Consultant's Terms of Reference for Gender Equality, Disability, and Social Inclusion Analysis of Child Routine Immunisation Services in Central Province, PNG.

1. Organisational context

ChildFund Papua New Guinea is registered as a local NGO under the Papua New Guinea Association Incorporation Act, working to reduce poverty for children in developing communities. ChildFund Papua New Guinea was established by ChildFund Australia, which is a member of the ChildFund Alliance – a global network of 11 member organisations which assists almost 16 million children and their families in over 60 countries.

ChildFund began work in Papua New Guinea in 1994 and works in partnership to create community and systems change which enables vulnerable children and young people, in all their diversity, to assert and realise their rights.

Most projects are implemented in the Central Province and National Capital District with a focus on maternal and child health, nutrition, water and sanitation, education, child protection and family and sexual violence. ChildFund PNG also priorities climate change and disaster preparedness. In 2015, ChildFund PNG established the country's first ever Family and Sexual Violence Counselling Helpline, which operates in Port Moresby and provides national coverage for children and families impacted by violence.

2. Background

The immunization program in Papua New Guinea (PNG) faces significant challenges such as low and severely declining national immunization coverage. Between 2013 and 2018, the national DTP3 coverage decreased from 68% to 50%. MCV fell 18 points over the same period, and is now at 50% (2018). The consistently low and declining vaccine coverage has resulted in multiple vaccine preventable disease outbreaks, including recent outbreaks of polio (2018), pertussis (2018), and measles (2017). Central Province is one of the provinces with consistently low coverage of all antigens. In response, ChildFund PNG, in partnership with Clinton Health Access Initiative (CHAI), Susu Mamas and the Central Province Health Authority (CPHA), are currently implementing a 14-month project to accelerate routine immunization coverage and equity of services, as well as to strengthen the related health systems components.

The overall goal of this project is to protect children against vaccine preventable diseases and to increase coverage of routine immunizations. The main beneficiaries of the project are children under 5 years of age who receive vaccinations and other essential health services (e.g., Vit A and deworming) living in 24 target wards of Kairuku-Hiri and Rigo districts of the Central Province. Additional beneficiaries – adults and youth – also receive health services provided at the integrated community health outreach services (ICHOS) in these wards.

Globally, it is recognized that gender intersects with age, disability, economic status, ethnicity, and educational status, among other factors, affecting access to vaccination for children.[1] The most

[1] https://www.gavi.org/sites/default/files/about/Strategy/Gavi_Guidance-to-address-gender-barriers-in-MRS-immunisation_ENG.pdf

recent Demographic Health Survey (2016-18) shows boys having slightly lower rates than girls in all vaccinations (33.4% of boys versus 37.5% of girls) across country.[2] It is unclear why this is the case, or whether there might be local differences relating to the barriers faced by girls and boys, and children from marginalized groups.[3]

In Central province, mothers are often tasked with the healthcare for their children, including being responsible for taking them for vaccinations and health needs. Health facilities are few and mothers often face multiple barriers to accessing healthcare for their children (and themselves). These include:

- Long distances with poor security - mothers must often walk long distances with their children to reach a health facility, which also places them at risk of assault on the journey (PNG has very high rates of GBV and some areas of Central Province have experienced security issues due to local conflicts between groups of youths).
- Time and effort - women are also tasked with household chores and care of other children, making it difficult to take time aside for trips to health facilities for vaccination, especially as this is a preventative service, and non-urgent (compared to an already sick child).
- Cost - mothers may struggle to access funds for transport or payment of other health fees due to power and resource imbalances within the household (as men often have final say in allocation of household resources).
- Low knowledge - women have lower levels of educational achievement in PNG, and this means they are less likely to be educated around the benefits of vaccination for their children or know when or how to access services according to the vaccination schedule.

Finally, with an estimated two-thirds of women[4] and 75% of children[5] experiencing some form of violence, it is critical to understand and address the potential risks faced by mothers and children, both inside the home and in the community, in all health-related programmes.

An analysis of gender equality and social inclusion is therefore needed to better understand differences in vaccination rates between girls, boys, and children from marginalized groups in the targeted districts, and to ensure that future vaccination activities foster positive gender and social norms in households and communities.

3. Purpose

The purpose of these works is to conduct an analysis of gender equality and social inclusion with regards to routine immunisation services, and the access to those services by children and their carers. Findings and recommendations will be shared with project stakeholders including the Central Provincial Health Authority to support their development of more inclusive services and planning. If successful, the GESDI analysis processes will also be shared as a model for other provinces to replicate and build upon for their own use.

[2] https://www.dhsprogram.com/pubs/pdf/FR364/FR364.pdf
[3] No sex-disaggregated vaccination data is cited for Central Province in the DHS report.
[4] https://odi.org/en/publications/gender-violence-in-papua-new-guinea/
[5] https://www.unicef.org/png/press-releases/png-joins-global-partnership-end-violence-against-children

Objective of the GEDSI Analysis

- Identify gaps and barriers to accessing vaccination activities for girls, boys, children with disabilities and other marginalized groups of children.
- Provide recommendations to the Provincial Health Authority on how to improve access and inclusion in vaccine delivery programs.
- Document the GEDSI analysis process/methods to inform future GEDSI analyses in other provinces.

