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Consultant's Terms of Reference for Gender Equality, Disability, and Social Inclusion Analysis of Vector Borne Diseases in Papua New Guinea, Solomon Islands, and Vanuatu

1. Background

The Vector Borne Diseases (VBDs) and Tropical Public Health Working Group at the Burnet Institute is a highly collaborative multi-disciplinary research group established between the Papua New Guinea Institute of Medical Research (PNGIMR), Burnet Institute and the Walter and Eliza Hill Institute. It encompasses epidemiological, immunological and implementation research to inform the development and implementation of effective evidence-based public health programs to control and eliminate vector borne diseases.

2. Project Overviews

This analysis is intended to inform the following three projects, currently in operation and/or in the inception phase of delivery. However, this analysis may also inform future project proposals within this context:

STRIVE – Strengthening Integrated Surveillance and Response for Vector-Borne Diseases in Melanesia: STRIVE began operating in Papua New Guinea in 2018. Through a consortium of 16 partner organisations, involving joint decision-making, co-design of activities, shared resource contribution and mutual accountability, STRIVE has been able to achieve strengthened VBD surveillance and outbreak response capacity while concurrently increasing capacity for research and policy for health system strengthening. Harnessing these foundational strengths, STRIVE aims to support a similar country-led approach through priority pilot activities to strengthen VBD surveillance and response in Vanuatu and the Solomon Islands.

Diagnostics for Integrated Case Management, Actionable Surveillance, and Accelerated Elimination of Malaria and Neglected Tropical Diseases in the Asia Pacific (PDAP): This project, a consortium comprising PATH (USA/Vietnam), Burnet (Australia), and WEHI (Australia), will focus on advancing high quality diagnostic solutions that improve malaria case detection, ensure access to the best treatment options, and reduce the malaria burden in difficult-to-reach communities.

NATNAT- Newly Adapted Tools Network Against Mosquito-Borne Disease Transmission
The NATNAT project commenced in Papua New Guinea in 2019. Lead by the Papua New Guinea Institute of Medical Research (PNGIMR), National Malaria Control Program (NMCP), Burnet and James Cook University (JCU), the project aims to strengthen capacity to assess and adopt new vector

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control tools (VCTs) to combat VBD transmission in Papua New Guinea. The project completed construction of new entomological research facilities at PNGIMR's Belna Natnat Centre and has conducted a range of efficacy studies of new VCTs Indoor Residual Spraying, Larviciding and Spatial Emanators in lab, semi-field, and field settings. The project has also coordinated the establishment of a Vector Control Network in PNG, which brings together all stakeholders to coordinate, share knowledge, identify opportunities, and advocate for greater investment and focus on vector control in PNG.

3. Purpose

The purpose of this work is to conduct an analysis of gender equality, disability, and broader social inclusion regarding vector borne disease prevention, testing, and surveillance in Papua New Guinea, Solomon Islands, and Vanuatu. The findings and recommendations will be shared with project stakeholders and inform an inclusive approach to project design and implementation.

Objectives of the Analysis:

- Identify gaps and barriers to accessing testing and treatment services for VBDs, particularly amongst people living with a disability, women, children, and other marginalised groups.
- Identify inequities in prevalence of VBDs and access to preventative tools.
- Provide recommendations on how to address the identified gaps and barriers in VBD programs and provide recommendations on how to improve access and inclusion in VBD programs.
- Utilise findings to inform GEDSI strategic plans and MEL frameworks for associated projects.
- Document the GEDSI analysis process/methods to inform future GEDSI analyses in other project locations.

4. Scope of Analysis

GEDSI Framework

The following domains will be used to analyse information about gender, disability, and inclusion and how this affects access to VDB prevention, testing, treatment, and information for women, children, people living with a disability and other marginalised groups:

- **Accessibility:** How gender relations and other social norms affect access to resources (e.g., money, health services, education, and information)

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- Beliefs/Perceptions: Draws from cultural belief systems or norms about age, gender, and disability, and how this might influence prevalence of VBDs and facilitate/hinder access to VBD testing and treatment for different groups.
- Power Dynamics: Informs who has, can acquire, and can expend assets and decisions over one's body and children, including the attitudes of health providers which may reinforce or challenge inequalities.
- Institutions, Policies and Laws: Assesses the rules governing the health workforce and health facilities, including approaches which may hinder access or discriminate against certain groups.
- The [DFAT approach to GEDSI Analysis](#) provides additional guidance on methodology.

Project Sites

There are no determined project sites in Vanuatu and Solomon Islands, however in Papua New Guinea project sites are in the below catchment areas and should be the focus of any data sampling.

