



TERMS OF REFERENCE

QUALITATIVE AND QUANTITATIVE ASSESSMENTS ON DETERMINANTS HINDERING ACCESS TO REPRODUCTIVE HEALTHCARE SERVICES

PU-AMI – AFGHANISTAN – KUNAR PROVINCE

DONOR	Women's Hope International (WHI)
PROJECT	Quantitative and Qualitative Assessments on determinants hindering access to reproductive healthcare services in Kunar province, Afghanistan.

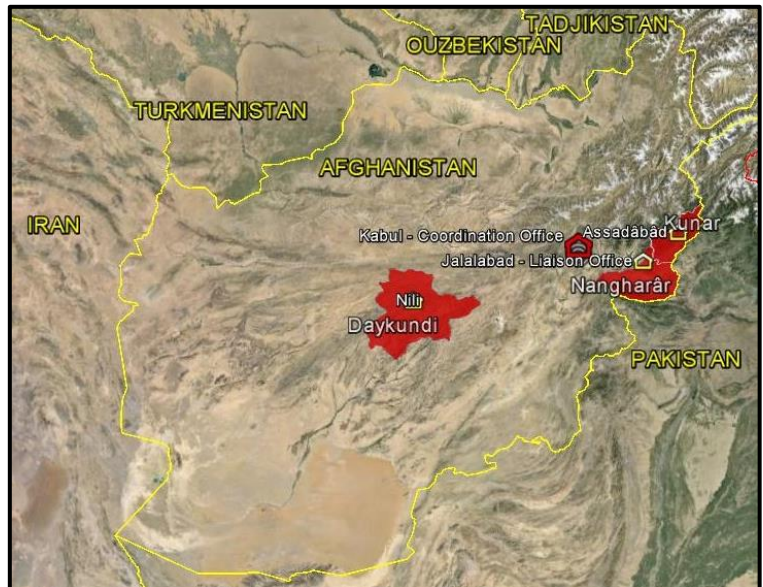
1. PU-AMI IN AFGHANISTAN

1.1. Mission's history

Première Urgence – Aide Médicale Internationale (PU-AMI) has been contributing to the improvement of the provision of health care in Afghanistan for more than 30 years through various health projects.

Afghanistan was the first mission of PU-AMI. After training and rehabilitation operations in the health field in different provinces of the country (Panjsheer, Shamali, Logar, Laghman, Nuristan, Bاميان, Balkh, Samangan, Kabul, Kunar and Daykundi) through the '80s and the '90s, the organization committed itself, in 2003, to a wide-scale plan: the setting up of a programme, in the provinces of Laghman, Kunar and Samangan, of primary healthcare (BPHS - Basic Package of Health Services) and then secondary health care (EPHS - Essential Package for Hospital Services) in combination with the Afghani Ministry of Public Health.

In 2011, PU-AMI was just present in the Kunar region. In 2012, PU-AMI extended its Action in the Province of Daykundi.



1.2. Ongoing projects in Kunar province

Implementation of BPHS and EPHS (SEHAT Programs - MoPH)

In Kunar, PU-AMI implements both BPHS and EPHS with a positive impact on the entire population of the province (455 643 persons). EPHS includes the same components than BPHS¹ but for the hospital sectors with a focus on hospital service: cardiology, neo-natal medicine, pediatric, orthopedic...

¹ 1. Maternal and Newborn Health; 2. Child health and immunization; 3. Public nutrition; 4. Communicable Disease Treatment and control (TB, Malaria and HIV); 5. Mental health; 6. Disability Services; 7. Regular supply of essential Drugs

Moderate and Severe Acute Malnutrition (WFP)

The project's strategy is based on the prevention and management of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) for children under five and pregnant and lactating women.

Emergency response (ECHO; OCHA/CHF)

PU-AMI has developed life-saving trauma care activities into Nangarhar and Kunar provinces where the security situation continues to deteriorate. The Community benefits from emergency life-saving training, health facilities are appropriately equipped and health workers' knowledge is being refreshed.

