Terms of reference (TOR) for baseline assessment for the ‘Addressing Gender Inequalities to Improve Sexual and Reproductive Health Outcomes project’ in Narok County, Kenya

About Christian Aid

Christian Aid is an international development organization working globally for profound change that eradicates the causes of poverty, and striving to achieve equality, dignity and freedom for all, regardless of faith or nationality. We provide urgent, practical and effective assistance where need is great, tackling the effects of poverty as well as its root causes and speaking out on issues such as economic justice and climate change.

Christian Aid has been working in Kenya since the 1960s and our office in Nairobi is one of 15 Christian Aid offices in Africa. We work through partners to strengthen and empower citizens in Kenya to:

- Demand accountable and delivering institutions
- Access quality health services and
- Realize resilient and thriving livelihoods

Christian Aid works with its partners to implement integrated and innovative programs to end poverty by addressing the underlying causes.

Background

This project has been funded by Comic Relief through the Maanda Initiative\(^1\) to address gender inequalities to improve sexual and reproductive health outcomes among women and girls in Narok County Kenya. Christian Aid has partnered with 5 partners- Narok Integrated Development Programme (NIDP); Transmara Rural Development Programme (TRDP); Community Health Partners (CHP), Centre for Rights Awareness and Education (CREAW) and Coalition on Violence Against Women (COVAW) to implement this work. The project will complement Christian Aid’s on-going Community and Maternal and Child Health work in the county. The 3 year project aims to achieve the following outcomes:

1. Utilization of antenatal and skilled delivery services increased by 30% by women in 30 CUs in Narok County by end of the project period.
2. Reduction in unmet needs for Family Planning among women and girls in Narok County by end of project period
3. Changes in social norms, attitudes and practices that lead to a reduction in sexual and gender based violence and other harmful practices
4. Improved gender responsive SRH services at the community and county level

The project targets the following beneficiaries:

Direct beneficiaries: 4500 pregnant women (skilled delivery), 7500 pregnant women (4 ANC), 21,750 women and girls (family planning) and 15,225 men (support to family planning).

Frontline workers: 90 Community Paralegals, 750 CHWs, 150 TBAs, 30 teachers, 300 law enforcers/health workers, 50 community mobilizers, 200 religious leaders and 150 women leaders.

Other people benefiting: 43,500 women of reproductive age, 5000 church congregation members, 500 traditional leaders and 450 Community Health Committee members.

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\(^1\) The Maanda initiative runs over five years (until 2019) and aims to transform the lives of half a million women and girls. Maanda builds on the work of four of Comic Relief’s existing goal areas: Health, Education, Trade, Enterprise and Employment and Women and Girls, and focuses specifically on work addressing violence against women, leadership and participation of women and girls, economic empowerment of women farmers, women and girls’ uptake of high quality sexual and reproductive health services, and girls’ access, retention and attainment in quality education.
The purpose of the Consultancy

Christian Aid wishes to hire the services of a qualified consultant to carry out a baseline assessment for this project to provide information on the determinants of sexual and reproductive health among women and girls. The main objective of the baseline is to establish the status quo regarding SRH among women and girls in Narok before this project is rolled out and to act as a benchmark for measuring project success or failure. It will provide specific data as per indicators set out in the MEL framework against which targets and milestones can be set/revised; and progress measured over time within each result area. The baseline will also allow the project team to validate if proposed interventions within the project design are relevant and sufficient in scale and scope, in order to meet these targets. This information will inform programming decisions and support the project team to monitor the progress and results of the interventions. This baseline will also provide a reference framework for the final evaluation of the project as well as the learning and research component.

1. Specific objectives of the baseline survey are as follows:
   1.1 To provide qualitative and quantitative data on baseline levels per indicator as outlined in the MEL framework and data collection plan.
   1.2 The Harvard Analytical Framework (Gender Analysis Framework) will be used to collect data and provide analysis on gender and power dynamics within the MEL framework.
   1.3 Triangulate findings with other data including academic research and government health information.

2. Analysis of the findings and a conclusion will provide the following:
   2.1 Determine the key barriers and enablers to access, uptake of SRH services; utilization of antenatal and skilled delivery services; rate of unmet needs for family planning among women and girls.
   2.2 Determine current levels of knowledge, attitude and practice towards SRH issues characterized by patriarchy in decision making, traditional practices that result to FGM, early marriage, tolerance to SGBV, making women and girls vulnerable to early pregnancy and obstetric complications including obstructed labour and obstetric fistulas.
   2.3 Determine the capacity of the County health and formal response systems (including public, private, civil society organizations and community-based health systems) to provide SRH and GBV services. This includes the availability and accessibility of health facilities and services offered, in terms of distance, cultural acceptability, affordability, availability and appropriateness (client-friendly, gender sensitive, inclusive, responsive, hygienic etc)
   2.4 Establish the capacity of communities, community structures and other informal institutions to address SRH and GBV to improve overall health status.
   2.5 Establish the levels and determinants of women’s participation, influence and voice in decision making processes in relation to sexual and reproductive health rights.

The baseline findings should also aim to provide a framework for research and learning on the five learning questions of this project. The survey should therefore provide baseline information around the learning questions below:

1) What is the impact of women engagement in behaviour change interventions using the SASA model on their ability to participate in and influence SRH service delivery and to seek and use services? Were there other outcomes or different use of their power after going through the empowerment process?
2) What is the impact of men’s engagement through Men 2 Men groups on household decision-making of women around sexual and reproductive health? What factors and circumstances were influential in changing men’s behaviour regarding women’s SRH rights?

