

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

<p>Title National Gender Consultant</p>	<p>Type of engagement <input checked="" type="checkbox"/> Consultant</p>	<p>Duty Station: Lusaka</p>
<p>Background</p> <p>Zambia’s EPI has grown significantly since inception, expanding its vaccine portfolio to include vaccines across the life course for routine and pandemic/outbreak response. The country has deployed vaccines routinely to adolescents (HPV) and adults mainly in response to outbreaks of cholera and COVID-19 and a targeted pre-emptive Yellow Fever response. In addition, several successful vaccination preventive campaigns have been implemented for measles, polio, and cholera.</p> <p>Zambia has established governance structures for the immunisation programme including the ZITAG and National AEFI committee. This has resulted in at least 10 evidence-based recommendation notes issued and 50% of them in 2022. The existence of a functional National AEFI Committee has resulted in a causality assessment being determined for several serious AEFIs.</p> <p>The country has vaccinated more than 8 million individuals (>80% at the end of 2022 from 9% at the beginning of the same year) with primary doses of COVID-19 vaccines, although at a high cost. A multi sectoral implementation of the one plan on advocacy, communication and social mobilisation strategies including funding was instrumental in the rapid reaching of the communities. The distribution of commodities of over 25 million doses COVID-19 vaccines and associated dry materials was well executed. Zambia used a DHIS2 tracker instance to monitor COVID-19 Vaccine deployment; the system provides client- level data across multiple vaccine doses, AEFI reporting in real time and disaggregated analytics across all levels. The system has the potential for further enhancement and expansion to programmatic needs beyond COVID-19.</p> <p>The EPI Unit is incorporating lessons learned from the COVID-19 vaccine deployment to inform the life cycle approach to immunisation, including integrating COVID-19 vaccination into routine immunisation programmes and primary health care.</p>		

The number of zero dose children in Zambia increased to as much as estimated 6.3 % in 2021 (based on DPT1 coverage), raising concerns about growing immunity gaps and the risk of outbreaks. The main drivers of zero and non-vaccination identified include demand-side barriers such as inaccessible vaccination services, negative beliefs, and attitudes towards vaccination among caregivers, lack of time to attend vaccination sessions, and insufficient knowledge about the importance and logistics of vaccination.

There is growing evidence of the role that gender plays in immunisation uptake in terms of power relations and dynamics at household level. Gender impacts immunisation both on the demand side, through people's health seeking behaviours, and the supply side provision of health services. To increase immunisation coverage, and in particular to sustainably reach "zero-dose" children and missed opportunities, it is necessary to understand and address the many ways in which gender interacts with additional social economic, geographic, and cultural factors to influence access, uptake and delivery of vaccines.

To effectively mainstream gender in the overall interventions and to increase uptake for immunisation, a gender analyses will be undertaken so as to understand the different health needs and barriers to access immunisation between women and men, girls and boys and their underlying gender norms and roles. This assignment aims to identify and analyse these barriers to develop targeted strategies to enhance immunisation rates among all genders.

UNICEF has been working with other partners such as WHO, CIDRZ and CHAZ to support the Government of the Republic of Zambia (GRZ) in its drive to immunise every child. The services of a consultant are being sought to support this effort to conduct a gender barriers analysis towards the uptake of immunisation in Zambia. Findings from a gender analysis will be used to inform activity development, planning and budgeting for tailored interventions that will be implemented to address identified barriers to improve access and utilisation, and to target increased coverage and equity of immunisation services.

Purpose of the Assignment:

The purpose of the assignment is to conduct a gender bottleneck/barrier analysis to the uptake of immunisation in Zambia which will inform the designs of gender transformative interventions to address the identified barriers in line with the Journey to Health and Immunisation framework which provides a systematic approach to help understand bottlenecks and identify possible interventions that can address existing problems in a particular community, infrastructure, or immunisation system.

Scope of Work:

- 1) Desk review of existing research, data, and literature on Zambia to gather insights on the gender dynamics in the specific context of the assignment.
- 2) Gender Review of the relevant policies/strategies in Zambia which will inform entry points at the policy level.
- 3) Facilitate primary data collection using both qualitative and quantitative methods for a clear understanding of the gender barriers to immunisation.
- 4) Finalise a gender barrier analysis for immunisation report with actionable recommendations that will inform the Gavi full portfolio planning (FPP) and other country processes.

The assessment will consist of three phases as follows:

Phase 1: Inception Report to contain the following.

- Conducting literature review of key relevant documentation and of relevant policies including research findings and recommendations of other related studies/research around the subject of gender and uptake of health in general, and immunisation in particular.
- Agreement on the approach and methodology to be used, data collection tools in line with the Journey to Health and Immunisation framework and work plan with clear deliverables and submission dates. The sampling methodology should allow for urban/rural/mix and gender disaggregated analysis of data.

Phase 2: Field data collection

- Pre-testing of the analysis tools
- Finalisation and agreement on tools
- Undertaking of the field work for data collection in the zero dose priority in selected 6 district sites.

Phase 3: Analysis and reporting

- Data analysis and report writing
- Finalisation of the draft gender barrier analysis report
- Prepare power point presentation for the key findings according to each of the identified barriers.
- Present the report for validation and provision of recommendations by key stakeholders.
- Integrate input from the Technical Working Group to finalize the draft Gender Barrier analysis report.
- Submission of final report with key recommendations for improving both the NIS 2022-2025 and the EPI ACSM Strategy 2024-2030

REPORTING REQUIREMENTS

The consultant will report to the UNICEF's Chief of Health and HIV Section and regularly coordinate with the Immunisation Specialists in collaboration with the Gender Specialist for technical oversight and day to day coordination.

