|  |
| --- |
| **Heading: Hiring a national consultant to conduct gender assessment on immunization services**  **Section in Charge**: Health and Nutrition Section  **How does the consultancy relate to work plan:**  **Outcome reference**:  **201:** By 2022, more children under 5 and women of reproductive age equitably access and utilize evidence-based health, HIV & nutrition interventions, including adoption of key behaviours, especially among vulnerable populations in most deprived states/regions, conflict-affected and peri-urban areas.  **Output reference**:  **201.005**: Output 005 – By 2022, caregivers, family members, communities and institutions, particularly in the four most deprived states/regions, have increased knowledge and skills to practice appropriate child care, hygiene, feeding, dietary, early stimulation, injury and violence prevention during critical periods of growth and development and to demand quality health and nutrition services.  **Activity reference:**  **201.005.019:** Support evidence generation on social and behavioural determinants of health at national and sub-national level (Nay-Pyi-Taw) |
| 1. Background:   Immunization is the most cost-effective and efficient way to control and eliminate vaccine-preventable diseases that contribute significantly to childhood morbidity and mortality. In Myanmar, the Expanded Programme of Immunization (EPI) started in 1978, and since then, has gradually increased the number of vaccines required by children under the age of 1 year. Despite expansion of the EPI programme and significant advances in routine immunization, just over 50% of children aged 12 to 23 months receive all basic vaccinations, with 8% not receiving any vaccination at all.[[1]](#footnote-1) Disparities exist across the country, with basic vaccination coverage ranging from as low as 34% in Ayeyarwady Region, to 81% in Mandalay Region. In general terms, children who are less likely to be fully immunized, are those living in hard-to-reach locations, in conflict affected areas, in rural settings, those who come from lower welfare quintile families, and those whose mothers are less educated. Demographic and Health Survey (DHS) data indicates slight differences in coverage exist between boys and girls, with boys being more likely to be fully immunized than girls (58% and 51% respectively). With respect to maternal education, children of mothers with higher education (more than secondary) received all basic immunisation with 80 % while only 41 % of children of mothers with no education received all basic immunisation.  UNICEF Myanmar is supporting the cEPI on strengthening national capacity on developing and implementation of gender-sensitive immunization services. The purpose this consultancy is to assess existing literature, studies and data on the gender sensitivity around health seeking behaviors and norms in Myanmar that can effectively inform gender sensitive, responsive and transformative communication strategies for routine immunization services. The consultant will be responsible to conduct an assessment addressing 1) What is the extent to which various components (guidelines, SOPs, training curriculums, communication interventions and materials) of public health services particularly immunization services address gender issues? 2) How is the public health system preparing prospective health care workers to be gender sensitive and responsive? 3) What, if any, are the types of gender discrimination, gender biases/stereotyping, or gender inequality that exist in health system hindering the promotion of gender equality? 4) What are examples of good practices promoting gender equality in the public health system and immunization program? 5) What lessons can be learned in order to improve the gender sensitivity and responsiveness of immunization program?  **Purpose of the Consultancy**  The main purpose of this consultancy is to conduct as assessment on the gender-sensitivity of immunization services and provide recommendation to strengthen gender sensitive, responsive and transformative communication strategies for routine immunization services. |
| Objectives of the consultancy: The overall objective of this consultancy is to assess the gender sensitivity of immunization services and to provide concrete recommendations that might contribute to gender mainstreaming or integrating a gender equality perspective into immunization program and ultimately into the public health system including the following specific objectives   1. To assess the overall institutional context to ascertain what extent the public health system promotes gender equality in general, and in immunization program in particular; 2. To examine the extent to which immunization services are gender sensitive and responsive, promote fairness and inclusion, and embrace diversity; 3. To identify types of gender discrimination, gender biases/stereotyping, or gender inequality that exist in health system and immunization services hindering the promotion of gender equality 4. To identify examples of good practices and lesson learned on promoting gender sensitivity and responsiveness in health system and immunization program; and |
| 1. Geographic Area: Yangon with frequent travel to Naypyitaw as necessary |
| 1. Duration (including potential extension):   The assignment will be for 100 working days spread over 8 months (3 Aug 2020 – 30 April 2021) |
| 1. Supervisor:   Overall supervision by C4D Specialist (Health and Nutrition) with technical support by UNICEF MCO gender focal |
| 1. Type of Supervision/support required from UNICEF: The consultant will receive a briefing at the beginning and regular supervision throughout the contracted period. |

