

Terms of Reference for the Recruitment of a Consultant¹ to Implement Gender-Based Violence Prevention and Response (GBV) Activities, particularly Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH), as part of the Gambia Electricity Restoration and Modernization Project (GERMP)

1. BACKGROUND AND JUSTIFICATION

Thirty-five percent of women in the world are survivors of physical and/or sexual violence from intimate partners or other actors (WHO 2013). In the context of large-scale development projects, it is critical to understand the specific context of gender-based violence (GBV) that may give rise to sexual exploitation and abuse (SEA) and sexual harassment (SH) as these incidents can have direct, deleterious effects on the project and break the trust between communities and the project. Projects with civil works components can create a power differential between those who are engaged by the project and project-affected communities, which can increase the risks that community members may be sexually exploited and abused, including risk of SEA for minors as well as risk of SH within project-related entities, especially in male-dominated work environments. Economic corridor projects with an influx of external workers can also increase risks related to SEA. For this reason, the World Bank requires the analysis of SEA/SH-related risks, the implementation of measures to mitigate these risks, and the capacity to respond to any incidents that arise over the course of the project.

The World Bank's recent Good Practice Note on Combating Sexual Violence in the Financing of Major Civil Works Investment Projects (GBV Good Practice Note), recognizes that projects involving civil works may increase the risk of SEA and SH, including violence against children (VAC), which may be manifested in different ways, for example:

- Projects like the Gambia Electricity Restoration and Modernization Project (GERMP) with a large potential influx of workers and higher wages for workers can increase the demand for transactional sex, or the risk of early marriage in a community where marriage to a project employee is considered the best livelihood strategy for an adolescent. The risk of SEA between workers and minors may also increase.
- Projects create changes in the communities in which they operate, especially a shift in power dynamics between members of the community and within households. For example, men in the community may be embarrassed when they think that workers are interacting with women of their community or when women working on the project are starting to bring more money than usual into the households. As a result, risks of abuse can occur not only between project staff and those living on and around the project site, but also within the households of project-affected communities.
- In land or compensation redistribution, women may be extremely vulnerable to risk of GBV/SEA/SH. For example, in the GERMP, initially women from Santajuba Kabilo were denied involvement in the consultation of the RAP for the Jambur Solar PV Plant by the men of their Kabilo (family). While they were ultimately able to participate following PIU discussions with the community regarding World Bank mandates on inclusive access to benefits for all, including access to decision-making, the project noted the gender inequality that underscores this vulnerability risk for women and girls.

The present Terms of Reference (ToR) are developed to support the recruitment of a Consultant to support GBV service and survivor entry-point mapping, community sensitization, and adaptation of

¹ Please note that the Consultant to be recruited under this TOR may be an NGO, private firm, or agency, or individual or group of individuals.

the existing Grievance Mechanism (GM) to handle GBV/SEA/SH complaints ethically and confidentially, and to support the project in overall GBV/SEA/SH prevention, mitigation, and response.

2. CONTEXT OF THE PROJECT

The development objective of the project is to improve the operational performance of the National Water and Electricity Company (NAWEC), and its capacity to dispatch variable renewable electricity. The GERMP will improve the power generation capacity and efficiency of NAWEC's transmission network to increase access to electricity for socio-economic development. This objective is in line with the Gambian National Development Plan (NDP-2018-2021), the Gambia Electricity Sector Roadmap (2017) and the National Energy Policy (2014-2018), among other national policies which promote the extension, reliability and quality of the Government's energy supply nationally, as well as diversifying energy sources to include renewables.

