# Attachment 1

Scope of Work (SoW) for Consultancy Services: Gender Analysis Assessment

**Consultancy Name: XXXX**

**Duration: 1.5 months (January and February 2022)**

**About the Organization:**

International Medical Corps (IMC) was established in 1984 as a global, humanitarian non-profit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. International Medical Corps works to improve the quality of life of the most underserved and vulnerable groups through health interventions and related activities that build local capacity in more than 32 countries and regions worldwide. It implements cost-effective and high-quality programs that focus on delivering comprehensive health services and integrated support such as emergency preparedness and response, nutrition, protection, health, MHPSS, WASH (water, sanitation, and hygiene promotion), and livelihood support to ensure optimal outcomes and sustainable results. Since 1984, International Medical Corps has been serving the needs of countless Afghans through urgent medical services; primary and secondary health care programs; maternal and child healthcare services; infrastructure rebuilding and development; livelihoods and community support; assistance to conflict-affected refugees, returnees, natural disaster-affected families, and internally displaced persons (IDPs).

**About The Project:**

IMC through this project complements the existing Basic Package of Health Services (BPHS) and provide health services in areas where existing BPHS facilities are either not functioning and/or overwhelmed.

The project targets the life-saving trauma care services and basic primary health needs of the underserved IDPs and local communities in four districts of Paktika, 10 districts of Kunar, and four districts of Nuristan province. The proposed activities are in line with the Health Cluster priorities and HRP 2020.

Overall, IMC's intervention is directed toward addressing two major and distinct areas of health needs: 1) Lack of trauma care services in the conflict-affected areas, and 2) lack of basic primary health care services in conflict-affected and remote, underserved areas.
Through this project, which is being supported by the Global Affairs Canada (GAC), International Medical Corps has established four Health Sub Centers (HSCs), one Mobile Health Team (MHTs), and six First Aid Trauma Posts (FATPs) in Paktika, Kunar and Nuristan Provinces in Afghanistan. Furthermore, International Medical Corps provides training for staff of health facilities, procures ambulances for each FATPs, construct emergency room (ER)/operation theater (OT), provides medical equipment, and ensures the on-time supplies for CHCs and hospitals.

**Gender Equality (GE) Analysis:**

The issue of unequal power dynamics between men and women in Afghanistan, particularly in rural communities, limits the ability of women to make decisions that support their own health and that of their children. Understanding how such limitations impact the overall wellbeing of women and their children

health is critical to supporting lasting changes. Women are restricted in movement and with whom they may communicate, especially when cultural norms forbid/discourage them from communicating with non-relative males. Women may not be permitted to go to a health facility without male accompaniment. In addition, the health workforce is largely male, presenting a challenge for women seeking health services. Women turn to elders or males to guide their actions and if someone is not available to grant permission, or reluctant to do so, or reluctant to pay for women's health care, then a woman will put off accessing needed health care until someone is available to support her. Women are often not aware of and do not (cannot) exercise their rights and women do not generally make independent or even collaborative decisions. Women's access to education remains limited and puts them at an informational and economic disadvantage. According to the World Bank, 31% of adults were literate in Afghanistan, whereas only 17% of women know how to read.[1] Further, the lack of women with the skills to take on positions in the health field creates additional barriers to health utilization since both women and men want women to interact with female health workers.[2] Fewer female health workers limit health care utilization which in turn leads to poor health outcomes for women and children.

IMC, following its organizational policy, focused on mainstreaming gender at all levels by giving equal employment opportunities to females as well as educating the community on the importance of equal and inclusive service utilization. IMC considered gender mainstreaming trainings and awareness sessions. As well as data is segregated by gender (male and female), separate toilets are considered for female in health facilities. Gender mainstreaming related topics are included in monthly health education plan and sessions. Females clients have the rights to have Moharram during their consultation with male healthcare providers.

IMC plans to conduct a detailed Gender Analysis Assessment under the current health project supported by Global Affair Canada to identify specific needs of women and girls in the targeted areas and how the project can help or enable women and girls to have increased access and control in accessing health care. The Gender Analysis Assessment will also report gender issues that needed to be considered during the project life such as utilization of services by all community members, and particularly by women and girls, equal employment chances for women within GAC project, equal opportunities for participation of female employees in the training and capacity building programs, the existing obstacles for women in accessing health and education services, safeguarding, and other gender related issue.

