Terms of Reference (ToR)
Gender, equity and human rights-focused assessment on the health sector preparedness and response for COVID-19 during 2020-21

1. Background
The COVID-19 pandemic affected diverse groups of women, girls, men, boys, and persons of all genders contrarily and also differently. The risks and social and economic impacts of COVID-19 are disproportionately felt by those facing pre-existing inequities, those living in situations of vulnerability and those who experience discrimination, which are compounded by institutional barriers and cultural norms that limited gender-responsive, equity-enhancing and human rights-promoting outcomes during the pandemic. Evidence shows that in societies where structural inequalities persists, it becomes extremely challenging for vulnerable and excluded groups to access services and cope with the situations of humanitarian crisis, such as the COVID-19 pandemic.

Discrimination based on ethnicity, caste, race, gender, gender identity and sexual orientation, socioeconomic status, geography, age and/or disability is a key limiting factor in access to health resulting in inequitable health outcomes. Discrimination can subject people in these groups to a higher risk of infection, limit their access to services, undermine broader COVID-19 responses, and exacerbate the underlying inequities thus increasing women’s and girls’ burden of paid and unpaid care; limiting access to essential services (e.g. sexual and reproductive health and rights, services for survivors of gender-based violence, mental health services, and other essential health services); and resulted in a wide range of inequitable and gender-unequal, economic, social and health consequences. The COVID-19 pandemic illustrates the indivisibility and interdependence of all human rights and the need to develop a holistic, integrated response to the pandemic and other socio-economic and health issues. It is therefore vital that country responses to pandemic like COVID-19 incorporate equity, gender, and human rights perspectives to prevent increasing inequities and exclusion.

The Dashboard of Epidemiology and Disease Control Division Nepal shows the 809056 COVID-19 cases and 11,356 COVID-19 related death as of 24 October 2021. Statistics tells that the COVID 19 cases are higher among the men and in all age groups. Although sex-disaggregated data show COVID-19 cases are higher among the men but the recognizing the extent of differential impact of outbreaks on women and men and intersections is a fundamental step to understanding the primary and secondary effects of a health emergency on different individuals and communities in pre-existing situation of inequities, and for creating effective, equitable and inclusive policies and interventions.

2. Gender, Equity and Human Rights Assessment
ACT-A Health Systems Connector (ACTA-HSC) is WHO and the Government of Canada project aiming at Strengthening the foundations of COVID 19 Response covering 75 countries, involving

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all regions and calls for gender, equity and human rights (GER) mainstreaming in activities related to the response and recovery to COVID-19 pandemic. To implement this project, a dedicated gender, equity and human rights action plan (GERAP) has been developed by WHO HQ and ‘Gender, Equity and Human Rights Assessment’ (here-forth called GER Assessment) is one of the indicators for measuring successful implementation.

The GER Assessment aims to identify the extent and gaps in the mainstreaming of GER in the different areas of health promotion, prevention and treatment while responding to the COVID-19 pandemic. It helps to identify the ways and focus of addressing gender, equity and human rights gaps in COVID 19 responses and actions. Moreover, it will contribute to the growing discourse on gender and human rights in pandemic situation, women’s leadership and participation in decision-making regarding the COVID-19 preparedness and response and recovery. At the same time, it also reveals the opportunities for mainstreaming gender, equity, and human rights issues.

In this background, WHO invites a national research or consulting firm (resource institution) operating in the field of research, experienced in working in emergency settings with the approach of gender equality, health equity, social inclusion and the advancement of human rights to conduct ‘Gender, Equity, Human Rights and Inclusion Assessment’ on the response and recovery programs of COVID-19 in Nepal.

3. Objectives of GER Country Assessment
The overall objective of the GER country assessment is to understand how and to what extent gender, equity, inclusion and human rights perspectives are incorporated in COVID 19 response and recovery initiatives/programs and develop recommendations to address the gaps in future planning and program responses to the COVID 19 pandemic in Nepal. The specific objectives of the GER assessment are to:

1. Analyze the government’s measures and responses to COVID-19 (clinical and public health) from a gender, equity and human rights perspective and identify the gaps and opportunities.
2. Identify the challenges that women and girls, specially from vulnerable groups and communities, the LGBTQI community, older people, those living with disabilities, and those from other socioeconomically disadvantaged groups have faced in complying with public health and social measures and in accessing Covid-related health services during COVID-19.
3. Assess GER concerns in community engagement practices, risk communication, laboratories and vaccination, data integration and management, essential health services and system management, health workforce, and clinical care.
4. Identify concerns of women health workers working in COVID 19 pandemic situation.
6. Recommend the action points/recommendations (short and long-term) based on the analysis and findings and inform WHO, government and development partners for interventions.

However, not limiting to this, the information will be invaluable to all especially in informing the development of information products, services, programmes and policies across health and protection sectors.

