

Terms of Reference

Gender Analysis

This consultancy is requested by:

Unit:	Health Cluster
Department:	WHO Office in the occupied Palestinian territory (oPt)

1. Area of expertise:

Consultant – Gender and Health Analyst

2. Purpose of the Consultancy

A gender analysis is an examination of the relationships and role differences between women and men, it is the first step of mainstreaming. Gender analysis identifies, analyses, and informs action to address inequalities that arise from the different roles of women and men, or the unequal power relationships between them, and the consequences of these inequalities on their lives, their health and well-being.

The researcher may use available technical resources and adopt/adapt a tool for gender and power analysis, both WHO institutional policies and methods, and others (e.g., SIDA's Gender Toolbox, Care International Rapid Gender Analysis Framework, John Hopkins Gender Analysis Toolkit for Health Systems, Harvard Analytical Framework (also known as Gender Roles Framework), UNFPA's Culture Lens Source/Culture Matters...)

The assignment is expected to involve desk research, review and analysis of key documents including programme documents, and consultation/interview with relevant national and local gender machineries and other relevant stakeholders including government, civil society, UN, and communities/beneficiaries of concern.

The consultant will be responsible to create a gender and power analysis tool, use this tool to analyse 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 power analysis.

The way power is distributed in most societies means that women have less access to and control over resources to protect their health and are less likely to be involved in decision-making. A gender analysis in health, therefore, often highlights how inequalities disadvantage women's health, the constraints women face to attain health and ways to address and overcome these constraints. A gender analysis also reveals health risks and problems which men face because of the social construction of their roles.¹

It entails researchers seeking to understand gender power relations and norms and their implications in health systems, including the nature of female's and male's lives, how their needs and experiences differ within the health system, the causes, and consequences of these differences, and how 'programs, services and policies might be better organized to ameliorate, accommodate or redress the differences among them'. As well as analysing differences between females and males, by focussing on the nature of power relations, also considers differences among females and among males. It includes examining gender in relation to other social stratifiers, such as class, race, education, ethnicity, age, geographic location, (dis)ability and sexuality, ideally from an intersectional perspective. An intersectional perspective examines how these markers dynamically interact, exploring how power plays out at multiple levels and through diverse pathways to frame how vulnerabilities are experienced.

3. Background

The Gender Sector Analysis is intended as an analytical and operational document. It will use the most recent qualitative and quantitative information and disaggregated data. The gender analysis of the health sector will provide the **necessary data and information to integrate a gender perspective into programming, projects, policies, and strategies in the OPT.**

¹ <https://apps.who.int/iris/bitstream/handle/10665/42600/9241590408.pdf?sequence=1>

The Gender Sector Analysis needs to pay attention to the ways in which **gender inequality intersects with other inequalities** on the grounds of age, disability status, ethnicity, belief, sexual orientation, gender identity, etc., as relevant to the sector. Likewise, it is critical to explore gender differences between rural and urban situations, the impact of geographical and environment factors and conflict, and the position of minority and marginalised communities.

The Gender Sector Analysis should integrate a **human rights-based approach** by assessing the application of all rights, participation and access to decision-making processes, non-discrimination and equal access, accountability, the rule of law and transparency

The analysis will focus on 3 levels of action: Health workforce and services, community, and policies.

The assignment should be carried out in close collaboration with WHO staff, and will entail:

- Desk research
- Interviews with key stakeholders (UN Agencies, government, National Gender Equality Mechanism, regulatory bodies, local authorities, National Statistics Office, civil society organisations and especially women's and gender equality organisations).
- Consultations, where appropriate, with other relevant stakeholders (e.g., donors and international organisations engaged in health sector support).
- "Non-traditional" qualitative research methods: such as life stories, personal histories, etc. that include the voices of the research participants.²

The conceptual or theoretical framework for emerges from the social constructionist approach to gender and gender relations. This approach posits that norms, attitudes, and practices related to gender are reinforced in families, social institutions, the media, and national laws and policies, and are internalized by girls and boys, women, and men. This is also informed by a life-cycle approach, the idea that gender norms, in part, are internalized from childhood experiences and evolve over the course of a life through interactions with key social institutions and relationships.

4. Planned timelines (subject to confirmation)

Start date: 01/09/2022

End date: 31/10/2022

5. Work to be performed

Output 1: Gender Analysis of the Health Sector in the oPt.

Deliverable 1.1: Conduct a systematic review and use of theory to analyse previous gender analysis, reports, and assessments produced by different actors, and the Political, legal, and human rights situation in the oPt.

Deliverable 1.2: Conduct focus groups, key informant interviews and gather personal stories.³

- Prioritize the following areas of work during sessions:
 - i. **Understanding of gender mainstreaming** in humanitarian and development programmes and capacities/knowledge within organisations (take gender beyond GBV and reproductive health).
 - ii. Analyse the response capacities of all partners, including MoH. **Analyse institutional practices and capacities** (Such as PSEAH reporting, codes of conduct and behaviours towards rights-holders, feedback mechanisms, institutional policies...).
 - iii. **Collection and use of SADDD**, in the development and monitoring of projects, to identify and analyse disparities in the utilization of services.
 - iv. **Gender roles and attitudes** that may affect the equal use of health services.

² Such as https://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/7_individual_story_tool.doc

Deliverable 1.3: Draft and edit the gender analysis document. The gender analysis will act as a repository of the different reports and documents prepared by partners, to provide them with an overview of the current state of gender issues in the health sector in the oPt and help frame their programmes and projects.

Output 2: Develop standards of the research methodology to create a gender and power analysis tool.

Deliverable 2.1: Help developing a guidance note stating the research methods, interviews and tools used to develop the analyse, to guide similar pieces of research.

Output 3: Submit a monitoring plan for following up on the recommendations associated with the gender and power analysis.

Deliverable 3.1: Support the Health Cluster team to integrate the research findings into the Health Cluster work plan, monitoring plan and other internal strategies.

6. Technical Supervision

The selected Consultant will work on the supervision of:

Responsible Officer:	Jade Imaz Urieta, Health Cluster, WHE	Email:	imazj@who.int
Manager:	Chipo Takawira, Health Cluster, WHE	Email:	ctakawira@who.int

7. Specific requirements

- Qualifications required: First University degree, with relevant experience in gender equality work, social and economic development.

- Experience required:

- A minimum of 2 years of experience in gender analysis and social development;
- Specific experience and expertise on gender analysis, gender mainstreaming, and women's rights work;
- Specific experience and expertise in the health sector;
- Experience working in the oPt.
- Knowledge of UN and national policies and instruments;

- Skills / Technical skills and knowledge:

Strong analytical, writing and research skills.

- Language requirements:

English and Arabic fluent speaker

8. Place of assignment

The duty station for this assignment is East Jerusalem, with frequent visits to the West Bank and some travel to Gaza to carry out focus groups, interviews and meet key partners.

No visas are required, only travel within the oPt.

9. Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.

10. Travel

The Consultant is expected to travel according to the itinerary and estimated schedule below:

Travel dates				Location:
From	18/09/2022	To	23/09/2022	Gaza Strip
Purpose:		Research. Conduct focus groups, key informant interviews and gather personal stories		

All **travel arrangements** will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive **subsistence allowance**.

Visas requirements: it is the consultant’s responsibility to fulfil **visa requirements** and ask for visa support letter(s) if needed.