

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS

Title: Gender Barrier Analysis of Integrated Health and Nutrition, Immunization and VAS Consultant		Type of Engagement <input checked="" type="checkbox"/> Consultant (International) <input type="checkbox"/> Consultant (National)	Duty Station: Remote with three round trips to Freetown, Sierra Leone (including travel to districts)
<p>Background</p> <p>Gender equality is a cornerstone of UNICEF's mission to uphold the rights of every child. UNICEF's Gender Action Plan (GAP) 2022–2025 and Gender Policy (2021–2030) demonstrate its commitment to gender-responsive and transformative programming. These documents outline its strategies to promote gender equality across its programmes and within workplaces and underscore that achieving gender equality and empowering women and girls is a collective responsibility, irrespective of one's role within the organization. In the Health sector, the GAP prioritizes outcomes relating to the quality of maternal health care and nutrition and improving HIV testing, counseling, and care services.</p> <p>In Sierra Leone, socioeconomic and geographical barriers significantly hinder access to healthcare. Factors such as high out-of-pocket costs, low health literacy, shortage of skilled medical personnel, and substandard health service provision are prevalent. Resources are disproportionately distributed, with most referral hospitals and healthcare workers concentrated in urban areas like Freetown at the expense of rural areas. To address high rates of maternal, neonatal and child mortality, Sierra Leone launched the Free Health Care Initiative (FHCI) in 2010, waiving medical fees for specific groups. While the FHCI improved access to care, wealth-related health disparities and gender inequalities persist, particularly in rural areas and non-recognized urban settlements, continuing to impact access to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and nutrition services.</p> <p>Gender inequalities intersect with socio-economic and geographical disparities, affecting access to quality health care and nutrition services for children, adolescent girls, and women, particularly in vulnerable and marginalized populations. Gender discrimination is evident in health and nutrition policies, the health and nutrition workforce, delivery of health and nutrition services, and practices. Traditional gender roles exacerbate this issue, placing disproportionate caregiving responsibilities on women and adolescent girls while limiting their decision-making power and financial autonomy. Additionally, discriminatory social norms undermine child health by sidelining men from caregiving roles and restricting women's access to household resources. These unequal power dynamics and gender roles ultimately and negatively impact health, nutrition, and broader outcomes for children, adolescents, and women. Often women and children lack equal access to healthy and nutritious diets and other health and nutrition services, including Vitamin A, iron supplementation, growth monitoring and promotion services, and immunization, which are crucial for preventing malnutrition and vaccine-preventable diseases.</p> <p>Justification</p> <p>It is against this background that the Sierra Leone country office is seeking the services of a Gender International Individual Consultant to conduct a comprehensive analysis of gender barriers to access to and uptake of newborn, child, adolescent and maternal health and nutrition services, including Infant and young child nutrition counselling, VAS, deworming, Immunization, growth monitoring and promotion, screening and referral of acute malnutrition, adolescent and maternal health and nutrition and preventing adolescent pregnancy. This consultancy will also provide targeted recommendations for enhancing gender transformative programming in these areas, ensuring gender considerations are integrated into immunization and Vitamin A programming to address these identified barriers effectively. The country-specific gender barrier analysis will identify and explore the challenges faced by adolescent girls, pregnant girls and women, and caregivers (both women and men) of children under-five, especially children aged 12-59 months, and people with disabilities, in accessing and using health and nutrition services. The focus will be on understanding the policy, system, and service barriers as well as the influence of social norms, power relations, and gender dynamics across the various level of the socio-ecological model, including policy, systems, service, community, and households. The research should focus on conducting/completing a gender-barrier analysis</p>			

on access and uptake of (maternal and) child health and nutrition services to adopt a methodical approach to ensure tangible and actionable results.