4. **Key issues to cover by the GER assessment**

1. Gender differential impact of COVID-19 on women and girls and those from the LGBTQI community, ethnic minority groups, and socially disadvantaged groups, older people and those living with disabilities: consider pre-existing structural, social and economic vulnerabilities/discrimination as well as emerging vulnerabilities; ability to adhere to clinical and public health and social measures, accessibility of services for Covid-19 infection, COVID-19 vaccination as well as basic services - health facilities including sexual and reproductive health, menstrual hygiene management and other basic supplies (dignity/hygiene/safety kits)

2. Social protection concerns – loss of jobs, wages and accommodation; increases in violence against women; increases in unpaid work and care burdens for women and girls in homes, including unpaid health care work; reduced access to Covid-19 vaccination and health services including for gender-based violence, and referrals

3. Potential changes in the roles and responsibilities in workplace and environment

4. Leadership, decision-making and meaningful participation of women health workers and program managers in COVID-19 responses

5. Women health workers: burden of care and stigma, pay gap, personal protective equipment and safety gears, ability to meet menstrual hygiene needs during long work shifts, participation in leadership and COVID-19 decision-making roles, gender-friendly workplaces and spaces, etc.

6. Gender, equity and human rights concerns in community engagement practices, risk communication, points of entry, essential health services and system management, laboratories and vaccination, data integration and management, health workforce, and clinical care of COVID-19 preparedness, response and recovery.

5. **Methodology**

The GER country assessment will employ quantitative and qualitative methods. The sources of data will be both primary and secondary. The primary data will be collected through interviews and discussions with affected communities, health workers, program managers and policy makers using the semi-structured questions, tools and checklists. The secondary data will be gathered from HMIS/IMU and reviews of communication materials, previous research, cases and reports from government and non-government agencies. The assessment will draw on WHO guidance related to gender and Covid-19, equity and Covid-19, VAW and Covid-19 and human rights and Covid-19 and adapt and use WHO tools for conducting gender, equity and human rights focused assessments.

5.1 **Study sites**
Two districts from each province representing rural and urban areas, terai, hilly and mountain regions, different levels of health facilities will be included in the sample and this will be finalised mutually.

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<thead>
<tr>
<th>Province</th>
<th>District 1 (Urban Palika)</th>
<th>District 2 (Rural Palika)</th>
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<td>Province 1</td>
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5.2 Study Population:
A representative list of population/stakeholder will be finalised in consultation with WHO technical team. The study population may include:
- National Level: Officials at EDCD, NHTC, NHEICC, FWD, NSSD, IHMIS Section, GESI Section, MoHP, Stakeholders
- Provincial Level: Officials at MoSD, PHD, Stakeholders
- Palika Level: Incharge, Coordinators, local partners
- Health Facility Level: Incharge, Service providers (at Health Posts, District Level Hospitals, Referral Hospitals)
- Community Level: CICT teams, FCHVs
- Beneficiaries: Women, mothers’ groups, members/group representing LGBTQI community, migrants, Dalit, ethnic minorities, urban poor, those living with a disability etc., and other women networks exist at local level identified as vulnerable population

5.3 Data Collection Method:
- Key Informant Interview (KII)
- In-depth interview (IDI)
- Focused group Discussion (FGD)
- Review of IMS recording and reporting system at health facilities
- Reviews of communication materials, previous studies, cases and reports done by government and non-government agencies.

5.4 Tools/audio recording:
- KII guideline
- FGD guideline
- IDI guideline
- Observation checklist
- Format to review IMS recording and reporting system at health facilities

5.6 Data analysis methods/process:
Clearly defined Data Analysis method will be applied.
6. A Role of Resource Institution/Consultancy Firm
The resource institution (RI) will engage actively in the process as specified in TOR for carrying out the GER Assessment. The Firm will be responsible primarily for the following:

1. **Understanding the GER assessment process and finalization of methods and tools**: The RI will review the relevant documents and understand GER Assessment process. RI will develop and finalize information/data collection tools, templates for collection, assessment and report preparation in consultation with WHO technical team and national expert.

2. **Undertaking desk reviews**: The RI will undertake secondary data review for collecting and collating disaggregated (age, sex and gender, other intersections) demographic data obtaining from HMIS/IMU, different reports and publications.

3. **Engaging and facilitating data collection from different sources**: RI will consult Policy Makers, Program Managers and service providers at three tiers-federal, provincial and local, health facilities, organisations and relevant stakeholders to obtain data/information and records relating to key issues and components of GER assessment.

4. **Identifying, and providing training to Enumerators/researchers for data/information collection**: In coordination with WHO, RI will identify skilled Enumerators/researchers, orient them and mobilize for conducting interviews with key informants/respondents.

5. **Conducting interviews with community vulnerable population**: Identify key informants/respondents considering the vulnerability and intersections of the populations from selected districts and palikas and facilitate to conduct interviews.