What type of reporting will be expected from the consultant and in what format/style will the submissions of reports/outputs be done:

- The Gender Consultant will, on daily basis, work closely with the Gender Programme Specialist but will report to the Chief of Health through the Gender Programme Specialist and the Immunisation Specialist. The Gender Consultant will also work closely with the Technical Working Group which will be set up for the purpose.
- The consultant is expected to provide weekly updates and submit fortnightly updates/reports through email on the assigned work in accordance with the agreed outputs/deliverables with UNICEF.
- The consultant is expected to attend physical meetings in the office and virtual as required.
- Written reports that are part of the deliverables will be submitted as per schedule provided against deliverables in the work plan.

How will the Consultant consult and deliver work, and when will reporting be done:

- The Consultant will provide weekly updates and submits fortnightly updates highlighting progress towards achieving deliverables based on an agreed work plan and deliverables.
- The consultant will provide updates and submit deliverables based on an agreed work plan and delivery schedule.

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:

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):

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

Budget Year:	Requesting Section / Issuing office:	Reasons why consultancy cannot be done by staff: Due to the amount of work involved and other competing priorities, the assignment requires investing much more time exclusively to complete the assignment and hence not possible for existing UNICEF staff to undertake the tasks.
2024	Health and HIV	

Included in Annual/Rolling Workplan: Yes No , please justify:

It is included and in line with the Joint MoH-UNICEF Rolling Work Plan 2023-2024. This is also as part of UNICEF’s commitment to support MoH/EPI under Gavi Full Portfolio Planning (FPP) programme plan on Health Systems Strengthening (HSS).

Consultant sourcing: <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both Consultant selection method: <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 Contract <input type="checkbox"/> Extension/ Amendment	
If Extension, Justification for extension:			
Supervisor: Gender Specialist	Start Date: ASAP	End Date:	Number of Days (working) 60 days
Work Assignment Overview:			
Tasks/Milestone:	Deliverables /Outputs:	Timeline (days/months)	Estimated Budget (US\$)
Prepare and submit an inception report to contain the following. <ul style="list-style-type: none"> Conduct a literature review of key relevant documentation and relevant policies, including findings and recommendations from other related studies/research around the subject of gender and uptake of health in general, and immunisation in particular. Propose approach and methodology to be used in line with the Health and Immunisation Journey framework, data collection tools, and work plan with clear deliverables and submission dates. The sampling methodology should allow for urban/rural/mix and gender settings and disaggregated analysis of data. 	Inception Report with the following. <ul style="list-style-type: none"> -Literature review of documentation and relevant policies including key findings and recommendations -Methodology to be used -Work Plan 	10 days	25% of total value
Field data collection <ul style="list-style-type: none"> Pre-testing of the analysis tools Revise tools based on pre-testing. Undertake the field work for data collection in the selected 6 priority zero dose districts sites. 	<ul style="list-style-type: none"> -Data collection tools finalised -Collected data submission 	20 days	25% of total value

<p>Analysis and reporting</p> <ul style="list-style-type: none"> • Data analysis and report writing • Finalisation of the draft gender barrier analysis report • Prepare power point presentation for the key findings. • Present the report for validation and provision of recommendations by key stakeholders. 	<p>-Finalised draft gender analysis report. -Presentation of key findings to key stakeholders</p>	<p>25 days</p>	<p>25% of total value</p>
<ul style="list-style-type: none"> ▪ Integrate input from the key stakeholders to finalize the report with recommendations to inform future interventions 	<p>-One (1) validation workshop conducted with key stakeholders. -Final Report submitted to UNICEF</p>	<p>5 days</p>	<p>25% of total value</p>
<p>Estimated Total Consultancy Fees in ZMW</p>	<p>Daily fees</p>	<p>60 days</p>	
<p>Travel Local (please include travel plan) –At least 2 trips to be undertaken to Chipata District and Chongwe District in Eastern Province, Kitwe District in Copperbelt Province, Lusaka District in Lusaka Province and Mwinilunga District and Kalumbila Districts in Northwestern Province for 5 day each. Travel to Chisamba district for tool pre-testing for 2 days. (Cost for travel will be added to the lump sum payment)</p>	<p>Costs of 2 local trips of 5 days each domestic trips with a trip for tool pre-testing with an estimated cost of</p>	<p>2 trips to the 4 of the prioritised Zero-dose districts</p>	
<p>DSA (if applicable)</p>	<p>NA</p>	<p>NA</p>	
<p>Total estimated consultancy costsⁱ in ZMW</p>	<p>Inclusive of all costs (Fees, Airfare, DSA, Domestic Travels costs, and Communication costs)</p>		
<p>Minimum Qualifications required:</p>	<p>Knowledge/Expertise/Skills required:</p>		

<input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines: Social science, Gender Policy analysis Health promotion, Research analysis	I. At least 7 years' relevant experience and product knowledge on conducting gender barrier analysis especially in the field of health and other social settings. II. Knowledge and understanding of the principles of gender equality, gender analysis frameworks and ability to analyse and communicate gender data and results. III. Proven experience in working in research on gender related issues. IV. Strong communication skills in English (spoken and written). V. Proven ability to work effectively in cross-cultural and multi-cultural settings and teams, and to deliver high-quality results within expected time frames.
Administrative details: Visa assistance required: <input type="checkbox"/> Transportation arranged by the office: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based: If office based, seating arrangement identified: <input type="checkbox"/> IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input type="checkbox"/>

Costs 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

Text to be added to all TORs:

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.