Since the beginning of the wave of return of Afghan refugees from Pakistan, in July 2016, PU-AMI settles an intervention to ensure the provision of multi-sector (Health, Wash and NFI) emergency assistance to returnees and conflict-induced IDPs in Nangarhar province.

1.3. Women's Hope International

1.3.1. History between WHI and PU-AMI

In July 2015, PU-AMI signed a 25-months agreement (first phase: 12 months; second phase 13 months) with WHI to ***Increase the presence of qualified health staff in Kunar province providing health services especially reproductive health care***. At the end of this project, 60 students (30 students' midwife and 30 students' female nurse) have graduated from the CME²-CHNE³ school.

This Action was part of the BPHS program funded by the MoPH. WHI was a cofounding for this project. At the time of the BPHS program renewal at the beginning of 2017, the MoPH could not afford to invest in this component and had to abandon it.

1.3.2. The Light Mother Project

Instead of the CME-CHNE school project, PU-AMI proposed to WHI to implement a pilot project in Kunar based on an adapted version of the "Light Mother" approach⁴. This approach usually aimed at reducing children malnutrition through awareness raising of the Mother. In Kunar, the Light mother approach will be adapted to globally improve the access to sexual and reproductive healthcare services for women, working on the main obstacles.

2. PURPOSE and STAKES

This initial assessment aims at providing qualitative and quantitative information on reproductive and sexual health inhabitants' knowledge, attitude and practices in Kunar province, and more generally on the Eastern region.

The findings of this assessment will be analyzed and used to create a comprehensive project using an adapted version of the Light mother approach, in Kunar province that WHI is offering to fund as well. Besides, the results of the assessment will allow a greater understanding of the barriers hindering access to healthcare services, especially reproductive care, enabling PU-AMI to improve its current and future health intervention in the Eastern region. It will also be used to propose varied interventions to other donors.

² CME: Community Midwife Education programme

³ CHNE: Community Health Nursing Education

⁴ <https://www.peelregion.ca/health/library/pdf/BF-Peer-Support-July2012.pdf>

3. OBJECTIVES of the ASSESSMENT and STRATEGY

Two types of assessment will be conducted, one quantitative and one qualitative.

3.1. Qualitative assessment

A qualitative assessment will be conducted to identify the determinants and influencing health seeking behaviors hindering access to reproductive healthcare services in 3 pre-selected areas of intervention of Kunar province.

3.1.1. Overall Objective

The aim of the qualitative survey is to try to understand the barriers (economical, geographical, socio-cultural...) faced by people for accessing reproductive healthcare and explain the impact they have on people's behavior and ways of thinking; and to analyze the gaps in time and space in the continuum of care from the community to the health center. It is also, however, a matter of reducing assumptions or preconceptions that all human beings carry with them when they meet other people.

3.1.2. Specific Objectives

1. To collect information on the determinants, health seeking behaviors and gaps in the continuum of care that cannot be obtained using other methods, contributing to the understanding of the neglected aspects of the barriers preventing the access to reproductive healthcare.
2. Gain "insider" understanding of representations, knowledges, attitudes, motivations and practices of the community on reproductive healthcare, by analyzing discourse and observing practices.
3. Compare words with actions in order to identify possible contradictions between what people say and what people do.