6. **Conducting interviews and focus group discussions with COVID-19 response actors**: Identify key actors from among the government and non-government organisations who are responsible and accountable in responding to the COVID 19 situation for KII’s and facilitate interviews and stakeholder consultation to gather their experiences on GER Assessment questions.

7. **Assessment and preparing analytical report**: RI will collate and analyse all the data/information collected from different sources and prepare the report as per agreed structured outline (template). The RI will prepare draft report and submit to WHO for technical team/expert review. The WHO technical team/expert will review and provide inputs in the relevant chapters of the report and RI will finalize after incorporating inputs of review team.

**Institutional competency and experts**
The RI should include a team with relevant competencies. The RI should have a team lead, having excellent academic background and sufficient relevant experience. A mix of professionals is needed for the work. Following are the minimum categories of team members
<table>
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<th>Team</th>
<th>Minimum Qualification and experiences</th>
<th>Task</th>
<th>Working days</th>
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| Team leader          | • Master’s degree or above in Gender/Social Science  
• 10 years’ general experience in relevant technical area. 5 years’ professional experience on Gender, Equity and Human Rights. | Lead and guide the team for Designing, Planning, Implementation, Quality assurance, Coordination at federal level, Analysis, Report writing, Consultations for finalization of the report and Communication | 60 days      |
| Research Expert      | • Master’s degree in Epidemiology/Biostatistics/Public Health  
• 7 years’ proven experience in conducting studies concerning public health and/or Gender, Equity, Human Rights | Technical support to develop study methodology including study protocols, sampling, tools, data analysis methods, training of enumerators, supervise data collection, analysis of data, report writing | 45 days      |
| Public Health expert | • Master’s Degree or above in Public Health  
• 7 years’ general experience in Public Health area. 3 years’ professional experience in health emergencies response. Experience on assessment and analysis, capacity building, monitoring. | Technical support in Finalizing methodology and tools, training of enumerators, coordination at provincial and local levels for data collection, supervise data collection, analysis of data, report writing | 60 days      |
| Field researchers    | • Bachelor degree in public health or social science  
• Experienced on conducting interview (key, in-depth and group)  
• Experience in emergencies responses | Conducting interviews (KII, FGD, IDI), transcription of interviews in an outlined format in English |              |
| Research assistant   | • Experienced in qualitative data analysis and management | Qualitative data management | 20 days      |
| Admin and finance staff |                                                                                                       |                                                                        | 30 days      |

6. B Role of WHO:
• Work closely with RI lead for finalisation of methodology and tools for GER Assessment. The available tools (WHO) are the basis for adoption as per country context.
• Orientation to resource institution about the GER assessment process, WHO template and tools.
• Coordination and field support to identify key informants/respondents and interviews in selected districts/palikas and provinces.
• Review draft report GER country assessment and provide inputs for finalisation.

7. Outputs and deliverables
The GER Assessment is expected to complete (up to final report submission) by end of March 2022.

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<th>Activities</th>
<th>Time frame</th>
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<td>GER country assessment plan/tools</td>
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<td>Literature review</td>
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<td>Inception report</td>
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<td>Field plan and Enumeration</td>
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<td>Data cleaning analysis</td>
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<td>Submission of first draft report</td>
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<td>Submission of revised draft</td>
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<td>Final report submission</td>
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8. Reporting (WHO focal person)
The primary reporting and focal person to contact will be National Professional Officer, Family Health, Gender and Life Course WHO CO Nepal

9. Competency and requirements of Resource Institution
   ▪ A national registered research/consulting firm with solid experience in conducting researches from gender, equity, social inclusion and human rights perspective
   ▪ Experience with high proficiency in participatory research, gender and inclusion assessment, good coordination and negotiation.
   ▪ Competency on qualitative and quantitative data management, assessment and writing quality report in English.
   ▪ Excellent conceptual understanding of gender, equity and/or human rights in health and of mainstreaming approaches and advocacy
   ▪ Sensitive towards caste, religion, gender, culture, and respect to the diversity
   ▪ Expertise in health emergencies desirable.

10. Copyright
Copyright for the materials produced by the RI will remain with WHO Nepal Country Office and includes the right to distribute the material or parts of it to other partners in Nepal and abroad.
11. Budget and Payment modalities
The payment will be done in three instalments. The first instalment of 25% will be provided upon sharing of inception report and assessment plan. Second payment of 50% will be done upon submission of assessment tools. Last payment of 25% will be made upon submission of assessment report and SoE.

12. Evaluation Criteria
An evaluation team in WHO country office will evaluate the technical and financial proposal based on ToR, other specific criteria and the following documents;

Technical Evaluation
- Institutional profile
- Institutional experience
- Proposed design
- Team composition
- Qualification and experience of the professionals including team lead
- CVs of all personnel proposed

Financial Evaluation
- Professional fees
- Cost of the field work and workshops
- Total cost (taxes separately mentioned)
- Mode of payment (if mentioned other than ToR)

Other terms and conditions are applied as per terms of reference and WHO’s rules and regulations.