|  |  |  |
| --- | --- | --- |
| 1. Description of assignment: | | |
| **Tasks** | **End Product/deliverables** | **Duration** |
| 1. Search and collect relevant existing literature on gender equality in Myanmar, in health system and in the public health services specifically. Submission of shortlist of resources to be included in literature reviews to be discussed with UNICEF and cEPI | Shortlist of resources on existing literature on gender equality in Myanmar, in health system and in the public health services | 20 days |
| 1. Analyse relevant literatures, data, articles, policies and guidelines addressing the abovementioned specific objectives – both in English and Myanmar language versions. The References section should also be included. | Literature review in English and Myanmar languages | 30 days |
| 1. Coordinate for a gender sensitivity awareness workshop with relevant stakeholders by using key findings from the desk review. | Gender sensitivity awareness workshop conducted | 20 days |
| 1. Draft a report on workshop recommendations, key findings and way forward for developing and implementation of gender-sensitive immunization services. Finalize the report after review by the cEPI and UNICEF. | Final report and final presentation on workshop recommendations, key findings and way forward for developing and implementation of gender-sensitive immunization services | 30 days |
| 1. Selection process   Through a competitive call for expression of interest (EOI), the consultant will be selected based on the candidate’s past experiences on gender studies/assessment or relevant similar experiences. Call for EOI will be announced to the public via UNICEF Myanmar and MIMU websites. | | |
| 1. Qualification and specialized knowledge/experience required for the assignment:   **Education and Skills**   * University degree in gender studies, women studies, social sciences, sociology, anthropology, public health or other relevant field and advance degree will be an asset.   **Specialised knowledge and experience:**   * Minimum five-year of working experience related to gender studies/research/assessment and/or women empowerment in Myanmar; * In-depth knowledge of gender equity and general knowledge about Myanmar health system; * Excellent communication, coordination, and interpersonal skills; * Ability to work independently on delegated tasks; * Excellent report writing skills in Myanmar and English; * Ability to work in multi-cultural settings; * Proven ability to conceptualize, perform, and direct technical assignments and provide quality control of deliverables; * Experience of working with UN agencies is a plus | | |

|  |
| --- |
| 1. Other conditions:   The consultant will be required to use his/her own laptops and submit all deliverables in digital format. The consultant is expected to make arrangement for workspace, conference facilities, telecommunications, printing, and any other needs for completing the activities in Myanmar. Where possible, MOHS and UNICEF will facilitate.  **Life and health insurance:**  UNICEF does not provide or arrange life or health insurance coverage for consultants and contractors, and consultants and individual contractors are not eligible to participate in the life or health insurance schemes available to United Nations staff members. Consultants and individual contractors are fully responsible for arranging, at their own expense, such life, health and other forms of insurance covering the period of their services as they consider appropriate. UNICEF reserves the right to request proof of internationally acceptable insurance.  **Confidentiality:**  The documents produced during the period of this consultancy will be treated as strictly confidential, and the rights of distribution and/or publication will reside solely with UNICEF.  The contract signed with the consultant/graphic designer will include the other general terms defined by UNICEF.  **Payment Schedule**: (Detailed fees and payments schedules and indicated below) |
| |  |  |  | | --- | --- | --- | | Deliverables | Amount to be paid | Timeline | | Shortlist of resources on existing literature on gender equality in Myanmar, in health system and in the public health services | 20% of payment | September 2020 | | Literature review in English and Myanmar languages | 30% of payment | November 2020 | | Gender sensitivity awareness workshop conducted | 20% of payment | January 2021 | | Final report and final presentation on workshop recommendations, key findings and way forward for developing and implementation of gender-sensitive immunization services | 30% of payment | April 2021 | |
| 1. Nature of Penalty Clause to be stipulated in the contract:   UNICEF Myanmar serves the right not to pay the Contractor or withhold part of the payable amount if one or more requirements established for this assignment is not met or deadline set for the accomplishment of the tasks is missed. |

1. Myanmar Demographic Health Survey (MDHS) 2015-16: Final Report. MOHS 2016 [↑](#footnote-ref-1)