The GERMP consists of the following four components:

- **PROJECT COMPONENT 1: *On-grid solar photo voltaic plants with battery backup***

Development of one 20 MW solar photo voltaic (PV) plant within an area of about 31ha at Jambur in the West Coast Region

- **PROJECT COMPONENT 2: *Transmission and distribution (T&D) upgrades***

- Installation of approximately 17km High Voltage (HV) 225kV T&D lines between Brikama and Jabang
- Establishment of new substations at Brikama, Jabang, New Wellingara and Kotu
- Construction of a new dispatch center
- Upgrades of some primary and secondary substations
- Construction of MV distribution lines on the North Bank Region

Additional financing intends to scale up the Transmission and distribution (T&D) restoration and modernization by addressing the:

- Financial gap in transmission and distribution (T&D) investments
- Loss reduction
- Energy efficiency activities

- **PROJECT COMPONENT 3: *Urgent institutional strengthening and project implementation support for improved performance of:***

- Service contractor
- Owners' Engineer
- New IT system for NAWEC
- Studies including feasibility and safeguards instruments (excluding compensation)
- Project Management Unit operational costs and relevant training
- Technical assistance to the Ministry of Petroleum and Energy in various areas
- Scale up support for NAWEC turnaround
- Scale up strategic studies for the energy and water
- Project Management

- **COMPONENT 4: *Urgent actions to address the water crisis***

- Supporting NAWEC to develop a non-revenue water (NRW) reduction plan: This would entail developing hydraulic zones; installing bulk meters (85 percent of the bulk meters

need to be replaced); purchasing and installing retail meters (approximately 20,000 initially) and reducing the backlog of customers awaiting a connection (2,000 customers have paid but not yet received metered connections). NAWEC also needs equipment and spare parts materials for water distribution network maintenance.

- New connections (US\$3 million): The Additional Financing will finance about 5,000 new household connections to extend NAWEC's customer base. This action would also entail developing the tertiary network.

In addition to Component 3, all the other subproject activities will be subjected to environmental and social screening. The GERMP will involve civil works which will require a large skilled workforce, many of whom are not from the affected communities.

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3. NATIONAL CONTEXT OF GENDER BASED VIOLENCE (GBV)

Much research has shown that gender inequalities are an immense challenge in labor markets in West Africa, and especially in the Gambia. The inequalities are evident in key statistics related to women. For example, according to the 2013 Gambian Demographic and Health Survey, 20% of women reported experiencing physical or sexual violence at least once during their lifetime, child marriage is estimated to be at 30%, and female genital mutilation/cutting is at 75-79%, one of the highest rates in the world.

According to a 2009 study about gender equality and poverty reduction among urban youth in The Gambia,² despite on-going efforts to increase young women's enrolment in schools and access to employment, gender inequalities have been far from eradicated. In The Gambia, restrictive social expectations for women and girls, such as that women should perform the bulk of reproductive labor in their youth and in adulthood, as well as constraints placed on young women's personal freedom regarding their social relationships, reduce time dedicated to education and adversely affect their ability to establish contacts and networks relevant to securing paid employment and career opportunities. The result is that men end up with more educational qualifications, more employable skills, and higher-paying jobs, even if unemployment among young people in general is a lagging problem.

This situation can be exacerbated by the GERMP civil works which will bring many young people with "good salaries," in relation to Gambian standards, in areas where women have few educational or economic opportunities outside of marriage and the domestic sphere. As such, there is the risk that workers associated with project sites may take advantage of this equality gap. Projects with civil works components can also create a power differential between those who are engaged by the project and project-affected communities, which can increase SEA/SH-related risks for members of these communities, including the risk of SEA for minors as well as risk of SH for personnel within project-related entities.

4. OBJECTIVES

With oversight from the GERMP Project Implementation Unit's (PIU) Social and Gender Specialists, the overall objective of this assignment is to assist the GERMP PIU in prevention, risk mitigation, and response to GBV/SEA/SH. The Consultant chosen will closely work with the NAWEC PIU to provide

² Gareth A.Jones and SylviaChant, "Globalizing initiatives for gender equality and poverty reduction: Exploring 'failure' with reference to education and work among urban youth in The Gambia and Ghana" in *Geoforum* (Volume 40, Issue 2, March 2009): 184-196. <https://doi.org/10.1016/j.geoforum.2008.07.008>

technical assistance and help the institution be able to handle this issue independently in the long term.