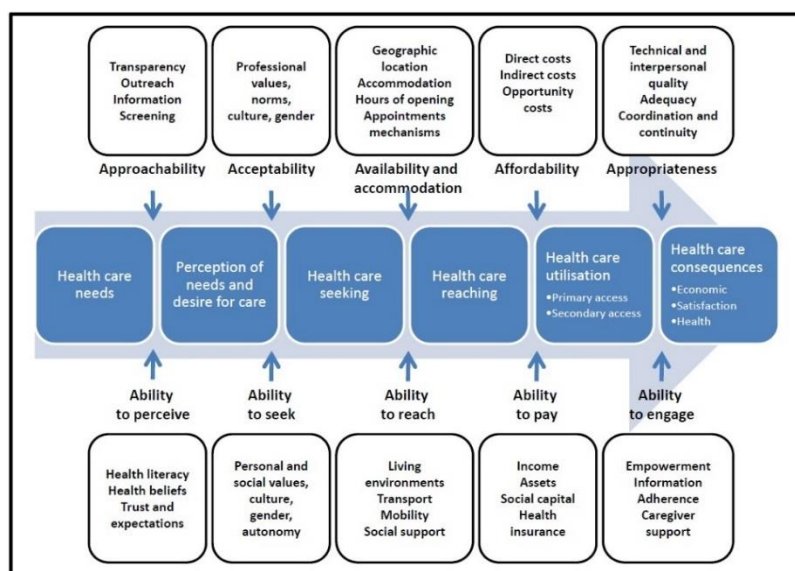
3.1.3. Target Group

The consultant will meet the communities, including key members:

- Community leaders
- Mothers
- Traditional Birth Attendants
- Health facility staff
- Local and governmental authorities
- Relevant organizations or associations

3.1.4. Methodology

The qualitative survey will be based on the "Conceptual Framework of access to health care"⁵. This conceptual Framework is a schematic approach which helps understand the barriers faced by people to access healthcare services, and their interrelations.



⁵ Jean-Frederic Levesque, "Patient-centred access to health care: conceptualising access at the interface of health systems and populations", 2013 :

On one hand, five dimensions of **Accessibility of services** are disaggregated:

1) Approachability; 2) Acceptability; 3) Availability and accommodation; 4) Affordability; 5) Appropriateness.

On the other hand, five corresponding **Abilities of persons** are echoing the dimensions of accessibility to generate access:

1) Ability to perceive; 2) Ability to seek; 3) Ability to reach; 4) Ability to pay; 5) Ability to engage.

This framework, which defines a comprehensive approach of the access, will allow an accurate overview and analysis of the determinants.

3.1.5. Methodology

Secondary data collection

The consultant will proceed to a literature review. This data compilation must be focused on the sociocultural organization of the population group concerned, the scale of a problem, of its consequences, its characteristics and, if relevant, any existing responses. The literature review will be complemented by a review of existing documentation from various sources: figures on mortality and morbidity, data reported by the media (newspaper articles for example), data on income levels, education levels, unemployment rate, housing, data linked to regulations (legal framework on abortion), etc.

Observation

This method involved the monitoring of the facts and practices of the targeted communities on accessing reproductive healthcare services.

Individual interviews

Non directive, semi-directive and directive discussions will be organized with key members of the communities and key HF staff to gather different points of view on Reproductive healthcare services and its access for the communities.

Focus group

Focus groups of different members of the community will be organized by the consultants. The discussion will be led by the expatriate consultant with the support of the National consultant.

3.1.6. Schedule

The entire period for the assessment is three months, from March 2017 to May 2017, from the preparation phase to the final report.

3.2. Quantitative assessment

To implement a pilot project aiming at improving access to reproductive healthcare services, PU-AMI needs to evaluate the knowledge, attitude and practice of the targeted population. Though, in parallel of the qualitative survey, a KAP survey will be conducted to collect data on the situation of reference. This survey will allow the creation of a Baseline and will be completed by an Endline survey at the end of the project to monitor the project's impacts. The survey will be conformed to the standardized method of a KAP

3.2.1. Overall Objective

The general goal of the survey is to quantify and measure the knowledge, attitude and practices on reproductive health and healthcare amongst the targeted communities and establish a data baseline for the oncoming pilot project.

3.2.2. Specific Objectives

1. To gather comprehensive information on the system of belief and values of the communities on reproductive healthcare services, as well as how this system influences their practices.
2. To identify gaps in KAP, leading to negative impact on health especially on reproductive health.
3. To identify key actors and groups amongst the community, their influence, means and interrelation.

3.2.3. Target groups

A sampling of male and female members of the targeted communities will be interviewed. The sample size will be determined by the Consultants based on the data provided by PU-AMI mission.