Purpose and Objectives:

The purpose of this consultancy is to conduct Gender Barrier Analysis Integrated Health and Nutrition, Immunization and VAS for the enhancement of data and evidence which will inform health and nutrition-related policy and programming. The specific objectives are:

1. To analyze how local beliefs, cultural norms and societal context, gender inequalities, and power dynamics differently impact women, men, girls, boys, adolescent girls, pregnant women, caregivers (both male and female), as well as including the specific needs of people with disabilities in accessing to health and nutrition services and realizing their rights.
2. To identify how broader social, economic, political context influence the UNICEF programming related to gender dimensions.
3. To understand and assess how policies, systems, structures, and services, along ongoing program interventions influence formal and informal rights of women, men, girls, and boys in accessing health and nutrition services.
4. Identify gaps in UNICEF programming and opportunities for enhancing interventions and making it more gender-responsive and transformative.
5. To provide practical and actionable recommendations to further integrate a gender-responsive and transformative approach into existing health and nutrition policies, strategies, and interventions for improving access and uptake to (maternal) and child health services.
6. As part of the Gender Barrier Analysis) assess the gender related capacity needs of service providers/frontline workers and issues affecting their roles.
7. To assess gender-related supply side barriers to utilize and delivery of health & nutrition services.

Methodology, scope of work and Technical Approach:

Specific Tasks:

1. Conduct a thorough literature and desk review to understand existing gender-related barriers in accessing child health and nutrition services, how current interventions address them – including the level of gender-responsiveness and inform primary data collection methodology and scope.
2. Conduct a secondary analysis of available data nationally and in selected districts of the research: to identify which factors are associated with gender responsive programming, which factors differently impact girls and boys, the relative importance of these factors in determining children access to health and nutrition services and goods and how multiple vulnerabilities intersect.
3. Select methods and tools for conducting the gender barriers analysis using a gender analysis framework considering the following dimensions such as Role and responsibilities; Access to Resources; Beliefs and Perceptions; Needs and Priorities; Institutions, Laws and Policies along a socio-ecological level (individual, household, community, health facility, policy and laws).
4. Conduct primary data collection – Collaboratively develop research questions and (gender-sensitive) data collection strategies and tools, including questionnaires and interview guides, to gather information from relevant stakeholders (adolescent girls and boys, parents, caregivers, people with disabilities, community leaders, groups and influencers, traditional and religious leaders, health care workers, community volunteers, Ministries, etc.). This can include Key Informant Interviews and Focus Group Discussions.
5. Conduct gender capacity needs assessment as primary data (qualitative) collection.
6. Conduct validation exercises with government and relevant stakeholders.
7. Develop a report summarizing the findings, including recommendations for improving gender-sensitive programming.

The gender analysis will revolve around the following areas and questions, but not limited to:

- Key determinants and challenges that affect caregivers, health workers and other influencers (religious leaders, social service providers and elders in family) decision on newborn, child, adolescent and women, people with disabilities health and nutrition service utilization and practices.
- The analysis should explore these factors across different socioecological levels, addressing barriers and opportunities at the individual, community, and systemic levels.
- The analysis should explore the specific barriers that affect people with disabilities from a gender perspective and determine how these intersect.
- Additionally, it should examine domains of power, including roles and responsibilities, institutional frameworks, laws and policies, access to resources, and the varying needs and priorities that shape these decisions.
- Use of a standard framework for the analysis (Jhpiego's Gender Analysis framework or UNICEF [ROSA gender integration tool](#)) to bring structure to the analysis report highlighting results, and recommendations.
- Conduct SWOT analysis which mentions barriers and opportunities along all socioecological levels and explore specific domains of power — roles and responsibilities, institutions, laws, and policies, access to resources, needs and priorities, and beliefs and perceptions.
- On demand side, the Gender Barriers Analysis will explore:
 - Roles and responsibilities of female/male caregivers/parents in decision-making processes for child health
 - Domestic power dynamics in household decision-making in relation to resource allocation and use
 - Acceptance of health and nutrition services
 - Access to facilities/outreach and, more generally, ability to travel to health centre.
 - Information access/gaps and potential stigma related to health and nutrition services.
 - Mobility risks and challenges in accessing services.
 - Trust in the health system
 - Convenience of point of service and time schedules
 - Preferences for services – household, community
 - Understanding of service quality
 - Health care worker attitude
 - Participation of immediate family, relatives, and peers in service utilization and behaviours
 - Male involvement to influence on decision that effect service utilization and adoption of practices.
- On the Supply side, the Gender Barriers Analysis will focus on:
 - Health policies and laws and interventions target
 - Convenience of reaching community and scheduling outreach
 - Preferences for health and nutrition services
 - Service quality.
 - Service design (incl. emphasizing attendance to women or men)
 - Health Care workers attitudes
 - Female health care workers