The Consultant will develop and implement a range of activities to address GBV/SEA/SH risks. These activities are grouped into the following components:

- a. PIU Capacity Building
- b. GBV Service Provider Mapping and the development of a GBV Referral Pathway for the Grievance Mechanism
- c. Stakeholder Engagement and GBV/SEA/SH Awareness Raising
- d. Training to the GM Operator on GBV/SEA/SH on how to provide service referrals and conduct proper record keeping

These components are discussed in detail in the following sections.

a. PIU CAPACITY BUILDING

The Consultant will serve as a focal person for the PIU regarding the potential GBV/SEA/SH risks in the project. The Consultant will guide the PIU on capacity building and sensitization training for the PIU and stakeholders on potential GBV/SEA/SH risks. The training will include:

- Explanation of what GBV, particularly SEA and SH, is and how the project can exacerbate these risks, including those that relate to children
- An overview of how other project activities may exacerbate risks of SEA/SH, including unintended risks
- GBV/SEA/SH prevention and mitigation measures

This training will also include a range of GBV service providers as participants so that the PIU has a fuller understanding of the services offered/the referral pathway and an opportunity to ask questions and make complaints.

The Consultant will reinforce the messages of the training at the meetings with the PIU to reinforce the training content.

<p>Key deliverables of this component:</p> <ul style="list-style-type: none">• PIU to designate a focal point (the Gender Focal Point and Babucarr Corr, Social Safeguards Officer) to work with the Consultant on all GBV/SEA/SH matters.• PIU is sensitized to GBV/SEA/SH risks and mitigation measures (an initial training to be provided and then repeated periodically through refresher courses).
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b. GBV SERVICE PROVIDER MAPPING AND GBV/SEA/SH REFERRAL PATHWAY

- Undertake rapid assessment/mapping of the GBV prevention and response actors (GBV service providers and community organizations) available to the project-affected communities. Assess their capacity to provide quality survivor-centered services. The assessment should seek the following questions: what services exist? Are they safe, accessible, and adequately staffed? Are minimum standards of GBV service delivery met or is further capacity building required? How much do services cost? Identify already existing directories of service providers prepared by various organizations, including

UNFPA, UNICEF, and UN Women, to create a fuller picture of all relevant stakeholders on the ground.

- Identify all currently functioning channels and mechanisms available to lodge GBV/SEA/SH complaints and whether they provide services that are confidential and free of risks of stigmatization and reprisal, e.g. staffed by suitably trained female (and male) personnel; available for 24 hours; operators equipped with information on GBV service providers to make timely referrals to these services, as needed etc. Identify how long they have been in service, the number of complaints received/addressed and their sources of funding. Identify if other entry points are more appropriate than existing channels for women and adolescent girls. Furthermore, identify how reports are made and the processes involved and whether they are specialized agencies.
- Identify all currently functioning shelters for GBV survivors in project area of influence and assess their quality, availability and accessibility; identify basic services they provide (e.g. food and other supplies, health care, economic empowerment initiatives, counseling and therapeutic activities, psychosocial services, referral to legal aid services); their staffing (number of full time and part time staff and services offered); define their eligibility criteria for admission; whether children are accepted; any education opportunities for children (informal/formal); identify how long they have been in service; number of residents being served; type of the facilities (government, private) and their sources of funding. As with all other activities, collect only secondary data from the management of shelters so as not to increase distress to the survivors and to protect their privacy – in line with the ethical recommendations of the World Health Organization regarding research on violence against women.
- Assess if the service providers offer services in accordance with international standards that articulate a minimum basic package of services, such as, case management support, health services, psychosocial support, shelter, security and police support, and legal services. Describe those services that are not provided locally either by the Consultant or others. Also, identify those services that are offered but fall short of these standards.
- Find out if Standard Operating Procedures (SOPs) for managing GBV/SEA/SH are in place, and if and which of the service providers mapped are integrated into these SOPs. The Standard operating procedures are specific procedures and agreements among organizations that reflect the plan of action and individual organizations' roles and responsibilities. Identify if and which agency/ies lead the development of the SOPs locally; reach out to them; inform them of the project's activities and seek feedback.
- Assess if the SOPs facilitate an effective referral pathway for the survivors meeting the following key elements: at least one service provider for health, psychosocial, safety and protection and, as appropriate and feasible, legal and other support, in a given geographical area (community, regional and or national) ; services are delivered in a manner consistent with the GBV guiding principles; GBV service providers understand how and to whom to refer survivors for additional services; GBV service providers demonstrate a coordinated approach to case management, including confidential information sharing and participation in regular case management meetings to ensure that survivors have access to multi-sector services and support; GBV data collection, including standardized intake and referral forms, is undertaken in a safe and ethical manner; referral pathways identify all available services and are documented, disseminated and regularly updated, in a format that can be easily understood (e.g. through pictures/diagrams).