**Gender Analysis Assessment Activity:**

The Gender Analysis Assessment will mainly focus on gender related issues and will collect reliable information about gender and power dynamic disparities from all the three targeted provinces (Kunar, Nuristan and Paktika) from a health perspective. There will be a total of 16 districts in these provinces from the information will be collected. They are listed below.

| S/N | Province | Targeted district | Targeted HF | Target group |
|---|---|---|---|---|
| 1 | Kunar | - Chapa-Dara | Gulsalak FATP | Staff/Clients |

[1] World Bank, https://data.worldbank.org/indicator/SE.ADT.LITR.ZS?locations=AF
[2] https://applications.emro.who.int/dsaf/EMROPUB_2013_EN_1585.pdf?ua=1

| | | | | |
|---|---|---|---|---|
| 2 | | - Dangam | Sain FATP | Staff/Clients |
| 3 | | - Manogi | Omar HSC | Staff/Clients |
| 4 | | - Asadabad | Addwal HSC | Staff/Clients |
| 5 | | - Shigal | Lahusin HSC | Staff/Clients |
| 6 | | - Asadabad City, Sawkai, Sarkani, and Noorgal | Asadabad Mobile Health Team | Staff/Clients |
| 7 | Paktika | - Gomal | Gomal FATP | Staff/Clients |
| 8 | | - Omna | Baskhati HSC | Staff/Clients |
| 9 | | - Janikhail, | Jafar-kala HSC | Staff/Clients |
| 10 | | - Sarubi | Mastoi HSC | Staff/Clients |
| 11 | | - Urgon | Dara HSC | Staff/Clients |
| 12 | Nuristan | - Doab | Bajagal FATP | Staff/Clients |
| 13 | | - Wama | Arcahno HSC | Staff/Clients |
| 14 | | - Noorgram | Ningrage FATP | Staff/Clients |

**Objectives of Gender Analysis:**
Apply a gender lens at the individual/family, social/relationships, community and societal, policy levels to (adopting/adapting an existing recognized gender analysis tool or framework):

1-understand how gender and gender inequality plays a role in health at different levels
2-identify barriers that are preventing women and adolescent girls from demanding and realizing their rights to health information and services
3- factors that facilitate women and men accessing health/SRH info, services, and goods, or could do so in the future.
4-Gain an in-depth understanding of gender relations (who does what work), and who has access to, and control over resources
5-Develop an understanding of reproductive, productive and community roles, as well as women's practical needs and strategic interests, identifying opportunities to support

**Scope of the Consultancy Service for Gender Analysis Assessment:**
The consultancy will be responsible to perform a Gender Analysis Assessment for this project. The assessment will be carried out in all three provinces stated above (Kunar, Nuristan and Paktika) where IMC provides health services through seven HSCs, one MHT, and 5 FATPs. The analysis needs to answer following questions:

- What kind of resources do the community members (women and men) have access to?
- Did your household receive any kind of health services in the last 30 days?
- Is everyone in the community able to access health services?
- Are there any challenges to access any resources for any specific demographic? (Distance, language, mahram/family, security, staff, opening hours, costs, etc)
- Who should make decisions? What decisions do women make in the household? Do women need a man in the family/mother-in-law to endorse that decision?
- Can women be involved in the decision making to seek health care services for herself? For her children?
- What does it mean to be "involved" in decision making- how much influence does the woman have in final decision?
- Are women able to visit HFs alone, and do their family support them if they need to visit any HF to

seek health care services?

- If they can visit alone, do they still have to seek permission from male family/mother-in-law?
- What restrict women from visiting HFs or seeking health care services?
- Are women able to seek emergency health care alone?
- Are there any female health workers in the HFs?
- Are girls allowed to go to school? If no, what are the obstacles?
- What employment opportunities are open to women and girls?
- Do the organizations give equal employment opportunities for both male and female health workers? Considering that women are less likely to have a formal education than men, what is done to offer on the job training for women to ensure more women in the work force?
- Are there separate waiting areas and toilets for male and female in the health facilities?
- What are the current needs of women and girls in the health facilities?
- Did the project staff receive any training on gender mainstreaming issue?
- Was there any other training conducted for the project staff?
- Did females participate in those training programs? If not, please specify obstacles.
- Any new/context-oriented approach applied during the project on how to improve access of women and girls to utilize the health services

