



Terms of Reference: Base-line Survey of project on Increasing Access To Gendered Sexual And Reproductive Health Rights(SRHR) And Services For Youth, Women And Girls & Child Health Services In Marginalised Communities In East Africa-A Vital Link To Poverty Reduction

1. Introduction

The African Medical and Research Foundation (AMREF) is an African, international organisation striving for better health in Africa. It was founded in 1957 and is headquartered in Nairobi, Kenya and has country offices in Kenya, Uganda, Tanzania, Ethiopia, Southern Sudan and South Africa. AMREF's mission is to ensure that every African can enjoy the right to good health by helping to create vibrant networks of informed communities that work with empowered health care providers in strong health systems.

The project is a 4 year (Jan 2011-Dec 2014) regional project funded by the Danish International Development Agency (DANIDA) with a supplementary 2 year (June 2011-May 2013) child health component funded by the Australian Agency for International Development (AusAID). The goal of the project is to reduce reproductive morbidity, increase enjoyment of sexual and reproductive health rights, and increase access to IMCI and micronutrient deficiencies prevention services in children less than 5 years of age among hard to reach communities in Kenya, Uganda and Tanzania. The SRHR project will employ a rights based approach with gender, sexuality and sexual rights featuring as cross cutting issues throughout the implementation of the project and strongly reflected in project activities. Additionally, the supplementary child health component of the project will have a two pronged approach of improving case management skills among health workers and improving the overall health system performance for the benefit of children, complemented by a community IMCI (cIMCI) component. The DANIDA project is being implemented in Turkana district in Kenya; Gulu and Kitgum districts in Uganda; and Kahama, Kishapu, Shinyanga and Shinyanga Municipal districts in Tanzania. The AusAID supplement will fill the child health gap missing in Tanzania and Uganda through the implementation of childhood survival strategies namely IMCI and cIMCI in two additional districts - Pader in Uganda and Ushetu in Shinyanga. Health promotion and preventive services (immunisation, nutrition education) will be supported as well and be closely linked to extensive community mobilisation. The two complementary projects will increase the potential impact in overall health improvement for mothers and children. In view of the fact that the supplementary AusAID action is 2 years, only 40% of the target population of children will be covered.

The project is implemented by AMREF in each of the targeted countries in partnership with Ministries of Health and local-level stakeholders; and is regionally coordinated by AMREF's Headquarters in Nairobi, Kenya

Overall Objective of the Project: The overall objective of the project is to increase access to and utilisation of reproductive health information, services and rights for youth 10 - 24 years and women aged 15-49 years, and to improve the health of children under five years in the targeted countries.

2. Specific objective and Expected Outcomes of the Project

- a. **Specific Objective 1:** Frontline health workers have increased capacity to provide reproductive and maternal health services with a focus on youth, women and girls and a special focus on family planning.
- b. **Specific Objective 2:** Communities have the capacity to support the reproductive health rights of girls and women, including strong male involvement and gender awareness and adoption of practices.
- c. **Specific Objective 3:** AMREF and collaborating partners have increased organisational capacity for gender mainstreaming and rights based programming. Civil society organisations (CSOs) have increased capacity to participate in decision-making & influence MNCH policies & practices at local, national & international levels
- d. **Specific Objective 4:** Evidence of the effectiveness of the approaches used is generated and used to reduce reproductive health morbidity and mortality and improve child health.
- e. **Specific Objective 5:** Frontline health services have increased capacity to deliver care effectively to ill children using the IMCI approach, including ability to undertake simple diagnostics tests in health facility laboratories and improved case management skills.
- f. **Specific Objective 6:** Communities have the capacity to link effectively with the frontline health services for early detection and management of childhood health problems (community IMCI)
- g. **Specific Objective 7:** Improving the preventive and promotive health services for children under five years

3. Objectives and Scope of Work of the Consultancy

The main objective of the consultancy is to establish a regional level base-line status on access to gendered sexual and reproductive health rights (SRHR) and services for youth, women and girls and access to IMCI services and treatment of micronutrient deficiencies in children under five years. Base-line surveys will be carried out in each of the districts targeted by this project and the findings will be consolidated to establish a regional understanding on SRHR and child health services for youth, women, girls and children under five across the three countries. The base-line will determine bench-marks for target setting within each specific objective, as per the indicators set out in the original log-frame; validate if the activities within the project design are sufficient in scale and scope, in order to meet these targets; and identify opportunities for sustainability of project activities within each country.

