

## TERMS OF REFERENCE

<b>TERMS OF REFERENCE: International and National Consultancy Team (2 individuals) to conduct Gender and Diversity Analysis)</b>	
Hiring Office:	Pakistan Country Office
Purpose of consultancy:	Conduct a gender and diversity analysis, including in-depth analysis of existing social, cultural, economic, environmental, institutional and political structures, as well as gender and social barriers to Sexual and Reproductive Health services and their influence on the target beneficiaries (both direct and indirect) of the Healthy Families/Sihat Mand Khaandaan (SMK) project.
Scope of work:  (Description of services, activities, or outputs)	<p><b>Background:</b></p> <p>Pakistan is signatory to international agreements on improving reproductive, maternal, neonatal and child health (RMNCH), including the Sustainable Development Goals (SDGs), ICPD Programme of Action and Family Planning 2020 (FP2020). While efforts have been made toward keeping up with global commitments, Pakistan lags behind most countries in the region. According to the Pakistan Demographic Health Survey (PDHS) 2017-18, contraceptive prevalence rate for modern methods is 25%, significantly lower than other South Asian and Muslim-majority countries. Contraceptives discontinuation rate is high (approximately 30%), largely due to method failure and concerns about side effects on the use of contraceptives. Other barriers to contraceptive use include physical distances from delivery points, costs, social barriers, poor quality of services and infrastructure, and associated misperceptions.</p> <p>About two thirds of the population is under the age of 30, with a median age of 22, one of the lowest in the world. Pakistan is therefore experiencing a significant demographic transition, often referred to as a “youth bulge. While the proportion of deliveries taking place in health facilities has increased from about 48% in 2013 to 66% in 2017, the Maternal Mortality Ratio (MMR) as of 2019 is 186 per 100,000 live births, with wide variation between provinces, ranging from 157 per 100,000 live births in Punjab to 298 per 100,000 live births in Balochistan. Lack of recognition of the important role family planning (FP) plays in lowering infant and maternal mortality has delayed progress on MMR. As well, currently adolescents and youth face challenges in crucial areas, such as lack of education and employment opportunities and poor access to sexual and reproductive health (SRH) information and services. Young couples are mostly neglected from the design and implementation of FP programs and services.</p> <p>A qualitative gender assessment carried out by AKF with funding from Global Affairs Canada (GAC) Central Asia Health Systems Strengthening Project (2018) found that social barriers are particularly acute for adolescent girls and young women. Recent evidence from a study using the Pakistan Social and Living Standards Measurement Survey indicates that a woman’s ability to make decisions has a significant positive correlation with the utilization of reproductive health care services including FP services. Compounding the problem, domestic violence is high. More than one third (34%) of ever married women have ever experienced spousal violence, whether physical, sexual, or emotional. Only three in ten ever-married women who have experienced physical or sexual violence sought help to stop the violence. This highlights a need to take into account underlying issues of women’s disempowerment at the household and societal level and include young women and men as a key focus for behavior change interventions. A reduction in unmet need, along with addressing social and gender barriers to utilization of FP/SRH</p>

services would empower women and girls and reduce maternal morbidity and mortality.

In this context, with funding from GAC, UNFPA and Aga Khan Foundation (AKF) have started the implementation of the Healthy Families/“Sihat Mand Khandan” (SMK) Project. The overall aim of the project is to support Pakistan achieve universal access to sexual and reproductive health care services, including for FP, information and education (SDG 3.7).<sup>1</sup> This aim aligns closely with Government of Pakistan commitments to FP2020 – most crucially to dramatically improve contraceptive prevalence rate – and the SDGs, centered on SDG 3.7 but also supporting SDG 5, to achieve gender equality and empower all women and girls. Within this larger framework, UNFPA will lead efforts to ensure that national and provincial policies provide the enabling environment for inclusive, gender-sensitive FP and sexual and reproductive health.

UNFPA in Pakistan prioritizes and supports data generation and analysis on women’s access to health/reproductive health care, women’s education attainment, economic participation, access to resources, community life and decision-making, as well as gender-based violence. In the context of its mandate and aligned to the deliverables under the SMK project, UNFPA is seeking services of individual consultants (one lead international consultant and national consultant) to conduct a gender and diversity analysis with the aim to broaden the focus and give attention to equality issues such as limited access to SRH services, social/cultural barriers to realizing reproductive rights, child marriage, nutrition of women and girls, institutional and policy dimensions versus a merely medical approach to SRH that can only partly address complex problems surrounding access to and use of SRH services.