**Specific Task Description:**

- Provide Technical and financial proposal based on given guidance
- Design data collection materials with appropriate methodology guided by the internationally recognized gender analysis framework in healthcare
- Design and develop all data collection tool in English language and will translate the tools into the local languages, once approved by the IMC technical team.
- Carry out data collection, data entry, and data analysis, and write up of the report.
- **Appendices**: Gender Analysis Tools, ToR, Sample Framework, etc.
- Present and share first draft of report to IMC team (country office and headquarter) for review and comments before producing a second draft
- Present 2nd draft report to IMC and other stakeholders in the workshop to facilitate the sharing of results to incorporate inputs from project stakeholders in the final draft
- Follow up with the IMC technical team, particularly with the Monitoring, Evaluation, Accountability, and Learning (MEAL) teams at both national and international levels.
- Finalize and submit the report to IMC as stated in the contract

**Deliverables/Due Dates/Payment Schedule:**

| Phase | Deliverable | Duration | Due date | Payment % |
|---|---|---|---|---|
| Inception phase | 1. Submitted draft gender analysis plan (including detailed methodology and sampling), and to finalize it within two days after receiving IMC's feedback. | 5 days | | |
| | 2. Developed the tools for data collection and finalized it within two days after receiving IMC feedback. | 5 days | | |
| | 3. Adaptation of tools with the local context and their translation into the local languages | 5 days | | 25% |

| | | | | |
|---|---|---|---|---|
| Implementation phase | 4. Data collection in the field and targeted locations. | 15 days | | |
| | 5. Ensuring data quality, interpretation, and analysis of the data. | NA | | |
| | 6. Developed a draft report of analysis and its findings and offer recommendations and share it with field/country/HQ technical team for their review. | 5days | | |
| | 7. Final report covering the descriptions of above-mentioned deliverables including the attachments to be prepared by the consultancy after the review of the technical team at the country and HQ levels. | 5days | | 25% |
| Close out phase | 8. Two hard copies of the Final Report and its soft copy on a CDs and through email to be shared by the consultancy and submitted to IMC. | 5 days | | |
| | Total | 45 Days | 1.5 Months | 50% |

☒ **Level of Effort:**

Qualified and interested consultancies can submit a full proposal for this opportunity, including a technical proposal and a budget. The applicants will also need to submit the CVs of all key technical persons in this gender analysis. The successful consultancy will work for **45 working days** to complete the task/assignment. The consultancy will also be responsible for making and paying all relevant costs of the gender analysis including traveling, involved staff salaries and food, required materials, transportation including consultancy fee. **IMC** will have a monitoring role from the whole process.
**Location of Work and Travel Arrangements:** The successful consultancy needs to complete the assessment in 16 districts of the three target provinces (Kunar, Nuristan and Paktika). All housing and travelling arrangement need to be taken care of by the consultancy.

**JOB QUALIFICATIONS AND REQUIREMENTS**

- Legally registered research firm/Consultants, skilled experience in assessment of complex projects in social sciences with a portfolio or example reports from similar assignments.
- Experience conducting field assessments for both quantitative and qualitative methods.
- Specialist in gender integration, gender analysis, and gender transformative programming. Demonstrated experience in conducting gender analyses and barrier analyses in related programming (especially health) is required.
- Excellent analytical and statistical skills.
- Strong communication skills, able to effectively present information clearly and respond appropriately to questions from International Medical Corps staff and other relevant stakeholders.
- Strong supervisory and organizational skills, experience leading a survey team
- Ability to work on own initiative and to meet deadlines.
- Ability and willingness to travel to field sites.
- Highly skilled in data analysis and advanced proficiency in statistical software for social sciences
- Fluent in written and spoken English and knowing of local language will be advantageous.

- The firm/consultant must present an approved final report of the most recently conducted similar assessment

**IMC guidance and expected proposal for this assignment:** The assessment methodology may include, but not limited to, the following:

- Interviews with HFs staff,
- Interviews with key informants.
- Exit interview with clients at least ten interview per HFs
- Qualitative and quantitative analysis of the data collected
- Discuss COVID-19 measure during data collection
- The number of targeted HFs is 14 and at least 10 exit door interviews with clients/patients need to be carried out.
- The proposal (Technical and financial) should be developed within 10-12 pages
- Ensure GAC gender analysis assessment requirements are met, and the consultant must clearly mention and follow a recognized Gender Analysis Framework/tool