



TERMS OF REFERENCE

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

PUI – AFGHANISTAN – KUNAR PROVINCE

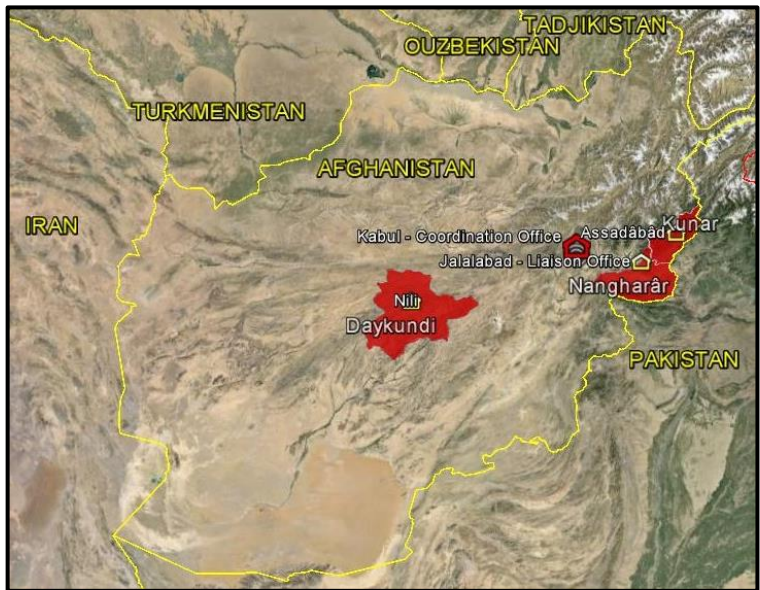
DONOR	Women's Hope International (WHI)	
PROJECT	Quantitative and Qualitative Assessments on determinants hindering access to reproductive healthcare services in Kunar province, Afghanistan.	
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1. PREMIERE URGENCE INTERNATIONALE (PUI) IN AFGHANISTAN

1.1. Mission's history

Premi re Urgence Internationale 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 PUI. After training and rehabilitation operations in the health field in different provinces of the country (Panjsheer, Shamali, Logar, Laghman, Nuristan, Bamyan, 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, PUI was just present in the Kunar region. In 2012, PUI 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, PUI 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...

Moderate and Severe Acute Malnutrition (WFP)

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

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)

PUI has developed life-saving trauma care activities into Nangarhar and Kunar provinces where the security situation continue 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, PUI 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 (WHI)

1.3.1. History between WHI and PUI

In July 2015, PUI 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 brought a complementary support to enhance quality of program. At the time of the BPHS program renewal at the beginning of 2017, due to calendar and programmatic challenges, the MoPH had to abandon it.

1.3.2. The Light Mother Project

Instead of the CME-CHNE school project, PUI 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 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 PUI to improve its current health interventions in the Eastern region. It will also be used to develop future interventions.

3. Objectives of the assessments 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

² CME: Community Midwife Education programme

³ CHNE: Community Health Nursing Education

⁴ https://www.unicef.org/infobycountry/burundi_90294.html; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595206/>; <https://www.peelregion.ca/health/library/pdf/BF-Peer-Support-July2012.pdf>

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 (in respect of security restrictions), including key members:

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

3.1.4. Methodology

The consultant will have to propose and submit a methodology for the requested consultancy service. This methodology should include:

The qualitative survey will be based on the "Conceptual Framework of access to health care⁵". This conceptual Framework is a schematic approach which help understand the barriers faced by people to access healthcare services, and their interrelations.

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.

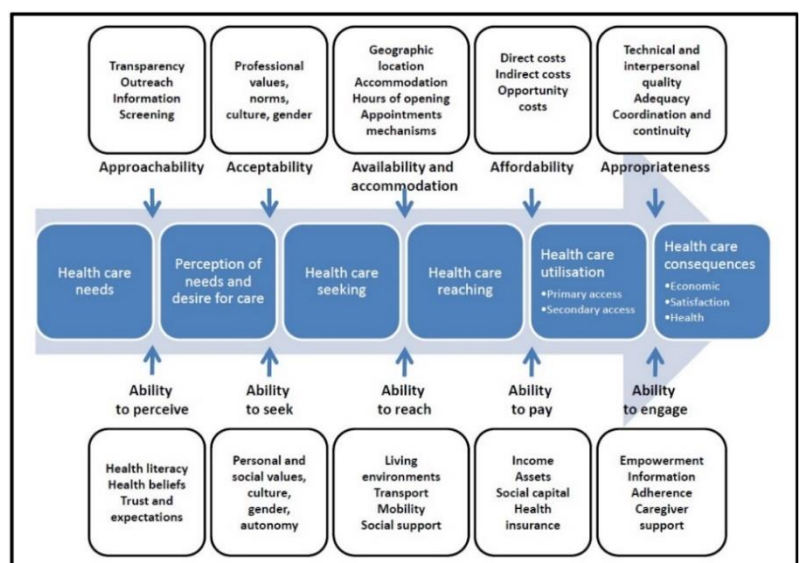
This framework, which defines a comprehensive approach of the access, will allow an accurate overview and analysis of the determinants.