The estimated number of individual living in the targeted communities is of 31 440, including 16 034 males (51%), 15 406 female (49%) and approximately 17 921 of individual above 15 years old (57%).

3.2.4. Methodology

Questionnaires

The survey will be based on a simple questionnaire, composed of questions with closed or semi-directive answers, submitted to the targeted population. The questionnaire will be created by the Consultants and validated by PU-AMI team.

Surveyor's Training

Before the conduction of the KAP survey, the complete team of surveyors and supervisors will be invited to Jalalabad to follow a 5-days training. Among those five days, a one-day simulation exercise, called "survey pilot test", will be undertaken. The questionnaire will be administered to a population identical to the study population but who will not be selected.

All the survey team, including the surveyors, supervisors and drivers will be part of this exercise. It will allow that everyone understands its role; that the procedure for the selection of the interviewee is well-understood; that the recommendations for administration of the questionnaire are well respected (introduction, information, consent, time management); that the questionnaires are filled out correctly; and that there is no need to change the composition of the team.

Conduction of the KAP survey

Between 7 to 8 questionnaires are planned to be done per day per surveyor, giving time for transportation and the respect of the common etiquette; 5 working days per week, 751 questionnaires and 10 active members is giving approximately 2 weeks of survey. 15 working days (3 weeks) have been planned and budgeted in case. This can be subject to small changes according to the length of questionnaires.

Numerical tablets are planned for the KAP survey. Due to the specificity of the Kunar context, numerical tablets could be set aside and paper questionnaires used instead.

Data analysis

Results of the survey will be compiled and the consultant will proceed to analysis and conclusions.

3.2.5. Schedule

The entire period for the assessment is three months, from March 2017 to May 2017, from the preparation phase to the final report.

4. TASKS

The Consultant will intervene in support of an expatriate consultant. He will guarantee the good socio-cultural understanding of the context; a better link with authorities and ensure the direct contact with communities She/He will:

- Be involved in the recruitment of the survey team (surveyors and supervisors)
- Be involved in the preparation of the questionnaires for the qualitative and quantitative assessments
- Be involved in the definition of the survey protocols and selection of the sampling
- Participate in the Literature review and compilation of information
- Actively participate in the organization and realization of the 2-4-days initial training for the survey team
- Actively participate in the conduction of a qualitative assessment
- Participate in the organization and monitoring of the quantitative assessment and follow up of the survey team
- Participate in the data analysis
- Ensure the Translation, orally and written, when needed
- Participation in the writing of the assessment report

5. LOGISTICS, SECURITY and ADMINISTRATIVES ARRANGEMENTS

5.1. Movement

The consultant will work in three areas: Kabul, Nangarhar and Kunar.

PU-AMI will ensure the movement of the consultant: Kabul/Jalalabad; Jalalabad/Asadabad; Asadabad/Nangarhar survey areas.

5.2. Accommodation

The Consultant will have access to PU-AMI guesthouses in Asadabad (Kunar). If security allowed, nights on the fields might also be organized if useful for the proper realization of the assessment.

In Kabul, the consultant will have access to PU-AMI office, as well as in Jalalabad and Asadabad.

5.3. Security

The consultant will be under PU-AMI security regulations. Local transportation will be provided by the mission. A compulsory security briefing will be provided to the Consultant.

5.4. Equipment

The consultant is expected to bring his/her own laptop (to be discussed). Besides, PU-AMI will provide all equipment needed to smoothly and efficiently conduct the assessment (survey materials, furniture, stationaries, audio recorders, numerical tablets...).

An internet connection is available in all offices and Guesthouses of PU-AMI in Afghanistan.

5.5. Human resources

Expatriate consultant

The expatriate Consultant will be in charge to supervise and coordinate the entire assessment (both quantitative and qualitative). The National consultant will be under the supervision of the external consultant, providing its own expertise and skills, notably in the context.

