TERMS OF REFERENCE
GENDER SPECIALIST – NHSP SINDH

Background

Background: Sindh Essential Package of Health Services on Primary Health Care (EPHS–PHC) under UHC-benefit package was approved by the Sindh Universal Health Coverage Steering Committee on 22nd June, 2021. To materialize EPHS–PHC under UHC benefit package, World Bank is extending its assistance to strengthen equitable access to quality essential health services at the primary health care level in line with UHC.

To achieve universal health coverage in light of localized EPHS-PHC, the following core components are taken to execute:

Component-1:	Improving Quality & Equitable Coverage of Health Services (Service Delivery, Health Workforce, Medical Products, Vaccines, and Technologies).
Component -2:	Improving Governance & Accountability (Leadership/Governance, Digitization & Automation, Health Information Systems)
Component -3:	Strengthening Public Financing Management & Health Financing for PHC Service Delivery (Health System Financing)
Component -4:	Communication for Demand Creation.

The project activities include Service Delivery, Health Workforce, Medical Products, Vaccines, and Technologies (Component 1), comprising mainly of primary health care services (Basic Health Units/Rural Health Centers). Component 2 includes strengthening leadership/governance, digitization & automation, Health Information Systems & accountability in selected districts. Component 3 of the Project focusses on improving health system financing. Component 4 of the project aims to create demand for service utilization in Sindh.

Program Development Objective(s) (PDO):

The proposed Program Development Objective (PDO) of the National Health Support Program (NHSP) is to strengthen equitable delivery and ensure quality of essential health services at the primary health care level, in line with UHC-benefit package.

NHSP will support the following Results Areas: (RA1) improving coverage and quality of essential health services; (RA2) enhancing governance and accountability; and (RA3) improving health financing and public financial management. Special attention will be given to districts that are falling behind in various health indicators, ensuring they receive top priority when implementing initiatives through NHSP.

Description Of Key Gender Issues in the Project

- **Women and girls across Pakistan do not have equitable access to health facilities** due to limited resources, distances, availability of dedicated facilities and quality of services available, since male and mix facilities take priority, the risk of which may continue through the Program and be a potential source of discord.

- **One of the major challenges for health sector in the country is related to Human resou**rces i.e. severe shortage of health workforce especially nurses, midwives and lady health workers (LHWs), imbalanced geographical distribution of health workforce including between urban and rural areas, imbalanced skill mix, inadequate skills acquired by the health workforce, poor job satisfaction and work environment. Human resources especially female medical officers, lady health visitors at rural health facilities, need to be staffed with competent cadres capable of delivering quality maternal and newborn care at first contact with formal health services and regular on job training.

- **Lady Health Workers (LHWs) provide an effective interface** however, the extent to which it does is compromised across all regions by: (i) the lack of an explicit focus on geographical areas and socio-economic groups with the greatest need; (ii) an increasing focus on immunization relative to other health, health education, and nutrition needs; and (iii) management and resourcing problems[1] There are a number of significant and systemic challenges faced by the LHWP that limit its ability to meet its health outcome targets and program objectives.

- **At the district level, the absence of effective linkages of health centers and management with communities are key barriers to quality improvement and utilization of health facilities**, Effective coverage has now become a serious issue given that there are managerial inefficiencies and between 30-50% of the population in several rural districts, especially the poorest and most remote areas, are without LHW cover[2].The quality of services offered by the LHWs and CMWs needs a review and constant monitoring to ensure the trust of clients in these cadres.

- **The attitude of health providers towards women beneficiaries, the lack of responsiveness to women's special health needs**, shortage of female staff, inadequate community outreach and counselling are reflected in the underutilization of both public and private health services and poor health indicators. Furthermore, the COVID-19 pandemic has deepened gender inequalities in Pakistan: over a quarter of Pakistani women have been laid off or suspended from their jobs in different sectors. Quarantine, isolation wards and other health facilities are not equipped well enough to take into account the needs of women and of other marginalized groups.
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- **There is a risk that remote and historically underserved districts** in the provinces which have traditionally received lesser shares in PFC awards due to scattered and low populations, may receive similar lesser benefits from the Program (for both male and females). Health facilities in remote areas with zero or low network connectivity may also be excluded from Program benefits. By reinforcing existing inequities or grievances particularly in fragile districts the Project may risk exacerbating social conflict and greater mistrust for the government.

Assignment Objectives: The overall assignment objective is to support in ensuring that the project is delivered in an inclusive manner of all gender and in mitigating project -induced sexual exploitation and abuse and sexual harassment (SEA/SH) risks. The specific objectives are, as follows:

- Provide technical advice to the PIU in ensuring that project activities take into considerations to close gender gaps and address underlying challenges that hinder women and specific groups to access health services

- Support the PIU in addressing SEA/SH risks by identifying and implementing appropriate mitigation measures, and

- Support the PIU in responding to any identified GBV incidents[3], ensure that effective monitoring and evaluation mechanisms are in place to report on such incidents and incorporate lessons into the approach, as appropriate.

[1] National Vision 2016-2025 for Coordinated Priority Actions to Address Challenges of Reproductive, Maternal,
[2] Lady Health Worker Programme, Pakistan Performance Evaluation Report September 2019, Oxford Policy Management; conducted for UNICEF and the Ministry of National Health Services, Regulations and Coordination
[3] The project will respond to any GBV incidents, whether related to the project or not. Often, the specifics of the perpetrator may not be known at the time support services start, and once started, a survivor should be able to continue to access care. Also, the increased GBV sensitization activities in the Project's adjoining communities may lead survivors in these communities to seek services through the Project, regardless of whether the perpetrator was linked to the project or not. The research shows that in the majority of countries with available data, very few women report GBV. In case the Project triggers significant number of non-Project related GBV complaints that have significant financial implications for the implementation of the Assignment, which is unlikely, the government and international community (e.g. the World Bank, other development partners) will need to mobilize more efforts to consider creating an appropriate platform to more systematically address it.

