

**TERMS OF REFERENCE TO CONDUCT A STUDY  
ON REPRODUCTIVE HEALTH.**



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## 1. Introduction

### a) About the Organisation

Dr. Vincent Ferrer & Mrs. Anne Ferrer founded Rural Development Trust popularly called RDT in the year 1969 with Anantapur as its central headquarters. Its vision is a caring, just and environment-friendly society promoting social harmony and peaceful coexistence and balancing the needs of people and nature. It has been implementing Integrated Programs of development reaching over 3 million population spread across 3668 villages in 115 Revenue Mandals in 7 districts comprised of 5 in Andhra Pradesh and 2 in Telangana States.

The organization aims to see all socially excluded communities become empowered and live a dignified life. Its approach is based on a comprehensive multi-sectorial intervention in a circumscribed geographical area, set to tackle poverty and inequality/injustice in its diverse manifestations: provide access to quality education, health, women development, Community Based Rehabilitation, habitable housing, enhance diversified livelihood opportunities and dealing with the issues of environment.

The adopted approach and strategy caters to the needs of rural poor especially marginalized sections namely Scheduled Castes, Tribes, Women, Persons with disability and other poor and discriminated communities. It has 2469 staff comprised of 47% of women and 53 % of men. It is a value based professional organization being dynamic and creative in nature, untiring in hard work and motivation, humanistic in approach, strong in its commitment to share the aspirations and struggles of the poor and permanent in time but flexible to adapt to the changing needs of people.

The guiding principles viz., Concern for Poor and Needy , Work Beyond Duty, Pursuit of Excellence and Reaching as many poor and needy as possible constitute its DHARMA.

### b) About the study

This project has been granted by the decentralized Spanish development cooperation donor in the 2017 call for grants. The study will be done within the framework of this project .

### c) About the Project

The main aim of our intervention is to **improve sexual and reproductive health of rural women and adolescent girls of our intervention area**, focusing on the reduction of maternal mortality and morbidity and cervical cancer cases. We have detected that there is the continuous need to keep improving health self-care practices among target women and also to improve for quality health services at hospital and field level through the RDT network. The project works in providing facilities at hospital service and awareness& monitoring at field level. The intended outputs of the project are:

- ✓ To improve the knowledge of target population and their communities leading to an increased demand for health services.
- ✓ To increased community participation and capacity building in the field of women's health.
- ✓ To Improved technical capacities of services: improved quality of services provided by RDT.

- ✓ To improve managerial capacity of RDT to implement sexual and reproductive health programs.

### **Planning matrix of the project**

#### **GENERAL GOAL:**

Improved sexual and reproductive health at Anantapur and Kurnool District, leading to the accomplishment of the goal set in the SDG number five, “ensure universal access to sexual and reproductive health and reproductive right”

#### **SPECIFIC OBJECTIVE:**

Improved use of quality reproductive and sexual health services at hospital and field level through RDT network and improved self-care health practices among 69868 targeted women and adolescents and their communities (indirect beneficiaries) towards achieving a better sexual and reproductive health status.

#### **RESULT 1.**

Improved awareness and knowledge on sexual and reproductive health among 18.400 women and 2.400 adolescents from the targeted regions of BTP, KDR and BKS thus increasing their willingness to access health services and having better self-care practices.

#### **RESULT 2.**

Increased awareness on sexual and reproductive health among targeted women & adolescents' communities and social environment in the targeted villages, 16 High Schools and 14 schools of the Intervention Regions of B. K. Samudran, Bathalapalli and Kadiri villages creating a social environment that facilitates and promotes healthy behaviors and prioritizes women's health and wellbeing

#### **RESULT 3.**

BTP hospital Gynecology and Obstetrics Units' team and RDT field Community Health staff from Bathalapalli, Kadiri and BKS regions have increased capacities and skills through the means of better equipment, trainings and management systems to deliver better sexual and reproductive health services to the targeted women and adolescents.

#### **RESULT 4.**

Increased managerial capacities of RDT M&E Department, Hospital and Community Health Sectors to run more effectively sexual and reproductive health programs

## **2. Goals of the Study**

The aim is to conduct a study on maternal health in three selected mandals, comparing them with a control Mandal with similar characteristics in the region of BTP. The selected mandals are new intervention areas for RDT, and they are especially difficult areas concerning maternal health reproductive and sexual health (they have low literacy levels, are border areas, etc.). The proposed study will be extremely useful to better address our work in reproductive health. If we want to redefine our strategy in sexual and reproductive health to address the needs of new areas, as well as assess the impact of our intervention by comparing we need to conduct a large research on this topic. Because of this, our second objective with this activity is to generate a

comprehensive baseline in a new intervention area, to be able to assess the impact of our intervention after a time.