Management, Organization and Timeframe:

The following deliverable, at the least, would be expected to be approved and provided to the UNICEF team in consultation with the MoH, Regional office (WCARO) and HQ Gender Specialist

1. Inception report detailing literature and desk review findings, the research questions, the framework, methodology, tools, and work plan.
2. Primary data collection methods and tools
3. Draft report of the gender barrier analysis.
4. Final report incorporating feedback and recommendations.

This is an individual consultancy for an eight-month assignment over 100 working days. This is hybrid consultancy with remote work and office-based work. While visiting Sierra Leone, the consultancy will be stationed in Freetown, with an estimated 25 days of field missions/trips to regional and/or district location for data/information gathering from district health management, health facilities, caregivers, communities, and partners.

Management Oversight:

The consultancy will report to the Chief Health and Nutrition, Health and Nutrition section and Social & Behavior Change Specialist, SBC section and an overall insight and technical guidance will be provided through the MoH (Directorate of Food and Nutrition, Directorate of RMNCAH, DPIP, EPI programme, Child health programme and Health Education Program) and Ministry of Social Welfare, Gender and Children’s Affairs and technical working committee of partners in the related field of expertise. The overall coordination support will be provided by Nutrition Specialist, Immunization Specialist and the MNH, Adolescent and HIV Specialist from the Health and Nutrition section.

The consultant will have three round trips to Freetown, averaging ten days per trip and an additional 15 days in the district locations.

Consultants are expected to provide their own work tools including laptop and other communication tools required.

Mode of Submission of Applications

Candidates will be required to submit a technical proposal and a financial proposal, and the financial proposal should quote a lump-sum inclusive of fees, travel costs and communication costs. Financial proposals may be negotiated.

Work Assignment Overview

TASK	DELIVERABLE (s)	Estimated Completion Date	% Milestone Payment
Develop an Inception Report	<p>Conduct literature and desk review of key relevant documentation including policy, academic and grey literature available on drivers of gender inequality in health and nutrition KAP survey, gender surveys and assessments, evaluation/assessment reports in the health and nutrition programming including Immunization and Vitamin A programming.</p> <p>Inception meeting with UNICEF team for conceptualizing, scoping and tailoring the gender-barriers analysis.</p> <p>Preliminary consultations with MoH, Ministry of Social Welfare, Ministry of Gender and Children’s affairs, UNICEF staff (Nutrition, Health, Social and Behaviour Change) and selected implementing partners including caregivers to inform development of framework and data collection tools.</p> <p>Develop and submit an Inception (technical) Report providing analysis based on literature and desk review, scope of the gender-barrier analysis, conceptual framework for the gender barriers analysis, development methodology and data collection tools and work plan with clear deliverables and submission dates.</p> <p>Mapping of available data source on health facilities and services access, completion and satisfaction, gender disaggregation and gaps submitted to UNICEF for feedback from the H&N team and potential other sources of data.</p> <p>Final version of desk review and data mapping according to feedback submitted to UNICEF (<i>should be included in final Gender Barriers Analysis report</i>)</p>	20 workdays	20% of total contract sum

