



Government of the Co-operative

Republic of Guyana Ministry of Public Works

DRAFT TERMS OF REFERENCE

FOR

SOCIAL AND GENDER RESILIENCE BUILDING FRAMEWORK FOR LINDEN TO MABURA HILL ROAD PROJECT

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1. BACKGROUND

- 1.1 The Linden-Lethem Road is critical in providing connectivity between Guyana's hinterland and coastland regions. The road is unpaved, exhibits structural failure, and has poor geometry and limited safety features. During the rainy season segments of the road erodes and become impassable. Consequently, the level of service is very poor. Through this project, the Government of Guyana (GOGY) intends to upgrade the first 121km from Linden to Mabura 'Hills' to an all-weather status and also improve drainage, structures, geometry, and safety features of the roadway in order to improve service variables and achieve the economic benefits associated with the roadway.
- 1.2 Through a grant received under the Caribbean Development Bank (CDB) United Kingdom Caribbean Infrastructure Partnership Fund (UKCIF), a Feasibility Study, Designs, and Bidding Documents were completed in 2020 for the upgrade of the segment of roadway from Linden to Mabura Hill and constructing a bridge at Kurupukari Crossing. Construction of the bridge will be deferred to the next five (5) years.
- 1.3 GOGY has now applied for financing from the UKCIF programme for upgrading the segment of roadway from Linden to Mabura Hill to an 'all-weather' status and intends to apply a portion of the proceeds of this financing to eligible payments under a contract for which this invitation is issued. The proposed works generally comprise the construction of sub-base and base courses and an asphaltic concrete surface course with a finished carriageway width of 7.2m and 2.4m wide shoulders. All associated infrastructure including bridges, culverts, and drains are also being provided under this Project. A number of safety features are incorporated in the designs road markings, traffic signs, safety barriers, parking and rest areas throughout the corridor, and sidewalks, pedestrian crossings, bus sheds, and lighting in populated areas.
- 1.4 In Guyana, Gender-based Violence (GBV), particularly against women, appears pervasive across ethnic and socioeconomic statuses (Human Rights Council, Working Group on the Universal Periodic Review 2015). One in every 2 women has or will experience Intimate Partner Violence (IPV) in their lifetime. The first comprehensive national survey on gender-based violence in Guyana revealed that more than half (55%) of all women experienced at least one form of violence. More than one in ten have experienced physical and/or sexual violence from a male partner in the past 12 months. This is above global estimates which show that 1 in 3 women worldwide experience either physical and or sexual violence, mostly by intimate partner at some point in their lives. In Guyana, 38% of women have experienced physicaland or sexual violence in Guyana has experienced non-partner sexual abuse in their lifetime; 13% reported experiencing this abuse before the age of 18; being young is the most significant risk factor for non-partner sexual violence (NPSV), including rape, attempted rape, unwanted

sexual touching and sexual harassment and the 15-24 age group reported statistically higher rates of NPSV of every type (the 55-64 age group reported the least)¹

- 1.5 Approximately one-fifth of women believe that a husband/partner is justified in beating his wife/partner (Multiple Indicator Cluster Survey Report, MICS 2006)². This belief is twice as common in the hinterland compared with coastal regions, and also more prevalent among less educated women and those from poorer households. Gender-based school violence ranges from sexual harassment, aggressive or unsolicited sexual advances, bullying, verbal abuse, intimidation, and sexual assaults. A preventive approach through community resilience-building about different forms of GBV, gendered expectations, and self-agency is important including an understanding of the rights and protection of vulnerable populations. Other crosscutting gender-based risks include inter alia, teenage pregnancy and absent/weak reintegration in schools,³ drugs and alcohol use which is four times higher among males,⁴ and sociocultural expectations of work.
- 1.6 Trafficking in Persons (TIPs) often leads to forced labour and the exploitation of prostitution, particularly among women. Seventy-two percent of the 1080 reported TIPs victims for 2018 to 2022 were 12 to 30 years of age, the majority being females. In 2022 there were alleged 240 victims (215 adults and 25 children) from 22 reported cases (Ministry of Home Affairs, 2022). Persons are more likely to be trafficked in hinterland areas (mining and forestry districts), although not absent from coastal areas. TIPs undermine human capital investments. The victims face several psychosocial reintegration issues, and a fragile victim support framework. The community resilience-building initiatives therefore require appropriate preventative knowledge and identification of protective mechanisms against TIPs among women and youth.
- 1.7 Vulnerable groups of indigenous Amerindians and persons with special education needs (SEN) and disabilities are estimated to represent 9% and 6.4% of the population. Poverty is more prevalent in rural/ hinterland areas (74%) and the Amerindian population (78%) compared with 36.1% nationally. The groups face unique challenges which require attention so that the full potential of youth may be realised. The hinterland populations tend to have weaker access to information and supportive mechanisms more readily accessible in coastal areas.