The third and last objective is to train health staff in data gathering in field, and also to generate organizational learning

An external expert team will prepare the guidelines for the study, including sampling and prepare the tools such as survey of software to analyze the information. RDT health staff would be guided and trained to get the needed information on field, and RDT staff would also collaborate processing the information. External team would then guide us in the analysis to produce both a report and a presentation that would be delivered to all the involved stakeholders in the field of sexual and reproductive health. A meeting would be conducted at the end of the first year of intervention present the results of the study.

Consultant Team expected roles	RDT roles
<ul style="list-style-type: none"> <li>• Prepare detailed study guidelines in collaboration with FVF team (GdP) if needed.</li> <li>• Sampling according with the available information on the target population.</li> <li>• Select and prepare the definitive data gathering tools, such as survey formats.</li> <li>• Give guidance to RDT staff on how to implement on field the selected tools.</li> <li>• Analyze the data gathered and draw conclusions</li> <li>• Present the study results and conclusions to RDT / FVF staff</li> </ul>	<ul style="list-style-type: none"> <li>• Support consultant team providing all the information and /or guidance they might need.</li> <li>• Facilitate all the logistics needed in Anantapur District to run the study.</li> <li>• Collect the required information on field through the Community Health network.</li> <li>• Collaborate in data processing (introducing data if needed).</li> </ul>

The main research questions would be:

1. What is the current situation on the three selected mandals regarding maternal / reproductive health of the targeted population?

As guidance in terms of qualitative indicators, we can use the ones suggested by the WHO:

[http://www.who.int/woman\\_child\\_accountability/progress\\_information/recommendation2/en/](http://www.who.int/woman_child_accountability/progress_information/recommendation2/en/)

but as the list is quite comprehensive, we would focus only on some of these, more specifically:

- Maternal Morbi-Mortality
- Child Mortality (neonatal and Under5)



- Access to adequate health care during labor, pregnancy and puerperium: institutional labor, or skilled attendant at birth, antenatal and postnatal care (at least 1 or 4 ante natal visits figures)
- Anemia status of antenatal and postnatal mothers.

Other indicators, such as breastfeeding practices or nutritional status of under 5 children would add interest to the proposal, but are not required.

2. Are there substantial differences with the status of these indicators in the comparison *Mandal* at BTP<sup>1</sup>?
3. If there are substantial differences, which causes could explain these differences? In this section qualitative information can also be gathered to add some light to the issue.

### 3. Expected products

At the end of this exercise the following material will be expected:

- Databases in an accessible format that can be used not only for the purpose of the stud, but also for internal consumption of the organization.
- Survey tools (questionnaire) or any other tools used for data gathering and prepared for the study.
- Complete study report (in English), with at least the following sections:
  - Summary
  - General background and background of the intervention in which the study is included.
  - Main research questions and other issues addressed with the research.
  - Chosen methodology
  - Evidences (gathered information) and analysis
  - Discussion / conclusions and recommendations.
  - (any other point or issue the research team might like to add would give more value to the proposal).
- Power Point or any other format presentation to be shared with RDT team

### 4. Methodology

The study is expected to use mainly quantitative research tools as the main suggested indicators are quantitative, but qualitative information gathered though other kind of methodologies would shed more light on the main research questions, especially when trying to go in depth into the main reasons for the current situation in the selected *mandals*.

The consulting firm should explicitly demonstrate how the chosen methodology and techniques will fit the implementation strategy and the study needs, and will provide ample opportunities to collect and collate core data & information.

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<sup>1</sup> We have selected BTP region as it is close to our Main Hospital, RDT has been working on it since a long period of time through Community Health Sector, and it is a more urban region, with bigger population nodes such as Bathalapalli or Anantapur town close by.

## Sampling

Correct sample size would be defined by the consulting firm after analysing the secondary and primary data about the target population. It is the size of the target population the one that would define the size of the sample, as well as the error margin and the confidence level that should be adequate to the study proposed.

The population that we are expecting to target with the study is the one addressed through the interventions in maternal health RDT carries out. Roughly, we would consider pregnant mothers-to-be and woman who had delivered (regardless the outcome) in the 24 months previous to the study, residing in the three selected *mandals* and belonging only to BC, ST or SC communities (RDT's main target communities).

## 5. Scope of work for consultancy

This exercise should be able to follow the three phases initially designed based upon: Training; Field work and guided data collection.

In general terms, we understand that the external team, will do a preliminary work and will establish the best way to measure relevant indicators, but also to design and establish a methodology to teach how to gather, process and analyse the information.