4. Scope of analysis and Methodology

This is the suggested scope and analytical framework for use in these works, however the applicant may propose the use of alternative frameworks, which must be presented and justified in advance in the application submission.

GEDSI Analysis Framework

The following domains will be used to analyse information about gender and inclusion and how this affects access to vaccination for girls, boys, children with disabilities and other marginalized groups of children:

1. ACCESS TO ASSETS: How gender relations and other social norms affect access to resources, in particular money, knowledge, education, and information.
2. BELIEFS AND PERCEPTIONS: Draws from cultural belief systems or norms about age, gender, and disability, and how this might facilitate or hinder access to vaccination for different groups, and the role of men and women in children's health.
3. PRACTICES AND PARTICIPATION: The norms that influence the role of women and men in a household and in children's health, how this affects the timing and place where their activities occur, their decision-making on child health issues, and their capacity to participate in vaccination activities.
4. INSTITUTIONS, LAWS, AND POLICIES: Policies and rules governing health facilities and vaccination activities, including approaches which may hinder access or discriminate against certain groups of children.
5. POWER: Informs who has, can acquire, and can expend assets and decisions over one's body and children, including the attitudes of health providers which may reinforce or challenge inequalities.[6]

GEDSI Research Questions

The following research questions will guide data collection on GEDSI:

1. How are girls, boys, children with disabilities and other marginalized groups accessing vaccination services in the targeted districts? What are the barriers hindering access for

[6] Adapted from Gender Analysis Toolkit for Health Systems: https://gender.jhpiego.org/docs/Jhpiego-Gender-Analysis-Toolkit-for-Health-Systems.pdf

different groups? What are some of the factors which facilitate or improve access? What interventions have been tried in the past to facilitate their access? What gaps still remain?

2. How are male and female caregivers involved in child health and access to vaccination in the targeted districts? What are the norms and practices which drive differences between male and female caregiver participation in child health? What strategies can be used to engage male caregivers more in child health activities?What "enabling environment" is needed to assure that both female and male children are equally vaccinated?
3. What are the possible risks faced by children and caregivers when accessing vaccination activities in the targeted districts? How do these risks vary between girls, boys, female and male caregivers, and for children with disabilities? What strategies should be used to mitigate these risks?

Sampling

It is proposed to select one ward / community in each of the following local level government areas targeted by the project for GEDSI analysis activities:

1. Hiri rural
2. Kairuku rural
3. Rigo inland rural
4. Rigo coastal rural

These locations reflect the geographical, cultural, and socioeconomic diversity of the wider Kairuku-Hiri and Rigo districts targeted by the project.

Data Collection Methods

The following methods, led by the consultant, will be used to collect and analyse information on GEDSI in vaccination activities:

1. Secondary analysis of district level vaccination data – The consultant, with assistance from project staff will collate and analyse existing data from the district health authority and project activities to determine sex, age and (where available) disability-disaggregated vaccination rates and identify gaps where more detailed qualitative data collection is needed.
2. Focus group discussions with male caregivers, female caregivers, and caregivers of children with disabilities – Separate group discussions will be conducted with these different groups to understand their different perspectives on and roles in child health and vaccination; the barriers or challenges they face in accessing these services; and their recommendations for improving access for different groups.
3. Key informant interviews with key stakeholders – Key informant interviews will be conducted with ward members, community elders (including religious leaders), community health workers, and ICHOS staff (Health Care Workers) to identify their knowledge, attitudes and practices relating to gender and inclusion, how they support access for marginalized groups (including policies and procedures), and their awareness of and response to protection concerns. Interviews will also be held with provincial and district health staff to understand perspectives from within the health system.
4. Analysis workshop – The consultant, Community health volunteers and project staff will conduct a thematic analysis of the information collected around the five domains outlined

earlier, providing opportunity for sharing and learning and identification of positive examples between wards.

5. Validating recommendations with communities – Recommendations to the Provincial Health Authority on how to improve access and inclusion in vaccine delivery programs will be shared with selected communities for their feedback during health education and social mobilization activities.

Operational Aspects

To maximise participatory learning, data will be collected and analysed by project staff and community data collection teams, with training and supervision provided by the consultant. A community data collection team will be established for each of the locations, consisting of one project staff member and two community health volunteers (one male and one female). While staff and volunteers have exposure to some GEDSI training, the consultant will need to train these teams in the core principles of gender equality and social inclusion as related to these works, as well as how to safely collect information from the community for the GEDSI analysis. The consultant will also facilitate the analysis workshop and documentation processes. Female volunteers will conduct discussions with women community members, fostering a safe environment for sharing of protection concerns relating to vaccination activities. All activities with community members will include sharing of information on services for survivors of violence, with a clear and safe referral process for those requesting further support. Additional remote GEDSI technical support and guidance is available from ChildFund Australia technical advisors.