- Subject to the results of the assessment of the existing referral system, coordinate the establishment of a new/updated GBV referral pathway to be used in the context of the GERMP GM; try to build upon the pathway for existing GBV services and community-based structures, as much as possible.
- Pay special attention to health care providers since it is a critical component of a multi-sector response to GBV/SEA/SH. Map if and which healthcare providers provide quality health care that ensures implementation of the Minimum Initial Services Package (MISP) for reproductive health (including post GBV/SEA/SH treatment supplies, treatment and other relevant clinical supplies).
- Identify barriers to GBV/SEA/SH survivors accessing multi-sector services: e.g. transport, language, literacy; fear of discrimination; knowledge of services, education (formal or informal) etc. Particularly focus on the barriers faced by minorities or other vulnerable populations, e.g. displaced women, women living in particularly difficult/hard to reach areas, etc. Reflect these barriers in the design of the referral pathway and complaints channels.
- Establish a protocol (calendar and tools) for the PIU Gender Focal Point to regularly monitor the service providers that are part of the GBV Referral Pathway, their capacity and coverage as some of them might weaken or disappear over time. This protocol should include the questions: are they still safe, accessible, and adequately staffed and in a position to provide the required and needed services.
- Establish a protocol for ensuring WHO guidelines and national requirements regarding COVID-19 mitigation measures are respected, including at times when survivors are transported to services.

Key deliverables of this component:

- GBV Service providers mapped vis-à-vis the international standards; shortfalls clearly identified.
- The GBV SOPs identified including communication protocols for reporting incidents.
- The Referral Pathway and mechanisms developed with contact information for each service identified.
- A report on additional training or capacity building needs of any of the service providers (to be followed up on by the GERMP PIU Gender and Social Specialists).

c. STAKEHOLDER ENGAGEMENT AND GBV/SEA/SH AWARENESS-RAISING STRATEGY

i) Identify and consult women and girls, and other at-risk groups (including persons with disabilities) in the project-affected communities, including to ensure that WHO guidelines and national requirements regarding COVID-19 mitigation measures are respected.

- Work with GERMP PIU's Gender and Social Specialists to ensure that GBV/SEA/SH-specific considerations are integrated into the project Stakeholder Engagement Plan (SEP) and support the PIU in undertaking public consultations to ensure that i) women, girls and boys and other at-risk groups are consulted; ii) convenient time, safe transportation and

culturally-acceptable settings are provided to these groups to enable their meaningful participation in consultations; iii) consultations with girls³ are conducted by a woman facilitator trained in child consultations; iv) consultations are conducted periodically, particularly when Contractors prepare their Environmental and Social Management Plans; and v) consultations follow the Ethical and Safety Recommendations⁴ for GBV interventions to avoid inadvertently causing harm to the consulted.

