

TERMS OF REFERENCE (TOR)

FOR CONDUCTING A BASELINE SURVEY FOR THE “INCLUSIVE AND EQUITABLE HEALTHCARE SERVICES (IEHS)” PROJECT IN EASTERN UGANDA (MBALE, BUTEBO, BUDAKA AND BUKEDEA DISTRICTS).

1.1 Background of the Organization

As a dynamic Youth-led and Serving Health, Human Rights, and Girl-centered Organization, [Uganda Youth and Adolescents Health Forum \(UYAHF\)](#) is committed to improving the health, rights, and well-being of adolescents and young people aged 10 to 35. Focused on sexual and reproductive health and rights (SRHR), gender equality, and combating sexual and gender-based violence (SGBV), UYAHF aims to empower adolescent girls and young women to live with agency, dignity, and reach their full potential. UYAHF’s mission is to create a gender-equal world with healthy, empowered young people by amplifying their voices in policy and decision-making and addressing their specific health and human rights’ needs. Its interventions primarily target vulnerable groups such as adolescent girls and boys, young mothers, individuals affected by HIV/AIDS, those at risk of teenage pregnancy, persons with disabilities, and SGBV survivors. UYAHF also engages community leaders, educators, health workers, and policymakers to promote sustainable change. Additionally, UYAHF operates a health clinic in Mbale, providing integrated adolescent and youth SRHR, maternal and child health, and family planning services alongside general healthcare, serving as both an advocacy and service delivery organization for over four years and currently operates in over 37 districts across Uganda.

1.2 Project background and description

UYAHF following a call for proposal by the German doctors in April 2024, has received funding from the German Doctors. UYAHF, in collaboration with the German Doctors program, will be implementing the *"Inclusive and Equitable Healthcare Services" (IEHS) project in the districts of Butebo, Mbale, Budaka, and Bukedea* starting January 2025. This initiative aims to improve access to preventive, curative, palliative, and rehabilitative healthcare for underserved and vulnerable populations. Through this project, we seek to address healthcare disparities in these communities by supporting local healthcare infrastructure, enhancing the capacities of healthcare workers, and expanding outreach services to hard-to-reach areas.

The project is guided by an overall objective

- To provide equitable access to comprehensive healthcare services, ensuring that the most vulnerable individuals in the districts of Butebo, Mbale, Budaka, and Bukedea can receive quality preventive, curative, palliative, and rehabilitative care by December 2025.

The project outcome and output areas are;

Project outcome

1. Inclusive access and delivery of people-centered healthcare services, including preventive, curative, palliative, and rehabilitative care, in the districts of Butebo, Mbale, Budaka, and Bukedea by December 2025.

Project output

1. Community entry & Project indicator measurement
2. Local health system / workforce is strengthened
3. Improved health knowledge (or access to needs-based health information) of community members including young mothers / school children.
4. Improved direct access to health services

The project target beneficiaries.

The project target group is the general community with 15,200 people reached directly and approximately over 20,000 reached indirectly. The project target is to reach the vulnerable population with limited or no access to comprehensive health care services including but not limited to Women of reproductive age (expectant mothers, postpartum mothers, etc.), Adolescent girls and Young people (10-35years), Children (0-5 years), People living with HIV and AIDS, people living with NCDs, sickle cell patients, among others.

Target group	Description	Target number
Women of reproductive age	Expectant mothers, postpartum mothers, and women in need of reproductive health services.	~700
Adolescent girls and young mothers	Girls aged 10-24, particularly those in and out of school, facing risks such as early pregnancy and GBV through young mothers' forums	~240
School going children	In school both boys and girls aged (10-24). 250 per district	1200
Children (0-5 years)	Infants and young children requiring health care services and support.	~500
People Living with HIV/AIDS	Individuals needing comprehensive care, treatment, and support for living with HIV/AIDS.	~60
Individuals with Non-Communicable Diseases (NCDs)	Patients suffering from chronic conditions requiring ongoing health care and management.	~160
Sickle cell patients	Individuals suffering from sickle cell disease needing specialized medical care.	~200
Victims of GBV	Individuals who have experienced sexual and gender-based violence requiring psychological and medical support.	~100