3.1.5. Methodology

To collect the data, the qualitative survey will use different methods:

Secondary data review

The consultant will proceed to a literature review. This data compilation must be focused on the sociocultural organization of the



⁵ Jean-Frederic Levesque, "Patient-centred access to health care: conceptualising access at the interface of health systems and populations", 2013 : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3610159/>

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.

The documentary review will be presented in annexes of the assessment report.

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 consultant in close partnership and collaboration with 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, PUI 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 influence 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 Consultant based on the data provided by PUI 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

The consultant will have to propose and submit a methodology for the requested consultancy service. This methodology should include:

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 Consultant and validated by PUI 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 understand 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.

Follow up 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

- Involvement in the recruitment of the survey team (surveyors and supervisors)
- Preparation of the questionnaires for the qualitative and quantitative assessments
- Definition of the survey protocols and selection of the sampling
- Preparation and realization of the 3 to 5-days initial training for the survey team
- Literature review
- Conduction of a qualitative assessment
- Organization and follow up of the quantitative assessment
- Data analysis
- Writing the first draft of the report
- Writing the final version of the report

5. Logistic, security and administrative arrangements

5.1. Movement

PUI will ensure the booking of the international and national flight tickets for the Consultant. The costs of the flight is included in the Consultant fees.

In Afghanistan, the consultant will stay both in Kabul and Jalalabad Guesthouses/Offices of PUI. For security reasons, no travel to Kunar province is planned.

5.2. Security

Before its departure, PUI HQ will provide a Briefing to the Consultant in Paris or by Skype.

In Afghanistan, the consultant will stay both in Kabul and Jalalabad Guesthouse/Office of PUI. For security reasons, no travel to Kunar province is planned. The consultant will be under PUI security regulations. Local transportation will be provided by the mission.

A compulsory security briefing will be provided as soon as the Consultant arrive on the mission, both in Kabul and Jalalabad.

5.3. Equipment

The consultant is expected to bring his/her own laptop. Besides, PUI 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 PUI in Afghanistan.

5.4. Human resources

National Consultant

The National consultant will work in partnership with the Expatriate consultant. He/she will be a professional on quantitative and qualitative assessment with an added value as national staff, knowing the context and the language of the area. As such, he will be in first line for the training, management and follow up of the team, with the support and under the supervision of the expatriate consultant. Ideally she/he will have skills and knowledge on sexual and reproductive health.

PUI Health Advisor

The Consultant will be directly in contact with PUI Health advisor in HQ, notably for some key activities: review/validation of the questionnaires; sharing of the first draft of the report. PUI Health advisor will support the consultant as much as possible if needed.

PUI Afghan mission focal point

A PUI staff, expatriate or national, will be considered as focal point for the expatriate consultant regarding the assessments.

The HoM and Area Coordinator are the referent for security.

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

PUI 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 PUI 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.
- **PUI 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.

5.5. Reporting requirements/outputs and deliverables

5.5.1. 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

5.5.2. Deliverables

Deliverables	To	Deadline	Comments
Questionnaires for the qualitative and quantitative surveys / Survey protocol-areas of intervention	PUI Health Advisor HQ	26 th of April 2017	
First draft of the report	PUI focal points	5 th of June 2017	Should include recommendations, problem and solution trees, concept note including Logframe based on the Light mother approach
Restitution sessions	PUI Staff in Afghanistan ; Authorities ; Roundtable with other aid organizations	June 2017	Only if time allowed
Final report	PUI focal points	19 th of June 2017	Should include recommendations, problem and solution trees, concept note including Logframe based on the Light mother approach

5.6. Required profile

Required Profile		
Required knowledge and skills		
	REQUIRED	DESIRABLE
GENDER	NA	NA
PROFESSIONAL EXPERIENCE	<ul style="list-style-type: none"> ▶ Strong knowledge on Reproductive Health ▶ Strong knowledge in socio-cultural health determinants ▶ Experience in assessing needs (quantitative and qualitative methodologies) ▶ Experience in cooperation, development and/ or humanitarian projects required. 	<ul style="list-style-type: none"> ▶ Previous experience in Afghanistan appreciated and good knowledge of the country ▶ Knowledge on anthropology
KNOWLEDGE AND SKILLS	<ul style="list-style-type: none"> ▶ Excellent writing skills ▶ Strong technical knowledge of development and/or humanitarian project cycle management 	
LANGUAGES	▶ English (Good level mandatory)	▶
SOFTWARE	▶ Pack Office	▶ Kobo
Other		

6. Budget

Estimated budget for the Consultant

13 000€ for 35 working days.

This lumpsum includes the transportation from the country of residence to Kabul day-and-return, the visa, medical and repatriation insurance contributions, food allowance as well as the costs related to the consultancy services.

Accommodation

PUI Guesthouse

Communication

A mobile phone, sim card and credit will be provided 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 3rd of March 2017**:

lmazoires@premiere-urgence.org

smoratti@premiere-urgence.org

The offer should not exceed 12 pages (out of CV). The offer should include:

- Presentation of the consultant
- Comprehension of the ToR
- Methodology proposal
- Activity chronogram
- Budget
- CV