survivor-centred GBV essential services – (mobile one stop centre, hotline)
- Support enhanced effectiveness of Community based GBV risk mitigation and referral mechanisms – safe spaces, community mobilisation, GBV surveillance and referral



This consultancy seeks to engage a regional institution to lead an assessment of existing systems with a view to strengthen the GBV case management system in Zimbabwe, contributing to the first intervention area highlighted above.

2. Objectives of the Consultancy

The primary purpose of this consultancy is to lead, the assessment of the existing case management systems within the country to provide a baseline status of the current GBV response practitioners, response protocol, service gaps and sub-population needs. This will inform the plan for strengthening of the case management systems.

3. Tasks and Responsibilities of the Consultant

Working under the oversight and guidance of the Ministry of Women Affairs, Community Small and Medium Enterprises Development, and direct supervision of the UNFPA Technical Specialist Gender Equality, GBV and Humanitarian, the consultant is expected to perform the following tasks, among others:

Objective 1: Assessment of the existing case management system

Outcome 1.1: Stakeholder and Protocol Mapping Activities:

- 1.1.1 Map available and current protocols in use for case management. Identify government agencies, CSOs, NGOs, and GBV service points involved in GBV case management or referrals.
- 1.1.2 Conduct consultations with these actors to understand roles and partnerships, and capacity.
- 1.1.3 Produce, share and validate stakeholder map.

Outcome 1.2: Identify demographic characteristics in target areas and understand GBV service access for specific sub-populations Activities:

- 1.2.1 Obtain existing sources of disaggregated data (gender, age, people with disabilities, ethnic and language minorities, and all relevant.)
- 1.2.2 Conduct consultations with local, regional and national CSOs and key informants, ensuring marginalised groups are included.
- 1.2.3 Conduct consultations with identified individuals, groups and community leaders and stakeholders (within a safe environment) to determine barriers and special needs in accessing GBV case management services.
- 1.2.4 Validate findings with community groups and CSOs.

Outcome 1.3: Identify service gaps for comprehensive GBV case management provision activities:

- 1.3.1 Document gaps in equity and access to GBV case management services within the target areas by using data from Outcome 1.1 and 1.2.
- 1.3.2 Conduct stakeholder validation of gaps analysis.

3 Expected Outputs/ Deliverables



The expected outputs/ deliverables are shown in the table below.

Output/ Deliverable	Deliverable	Expected duration (days)
1. Briefing with UNFPA (HQ/CO team), MOWACSMED	<ul style="list-style-type: none"> Minutes of meeting 	1
2. Inception report Review all relevant data sources and prepare an inception report to be submitted to the technical team (MOWACSMED/UNFPA) The inception report will detail the following: <ul style="list-style-type: none"> methodology; schedule of activities and timeline development or adaption of tools as needed 	<ul style="list-style-type: none"> Draft inception report including tools available for comments 	2
3. Submit the final Inception report with all comments integrated	<ul style="list-style-type: none"> Final inception report available 	1
4. Assessment of the current case management system	<ul style="list-style-type: none"> Consultative meeting(s) Validation meeting(s) Stakeholder Map Needs analysis Validated Gap Analysis 	30
5. Detailed consultancy report	<ul style="list-style-type: none"> A draft report circulated for comments Final Report 	5

4 Qualifications and Experience

All interested consultants/firms are requested to submit the proposals:

- Explaining their competencies to meet the requirements of the assignment;
- Explaining in detail the methodology to be used in carrying out the assignment, including sampling strategy (not just a sample size but also urban, rural, age, sex disaggregation, etc.)
- Provide a detailed professional budget in USD (Indicate daily professional rates and days);
- Attach brief technical biodata of core team members;
- Providing the duration of the assignment and dates of availability.
- Provide evidence of similar work undertaken recently (Not more than five years) and references.



The team of consultants should have the following profile(s).

Team leader

- At least a PhD degree or equivalent level in one of the following fields: Gender Studies, Public health, Demography, Development Studies, Social Work, Health Economics, Social Policy, or other related studies;
- International experience of 10 to 15 years is required, and past experience in working with the UN is an added advantage;
- Experience working in Southern Africa;
- Past experience as a team leader in a related assignment(s)
- Proven experience in case management system development within the region
- Experience and understanding of UN programming processes;
- Excellent report writing, communication, interviewing and computer skills.

The Team leader will be required to submit one sample of previous similar work produced and three references or proof of satisfactory completion from the previous employers.

Team member Consultants

- Master's Degree in Population, Gender, Public Health, Development Studies, Social Work or other related studies;
- At least seven years of relevant experience;
- Experience and skills in using evidence-based systems for improved performance;
- Proven experience in Gender and gender based violence work;
- Evidence of analytical work in the subject matter;
- Excellent report writing, communication, interviewing and computer skills.

Language

- English language is required.

5 Competencies

- Strong interpersonal and communication skills;
- Strong analytical, reporting and writing abilities skills;
- Openness to change and ability to receive/integrate feedback;
- Ability to work under pressure and tight deadlines;
- Capacity to work effectively in a multi-cultural team;
- Strong results orientation and strategic thinking with a client-oriented approach.

4. Contract

The consultant will be contracted by the United Nations Population Fund (UNFPA) in line with its policies and procedures on recruitment. The level of consultancy fees and conditions for payment will be determined in negotiation with UNFPA.

5. Application procedure



Interested consultants are requested to submit a technical offer by the latest **6 October 2023**

Criteria and weight for rating the offers will be:

- Understanding of the assignment,
- proposed methodology
- The expertise of the consultant(s) & team composition incl. institutional background
- Fees (all inclusive)

6 Period of Assignment

The performance period for the consultancy shall be from 1 November 2023 to 30 April 2024 (40 working days)