People living with disabilities	Individuals with physical or mental disabilities needing tailored health services and community support.	~100
Health workers and Village Health teams	50 per district (8 H/Ws and 5 VHTs per facility)	~200
District stakeholders/actors	Key departments at the district to work with the project (DHO, DISO, CAO, Community based practice, Education) 10 per district	40
Local opinion leaders	Key individuals at community level (10 per sub-county)	80
Teachers and school administration	30 per district	120

2.0 Purpose of the Baseline Survey

The purpose of the baseline survey is to collect data and information that will guide the implementation and serve as a reference for measuring the project's impact and effectiveness in the four implementation districts.

3.0 Objectives of the survey

- i. To measure the current status of the health indicators in the implementation districts and provide a reference point for the current healthcare situation in the target districts.
- ii. To validate assumptions about community health needs and refine project objectives based on actual conditions of healthcare access and services observed during the survey among the vulnerable populations targeted by the project.
- iii. To align indicators to be tracked based on the baseline findings.
- iv. To ensure data collection tools for all indicators are established for subsequent assessment of the overall project
- v. To align interventions and strategies according to the baseline findings aimed at improving healthcare access and quality for vulnerable populations, ensuring that they are needs-based and contextually relevant.
- vi. To generate data that can be used for accountability to stakeholders, including beneficiaries, donors, and policymakers.

4. Scope of work

The consultant will lead the baseline survey in close coordination with the project coordinator, M&E Officer and other project staff. The survey should cover all components of the project including knowledge, attitudes and behaviours, healthcare utilisation habits, health and hygiene

practices in all the four districts of Mbale, Butebo, Budaka and Bukedea. The assignment shall be conducted within a period of 40 working days after signing of contract including all processes of planning, data collection and analysis as well as report submission.

The survey will be guided by but **not limited** to the following research questions which will be specified and adapted in cooperation with the consultant;

1. What barriers do community members face in accessing healthcare services in Butebo, Mbale, Budaka, and Bukedea?
2. What is the level of knowledge in counselling, Maternal and Child Health, HIV Testing counselling, testing and referral, Primary Health Care, Prevention of Mother to Child Transmission of HIV, Adolescent Sexual Reproductive Health and Non-Communicable Disease (NCDs) care of health workers?
3. What are the baseline values generated for each indicator?
4. What types of healthcare services are most needed but currently unavailable in the in the urban/town areas, the rural areas and those considered to be hard to reach areas?
5. What is the current level of awareness regarding available healthcare services among community members?
6. What is the level of knowledge of individuals about preventive, curative, palliative, and rehabilitative care options?
7. What is the community members' perception about the quality of healthcare services provided in their districts?
8. What is the community perception on the service providers attitude?
9. What role does culture and religion play in terms of health care service?
10. What is the relationship between traditional birth attendants (TBAs) and facility health care services especially when it comes to Maternal and Child Health care (MCH)?
11. How affordable are health care services to adolescent and young mothers?
12. What is the biggest health care needs of the communities?
13. What role do the Village Health Teams play in bringing services closer to the community?
14. What are the active roles of community stakeholder in health care initiatives?
15. What is the relationship between school health and community health in the 4 implementation districts? Explore the collaboration.

