

TERMS OF REFERENCE FOR TEMPORARY APPOINTMENT

Purpose	Gender and Immunization Specialist
Level	NOC
Type of Contract	Temporary Appointment (TA)
Location	Bamako
Duration	364 days
Start Date	October 2024
Reporting to	Gender & Development Specialist

BACKGROUND

The Agenda for Immunisation 2030 (IA2030), which aims to halve the number of unvaccinated children at zero doses by 2030, and the Gavi 5.0 strategy for 2021-25, which seeks to reduce the number of children at zero doses in Gavi-eligible countries by 25% by 2025, both recognise the critical importance of overcoming gender barriers to immunisation in achieving these goals. Strategies that effectively reduce gender barriers to immunisation also generally increase access to and use of other maternal, newborn and child health (MNCH) services and primary health care (PHC) services. Gender transformative interventions contribute over time to changing cultural and social norms towards greater gender equality and increasing men's participation and responsibility for children's health and well-being. Designing, evaluating and disseminating gender-responsive strategies that transform immunisation and PHC services in low- and middle-income countries (LMICs) is a priority for UNICEF and a key contribution to the success of AI2030.

Gender-related barriers to immunisation include multiple reasons why adolescent girls, mothers, and pregnant women from certain socio-economic, ethnic, and religious groups find it more difficult to access and use immunisation services than women from other groups in the same society. The leading causes are gender norms and power dynamics between men and women that circumscribe women's agency and limit their access to and control over the resources they need to act in the best interests of their children. The situation is further exacerbated by the scarcity of women in leadership roles within the immunisation service delivery chain, despite their crucial presence at the frontline, thereby exposing them to health hazards, GBV, and EAS.

The Government of Mali has made remarkable strides in promoting health and the health of women and adolescent girls, such as i) The Plan for the introduction of HPV vaccine, ii) the mainstreaming of gender into the National Vaccination Strategy; III) The adoption of Plan Décennal de Développement Sanitaire et Social (PDDSS) 2014-2023 and its operational framework through the fourth phase of the Programme de Développement Socio-Sanitaire (PRODESS IV) 2020-2024; iv) The adoption of the HIV control strategy; iv) The adoption of the National Gender Policy (PNG) 2011-2021; v) The adoption of Law n° 2015-052/ of December 18, 2015, instituting measures to promote gender in access to nominative and elective functions.

However, recent research and analysis conducted by various organisations, including the International Food Policy Research Institute (IFPRI), the World Bank (WB), UNICEF, and the Food and FAO highlight how gender disparities prevent women and girls from accessing crucial services. These disparities arise from factors such as lack of transport facilities,

insecurity, societal norms, reduced decision-making power within families, gender of service providers, negative attitudes towards women, particularly young mothers, and limited access to resources and services.

Moreover, capacity constraints in the public sector pose difficulties in mainstreaming gender considerations into policies and planning, which hampers sectoral management, monitoring, and planning for the health sector. Gender-related barriers also limit access to immunisation services, including social norms that restrict women's mobility, lack of decision-making power, low levels of education among women caregivers, and gender-neutral policies and regulations that fail to recognise the needs of women. Such barriers affect caregivers and health workers, influencing the provision, demand, and use of immunisation services. Identifying and measuring gender-related barriers and designing and monitoring the effectiveness of gender-responsive strategies is an emerging and challenging area of work for many national immunisation programmes (NIPs). Furthermore, the intersection of gender barriers with other socio-economic, ethnic and religious determinants of immunisation can make it challenging to recognise gender barriers and decide on the most effective approaches to mitigate their impact. Gender barrier analysis and gender programming have yet to become mainstream in NIPs.

This is why UNICEF supports the Ministry of Health in establishing an effective gender institutionalisation mechanism to reduce gender disparities in the health sector. This mechanism is confirmed by Mali's political will to implement the Scheme of gender institutionalisation (STIG) adopted by the UEMOA Council of Ministers in June 2022. The STIG provides for several measures, including gender audits, gender mainstreaming in sectoral policies, capacity building, and improved production of quantitative and qualitative data.

In addition, incorporating a gender component within the National Immunisation Strategy for Mali presents key opportunity to translate policy commitments into tangible interventions.

The Gender and Immunization Specialist will provide technical support to the EPI in improving the production of gender-specific data, enhancing the gender competencies of stakeholders and health frontline workers, and involving women's and girls' organisations in identifying and responding to gender-related challenges that impact vaccination.