Job Functions:

1. **Gender Mainstreaming, Risk Identification and Mitigation across Project Components:**
    a. Conduct and/or support the conduct of the gender analysis, gender assessments of organizational and operations-related policies, programs, guidelines, and practices.
    b. Consult all major stakeholders and ensure the inclusion of women and gender minorities in identifying potential risks associated with project components during implementation and mitigation
    c. Develop a comprehensive Gender Action Plan for the Project and ensure its implementation in collaboration with the project team;
    d. Review project documents to analyze how the actions on gender must be operationalized during planning, design, and implementation of the project.
    e. Work towards and apply gender-sensitive and socially inclusive policies, and guidelines on operations and human resource development.

2. **Maintaining active liaison and Stakeholder Engagement**: Coordinate with and engage all relevant stakeholders such as DG Health Office, DHO Offices (MIS, RMNCH, CDs, NCDs, Health Services etc.), development partners, academia, international organizations, CSOs, NGOs and community greoups to identify challenges, opportunities, and avenues for gender-inclusion and responsive actions at all levels

3. **Identify needs and implement capacity-building sessions**: Support in providing training and capacity building on gender, gender-based violence, and sexual harassment in line with global standards and good practice[4].

4. **Support the development of communication strategies** by making disability, gender, accessibility, and illiteracy-friendly material and campaigns to increase awareness about and demand for primary healthcare services (targeting both service providers and users), and for reporting grievances (including GBV/SEA/SH amongst project beneficiaries, directly or indirectly affected parties and frontline staff and healthcare workers)
    a. This should include developing a communication and awareness strategy for increasing women's employment in the health sector.

5. **Support the development of competency-based training curriculum** and learning modules for healthcare providers related to PHC providers (LHVs, LHWs, CMWs, vaccinators, MO, etc.) to deliver a select essential health services, such as routine immunization, pregnancy, childbirth, postpartum and new-born care (PCPNC). The curriculum should address gender-related issues.

6. **Gender responsive monitoring of data, results and indicators**: The gender specialist should identify measurable gender targets in the project and should propose plans for monitoring systems that facilitate in keeping track of gender targets based on data received from the field and in alignment with the Results Framework indicators.
    a. The gender specialist should establish sex-disaggregated baseline indicators for gathering data and present the updated data in project reports.

GBV/ SEA/SH mitigation:

7. **Prepare a accountability and response framework against Gender-based Violence (GBV), Sexual Harassment (SH), Sexual abuse and Exploitation (SEA), and Violence Against Children (VAC)**: The specialist should structure, capacitate, sensitize and work with the Grievance Redress Mechanism in the PIU to receive and resolve grievances,

[4] For example, for training on GBV, there is existing guidance from WHO: Caring for women subjected to violence: a WHO curriculum for training health-care providers, revised edition, 2021

comments and feedback from project beneficiaries while maintaining sensitivity with regards to concerns of GBV, SH, SEA and sexual exploitation and abuse (SEA).

8. **Operationalize GBV/SEA/SH Action Plan:** Ensure that the project is implementing comprehensive measures to mitigate project-related Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH)) risks from the anticipated labor influx and other project activities, as per the SEA/SH Action Plan. Ensure implementation and monitoring of the SEA/SH plan in coordination with social safeguard specialist.
    a. Design, conduct and/or support raising awareness and stakeholder engagement interventions with the communities and healthcare providers, in collaboration with community-based groups and non-governmental organizations involved in working with men and women on gender norms and empowerment. The consultant will support the project with promoting the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the health facilities.
    b. Pay close attention to issues of GBV, SH, and SEA in healthcare delivery systems, for all gender groups, including minorities and make recommendation to the project team and leadership in connection to this.
    c. Support the GRM in developing and maintaining updated referral information on VAW/GBV service providers and identity key GBV service providers in each area for confidential referrals.
    d. Develop protocols for reporting of GBV, SH, SEA cases, ensuring ethical, confidential, private, and survivor-centered case management from start to finish via the project GRM. Coordinate with the Safeguards teams: Review, comment and support documentation and implementation of activities of the Safeguards team including Social Environmental Reports from a gender lens.

All reporting must be done to the Program Director, with an appraisal by Program Director.

Qualifications and Experience

- Master's degree in Gender Studies/Sociology/Anthropology or any social sciences.
- Minimum of 10 years of related experience on research/assessments on gender and social development, and experience working in government and non-government organization.
- Minimum of 10 years of work experience in addressing GBV and Violence against Women /Girls - familiarity with related laws and policies is preferred
- Knowledge and experience of World Bank policies and operations, including GMs and GBV considered an asset.
- Qualitative research methods, conducting focus groups and reading reports.
- Demonstrated ability to engage and consult with relevant women's groups, government departments and private and public sector organizations.
- Experience in delivering gender-sensitization trainings to a wide range of audience and/or in developing gender training modules
- Ability to apply survivor-centered approach in establishing support systems for GBV survivors
- Good command of written and spoken English
- Working experience in Pakistan and familiarity with socio-economic and cultural contexts as well as gender dynamics of Pakistan
- Knowledge of local languages (Urdu and Punjabi/ Sindhi/ Balochi)
- Good report writing and analytical skills.

Selection Process: The appointment will be made in accordance with the "World Bank Procurement Regulations for Investment Project Financing Goods, Works, Non-Consulting and Consulting Services" dated July 1, 2016 (revised in November 2017 and August 2018 and November 2020).