A Survey Team

- **Supervisors:** 4 persons from Kunar province will be hired for 15 working days as supervisors, to ensure the proper conduction of the KAP survey on the field (2 men and 2 women)
- **Surveyors:** 10 persons from Kunar province will be hired for 15 working days as surveyors to conduct the KAP survey on the field (5 men and 5 females).

Support staff

PU-AMI Afghan mission will support the Consultant in her/his work, including:

- **Head of Mission (Expatriate):** will ensure the security of the Consultant
- **Deputy Head of Mission (National):** He is in lead for the programs' implementation at mission's level. He will be the focal point at the time of contacting the authorities and aid organizations working in Afghanistan at Kabul level; will organize and participate in the restitution sessions at Kabul level.
- **East area Coordinator (Expatriate):** will ensure the security of the Consultant in Jalalabad, under the supervision of the Head of Mission.
- **Logistic team (National):** They will be in charge of the organization and respect of the logistic process of the assessment: renting of the cars with drivers; briefing the staff on PU-AMI security rules; purchase of needed equipment and materials for the assessment...
- **Human Resources team (National):** will launch, follow and participate in the recruitment process of the survey team.
- **M&E Manager & M&E Officer (National):** They will be the focal point of the consultants for the collection of secondary data.
- **PU-AMI Medical team in Kunar province:** will facilitate the conduction of the assessment by the survey team and support the consultant in is search for information.

5.6. Reporting requirements/outputs and deliverables

5.6.1. Global schedule

The global schedule for the assessment is planned from the 1st of April to the 30th of June 2017.

Estimated starting date for the consultant: beginning of April 2017.

5.6.2. Deliverables

Deliverables	To	Deadline	Comments
Questionnaires for the qualitative and quantitative surveys	PU-AMI Health Advisor HQ	26 th April 2017	Work done in collaboration with the external consultant. The final consolidated version will be sent by the external consultant

First draft of the report	PU-AMI focal points	5 th June 2017	Repartition will be determine in collaboration with the Expatriate consultant
Restitution sessions	PU-AMI Staff in Afghanistan ; Authorities ; Roundtable with other aid organizations	June 2017	Only if time allowed

5.7. Required profile

Required Profile		
Required knowledge and skills		
	REQUIRED	DESIRABLE
GENDER	NA	NA
PROFESSIONAL EXPERIENCE	<ul style="list-style-type: none"> ▶ Experience in assessing needs (quantitative and qualitative methodologies) ▶ Experience in Public Health 	<ul style="list-style-type: none"> ▶ Knowledge on reproductive Health ▶ Experience in cooperation, development and/ or humanitarian projects required.
KNOWLEDGE AND SKILLS	<ul style="list-style-type: none"> ▶ Good translation skills English/Pashto (spoken and written) 	<ul style="list-style-type: none"> ▶ Technical knowledge of development and/or humanitarian project cycle management ▶ Knowledge in socio-cultural determinants related to health services access ▶ Knowledge on sociology
LANGUAGES	<ul style="list-style-type: none"> ▶ English (Fluent mandatory) ▶ Pashto (Fluent - spoken and written - mandatory) 	<ul style="list-style-type: none"> ▶ Dari
SOFTWARE	<ul style="list-style-type: none"> ▶ Pack Office 	

6. Budget

Estimated budget for the Consultant

For 20 working days

This lumpsum includes the per diem, transportation food allowance as well as the costs related to the consultancy services.

Accommodation

Accommodation (only in Kunar) and transportation (only in Kunar and Nangahar) will be provided for free by PU-AMI, in Guesthouses in Kunar province only. Not in Kabul.

Communication

A mobile phone, sim card and credit will be provided by PU-AMI for free to the Consultant.

Candidates are kindly invited to submit their offer (written based on the criteria presented in these Terms of Reference) and CV, to the following email addresses **before 4th of March 2017**:

afg.hrco@pu-ami.org

afg.finco@pu-ami.org

afg.deputy.hom@pu-ami.org

The offer should not exceed **5 pages** (out of CV). **DO NOT** send copy of diploma. The offer should include:

- Comprehension of the ToR
- CV
- List of Publications if any