3) What is the impact of TBAs reorientation on uptake of SRH services? How did the reorientation process progress and what are the lessons learnt in the strategies taken?

4) What were the most effective approaches adopted to enable women to become leaders? How did the participation of women in local and county level SRH decision making forums contribute to changes in attitudes, practices, resource allocation and policy enforcement related to harmful traditional practices and SRH?

5) What is the effectiveness of innovative communication methods that integrate ICT and mobile based platforms in marketing underused health services offered by health facilities? How can the county health ministry use lessons learnt from the use of ICT4D innovations in this project to reinforce communication methods and tools in current use by MOH (i.e. Radio, posters, and public address systems) to improve service uptake?

Main Tasks of the Consultancy

Christian Aid will assign a Program staff/team to ensure the overall coordination of the survey; the Consultant will be expected to work closely with Christian Aid partners and other relevant stakeholders. The Christian Aid Program Manager, Health will have overall responsibility and accountability for the baseline survey and will provide guidance through all stages of the study.

The consultant is expected to undertake the following tasks:

1. Carry out a desk-review of relevant project documents, including project proposal, MEL Framework, Start Up Forms and other relevant documents both internally to CA and partners, and externally in order to triangulate findings with other data, eg academic and government data, a range of which will be agreed upon and made available prior to the implementation of the study.

2. Develop an research proposal, detailing the baseline survey design, methodology, indicators, tools, work plan schedule and budget to carry out the assignment in Narok County. This will be developed and finalized in consultation with Christian Aid Programme Performance Advisors and country team.

3. Develop a Sampling Design, methodology and data collection & Management Protocol and tools that are standardized. Data related to health outcomes should relate to the DHIS information and format.

4. Facilitate recruitment and training of field staff (supervisors, interviewers, observers/record reviewers) and pre-testing of data collection tools.

5. Co-ordinate collection of data, and its entry into a suitable platform for cleaning and analysis.

6. Develop and submit the first draft of the baseline assessment report and debriefing to Christian Aid, local partners and county level stakeholders. The reports should be comprehensive and provide detailed specific findings within each result area.

7. Submit the final baseline survey report to Christian Aid offices in Nairobi i.e. 6 Hard Copies and a soft copy in CD-Rom. The raw data, the database 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. Christian Aid has sole ownership of all final data and any findings shall only be shared or reproduced with the permission of Christian Aid.

The consultant will be expected to make a presentation to Christian Aid and submit a final report within 30 days of the end of the evaluation.
**Deliverables**

1. Research proposal detailing the evaluation design, methodology, tools, work plan and budget
2. Data collection tools, data set with codebook
3. Draft and final Base-line Survey Reports
4. 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 analyzed and final payment will only be made upon agreement on the final Baseline Survey Report from the Christian Aid office in Nairobi.

**Time-frame**

The assignment is expected to commence starting December and is expected to take a maximum of 21 days, which includes desk-review, preparation, and implementation, report-writing.

**Role of Christian Aid and Partners**

CA will provide the logistics and programme documents and be the link between the consultant and the project sites. Christian Aid will also review tools and provide support in the evaluation process. Partners will provide venues for discussion and mobilize 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.

**Qualification of the consultant**

1. An advanced degree in Gender, Development Studies, Social Sciences, or any other with proven experience in the field of public health research; Must have over 10 years working experience in the field of SRH, MNCH, Gender programming in health and related studies.
2. Must have experience in leading similar assignments on Sexual Reproductive Health (SRH) and maternal health and gender programming and demonstrate experience in power and gender analysis.
3. To qualify for this assignment you will need to demonstrate knowledge, skills and experience in gender and power programming, a good understanding of the Maasai, Kalenjin culture and social norms, as well as clear knowledge and experience in effective and evidenced based gender programming for improved sexual reproductive health and maternal health.
4. Similar work in the last 3 years (to provide copies of baseline or evaluation reports that they have written).
5. A demonstrated high level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
6. Strong interpersonal and communication skills
7. High proficiency in written and spoken English

**Supervision and Management**

The consultant will report to and receive briefing from Christian Aid health manager and technical team. At field level the MCH project coordinator and M&E Officer will provide day to day guidance and support. Relevant background documents/literature will be provided before or during the briefing.
Mode of Application

All applicants should include the following:

1. Cover letter
2. Technical proposal: The technical proposal should include
   a) brief explanation about the consultant with particular emphasis on previous experience in this kind of work
   b) Understanding of TOR and the task to be accomplished
   c) proposed methodology
   d) draft work/implementation plan
3. Copies of similar reports written by the applicant.
4. A written indicative submission on understanding of ToR, methodology / approach the consultant will use; time and time-bound activity schedule, financial issues (budget, number of people he/she will hire, costs per activity line – people, logistics etc)
5. Organization (if it is a company applying) or personal capacity statement (if it is an individual that will hire data collectors)
6. References
7. Resume

Applications with non-returnable CVs, testimonials and 2 samples of previous work related to this assignment (baseline survey reports) should be submitted on or before 21st November 2014: 5:00 pm via email to WNjige@christian-aid.org