1. Milne Bay: East Cape
2. Simbu: Karimui
3. New Ireland: Lemakot
4. Madang: Sausi, Megiar, Bulal, Mirap, Wasab, Soh, Ord, Garim, Dogea
5. West Sepik: Baro
6. NCD: Hohola
7. Western: Kiunga
8. Morobe: Buimo

Data Collection Methods

The following methods, further defined and led by the consultant, will be used to collect, and analyse information:

1. Secondary Analysis – The consultant, with assistance from project staff will collate and analyse existing data from previously conducted GEDSI analyses, published research, and available health data to determine sex, age and (where available) disability-disaggregated information on VBDs and identify gaps where more detailed qualitative data collection is needed.
2. Primary Analysis
 - a. Focus group discussions will be conducted with different groups to understand their perspectives on VBD prevention and care; the barriers or challenges they face in

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accessing these services; and their recommendations for improving access for different groups.

- b. Key informant interviews will be conducted with project stakeholders, including partner organisation staff, government staff, health facility workers, community elders (including religious leaders), and community health workers to identify their knowledge, attitudes and practices relating to gender and disability inclusion, how they support access for marginalized groups (including policies and procedures), and their awareness of and response to protection concerns.
 - i. Key informant interviews with representative organisations identified during the scoping review.

5. Deliverables and Indicative Timetable

Deliverables and budget subject to negotiation with the Consultant

OUTPUTS / ACTIVITIES		Day(s) Expected to Complete
1.	Methodology for GEDSI analysis	1 day
2.	Systematic Desk Review (secondary data analysis) <ul style="list-style-type: none"> - Analyse previous gender analysis, reports, and assessments and identify gaps, challenges, and opportunities related to gender. Analyse existing data on VBD trends and accessibility to services 	5-7 days
3.	Scoping Review <ul style="list-style-type: none"> - Conduct a review of organisations working within the GEDSI space that could be engaged throughout project implementation (regional organisations as well as country-specific) 	3 days
4.	Interviews with Key Stakeholders and Representative Organisations including preparation, interviews, and analysis. <ul style="list-style-type: none"> - Develop data collection form and train project staff in use - Conduct focus groups, key informant interviews, and gather personal stories considering recruitment, facilitation, and analysis. 	7-10 days
5.	Draft and Edit Report	7 days
6.	Final documentation and presentation of findings, potential for publication output (noting the report will require review and approval by the VBD team prior to finalisation)	5 days
7.	Contributions to project MEL frameworks and GEDSI strategic plans	3 days
Total Days Expected:		30-40 days

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Proposed Deadline: Output Completed by September 1st, 2024

6. Selection Criteria for Consultant & Steps for Submission of Interest

Burnet Institute is seeking a consultant with knowledge and experience in conducting GEDSI audits and analysis, with preference to those that have done so in the health sector and in the Pacific context.

QUALIFICATIONS / EXPERIENCE / KNOWLEDGE / ATTRIBUTES		
1.	Degree in the field of gender, disability, public health, social science, international development, or other related fields	Essential
2.	Minimum 3 years' experience working in the field of gender equality, disability, and social inclusion programming	Essential
3.	Demonstrated experience using both quantitative and qualitative methods, including design and analysis of GEDSI analysis/audit or similar work	Essential
4.	Strong communication, interpersonal, and report writing skills	Essential
5.	Experience working in the development context, preferably in PNG and/or Pacific Islands	Essential
6.	Experience or expertise in the health sector, particularly with vector borne diseases	Desired

If you are interested in submitting an expression of interest in this short-term consultancy with Burnet, please click Apply and attach the following two documents.

1. Resume
2. A document outlining the following details:
 - Details of your relevant skills and experience in GEDSI and conducting analysis/audits
 - Specific availability over the proposed period, June-September 2024
 - Daily rate
 - Languages
 - Countries you have worked in

ENQUIRIES

For enquiries, please contact Project Managers Alexa Murray (alexa.murray@burnet.edu.au) and Paul Daly (paul.daly@burnet.edu.au)

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About Burnet Institute

Vision

A more equitable world through better health.

Purpose

Create and translate knowledge into better health so no-one is left behind.

Values

Respect, Equality, Inclusiveness, Diversity.

Who we are

Burnet Institute is an Australian-based medical research and public health institute and international non-government organisation that is working towards a more equitable world through better health.

What we do

We are committed to creating and translating knowledge into better health so no-one is left behind. We do this through engaging with and understanding the needs of a broad range of communities and stakeholders to develop laboratory-based and social research programs, policies and products that deliver better health outcomes.

Where we work



Priority countries:

Australia | Papua New Guinea | Myanmar

We also support and contribute to research and public health programs in other Asian, Pacific and African countries.

Australian Institute for Infectious Disease (AIID)

Bringing together Burnet Institute, The University of Melbourne, and the Doherty Institute with funding from the Victorian Government, the AIID is a visionary initiative designed to protect Australia and the region against infectious disease and future pandemics. Establishment of a new state-of-the-art facility which will be the new home of Burnet is expected to be operational by 2027.