PURPOSE

The candidate, under the supervision of the Gender and Development Specialist, will provide technical support to ensure the integration of gender perspectives in all phases of immunisation programming. The specialist will work closely with the EPI to plan, implement, and monitor gender-based immunisation programmes at national and provincial levels. The candidate will also oversee gender programming activities agreed upon by the government, UNICEF, and Gavi. This involves improving (a) national gender-responsive programming to enhance vaccination coverage; (b) implementing, monitoring, and evaluating the HPV vaccine introduction plan while incorporating the priority of girls; (c) integrating gender perspectives in preparedness and response to health epidemics; (d) fostering partnerships with women's groups and organizations at the local level to ensure programming is responsive to the needs and interests of women and girls. This includes direct program work with government and civil society partners, as well as support for working groups on SBC, health, child protection, and education.

MAIN DUTIES AND RESPONSIBILITIES

- **Provide technical assistance to EPI in mainstreaming gender into immunisation programming;**
 - Map current gender, equity, and immunisation programmes and actors
 - Work with partners contracted by Gavi to follow up on the implementation of other gender-related programming
 - Support the EPI in conducting a rapid analysis of community perceptions and barriers women and girls encounter to immunisation by including co-developed recommendations with communities.
 - Support the development and implementation of community-based initiatives in partnership with women's and girls' rights organisations or informal women's groups in communities tailored to the analysis's results (e.g., raising acceptance of women's participation, women's and men's engagement, etc.).
 - Deploying and using proxy indicators in identifying gender-related barriers to immunisation and in developing country-specific gender-responsive implementation plans

- **Prioritizing support for gender-responsive and gender-transformative interventions in reaching zero-dose children and missed communities with vaccinations**
 - Build the capacity of EPI staff and implementing partners at national and decentralised levels to support gender integration into National Planning, the Gavi full portfolio planning (FPP) process, health system strengthening (HSS), and other planning or funding proposals, including vaccine campaigns and new vaccine introductions.
 - Develop and rollout tools for mainstreaming gender in immunisation programming
 - Identify the areas of focus for gender-responsive programming with the greatest potential for impact and scale, focusing in particular on the relationship between demand generation and system strengthening, and in alignment with zero dose, HPV vaccination and new vaccines.
 - Support the strengthening of gender-focused capacities of the country's SBC, gender, and health teams to support SBC–gender integration in interventions related to immunisation.
 - Support country offices to plan and implement evidence-based advocacy for intersectional, gender, health and immunisation reviews and planning.

- **Measuring and monitoring the effectiveness of gender-related immunisation interventions**
 - Document lessons learned and good practices that reduce gender-related barriers on both the demand and supply sides.
 - Facilitate gender-related knowledge management, including the documentation and dissemination of promising practices

- Documentation and dissemination of evidence on the impact and cost-effectiveness of gender-related interventions
- **Programme Management**
 - Under the supervision of the Gender specialist, manage gender equality technical support in immunisation, ensuring that it is well planned, monitored, and implemented promptly to support implementation and scaling up.
 - Redact comprehensive reports on implementation and results of gender and equity-related programming
- **Learning and Evaluation**
 - Participate in Gender & Equity Technical Assistance induction and monthly meetings with other Equity Specialists working in other countries
 - Write a minimum of one case study of lessons in implementing a programme/approach that addresses barriers of caregivers, adolescents, or health workers

MINIMUM QUALIFICATIONS

EDUCATION

An advanced university degree (Master's) in one of the following fields is required: social sciences, Gender and Development, Public Health, global/international health, Policy and/or management, health sciences, or epidemiology.

WORK EXPERIENCE

- A Minimum of five (5) years mainstreaming gender in health/immunisation policies and programmes, preferably with the UN and/or international NGO.
- Applicants with seven (7) years of experience and a university degree are eligible to apply.
- At least three years of experience conducting or supporting formative research and gender analysis, including quantitative and qualitative research methodologies, to understand the drivers related to gender and the health system, including immunisation.
- Strong communication and advocacy skills and the ability to effectively report on results
- Excellent facilitation, training, networking, and advocacy skills.
- Experience working in a developing country, including through government systems.
- Background and/or familiarity with health emergencies

LANGUAGES

Fluency in French required. Knowledge of English and an additional official UN or local language is an asset.

VALUES AND COMPETENCY REQUIRED:

<p>Core Values:</p> <ul style="list-style-type: none"> • Care • Respect • Integrity • Trust • Accountability <p>Core Competencies</p> <ul style="list-style-type: none"> • Nurtures, Leads and Manages People (1) • Demonstrates Self Awareness and Ethical Awareness (1) • Works Collaboratively with others (1) • Builds and Maintains Partnerships (1) • Innovates and Embraces Change (2) • Thinks and Acts Strategically (1) • Drives to achieve impactful results (1) • 	<p>Functional Competencies:</p> <ul style="list-style-type: none"> • Analyzing (2) • Applying technical expertise (2) • Learning and researching (2) • Planning and organizing (2)
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Prepared by:

Giuliana Serra

 Giuliana Serra

Gender Specialist 19-09-2024

 Title Date

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