**Objectives:**

Use available technical resources and adopt/adapt a tool for gender and diversity analysis (e.g., Government of Canada **Policy on Gender Equality**, Gender Based Analysis Guidelines, **Harvard Analytical Framework** (also known as Gender Roles Framework), **UNFPA’s Culture Lens Source/Culture Matters**, the 10 Key Questions Tool) to:

- analyze existing social, cultural, economic, environmental, institutional and political structures and their influence on the target beneficiaries (both direct and indirect) of the SMK project;
- gain an in-depth understanding of gender relations (who does what work), and who has access to, and control over, resources based on the 2017-18 PDHS, Punjab Economic and Social Well-Being Survey and other sources of data;
- gain an in-depth understanding of reproductive, productive and community roles, as well as women’s practical needs and strategic interests, identifying opportunities to support both;
- analyze the relationship between the SMK interventions and other actions and organizations at the community, provincial and federal levels, including opportunities for change and existing entry points based on

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<sup>1</sup> Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

	<p>consultations with federal and provincial government stakeholders, civils society/community constituents, development partners and donors;</p> <ul style="list-style-type: none"> <li>• analyze social, economic, legal, political, and cultural barriers to Sexual and Reproductive Health services based on literature review;</li> <li>• analyze the SMK project strategies and interventions concerned with engaging women, men, girls and boys in developing solutions to gender and social barriers to utilization and uptake of SRH services in the project target areas (Sindh, Baluchistan, Gilgal Baltistan and Swat district in KP);</li> <li>• analyze specific ways for encouraging and enabling women and girls (as well as transgender persons and persons with disabilities) to participate in the project oversight and further prioritization.</li> <li>• analyze the differential impact of the SMK Project on women, men, boys and girls, and identify subsequent issues to be addressed, and identify potential risks;</li> <li>• develop a context/project-specific gender checklist and action plan based on findings and recommendations of the gender and diversity analysis.</li> </ul> <p>The assignment is expected to involve desk research, review and analysis of key documents including programme documents, and consultation/interview with relevant federal and provincial gender machineries and other relevant stakeholders including government, civil society, UN and communities/beneficiaries of concern. The consultants will be responsible to create a gender and diversity analysis tool, use this tool to analyze the potential for equity impact of policies and programs and create a monitoring plan for following up on the recommendations associated with the gender and diversity analysis.</p>			
Duration and working schedule:	42 days spread over 3 months.			
Place where services are to be delivered:	Consultations will be based in Islamabad with travel to provinces (Sindh and Baluchistan) and Gilgit Baltistan as needed.			
Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	Activities	Deliverable	Timeframe <sup>2</sup>	Payment Schedule
	<b>Phase 1</b>			
	Prepare an <b>Inception report</b> based on the provisions of the ToRs develop describing a more detailed process for gender and diversity analysis process, an indicative structure for the analysis and a schedule for the tasks and deliverables outlined below.	Detailed plan of the consultancy	<b>November 4, 2020</b> (spread over 3 days)	20% at the satisfactory completion of Phase 1
	<b>Present a Detailed Plan of Consultancy.</b>	Approved Plan	<b>November 6, 2020</b> (spread over 1 day)	
Use available technical resources (e.g., Government of Canada Policy on Gender	Tool shared	<b>November 12, 2020</b> (spread		

<sup>2</sup> Timeframe set based on a tentative start date of consultancy on November 1, 2020.

Equality and Gender Based Analysis Guidelines, Harvard Analytical Framework (also called Gender Roles Framework), UNFPA's Culture Lens Source/Culture Matters etc.) and <b>adopt a tool for gender and diversity analysis</b> to serve the purposes of the analysis in the SMK project.		over 3 days)	
<b>Present the gender and diversity analysis tool</b> to UNFPA and AKF.	Tool approved for use	<b>November 13, 2020</b> (spread over 1 day)	
<b>Phase 2</b>			
<b>Conduct desk review</b> of available and relevant material. <sup>3</sup>	A one-page fact sheet of findings. <sup>4</sup>	<b>November 18, 2020</b> (spread over 2 days)	60% at the satisfactory completion of Phase 2
<b>Conduct interviews</b> with key stakeholders as relevant	1-2 page summary of findings from interviews	<b>November 30, 2020</b> (spread over 10 days)	
<b>Prepare a concept note and annotated outline</b> of the gender and diversity analysis outlining key components of the analysis and the organization of findings.	Annotated outline.	<b>December 5, 2020</b> (spread over 2 days)	
<b>Conduct a presentation</b> to UNFPA and AKF on the annotated outline of gender and diversity analysis and agree on way forward	Presentation completed.	<b>December 8, 2020</b> (spread over 2 days)	
<b>Phase 3</b>			
Based on approved annotated outline, <b>draft Gender and Diversity Analysis Report</b>	Draft completed.	<b>December 22, 2020</b> (spread	20% at the satisfactory