- Enable women's and girls' participation in consultations by utilizing various (ideally already tested) ways (e.g. integrate GBV/SEA/SH consultations in spaces that women may visit without a male escort, such as health centers; engage male activists, elderly and other respected members of the community so as to enable men feel informed and welcomed).
- Ensure that during the consultations, at a minimum, the stakeholders are informed of the purpose, nature, scale, and duration of the project and of the potential risks for local communities related to GBV/SEA/SH. Actively seek their guidance to identify potential GBV/SEA/SH risks and their views on potential interventions and risk mitigation measures.
- Once the GBV/SEA/SH mitigation measures⁵ are put in place, make stakeholders aware of them. At a minimum, inform them of i) the Code of Conduct, its mandatory nature and consequences of infractions; ii) the local GBV service providers, their contacts and services offered and the referral pathway; iii) channels available to lodge complaints including through the project's GBV/SEA/SH Grievance Mechanism (GM); and iv) ways in which complaints will be addressed (The Sexual Offences Act of 2013 and the Domestic Violence Act of 2013). Provide opportunities for feedback immediately after the consultations and for posterity.
- Devise a strategy to create awareness on GBV/SEA/SH, sensitize communities and question norms and attitudes that underline GBV/SEA/SH in a culturally appropriate manner. It is important that the strategy is an evolving one based on feedback from the stakeholders.
- Reach all members of the community. People need to know that they have a right to complain and how they can do so. They need to know what their rights are and what the mandate of each organization is. Be clear on what the project can and cannot deal with - this will help manage community expectations.

ii) Engage men and boys

- Engage men and boys, considering the cultural context, to help raise awareness around preventing GBV/SEA/SH and promoting positive social norms in support of gender equality. Make efforts to appeal to male leaders, especially religious and community leaders, and to identify strategic allies for prevention of and response to GBV risks.
- Consult men and boys to ensure their buy-in for activities in the GERMP's Gender Action Plan (including scholarships to support women's access to higher education). Provide guidance and advice for the Gender and Social Specialists on how to do this over the life of the project.

³ Where feasible, adolescent girls and boys should also be provided with opportunities to participate in consultations

⁴ http://www.vawresourceguide.org/ethics#footnote39_xiuow1x

⁵ This refers to the outputs to be produced, e.g. CoC, Referral Pathways, GBV GM, etc.

iii) *Identify and consult women's groups, advocates for children's rights, health workers, police officers, elders, and key influencers in the project-affected communities*

- Understand types of GBV/SEA/SH that are present in the communities and that may be exacerbated by the project; understand what groups of individuals are most vulnerable and how they usually deal with GBV/SEA/SH.
- Explore ongoing initiatives to prevent and respond to GBV/SEA/SH in the communities, and how the project can use them. Identify the local women councilors, women traditional communicators, 'yaye compins' and the mothers' clubs, who can serve as part of the referral mechanisms and provide data for monitoring as well. Develop key messages for them on GBV/SEA/SH awareness and mitigation. It is essential that the project-level GBV/SEA/SH risk mitigation measures consider and, wherever possible, complement existing activities.
- Inquire about existing channels of reporting GBV/SEA/SH complaints and identify if these channels follow a survivor-centered approach (e.g. whether they respect survivors' choices and maintain survivors' confidentiality).
- Seek their views on potential measures to prevent and mitigate GBV/SEA/SH risks of the project and incorporate suggestions into the design of the GM.

Key deliverables of this component:

- SEP revised with GBV-specific considerations.
- Stakeholders identified and consulted periodically.
- Prominent places of public facilities display CoC and the information indicating the complaints mechanisms and that support to GBV/SEA/SH survivors is free.
- Stakeholder feedback incorporated in all relevant project activities.
- GBV/SEA/SH Awareness Raising Strategy developed and implemented.

d. TRAINING TO THE GRIEVANCE MECHANISM (GM) OPERATOR ON GBV/SEA/SH COMPLAINT INTAKE AND SURVIVOR SUPPORT

The Consultant will work with the PIU and its Gender Focal Point, contractor, and the Supervision Consultant to develop and/or review and improve the GM to ensure it has an adapted channel to deal with GBV/SEA/SH complaints. More specifically, the Consultant will:

- Advise the PIU on the design of a channel within the existing GM for GBV/SEA/SH cases, and propose various possible modalities of designating and running the GM, as relevant, depending upon the GM modality.
- Ensure that the GM provides multiple, easily accessible, and trusted channels through which grievances can be registered safely and confidentially and ensures a survivor-centered approach as well as a speedy case resolution.
- Ensure that the GM does not ask for, or record, information on more than three aspects related to GBV/SEA/SH incidents. These are the following:
 - The type of incident (what the survivor says in her/his own words without direct questioning);
 - If, to the best of the survivor's knowledge, the perpetrator was associated with the project; and
 - If possible, the age and sex of the survivor.

