**TERMS OF REFERENCE**

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| Activity: | Gender and Social Inclusion Assessment |
| Program: | USAID Pakistan MCH Program |
| Component: | Health Communication Component (HCC) |
| Number of Days | 30 Days |
| Lead Partner | Center for Communicaiton Programs Pakistan |

**Introduction**

United States Agency for International Development (USAID) is implementing a six-year flagship Maternal and Child Health (MCH) Program to improve health outcomes of women and children in focused districts with its five interrelated components, namely:

1. Family Planning/Reproductive Health (FP/RH);
2. Maternal, Newborn and Child Health (MNCH);
3. Health Communication;
4. Health Commodities and Supply Chain; and
5. Health Systems Strengthening.

The Health Communication Component (HCC) is implemented under a new multi-year bilateral Cooperative Agreement by Johns Hopkins Center for Communication Programs (CCP). To support this initiative, CCP is working in partnership with Mercy Corps, Rural Support Program Network and the Center for Communication Programs Pakistan. The HCC is in the process of developing a Gender and Social Inclusion Strategy. HCC envisions that this strategy will both serve as a roadmap for implementing gender and social inclusion-based interventions, and will also help ensure that programmatic interventions take into account similar considerations. For this purpose, a gender and social inclusion assessment is proposed for the USAID MCH Program.

A gender analysis can be conducted at the macro level, analyzing socio‐cultural, economic, health, or demographic trends and legal policies and practices, and/or at the micro level, examining gender relations, roles, and dynamics at the community or household levels within the context provided by the macro analysis.”[[1]](#footnote-1) This assessment will help determine the extent to which MCH Program partners are considering and addressing gender and social inclusion. In this respect, it will also provide recommendations for improvements in planned activities to ensure equitable development outcomes. The assessment will include a review of relevant literature, studies and work plans of MCH Program implementing partners and an assessment of current MCH Program activities and recommendations. The assessment will aslo include focus group discussions with community-based workers, i.e. Lady Health Workers and other filed-level staff, as well as key informant interviews with program managers, i.e. District Health Officers (DHOs), District Coordinators, representatives of the private sector, and senior officials from the Departments of Health and Population Welfare.

**Health Context/Background in Pakistan**

Pakistan has one of the highest maternal mortality ratios in the world. Its contraceptive prevalence rate increased by a mere five per cent from 2006-07 to 2012-13, from 30 per cent to 35 per cent (PDHS 2006-07 and 2012-13) and unmet need remains unchanged from 2006-07, at 25 per cent. In 2015, the target year for the Millennium Development Goals (MDGs), Pakistan has not been able to achieve most of its commitments regarding maternal and child health. In addition, according the World Economic Forum’s Global Gender Gap Report released in 2014, Pakistan is second from the bottom in terms of overall gender equality. Out of 142 countries, the country ranks 141st for economic participation and opportunity for women, 132nd for educational attainment, 119th for health and survival, and 85th for political empowerment.[[2]](#footnote-2) Women and children bear the greatest burden of morbidity and mortality. One out of every 89 women faces a risk of death due to maternal health-related causes and 86 out of every 1,000 children in the country do not live to see their fifth birthday.

**Maternal and Child Health (MCH) Program**

The MCH Program is supporting innovative approaches to strengthen the capacity of Pakistan’s public and private sectors to deliver high-impact, evidence-based health interventions to reduce maternal, newborn, and child mortality and morbidity. As a proven, cost-effective way of appropriately spacing births (thereby decreasing maternal and child mortality), family planning services for healthy pregnancies is an essential element in the MCH Program. Health communications, and specifically behavior change communication (BCC), are a key cross-cutting element, critical to demand creation, as is health systems strengthening to ensure effective and equitable service delivery.

The MCH Program aims to meet the primary health needs of women and children, the most marginalized and vulnerable populations in Sindh, as well as other marginalized groups such as youth, religious and ethnic minorities, the poorest of the poor, and others who may be socially excluded due to disability, HIV status, educational attainment, geographic location, etc., and leverage service delivery to improve the Sindh government’s ownership of its health sector and accountability to its people.

**Gender and Social Inclusion Assessment**

Recognising and addressing constraints that arise as a result of gender and social constructs and in order to address interventions that require changes in social norms and perceptions, there is a great need for a Gender and Social Inclusion Analysis and Assessment to be conducted in Sindh, since the MCH Program is currently implemented in this province, as well as an assessment of MCH program work plans and activities to assess the extent to which gender and social inclusion are integrated in the various activities. The findings of the assessment will inform the Gender strategy that is being developed by HCC.

Considering the fact that the MCH Program is in its third year, a Gender and Social Inclusion Assessment is conducted with elements of analysis to ensure that the Program is on the right track and to make recommendations for new activities, course correction and/or improvements for the remainder of the Program and for any future programs.

**Purpose and Objectives**

The purpose of the gender and social inclusion assessment is to determine whether partners implemented USAID’s MCH Programs are adequately addressing gender inequities and social exclusion and measuring and reporting any changes taking place, and to make recommendations for improvements to ensure equitable development outcomes. The assessment will include reviews of existing gender and social inclusion analyses, of relevant literature , and of workplans of MCH Program implementing partners’. The final product of the assessment will include recommendations for concrete strategies, approaches, and activities that can be used by the MCH Program to better integrate gender and social inclusion aspects throughout its programming and improve measurement and evaluation of programs that directly address gender equality and social inclusion.