¹ Guyana National Survey on Gender-based Violence (2019)

² Violent discipline is also prevalent as 69.7% of children 1-14 years, experience psychological aggression or physical punishment at home (MICS 2014).

³ Guyana has high adolescent birth rate of 88.5 live births per 1,000 women 15-19 years (Human Development Report 2015). Some 15.8% of women 20-24 years had at least one live birth before age 18, while 26.9% of women and 6.6% of men 20-49 years were first married or in union before age 18 (MICS 2014). However, only 51.5% of female and 40.2% of male youth 15-24 years had knowledge about HIV prevention (MICS 2014).

⁴ Some 5.1% of women and 20% men 15-49 years had at least one alcoholic drink before age 15 (MICS 2014).

Stigma and discriminatory practices exclude and limit the fulsome socioeducational participation of students with SEN irrespective of the severity and type of disability.⁵ Select risk factors associated with ethnic cultures (Amerindians, Indo and Afro-Guyanese and Mixed) include internal migratory patterns of some indigenous groups, early marriage of Indo-Guyanese females, and reproductive and employment expectations that result in educational underachievement. The social resilience framework for the communities should dissect risks associated with the stated vulnerable groups to inform evidence-based strategies and advocacy for inclusive planning and implementation.

1.8 The community social resilience framework is important for providing community members with the tools for preventing and addressing social issues and for ensuring that the rights, safety and protection of all populations including vulnerable groups are taken into account for sustainable community development.

2. OBJECTIVES

- 2.1 The objective of the assignment is to develop and implement a social and gender resilience-building framework for the LMH Road Project. The consultancy will include:
- a) Undertaking a situational analysis of the social and gender issues, which includes gender-based violence, trafficking in persons, HIV/AIDS and rights of vulnerable populations.
- b) Delivery of capacity-building support to increase understanding and prevention of SGBV, TIP and the rights of vulnerable groups; persons with disabilities, indigenous groups, and other related risks factors with stakeholders from project affected communities.
- c) Production of communication materials through consultation with stakeholders within the project community on prevention and response to gender-based violence, trafficking in person, STD/HIV/AIDS prevention, and the right and protection of vulnerable groups.

3. SCOPE OF SERVICE

3.1 The Consultants will perform all investigative work, and analysis to realise the abovementioned objectives. The consultants will undertake desk and fieldwork, and

⁵ Severity of SEN range from mild, moderate, severe to profound. The types or SEN may include inter alia, intellectual, visual, physical, learning, speech, deafness, mental illness, multiple difficulties/challenges and exceptionalities (including the gifted).

consultation with relevant persons within, as well as persons outside the sector. Specifically, the Consultants will:

- (a) Be guided by the Good Practice Note Addressing Gender-Based Violence in Investment Project Financing Involving Major Civil Works, 28 September 2018, review secondary data on GBV, human trafficking, STDs/HIV/AIDS in Guyana, particularly along LMHR and existing programmes to address these issues as conducted by stakeholders such as the Ministry of Human Services and Social Security, National Commission on Disability, Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and other partners who are providing support services in these areas;
- (b) Assess and prepare a Situational Analysis of GBV, human trafficking, STDs/HIV/AIDS in Guyana, particularly within the project area, and the rights of persons with disabilities and indigenous groups. The analysis must identify and map, *inter alia*:
 - existing and planned interventions, legislation, policies, procedures and action plans, including the gaps, and lessons learned from the Guyana experience as well as regionally and internationally. Lessons from the latter should be customised as far as possible to suit the local context and to inform the design of capacity-building, advocacy, and strategies in line with current good development practices to address the social issues;
 - (ii) at-risk groups and other vulnerable sub-populations and the appropriate communication strategies, media, and language to reach out to them as well as thewider public;
 - (iii) key multi-sectoral stakeholders and partners including the Ministerial Task Force on Trafficking in persons, GBV coordination groups, PWDs and Indigenous People's Networks, Coalitions and Associations (public, private, NGOs, and CBOs) working in the sector, and;
 - (iv) Mapping of the existing referral mechanism in response to genderbased violence, TIP, HIV/AIDS, and protection of rights of PWDs and indigenous groups and identification of opportunities to strengthen a coordinated prevention and response framework through cross-sectoral linkages with ministries and agencies such as the GBV multi-stakeholder groups, the Guyana Police Force, Ministry of Home Affairs, Ministry of Health, Ministry of Human Services and Social Security, Ministry of Labour, the Ministry of Legal Affairs, Women's Groups in Project Area Of Influence and other areas impacted by the project and Civil Society in reporting