The specific objectives of the base-line survey will be to:

1. Establish the prevailing health and contributing social conditions, and health problems including diseases affecting youth , women and girls, infants and children under the age of five within each of the three targeted countries
 2. Determine current levels of knowledge, attitudes and practice towards sexual reproductive health rights issues and access to SRHR services in each of the targeted communities.
 3. Determine the current levels of knowledge, attitudes and practice towards child health issues and access to child health services in the targeted communities.
 4. Determine the capacity of the district health systems (including public, private and community-based health systems) to implement gender and reproductive health rights and MCH policies. This includes the availability of facilities to provide SRHR and child health services for youth, women, girls and children under five years; availability of supplies to meet the SRHR and child health demands of the communities; capacity of the community to access information on SRHR and child health. This includes the availability and accessibility of health facilities and services offered for mothers, newborns and children under the age of five years, in terms of distances, cultural acceptability, affordability, availability and appropriateness (client-friendly, inclusive, responsive, hygienic etc)
 5. Assess the capacity of communities, community structures and Civil Society Organisation partners to address and participate in issues on sexuality and sexual reproductive health rights and improve over-all health status of targeted communities
 6. Assess the capacity of communities to link with frontline health services in detection and management of childhood illnesses
 7. Determine the capacity of AMREF staff and stakeholders to operationalize or institutionalise gender mainstreaming and rights based programming in project implementation
 8. Establish the opportunities that exist for institutionalisation and sustainability of SRHR initiatives among the stakeholders and the communities.
 9. Determine training needs of health workers in management of SRH and child health or related diseases
 10. Use the findings to clarify the monitoring and evaluation performance indicators of the intervention
- The results will also be used to develop an evidence base for advocacy for SRHR issues in all three targeted countries.

- 4. Main Tasks of the Consultancy-** The consultant will work in conjunction with the Director, Reproductive and Child Health, M&E Technical Lead and the Regional Coordination Manager at AMREF HQ to finalise the design and inception plan for the study. Within each country, the consultant will work with a local support consultant selected by the country, the Project Teams, which include the Project Manager, Project Assistants, Technical Lead and Deputy Country Director, Country Director and local stakeholders to coordinate, conduct the study and disseminate the base-line findings. The consultant is expected to undertake the following tasks:

1. Define clear terms of reference for the local support consultant to enhance effectiveness of collaboration with the local study support function
2. Carry out a desk-review of relevant project documents (listed in Annex A), including project log-frame, budget and other relevant documents, a range of which will be agreed upon and made available prior to the implementation of the study
3. Develop an inception report, detailing the evaluation design, methodology, indicators, tools, work plan schedule and budget to carry out the assignment in each country. This will be developed and finalised in consultation with AMREF HQ and Country teams.
4. Form a Base-line Assessment Coordinating Team, which includes AMREF staff, local authorities (DHMT, CHMT, Local government agents as necessary) and other partners involved in the project.
5. Develop a Sampling Design and Data Collection & Management Protocol that is standardised for the three countries; basic demographic variables including religion, and socio-cultural practices should be captured within space limitations of the study tools
6. Facilitate recruitment and training of field staff (supervisors, interviewers, observers/record reviewers) and pre-testing of data collection tools in collaboration with the local support consultant.
7. Co-ordinate collection of data, and its entry into a suitable platform for cleaning and analysis
8. Analyse and interpret the findings, working closely with the local consultants
9. Develop and submit the first draft of the base-line assessment report and debriefing to AMREF HQ, Country Teams and local partners. The report will include three country level reports, which will feed into a regional level (Ke, Tz, and Ug) base-line report. The reports should be comprehensive and provide detailed specific findings within each specific objective, providing key recommendations for implementation
10. Submit the final evaluation report to AMREF Headquarters in Nairobi, Kenya i.e. 6 Hard Copies and a soft copy in CD-Rom. The raw data, the data-base which has been cleaned (both qualitative and quantitative, including original field notes for in-depth interviews and focus group discussions, as well as recorded audio material), and data collection tools used in the evaluation should be submitted together with the report. A simple inventory of material handed over will be part of the record. AMREF has sole ownership of all final data and any findings shall only be shared or reproduced with the permission of AMREF.