<sup>3</sup> These materials include but are not limited to Global Affairs Canada project documents, UNFPA Country Programme Document, Strategic plan, Regional Gender Equality Strategy, specific surveys and studies, in-depth analytical reports on gender based violence and child marriage, 2017-18 Pakistan Demographic Health Survey data and report, Political Economy Analysis reports on Family Planning and Child Marriage, Gender Based Violence/Child Marriage Strategies, Economic and Social Well Being Survey Report, Brief on Population/Family Planning Symposium/CCI recommendations, Situation Analysis of Sexual and Reproductive Health of Adolescents and Youth.

<sup>4</sup> Please note the results of the desk review will be shared as part of the Gender and Diversity Analysis Report.

			over 10 days)	completion of Phase 3.
	<b>Solicit feedback:</b> Validation Workshop with selected stakeholders and reflect input in the final product.		<b>December 27, 2020</b> (spread over 2 days)	
	<b>Finalize Gender and Diversity Analysis Report</b>	Finalized document	<b>December 30, 2020</b> (over 2 days)	
	<b>Prepare Monitoring Plan of recommendations</b> and a project specific/context specific action oriented gender checklist resulting from the Gender and Diversity Analysis	Monitoring Plan and Checklist completed	<b>January 5, 2021</b> (over 2 days)	
	<b>Facilitate a workshop with key stakeholders</b> on gender analysis study-recommendations	Workshop completed	<b>January 10, 2021</b> (spread over 2 days).	
Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The Consultant will work closely with UNFPA to complete the required tasks.			
Supervisory arrangements:	The consultant will report directly to the Technical Advisor, Gender Equality and Women's Empowerment.			
Expected travel:	Travel may be included to provinces (Sindh and Baluchistan) and Gilgit Baltistan.			
Required expertise, qualifications and competencies, including language requirements:	<ul style="list-style-type: none"> <li>• Advanced university degree in Public Health, Social Sciences, Development/Gender Studies or related field.</li> <li>• At least 10 years of experience conducting gender assessments and gender related research; understanding of and familiarity with gender and diversity analysis is required.</li> <li>• Excellent research and report writing skills as identified by published outputs.</li> <li>• Experience on impact assessments and impact evaluations using gender transformative lens highly desirable.</li> <li>• Ability to work in a team.</li> <li>• Fluency in English.</li> <li>• Effective communications skills and steer conversations with relevant stakeholders.<sup>5</sup></li> </ul>			

<sup>5</sup> Please note Consultants will have to liaise with many different groups at different levels, including policy-makers, managers, field workers, technical experts.

	<p>The applicant (lead consultant) is expected to submit a technical concept note (not more than three pages) and financial proposal together with application. The lead consultant will be working with a local consultant as a team. The overall responsibility for the deliverables will lie with the lead consultant.</p>
<p>Inputs / services to be provided by UNFPA or implementing partner (e.g., support services, office space, equipment), if applicable:</p>	<p>Consultant will work remotely and in-person as and if needed. Consultants will use their own technology. Transport cost and DSA will be provided by UNFPA separately when the consultants are on travel. Travel needs to be security cleared and approved by UNFPA.</p> <p>Remote consultancy (international consultancy) arrangement involving key informant interviews, focus group interviews and consultations with UNFPA staff, federal and provincial government stakeholders, civil society/community constituents, development partners and donors (this is considering time required for visa arrangements and COVID-19 related challenges including field visits). National Consultancy can involve both modalities – virtual support and physical presence/facilitation.</p>
<p>Other relevant information or special conditions, if any:</p>	<p>None</p>
<p>Signature of Requesting Officer in Hiring Office: Aida Orgocka, Technical Advisor, Gender Equality and Women’s Empowerment</p> <hr/> <p>Date: October 18, 2020</p>	