- Ensure that the GM also allows for potential workplace SH complaints to be made safely and confidentially.
- Train the GM Operators on how to receive and process GBV/SEA/SH cases confidentially and empathetically, what referral pathways to follow, and how to collect and report cases.
- Raise awareness of the GBV/SEA/SH GM in the communities.
- Liaise with the PIU Gender Focal Point to advice on ways to manage the data maintenance/reporting.

Additionally, the Consultant will ensure that protocols for GBV/SEA/SH care and support as well as service referrals are developed, and individuals are designated within the GM to serve as focal points for complaint intake and service referrals. Key components of this activity include:

- Ensuring that the survivor is provided with information about available support services so that she/he can make informed choices about which services she/he may wish to access (e.g. types of services available, how to access them, how the referral process operates, etc.).
- Prioritizing the survivor’s immediate needs, including her/his safety and security and access to healthcare, psychosocial support, counselling, and/or legal assistance in accordance with the survivor’s wishes.⁶
- Ensuring informed consent and confidentiality prior to referring for services, respecting the survivor’s wishes, and providing service referrals and support without discrimination.
- Ensuring that all confidential information is channeled correctly and handled with the utmost discretion. Provide information on GBV/SEA/SH cases in an aggregate form. No identifiable information on the survivor should be provided in the GM.
- Ensuring that all complaints are properly tracked and monitored to ensure that the survivor receives the optimum support required.

Key deliverables of this component:

- GBV/SEA/SH GM team trained.
- Communities and staff informed of how GM functions.
- GM team is capable of implementing effective complaint intake and service referrals, including, but not limited to, providing referrals to external GBV support services, respecting confidentiality and survivor wishes, and providing support without discrimination.

NOTE: support is always ‘survivor-centered’ which is to keep the needs and wishes of the survivor at the forefront of the whole process.

5. MONITORING AND EVALUATION OF ACTIVITIES

- Develop, test, and propose specific indicators to ensure effective monitoring and evaluation of all GBV/SEA/SH interventions (prevention, risk mitigation, and response) (this includes reporting within 24 hours of receipt, any alleged GBV/SEA/SH claim received by the project).
- Establish an ethical system for collecting data on GBV/SEA/SH cases supported through the GERMP.

⁶ No monetary compensation should be given directly to the survivor; all support services and accompanying transportation, housing and support requirements (money for official documentation or collection of forensic evidence) will be paid through the Consultant. The cost of the physical supports (transportation, medicines, survivor kits, collection of forensic support, etc.) will be paid by the Consultant and reimbursed by the Project through another budget line (outside this Assignment) upon the submission of receipts.

- Submit monthly or quarterly reports, which will be shared with the PIU team and the World Bank, should include quantitative and qualitative data as well as monitoring indicators.
- Collect quarterly and through participatory methods information on GBV/SEA/SH risks related to the project and propose mitigation measures for these risks to the PMU Safeguards Unit for the implementation by the different stakeholders of the project.”
- The final report will summarize the GBV/SEA/SH prevention, mitigation, and response activities to be implemented as part of the project, including recommendations and action points for the continuation of long-term GBV/SEA/SH prevention measures.

Report on GBV/SEA/SH incidents should include only aggregated data and contribute to the effective implementation of the reporting protocols established.

6. DELIVERABLES

The deliverables expected from the Consultant are described below:

1. Inception report with work plan with calendar;
2. Mapping of existing GBV services and establishment of a response protocol for survivor care and referral in the project implementation area and up to a 30-kilometer radius;
3. Summary reports on community consultations highlighting key themes and critical risks identified at each meeting;
4. Assessment of GBV/SEA/SH risks related to the project and proposal of mitigation measures to the PIU team for implementation by the various stakeholders of the project;
5. Supports (presentations, documents, manuals, etc.) for context-specific awareness-raising and training, including on codes of conduct and the grievance mechanism;
6. Formation of GBV Focal Points in Communities in the project implementation area;
7. Awareness-raising sessions on GBV/SEA/SH and training on GBV/SEA/SH, codes of conduct, and the grievance mechanism for all project staff and site workers (after the initial training, once per month or quarter, which will be established by the project according to the degree of risk and feasibility for the duration of the project);
8. Sensitization sessions for communities on GBV/SEA/SH issues, including available services and access to the grievance mechanism, frequency to be determined by the Consultant in consultation with the GERMP PIU;
9. Monthly reports giving a summary of the activities carried out and the results obtained in relation to the indicators put in place;
10. An interim final report will be provided no later than 15 days after the conclusion of the assignment, and PIU and World Bank will have twenty-one (21) days to comment and review;
11. A final report will be issued after integration of comments in five (5) hard copies and in electronic form on CD (in Word file), seven (7) days after their reception by the Consultant.

7. DURATION AND SUPERVISION OF DELIVERABLES

The total duration of the Consultant intervention will be defined by the project, depending upon its level of risk and the first diagnostic findings. Outreach activities will continue regularly throughout the project cycle.

This intervention will be carried out under the supervision of the Environmental and Social Safeguards team and the Gender Focal Point in coordination with the World Bank Environmental and Social Safeguards team dedicated to the GERMP.

8. PROFILE OF THE CONSULTANT

The Consultant must:

- Be legally incorporated in The Gambia.

- Have a code of conduct and a clear internal policy aimed at preventing and responding to harassment, exploitation, and sexual abuse, including a regular staff training plan that meets the minimum international standards.
- Have at least 10 years of work experience in the arena of GBV prevention and response programming in project-affected communities, including proven track record related to GBV projects delivered and trust built with communities.
- Have strong interpersonal skills and the capacity to apply a survivor-centered approach to support, guide, listen, assess, plan, and follow up on services and survivor support, including an understanding of key survivor care principles.
- Have experience in delivering gender and GBV-related sensitization trainings and awareness-raising activities to a wide range of audiences, including in challenging environments (e.g. law enforcement agencies).
- Have experience and knowledge regarding the ethical and confidential collection and management of GBV-related case data.
- At a minimum, the team is expected to include, but not be limited to, the following key positions/expertise:
 - a. Manager of the assignment (with experience in one of the below areas)
 - b. GBV/SEA/SH trainer
 - c. Communications expert
 - d. Health expert (with specialization in addressing situations of GBV)
 - e. Psychosocial counsellor
 - f. Legal expert

The team must include local experts with work experience in the project area of influence. The team should be composed of both women and men.

Annex A: Sample Proposed Reporting for GBV/SEA/SH Cases

Report on GBV/SEA/SH incidents should include only aggregated data and contribute to the effective implementation of the reporting protocols established below.

Proposed Reporting of GBV/SEA/SH to be refined by the Consultant in collaboration with the PIU

Who	To Whom	What	When	Objective
GM Operator	PIU and the World Bank	GBV Incident reporting: <ul style="list-style-type: none"> • Reporting of GBV/SEA/SH incidents with three key data: <ul style="list-style-type: none"> o Nature of the case; o Project related (Y/N); and, o Age and/or Sex (if available). 	As soon as becomes known	For PIU to monitor response. For WB to report to management in accordance with SIRT and to monitor the response.
	PIU and Supervision Consultant (and PIU to furnish to WB)	Aggregate data on case load: <ul style="list-style-type: none"> • Number of GBV/SEA/SH cases referred by the GM; • % of GBV/SEA/SH cases referred for services • disaggregated by adult/minor and by sex; • The number of cases open, and the average time they have been open, and • The number of cases closed, and the average time they were open. Implementation progress on all activities of these ToR, e.g. <ul style="list-style-type: none"> • Status on the implementation 	Monthly	To ensure accountability of the Consultant.

Who	To Whom	What	When	Objective
		of project's GBV Action Plan; <ul style="list-style-type: none"> • Number of training courses related to GBV/SEA/SH delivered; • Percentage of workers that have attended the CoC training and signed the CoC 		