ChildFund PNG and CHAI will be responsible for securing ethics and other approvals required prior to data collection.

6. Deliverables and Indicative Timetable

Note that this is subject to negotiation with the Consultant

Indicative dates	Outputs and Activities	Number of Days
4th Oct	• Secondary data analysis - Project staff to collate data, Consultant to analyse data	1
6-7 Oct	• Developing data collection tools and training materials	2
Oct	• Training project staff and community data collection teams - Community data collectors (4 teams with 3 people in each team)	1
12-13 Oct	• Focus group discussions with male caregivers, female caregivers, and caregivers of children with disabilities - 2 days (for 3 FGDs) for each team per location, total 12 FGDs	2
14 Oct	• Key informant interviews with stakeholders - 1 additional day per location, done by project staff (from the 4 community data collection teams)	1
15 Oct	• Planning the analysis workshop	1

Indicative dates	Outputs and Activities	Number of Days
18 Oct	• Analysis Workshop - Together with community data collectors	1
19 Oct	• Final documentation (noting the report will require review and approval by the Gavi Secretariat team prior to finalisation)	1
Total number of days		**10 days**

Outputs of the GEDSI Analysis

A GEDSI analysis report, with recommendations for the Provincial Health Authority, as well as future ChildFund PNG vaccination projects.

7. Management and Reporting Arrangements

The Consultant will report to Olive Oa, Health Program Manager. All reports must be written in English and provided in an electronic format (Microsoft Word). The report will also require review and approval by the Gavi Secretariat team and ChildFund Australia Health and GEDSI advisors prior to finalisation.

8. Confidentiality

All discussions and documents relating to this ToR will be treated as confidential by the parties.

9. Child Safeguarding

The Consultant will undertake the Services to a high standard; use its best endeavors to promote the best interests of ChildFund; protect the reputation of ChildFund and work in a manner consistent with the mission, vision and policies of ChildFund (see Child Safeguarding Policy/Child Safeguarding Code of Conduct PSEAH policy and Employee Code of Conduct). ChildFund Australia has a zero-tolerance policy to abuse, exploitation and harassment in all its forms.

10. Counter-Terrorism and Anti-Money Laundering

ChildFund Australia acknowledges its obligation under the Australian laws relating to counter-terrorism and anti-money laundering. In order to meet its obligation, the consultant is obligated to provide information required for ChildFund to undertake counter terrorism screening before engagement. The consultant's name, date & place of birth and ID number will be checked against Department of Foreign Affairs and Trade (DFAT) consolidated list, National Security Australia list, World Banks listing and the Asian Development bank listing to ensure not engage with entities or individuals appearing on the lists.

11. Conflict of Interest

The Consultant must declare any financial, personal, family (or close intimate relationship) interest in matters of official business which may impact on the work of ChildFund

12. Fraud and Corruption prevention and awareness

ChildFund Australia has a zero approach to fraud and corruption act. The successful consultant will be required to comply with ChildFund Australia's fraud and corruption prevention and awareness Policy and act against any form of fraud or corruption and not offer, promise, give or accept any bribes.

13. Insurance

The successful applicant will be required to have in place insurance arrangements appropriate to provision of the requirement in this TOR including (without limitation) travel insurance.

14. Acknowledgment and Disclaimer

ChildFund, its Board and staff make no express or implied representation or warranty as to the currency, reliability or completeness of the information contained in this ToR. Nothing in this ToR should be construed to give rise to any contractual obligations or rights, expressed or implied, by the issue of this ToR or the submission of Expression of Interest in response to it. No contract would be created until a formal written contract is executed between ChildFund and a selected consultant.

Selection Criteria for Consultant

ChildFund PNG is seeking a consultant with knowledge and experience in conducting GEDSI analyses, preferably in the health sector.

The Consultant must be available for distance and face-to-face meetings, as necessary.

Required experience:

- Degree in the field of Gender, Public health, Social Sciences, International Development or other related fields.
- Minimum 5 years' experience working in the field of gender equality and social inclusion programming, preferably with experience in area of health, governance, research and/or conducting GEDSI analyses.
- Demonstrated experience using both quantitative and qualitative methods, including design and analysis of GEDSI analysis or similar work.
- Strong skills in conducting training/coaching, data analysis, presentation methods and report writing.
- Excellent communication skills (English and Tok-Pisin), interpersonal skills, and tact in working with a range of government, NGO and community stakeholders. Supports a team approach and respect for diversity.
- Experience working in development projects in PNG or Pacific Island Countries.
- Strong understanding of community mobilization, participatory approaches and development principles.

"The Expression of Interest should include ***CV, referees, proposal containing competence for the required work, professional fee, any adjustments to approaches/methodologies, consideration of Covid-safe practises, and timeline*** based on the Terms of Reference."