The consultant will be expected to compile and submit the draft report, make a presentation to AMREF, incorporate comments and submit a final report within 30 days of the end of the survey.

5. Deliverables

- a. Inception report detailing the evaluation design, methodology, tools, work plan that includes task description for local consultants, and budget
- b. Data collection tools, data set with codebook

- c. Draft and final Base-line Survey Reports at country and Regional levels (final report in 20 bound copies and a soft copy).
- d. Copies of original and cleaned data sets including field notes, audio tapes, and transcribed material

Please note that the contents of the report will be analysed and final payment will only be made upon agreement on the final Base-line Survey Report from the AMREF Teams at HQ and Country level.

- 6. Time-frame-** The assignment is expected to commence and is expected to take a maximum of 45 days (approx.15 days in each country), which includes desk-review, preparation, implementation, report-writing

7. Role of AMREF and collaborators

AMREF will provide the logistics and programme documents and be the link between the consultant and the project sites. AMREF will also review tools and provide support in the evaluation process. AMREF will provide venues for discussion and mobilise the required persons for interviews. The collaborators/partners will provide the necessary resources/facilities and required persons for interviews. The consultant will be responsible for guiding the entire evaluation process and all other specific responsibilities as stipulated in the TOR.

8. Expected Profile of the Consultant

The consultant(s) is (are) expected to hold the following qualifications in order to be eligible for this position:

- A recognised university degree in public health, international development, medical anthropology or related social science (at a minimum of masters’ level but preferably at doctorate level).
- Sound knowledge of major development issues, especially gender, sexual-reproductive health and rights, maternal, new born and child health issues. Knowledge of the East African region is a requirement.
- At least 10 years experience in the area of public health and reproductive health/gender issues both in organisations and in projects
- Experience in the formulation, monitoring and evaluation of projects in gender, sexual reproductive health and rights, maternal, new born and child health/public health
- Similar work in the last 3 years
- A demonstrated high level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
- Strong interpersonal and communication skills
- High proficiency in written and spoken English.

9. Response Proposal Specifications

Those interested in the consultancy must include in their application a detailed technical and financial proposal with the following components:

9.1 Technical

- 9.1.1 Understanding and interpretation of the TOR
- 9.1.2 Methodology to be used in undertaking the assignment
- 9.1.3 Time and activity schedule

9.2 Financial

- 9.2.1 Consultant's daily rate in US Dollars
- 9.2.2 Other costs, e.g. accommodation, travel, support staff, printing etc;

9.3 Organisational and Personnel Capacity Statement

- 9.3.1 Relevant experience related to the assignment
- 9.3.2 Appropriate references
- 9.3.3 Curriculum Vitae of key personnel

10. Submission of Proposals

The proposal can be sent by post, hand delivered or e-mailed so as to reach the undersigned by **August 8, 2011** to: **Dr John Nduba, AMREF Headquarters, P.O. Box 27691-00506 Nairobi, Kenya;**
E-mail: john.nduba@amref.org ; cc helen.kairu@amref.org

11. Evaluation and Award of Consultancy

AMREF will evaluate the proposals and award the assignment based on technical and financial feasibility. AMREF reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest, the highest or any bidder. Only the successful applicant will be contacted.