<p>Development of a report on Gender Barrier Analysis in the implementation of child health and nutrition services</p>	<p>Validation of study methodologies and tools</p> <ul style="list-style-type: none"> • Consultation of TWG (Ministry stakeholders and selected implementing partners) on the inception report. • Finalization of conceptual framework of gender analysis, as well as tools and pre-test of data collection tools • Planning for primary research and data collection methods, participants and sampling, and draft of tools to be used. • Finalization/Refining of primary research and validation plan and tools with UNICEF team. <p>Data collection and analysis</p> <ul style="list-style-type: none"> • Training of enumerators identified through government partners for data collection. • Conduct primary data collection through FGDs, KII, etc. Potential participants: caregivers/parents; adolescent girls; pregnant and expecting mothers; health care workers; CHWs; MSGs; • Analysis of data, presentation of preliminary findings and identification of information gaps. • Follow-up consultations with key stakeholders. <p>Conduct consultations with MoH, Ministry of Social welfare gender and Children’s affairs, UNICEF staff (Nutrition, Health, Social Behaviour Change and Gender) and selected implementing partners including caregivers to identify key strategic gender barriers and strategies to address these barriers affecting access VAS and other nutrition and health services. Report writing.</p> <ul style="list-style-type: none"> • Draft the Gender Barrier Analysis report on access and uptake of child health and nutrition services, including immunization and VAS. 	<p>50 workdays</p>	<p>50% of total contract sum</p>
---	---	--------------------	----------------------------------

	<ul style="list-style-type: none"> Present draft reports and findings to UNICEF and stakeholders <p>Report finalization and validation</p>		
Finalization of the Draft Gender Barrier Analysis Report and Training materials/SBC on gender transformative child health and nutrition integrated services including VAS programming	<p>a. Present the draft Nutrition and health sector Gender Bottleneck/Barrier Analysis Report to the technical working group for input.</p> <p>b. Integrate input from technical working group to finalize the draft Gender Barrier Analysis Report</p> <p>c. Submit the final Gender Barrier Analysis Report</p>	30 workdays	30% of total contract sum

	Start Date: 01 December 2024	End Date: 31 July 2025	Number of Months (working): 100 working days across 8 months
--	--	----------------------------------	--

Cost description (indicative)			Total Cost (USD)
Estimated Consultancy Fee			
International Travel including visa (3 roundtrips), 30 days in Freetown and an additional 15 days in provincial sites			
Total Estimated Consultancy Costsⁱ			
<p>Minimum Qualifications required:</p> <p><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other</p> <p>Enter Disciplines:</p> <ul style="list-style-type: none"> • At least /minimum of master's degree or PhD in Gender Studies, Social Science, women studies Anthropology, Sociology, or any related field. 	<p>Knowledge/Expertise/Skills required:</p> <p><u>Experience</u></p> <ul style="list-style-type: none"> • At least 8-10 years' experience of relevant professional experience in conducting and leading studies, research and evaluation in relevant fields, such as gender, health and nutrition. • Professional experience in conducting and leading a gender analysis. • In-depth knowledge of gender-transformative approaches • Professional experience in and/or familiarity with West and Central Africa and/or Sierra Leone context is considered an asset. • Experience working with UN agencies and national government in an international setting. • Fluency in English is required. Knowledge of local languages in Sierra Leone an asset. <p><u>Skills required.</u></p> <ul style="list-style-type: none"> • Qualitative Data Analysis 		
<p>Administrative details:</p> <p>Visa assistance required: <input checked="" type="checkbox"/> Yes</p> <p>Transportation arranged by the office: <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Home Based <input type="checkbox"/> Office Based: <input checked="" type="checkbox"/> Hybrid</p> <p>If office based, seating arrangement identified: <input type="checkbox"/> TBD</p> <p>IT and Communication equipment required: No <input checked="" type="checkbox"/></p> <p>Internet access required: Yes <input checked="" type="checkbox"/></p>		

ⁱ 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.

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.