

## TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

<b>Title:</b> Gender Consultant	<b>Duty Station:</b> Home-based
<b>Purpose of Activity/Assignment:</b> The purpose of this assignment is to support the Gender and Immunization Programme in Indonesia, to ensure an inclusive approach and strong gender integration throughout programme components.	
<p><b>Background:</b></p> <p>Immunization is one of the most cost-effective public health interventions, saving millions of lives every year. However, the 2018 Health Survey (RISKESDAS) reported nine per cent of children under the age of five years in Indonesia being unvaccinated, translating into approximately 2,135,663 children. This situation puts Indonesia as the fourth largest population of unvaccinated children in the world (WHO, 2022). In South-East Asia region, Indonesia has had the highest COVID-19 caseload (6,737,918 cases as of March 2023) and death toll (160,937 cases as of March 2023). While Indonesia has achieved 87 per cent of the first dose COVID-19 vaccine coverage nationally (March 2023), the booster remains at only 37 per cent with wide disparity between provinces. Furthermore, major unintended consequence of the COVID-19 pandemic was that essential health services experienced significant disruptions. A study conducted in 2020 indicated that 84 per cent of health facilities reported disruption of essential health services, including routine immunization. The drop in routine immunization coverage was derived from supply-chain disruptions, reduced availability of health personnel and vaccine hesitancy among parents/caregivers, particularly with multiple injections required for both COVID-19 and routine vaccines. Vaccine misinformation, 'halal-haram issue' and hoaxes have also affected vaccine acceptance.</p> <p>In addition, gender inequalities are one of the most powerful determinants of health-seeking behaviors, access to health services and achieving positive health outcomes. Global studies (WHO, 2018) have shown that there are no significant sex-based discrepancies in immunization coverage, indicating that both boys and girls receive vaccinations equally. Consequently, many people believe that immunization programming is gender neutral. However, this perception does not reflect the reality. Research (Vidal Fuertes C, 2022) has established a correlation between communities with low vaccination coverage and higher levels of gender inequality. Merely focusing on coverage discrepancies overlooks the crucial issue of individuals who are not vaccinated at all. This is where the intersection of gender barriers and immunization becomes crucial.</p> <p>UNICEF with the support of the Government of Canada and the Government of Australia is supporting the integration of critical health services, including routine vaccination, and to continue to promote and maintain COVID-19 vaccine uptake in accordance with national targets as part of the Primary Health Care (PHC) strengthening strategy as enshrined in the universal health coverage strategy. These are expected to be attained by improving the capacity and institutionalization of community health workers (CHWs) as the forefront in reaching communities, including the underserved ones, supporting at the local level the development of trust and confidence in crucial health services, increasing women's decision-making power for their children's health, and building sustainable and resilient health systems.</p> <p>Taking on a gender-responsive approach throughout the interventions will help identify and address gender related barriers for accelerating immunization uptake and coverage. Addressing these barriers involves recognizing and responding to the equity and gender-related obstacles that hinder access to vaccines, especially for zero-dose children and marginalized communities. Gender-related barriers operate at multiple levels and are influenced by power dynamics.</p> <p>Several examples of such barriers include the presence of poor-quality services and negative attitudes among healthcare providers, which can manifest as disrespect towards women, men, and individuals with disabilities. Additionally, limited education levels and health literacy, particularly among children of younger and uneducated mothers from impoverished households, contribute to reduced access to health services. Furthermore, gendered power dynamics within households, both between the male head and women and across generations, can restrict mothers' autonomy in decision-making and influence their ability to seek immunization for their children. Lack of</p>	

access to resources and limited control over mobility, such as transportation costs and security concerns, can act as hidden barriers to immunization.

While immunization coverage may appear equal between girls and boys, the presence of gender-related barriers calls for a comprehensive approach to ensure equitable access to vaccines. Understanding and addressing these barriers, encompassing service quality, education, autonomy, resources, mobility, and gender-based violence, is crucial to reach zero-dose children and underserved communities, ultimately promoting health and wellbeing for all.