5. Methodology

The methodology will be designed by the consultant in consideration of the information outlined in the ToR and presented during the inception phase to be reviewed by the UYAHF and GD team. The data collection location shall be Mbale, Budaka, Butebo and Bukedea districts, Eastern Uganda in all the sub countries. A mixed-methods design (quantitative, qualitative (Focus group discussions (FGDs), key informant interviews (KII), in-depth interviews), participatory etc.) is preferred for this study to ensure triangulation of information with clear methods, techniques and processes of data collection, analysis and reporting. FGDs shall be conducted among

adolescent/teen mother, young women, health workers at the select health facilities, community leaders/influencers, Adolescents and Young people in and out of school. The in-depth interviews shall be conducted among People living with HIV and AIDS, people living with NCDs, sickle cell patients and any other vulnerable group affected by stigma. The KII shall be conducted among the DHO, health facility in charges, CAO, LC V, District secretary for health, District internal security officer (DISO)/Residential district commissioner (RDC). There will be random selection of participants in the household for questionnaires interviews using the Kobo Collect.

The baseline shall commence on the 2nd January 2025 for a period of 40 working days, expected to end by the 26th February 2025. The consultant should also comply to UYAHF and GD and research ethical standards.

6. Reporting and presentation of findings

6.1 Management of the process

The consultant shall report to the UYAHF team led by the project coordinator Peninah Singura through email: pensingura2012@gmail.com and Tel. 0778401814 OR the programs manager, email: praisem@uyahf.com, Tel. 0779391291 who will be answering any arising questions from the consultant, commenting on the reports and taking part in the meetings in close partnership with German Doctors.

6.2 Inception phase

The consultant shall cause a meeting to be attended by UYAHF to elaborate their understanding of the Terms of Reference prior to commencement of the field work. The consultant shall from that effect produce an inception report to UYAHF which shall clearly explain the methodology to be used for the survey and include all tools to be used during the field phase.

6.3 Submission of draft and final report

- A draft report will be submitted to UYAHF for comments by *7th February 2025*.
- UYAHF shall share their comments with the consultant.
- The final baseline survey report will then be delivered in both hard and soft copies to UYAHF not later than *26th February 2024*.

6.4 Deliverables

The consultant shall be expected to deliver the following;

- i. Inception Report in English shall be reviewed and approved by UYAHF.
- ii. Tools generated by the survey (e.g. questionnaires, checklist, survey forms, -FGD guides, KII guides and the in-depth interview guides) to be reviewed and approved by UYAHF.

- iii. The Clean data set both qualitative and quantitative used during analysis and reporting.
- iv. Presentation slides in power point.
- v. A final baseline report in English shall be submitted in both soft and hard copy of not more than 30 pages, including:
 - Cover page (title of assignment, author(s) of report)
 - Table of contents
 - List of tables and figures
 - List of acronyms
 - Executive Summary (summary of methodology, findings, conclusion and recommendations (1-2 pages))
 - Introduction (background and context) – up to 1 page
 - Methodology (approach, tools used, sampling, limitations) – up to 2 pages
 - Findings including analysis (based on criteria in the ToR) – up to 23 pages
 - ✓ Findings should be presented per topic, in order of priority, and include graphs and tables.
 - ✓ Findings should be disaggregated by respondent category.
 - Conclusion – up to 2 pages
 - Recommendations for implementation (realistic and clearly set out and cross referenced to the relevant section within the main body of the text)– up to 2 pages
 - Annexes, including the tools for data collection, sources, timeline and process of the survey, list of involved stakeholders, Log-frame Matrix including the baseline values.

7. Timeline

The assignment will be undertaken between *2nd January 2025 to 26th February, 2025*. A detailed schedule should be proposed by the consultant and shared with the UYAHF contact person.

8. Budget

The consultant shall be expected to submit a full financial proposal with a breakdown of expected costs in Uganda Shillings.

9. Part Responsibilities

9.1 UYAHF Responsibilities

UYAHF will ensure to;

- i. Provide clear objectives of the survey through the ToR
- ii. Provide financial support as per the agreement made, disbursed in two installments, with the last installment subjected to submission of the final report and approved by UYAHF.
- iii. Provide all relevant resources needed to conduct the survey including the contacts of the beneficiaries to be reached, and as requested by the consultant.
- iv. Maintain open lines of communication with the consultant throughout all phases of the survey, addressing any arising issues promptly.