**Outcomes and Deliverables**

* An overview of the situation in Pakistan and the MCH Program in terms of gender and social inclusion with a focus on Sindh. Specifically, the overview will include:
* A literature review providing an overall perspective of the gender and social inclusion situation in Sindh, specifically in terms of MCH;
* A review of any other relevant USAID documents; and
* A field-based perspective through focus group discussions with people working in the field such as Lady Health Workers and MNCH (Maternal, Neonatal and Child Health) Programme representatives, and Key Informant Interviews with DHOs and District Coordinators.
* An assessment of existing and planned gender and social inclusion programming within MCH Program interventions, including:
* the potential impacts on the status of women and socially excluded people in Sindh such as the very poor, religious and ethnic minorities, and those who are geographically excluded because they live in far flung areas,
* the extent to which the MCH Program is addressing the reproductive health needs of vulnerable groups such as couples married early and young boys and girls, and
* the extent to which violence against woment and its role in women’s reproductive health outcomes is addressed.
* A synopsis of key government and other stakeholders, including international donors and UN agencies, gender-related policies and programs in health and opportunities for collaboration and mutual strengthening of gender integration. This will be completed through review of documents as well as through interviews with relevant stakeholders such as representatives of the private sector, senior officials from the Departments of Health and Population Welfare, local NGOs, donors, and any other relevant stakeholders.
* A set of recommendations and roadmap that MCH Program Partners can incorporate and follow to effectively integrate gender and social inclusion considerations into their interventions.

**Assessment Questions**

This assessment will seek answers to the following questions (these may be amended/expanded as the Scope of Work is finalized):

* What are the key gender and social-inclusion-related issues, constraints and opportunities affecting the health of women, children and marginalized communities in Pakistan, especially in Sindh, in family planning, contraceptive use, access and use of antenatal and newborn care, and child health?
* For the current MCH Program and its five Components, how are gender and social inclusion aspects considered? Describe particular interventions/activities that are addressing gender norms/barriers. What is working well? What is not? What can be improved?
* In what ways does the MCH Program address violence against women and the needs of young couple and adolescents?
* What is the field perspective regarding the ground realities that need to be addressed in terms of gender and social inclusion?
* What does the field perspective reveal in terms of opportunity and support for gender and social inclusion-based inteventions by the MCH Program?
* What are other key donors and stakeholders doing to address gender and social inclusion in their health programming and in what ways are they supporting the Sindh Government?
* What opportunities exist for the Sindh government to promote gender equity and social inclusion in public sector health programming? Are there potential programming links with the MCH Program?
* What particular lessons have been learned by USAID through past health activities – and have these shown any specific benefits to improving gender equity? What were specific strengths and weaknesses of these past USAID activities to integrate gender consideration and gender sensitivities into their activities?
* What are the best practices and limitations that the MCH Program can learn from?
* Identify key lessons learned from other key donors/stakeholders including the government in addressing gender and social inclusion in health

**Supervisor**

Rahal Saeed

Gender and Social Inclusion Specials

Center for Communicaiton Programs Pakistan

**Number of Days and Deliverables**

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| --- | --- |
| Task | Number of Days |
| Review of background documents and literature | 10 |
| Interviews with relevant stakeholders including MCH Program Partners | 5 |
| Field-based research | 5 |
| Analysis of findings and development of first draft of assessment | 5 |
| Draft Gender and Social Inclusion Analysis and Assessment | 3 |
| Presentation of draft Analysis and Assessment | 1 |
| Finalization of Analysis and Assessment, based on partners’ recommendations and feedback | 1 |

**Timeline**

The following timeline is prepared while considering that Ramazan is falling in the months of June and July:

May 15: TOR is reviewed and finalized

May 16-25: Advertisement and recrutiment of consultant is completed

June 15: Review of literature is completed

June 30: Complete field-level and programmatic assessment is conducted

July 15: Draft of the Assessment Report is completed and presented to partners

July 31: Feedback and recommendations are incorporated and final report is submitted

**Consultant Qualifications**

The gender assessment will be conducted using a participatory process involving relevant HCC staff, MCH Program partners and other stakeholders including but not limited to NGOs, Departments of Health and Population Welfare at the provincial and district levels, and community representatives. Following essential qualifications are required of the Consultant:

* The consultant should have considerable, in-depth knowledge of gender and social inclusion issues particularly in the context of maternal and child health;
* S/he should have demonstrated previous experience in conducting health gender analyses and/or assessments, as well as experience working in districts in interior Sindh;
* The consultant must have strong working knowledge and experience with USAID gender-related regulations and policies;
* Preference will given to a candidate with a strong health systems background as it will be key to understanding the integrated nature of the MCH Program; and
* The consultant should, at minimum, have a Master’s degree in Public Health or in a related discipline of Social Sciences.

**Application Submission**

Interested candidates, either in their independent capacity or through their affiliated organizations, with established technical expertise in gender-related issues are invited to submit applications by June 5, 2015 electronically at [jobs@ccp-pakistan.org.pk](mailto:jobs@ccp-pakistan.org.pk) with subject “Gender Analysis and Assessment.” Application package must contain updated CV, a related writing sample and a cover letter.

1. USAID Pakistan: Scope of Work – Gender Assessment, February 2013. [↑](#footnote-ref-1)
2. Tribune, October 2014. <http://tribune.com.pk/story/782310/second-to-last-pakistan-ranks-141-out-of-142-countries-in-gender-gap-report/> [↑](#footnote-ref-2)