#### Scope of Work:

UNICEF Indonesia is seeking the support of a gender consultant to provide technical expertise to support the implementation of cross-sectoral interventions to increase immunization coverage, including a gender-responsive approach throughout. The consultant is expected to cover 50 working days between August 2023 and April 2024, to provide technical support to the following areas of work, by making sure a strong gender lens is applied;

- Capacity building of puskesmas staff and District Health Offices (and other relevant stakeholders at local level) in strengthening public health financing, especially in planning and budgeting
  - Support development of awareness raising materials for stakeholders on good governance of public health centres
  - Support the development of training materials on good governance for Puskesmas and District Stakeholders
- Conceptualize the model of institutionalization of the community health workers (CHW) to ensure that capacity building, registration, certification, and financial schemes can improve CHWs retention and sustainability to promote integrated essential health services
  - Support the development of survey questions and framework for the assessment on the situation of community health workers
  - Support the conceptualization of the institutionalization of the CHWS
- Religious leaders, health workers, women's organisations and youth partners engaged through social behaviour change engagement for COVID-19 vaccinations, routine immunization and birth registration
  - Support development of training materials and advocacy messages for the capacity building of religious leaders, health workers, women's and youth organisations to promote vaccine uptake
- Implementing parenting sessions to promote good parenting practices including key messages on the importance of birth registration and immunization
  - Support community engagement and media engagement activities to increase awareness of parents and caregivers on good parenting messages including on how gender dynamics, such as power relations within household decision making and responsibilities of caregiving, might affect vaccination uptake and birth registration
  - Support the development of positive parenting modules to include sessions that address gender norms and aim to shift power and resources within the household for gender equality.

**Supervisor:** Celine Herbiet, Adolescent Development and Gender Specialist

**Start Date:** August 2023

**End Date:** April 2024

#### Work Assignment Overview

Tasks/Milestone	Deliverables/Outputs	Timeline	
Implementing parenting sessions to promote good parenting practices including key messages on the importance of birth registration and immunization	Community engagement and media activities reviewed  Review and develop parenting modules	September 2023	

	Capacity building session (2 hours max) to Trainers of Trainers on the materials developed		
Religious leaders, health workers, women's organisations and youth partners engaged through social behaviour change engagement for COVID-19 vaccinations, routine immunization and birth registration	Awareness raising materials reviewed  Training materials reviewed and developed  Capacity building session (2 hours max.) to Trainers of Trainers on the materials	November 2023	
Capacity building of puskesmas staff and District Health Offices (and other relevant stakeholders at local level) in strengthening public health financing, especially in planning and budgeting	Awareness raising materials developed and reviewed  Training materials reviewed and developed  Capacity building session (2 hours max.) to Trainers of Trainers on the materials developed	December 2023	
Conceptualize the model of institutionalization of the community health workers (CHW) to ensure that capacity building, registration, certification, and financial schemes can improve CHWs retention and sustainability to promote integrated essential health services	Survey questions and framework for assessment reviewed  Concept for the CHQ model reviewed and supported development	April 2024	
<b>Minimum Qualifications required:</b> <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other  Enter Disciplines: University degree in gender studies, social sciences, humanities, or international development.		<b>Knowledge/Expertise/Skills required:</b> <ul style="list-style-type: none"> <li>At least eight years of strong technical and analytical skills in gender, disability and social inclusion areas of work and ability to apply gender lens, focusing on gender transformative approaches, on cross-sectoral interventions (specifically Health, Child Protection, Social and Behaviour Change)</li> <li>At least 10 years of experience in gender, disability and social inclusion programme design</li> <li>Substantive and programmatic experience in gender, disability and social inclusion issues, with an understanding of social change, is essential.</li> <li>A proven record of developing awareness materials, training materials that integrate gender</li> <li>Experience conducting training and related capacity building on gender equality programming for transformative results</li> </ul>	

	<ul style="list-style-type: none"> <li>• Experience in documenting key initiatives, report writing, evidence-based communications and documenting lessons learned;</li> <li>• Some prior experience with UNICEF or UN agency programme planning and implementation is an advantage</li> <li>• Sound understanding of child rights</li> <li>• Knowledge of gender issues and context in Indonesia</li> <li>• Excellent communication skills, including ability to work across different units and encourage collaboration; ability to explain complex concepts to different audiences</li> <li>• Excellent organizational and analytical skills</li> </ul>
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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.

The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

UNICEF offers [reasonable accommodation](#) for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.