and managing incidents of GBV, TIP, and violation of the human rights of vulnerable populations;

- Propose recommendations for closing identified gaps based on mapping, documented lessons, and good practices on comprehensive referral pathways, policies, procedures, and actions for addressing GBV, including TIP.
- (vi) Tailor existing training of trainer's packages available from the Ministry of Human Services and Social Security targeting various groups within the project community that should include but not limited to; CBOs,FBOs, Women's Groups, Men's Groups, Youth, Women, Community Service Organisations (CSOs), Private Sector, Education Sector, and Public Sector Organisations.

4. TRAINING AND CAPACITY BUILDING WORKSHOP

- 4.1 The consultant will be responsible for the planning, development of modules, and conduct of workshops for the various groups in the project community; community-based leaders and organisations, faith-based groups, civil society groups, village councils, schools, men's groups, women's groups, youth groups and other project stakeholders on prevention of gender-based violence, human trafficking, HIV/AIDS, and the protection and respect for the rights of vulnerable populations; PWDs and indigenous groups.
- 4.2 The four capacity-building sessions should target the following groups:
 - (a) CBOs, FBOs, men's groups, women's groups, PWDs, youth groups, CSOs, village councils- understanding gender and social inclusion and strategies for community GBV, TIP, HIV/AIDS prevention and identification and understanding the rights and protection of vulnerable populations. These sessions are to be conducted based on what is being done by the Ministry of Human Services and Social Security and the Ministerial Task Force on Trafficking in Persons.
 - (b) Women, PWDs, indigenous groups and other vulnerable populations, students within the project area- understanding their rights and international, regional, and local rights-based frameworks and promoting a socially inclusive environment.
 - (c) Front-line community response workers for GBV and TIP- understanding the importance of primary prevention, promoting rights-based and clientcantered services, and strengthening coordination for effective response.

- (d) Project management and implementation team- understanding the importance of social and gender-inclusive project management and training
- 4.3 The training of trainers' workshop- it is expected that the workshop will provide participants with knowledge and skills on at least, but not exclusive to, the following three main sessions:
 - a) International and Regional Standards on GBV, TIPs, HIV/AIDS prevention and understanding gender and awareness strategies and community-based advocacy for prevention
 - b) Human Rights and the protection of rights and participation of PWDs, indigenous groups and other vulnerable groups
 - c) Coordination and Community Referral Mechanism for access to rightsbased services and protection.

5. COMMUNITY MOBILISATION AND ADVOCACY TOOLS

- (a) Design communication products and advocacy tools in consultation with stakeholders, including banners, leaflets, brochures, templates, public service announcements and other knowledge products, in line with Guyana's, CDB's and UKCIF branding and editorial guidelines, for multiple channels, including, print, radio, television, websites, and social media on GBV, TIP and HIV/AIDS prevention, identification and the promotion of the rights of vulnerable populations within communities. The communication products should be disseminated in print and electronic format, as required. All templates/materials/files must be provided in "editable" formats and formatted for social media distribution and printing.
- (b) Communication products should also include content on legislative and human rights and protection in local indigenous languages and inclusive strategies to reach all populations including PWDs. Messages should target specific members of the project community including at-risk groups as identified by the Situation Analysis, among them PWDs, indigenous groups, youth, and women.
- (c) Develop and design a directory of services clearly outlining where help for survivors maybe accessed and must be developed and delivered in a culturally appropriate, client-cantered, and gender-sensitive manner.