The external team will have the help of our local personnel, and information will be introduced in a very didactic and guided way in the system that the external team will agree (excel, access, ...)

**More specifically** the consultant team will play a lead role and do all process to conduct the study for with a focus on:

- Reviewing available information/data related to this project and prepare final indicators' selection.
- Developing study design and sampling methodology;
- Training RDT enumerators, data entry officers and supervisors to complete the assignment of data collection within agreed timeframe with the required support and guidance from RDT, if required. On the other hand RDT will be responsible of recruitment of data entry, supervisors and enumerator's staffing and related costs.
- Ensuring quality collection of data keeping in view the indicators selected for the study.
- Overseeing the process of data cleaning and validation
- Doing entry, tabulation, analysis and interpretation and / or supervising the part of data entry done by RDT staff.
- Prepare draft report and rest of required documents for circulation and incorporate feedback from concerned stakeholders before finalizing the report.

## 6. Roles and Responsibilities

Core responsibilities of the consultant are as follows:

- Present an overall sampling strategy and timeline for data collection;



- All data collection tools designed by the consultant will need validation from RDT before implementation;
- Prepare and conduct enumerator training with support from the RDT team;
- Ensure all tools are translated into local language (Telugu);
- Organize an inception meeting, and provide updates on progress in data collection;
- Oversee data collection including supervision and spot checking;
- Oversee and review data entry to ensure data quality and consistency, and take corrective actions, where necessary;
- Ensure all training materials, original data collection forms, hard copies of raw data and the manual about the use of the kit of tools are maintained and submitted to RDT with the final dataset
- Verify, process and analyse all raw data;
- Liaise with the RDT team for technical/logistic/administrative support throughout the process, and integrate feedback provided.
- The material used to collect data in field will be in English and Telugu.

## **7. Consultant's team profile**

- Accredited knowledge and experience on conducting this kind of exercises evaluations (at least 5 years for the responsible of the team )
- Good background in the field of development (at least 5 years)
- Experience on studies related on health, specifically on women health (maternal and reproductive health included) or integrated programs of development and transversal approaches (human rights based approach, gender approach, environmental sustainability approach, democratic governance approach)
- The consultant's team will be ideally composed with a maximum of two experts: at least one Indian.
- Knowledge in speaking/writing English fluently
- Knowledge in speaking/writing local language (Telugu) fluently
- Independency of the consultancy team: The consultancy firm has to be totally independent with respect of the project. There shouldn't be work relationship with the contracting agency, the local partner and the donor, at least during the period of execution of the project.

## **8. Requirements and scoring for the selection of the consultancy firm**

- Quality of the presented proposal: 40%
- Professional experience (CV of the consultancy firm; CV of each member of the team): 20%
- Academic profile (CV of the consultancy firm; CV of each member of the team): 20%
- Cost of the bid: 20%

## **9. Tender**

The tender will include the following information:

- Technical and economic proposal has to include methodology, working plan and budget detailing professional fees and operational costs
- CV of the consultancy firm (if applicable)
- CV of each member of the consultant team
- Cover letter



Total estimated budget 9.500 euros and will be paid upon delivery of the expected products VAT not included.

If necessary, the contracting organization will cover expenses for:

- Return flight tickets upto - Bangalore (India) (for 1 consultant)
- Transport from Bangalore airport to Anantapur and vice versa (for 2 consultants)
- Internal transport within Anantapur district with labour purpose (for 2 consultants)
- Accommodation and food expenses during the staying in Anantapur within the premises of the local agency (for 2 consultants)
- Visa (for 1 consultant)
- Data collectors (local agency staff) trained by the consultancy team.

#### a) Chronogram of activities

Tentative calendar of activities.

Activities	September				October				November				December			
Review information	x	x	x	x												
Methodology design of the base line (including working plan)			x	x												
Definition of collection tools and approval			x	x												
Approval of the methodology design and tools collection				x	x											
Field data collection (inception meeting, training for data collectors, surveys, focus groups discussion...). (In Anantapur) (*)																
Final meeting with local partner. (In Anantapur)											x					
Processing data											x	x				
Analysis											x	x				
First draft of the study and manual about the use of the kit of tools															x	
Discussion with all stakeholders															x	
Final report and manual about the use of the kit of tools																
Final presentation to all the involved stakeholders (India and Spain)															x	x

The consultancy firm can submit its proposal from the opening call date until the closure date June 15th, 2018, at 12h00 Spanish time. Every proposal must be sent at the following mail: [proyectos@fundacionvicenteferrer.org](mailto:proyectos@fundacionvicenteferrer.org) under the subject: "womenhealth\_study".

Once the call closed, all the proposals will be analysed and scrutiny in order to submit the final resolution.