9.2 Consultant's Responsibilities

In order to achieve the objectives, the consultant shall be responsible for but not limited to the following task in collaboration and consultation with UYAHF;

- i. Review the relevant documents/literature to increase awareness and understanding of the project objective.
- ii. Design and plan the baseline study methods in collaboration with UYAHF.
- iii. Preparation of an inception report and facilitate discussions with UYAHF and stakeholders.
- iv. Developing tools for data collection (qualitative and quantitative).
- v. Pre-testing of tools which will be used for data collection.
- vi. Review and develop appropriate research questions which will be adopted by UYAHF.
- vii. Train data collectors on survey methods, tools, and ethical considerations.
- viii. Hold meetings with stakeholders where necessary to obtain key information for the survey and give updates
- ix. Data collection from relevant stakeholders (e.g. project staff, community members, health workers, District Health Team) to validate results as well as obtain the various perspectives of the outcome/impact of the project.
- x. Ensure compliance with ethical standards throughout the research process, including obtaining informed consent from participants.
- xi. Analyze collected data using appropriate statistical methods and qualitative analysis techniques to derive meaningful insights.
- xii. Prepare draft report based on the findings and present to the stakeholders for comments and/or validation

- xiii. Incorporate feedback from UYAHF and other stakeholders into the final report to ensure accuracy and relevance of findings.
- xiv. Writing the final report under consideration of quality requirements and submit to UYAHF.
- xv. Keep in close contact with the designated staff at UYAHF all the time.

10. Professional qualifications and experience:

- i. **Education:** The lead consultant should have a Master's degree in Public Health, Monitoring and Evaluation, Medicine, Biostatistics or any other related field.
- ii. **Experience:** Up to 5 years of proven and well-documented professional experience in conducting participatory research methods with focus to project/programme evaluations (e.g. baseline studies, evaluations, feasibility studies, research studies, etc.)
 - ✓ Proven knowledge/experience on evaluations in the development cooperation area using DAC criteria and with evaluation approaches and methods.
 - ✓ Experience in the conduction of evaluations / research in the health sector.
 - ✓ Knowledge of the health problems and health care system in Uganda, preferably knowledge on universal health care services context.
 - ✓ Proven experience with qualitative and quantitative research methods
- iii. **Language requirements:** Fluency in English, fluency in the local languages in the implementation districts will be an added advantage.
- iv. Full time commitment to the period of the said consultancy is required.
- v. Ability to deliver the final report promptly.

11. How to Apply;

Interested individuals and companies/firms should submit the following application documents:

1. The technical proposal should include (not longer than five pages):
 - Description of how the work will be done and the proposed methodology
 - Description of the different stakeholders involved
 - Proposed activities schedule/work plan time frame
 - Description of the team members including expertise and functions of each within the study

- Names and contacts of 3 professional references for whom similar work has been conducted.
2. The financial proposal should include:
- Detailed itemized fees
 - All costs related to the work, including transport, translation (if required), printing, communication, and accommodation.
3. Annex:
- The applicants' CVs outlining relevant qualifications and experience
 - A working example of a similar consultancy recently conducted

12. Evaluation of proposals

For a combined evaluation, the technical proposal of an applicant will be weighted 70% and the financial proposal, 30%. A scoring system will be applied. The evaluation of the technical proposal will include the following criteria:

- Quality of proposal framework
- Technical capacity in relevant areas
- Capacity of the lead consultancy

The consultants who submit the proposal with the highest total score will be invited for an interview and contract negotiations. The interview/negotiations will clarify the budget, work and methods to be used and any necessary staffing schedule adjustments.

Interested candidates should email their expression of interest, including the technical and financial proposal and annex no later than **17th December, 2024** to the following address: uyahfchanel@gmail.com, and copy in praisem@uyahf.com, and pensingura2012@gmail.com.