6. **REPORTING**

6.1 The following deliverables shall be submitted at the times indicated below:

- (a) Inception Report within one (1) month of commencement of the assignment outlining the strategy for implementing all three (3) components.
- (b) Situation Analysis, within two (2) months of commencement of the assignment.
- (c) Training Modules within three (3) months for the four (4) capacity-building sessions in various stakeholders' groups.
- (d) Community Engagement Strategy for the Design of Advocacy Tools and Strategies within three (3) months.
- (e) Implementation of Training of Trainers Work shop and capacity building sessions within four (4) months.
- (f) Report on the implementation of the training with Community Groups, documenting lessons learned and opportunities for further resilience-building within five (5) months.
- (g) Draft Community Mobilisation and Advocacy Tools for social media and print within five (5) months.
- (h) Final Community Mobilisation and Advocacy Tools for social media and print within six (6) months
- 6.2 The Government of Guyana will provide feedback for each of the deliverables identified. All submissions shall contain sex, disability, and age cohort disaggregated data and critical gender analysis.

7. PAYMENT SCHEDULE

Payment is contingent on the acceptance of each deliverable by GOGY. The timelines, deliverables and payment schedule are as per table below:

Item #	Deliverable	Timeline	Payment %	Remarks
1	Inception Report	One (1) month from the start date	10%	Within 30 Days of Acceptance
2	Situation Analysis	Two (2) months from the start date	10%	Within 30 Days of Acceptance
3	Training modules for four (4) capacity-building sessions various stakeholders' groups	Three (3) months from the start date	10%	Within 30 Days of Acceptance
4	Community Engagement Strategy for the Design of Advocacy Tools and Strategies.	Three (3) months from the start date	10%	Within 30 Days of Acceptance
5	Implementation of Training of Trainers workshop and capacity building sessions.	Four (4) months from the start date	20%	
6	Report on the implementation of the training with Community Groups	Five (5) months from the start date	10%	Within 30 Days of Acceptance
7	Draft Community Mobilisation and Advocacy Tools for social media and print.	Five (5) months from the start date	10%	
8	Final Community Mobilisation and Advocacy Tools for social media and Print	Six (6) months from the start date	20%	Within 30 Days of Acceptance

8. IMPLEMENTATION ARRANGEMENTS

8.1 GOGY will appoint a Project Coordinator (PC). The PC will facilitate the work of the Consultants and make available all relevant project-related reports and data relevant to the completion of the exercise and will act as a liaison between the consultants, CDB, and GOGY officials and stakeholders.

9. OUALIFICATIONS AND EXPERIENCE

9.1 The firm must have experience in social and gender development with additional expertise in communications for promoting gender equality and social inclusion of vulnerable groups. Experiencein messaging around GBV, Human trafficking, and STD/HIV/AIDS prevention, and rights-based advocacywould be an asset.

1) Social and Gender Specialist:

Qualifications: Master's Degree in Development Studies, Social Policy, Social Psychology, Gender Studies, Sociology, International Development, Anthropology, Public Policy or related field.

Experience, Competencies and Other Requirements:

- Minimum of ten (10) years of relevant experience encompassing stakeholder engagement practice, gender assessment, community development, livelihoods programming, and social and gender research using participatory approaches, including qualitative and quantitative research techniques (surveys, focus groups, workshops, mediation, facilitation and negotiation, policy analysis and development, social and gender impact assessments;
- Minimum of five (5) years of experience leading projects that address gender equality, disability, youth, labour, Indigenous Peoples' rights and cultures, and other social inclusion issues;
- Excellent written and verbal communication skills in English.
- Experience working in Guyana, the Caribbean or developing countries will be an asset.

2) Communication Specialist:

Qualification: Master's Degree in Communication, Marketing, Public Relations or related field.

Experience, Competencies and Other Requirements:

- Minimum of 10 years of general experience working within social marketing and communication.
- Minimum of 5 years of project-specific experience working with vulnerable groups and, youths, elderly, children PWD indigenous people etc.
- Minimum of 5 years of experience in digital and social media strategy, graphic design and video production.
- Excellent written and verbal communication skills in English.
- Experience working in Guyana, the Caribbean or developing countries will be an asset.

10. DURATION

10.1 It is expected that the assignment will require a maximum of 6 Months period.