

**CARE International in Uganda**

**Terms of Reference to Conduct Participatory Action Research**

**Project**

Improving Access to Reproductive, Child and Maternal Health in Northern Uganda

**1. Background**

CARE International in Uganda (CARE) works in partnership with others to make a sustainable improvement in the lives of the very poor. Our program implementation is focused on supporting communities in fulfillment of their economic rights and achievement of sustainable livelihoods, conflict resolution and peace building, natural resource management and good governance. Our operations are guided by our core values of excellence, accountability, respect, integrity and transparency. CARE programming has shifted from project (short term) to programme (long term) approach and Northern Uganda Women Empowerment Programme (NUWEP) is one of the three CO Programs developed in view of this shift. The program’s impact group members are women and girls of reproductive age affected by conflict in Northern Uganda.

## Within the NUWEP Program, various initiatives complement each other, including the Austrian Development Agency (ADA) funded Women Empowerment Project (WEP III), the SRMCH initiative, NORAD funded Gender and Women Empowerment (GEWEP) initiative, the Northern Uganda Youth Livelihood Initiatives designed to ensure Improvement in Access to Reproductive, Child and Maternal Health in the districts of Gulu, Amuru and Nwoya. The initiative not only addresses gaps in knowledge, attitude and practises related to male involvement in supporting their spouses but also complements innovative initiatives engaging men within the NUWEP Program. It is also designed to address service governance gaps, especially in relation to health related service provision. This 3-year initiative is funded by the Austrian Development Agency and CARE Austria, and implemented by CARE International in Uganda in partnership with Gulu Women Economic Development and Globalisation (GWED-G). The initiative aims to improve Maternal and Child Health (MNCH), Nutrition, Family Planning (FP) and Sexual Reproductive Health (SRH) in the target populations living in Gulu, Amuru and Nwoya districts.

**2. Overall Project Objective**

Contribute to improved Reproductive, Maternal and Child Health amongst the target population.

1. **Expected Results (ER)**

ER 1. All members of participating households have the required, age appropriate, knowledge about Reproductive, Child & Maternal Health issues to support family members in accessing service.

ER 2. Men & adolescent boys demonstrate supportive behaviours with regard to household members accessing Reproductive, Child & Maternal Health services.

ER 3. Health & Education Service providers are more aware of demand driven obstacles and actively engage to mitigate deterrents – thereby increasing access to services.

1. **Project Beneficiaries**

During the implementation of this project, the direct beneficiaries of this initiative are 100 role model men and their families (510 persons) in addition to members of 10 households with which each of these men work (5,100), totalling approximately 5,600 individuals. The role model men will work with couples and with men/adolescent out-of-school boys separately. Adolescent boys and girls will also be targeted through the parent/teacher activities; in those activities the implementation will involve parents and teachers.

1. **The purpose of the Consultancy**

CARE International in Uganda wishes to hire the services of a qualified consultant to coordinate **participatory action research** for this project to provide information on the determinants of the access to sexual and reproductive health services among women, girls, men and boys. The main objective of the study is to understand factors inhibiting men and adolescent boys from accessing SRHR services as well as factors that prevent men from accompanying and supporting their female partners to access SRHR services, including prenatal and postnatal care. Men and adolescent boys’ beliefs as well as women and girls’ beliefs regarding breastfeeding and infant and toddler nutrition will be explored, as well as their beliefs around men’s roles in active fatherhood, supporting breastfeeding or being involved in child nutrition. The attitudes and capacities of health center workers to offer SRHR services in a manner that is inclusive to men, boys, women and girls, and that promotes involved fatherhood, will be explored as well.

Participatory action research, as opposed to quantiatative household surveys, aims to involve those directly involved in project activities in the `research` and `action.` The community members themselves explore their own attitudes and knowledge, which will be documented . As part of this process, working with the partner organization, participants will themselves be involved in synthesizing information and acting upon the research results. CARE International in Uganda seeks to begin this innovative project by exploring beliefs around the key areas of project activities and empowering the community members to begin acting based upon their own discoveries.

1. **Objectives of the Study**

The formative research will provide in-depth understanding of adult and adolescent men and women’s beliefs around SRHR and men’s engagement in SRHR and fatherhood, especially those aspects related to child health. Specific attitudes of adult men and women regarding patriarchy, masculinities, sexuality will also be explored.

**6.** **Delivery of the study**

The study will be conducted by an external consultant with full involvement and support from CARE and GWED-G (partner in the project), key stakeholders including the office of the District Health Office, Health facilities and community delegates. Overall, quality control will be done by the Project Quality and Learning (PQL) Manager.

**7. Specific tasks by the consultant**

The key tasks for this consultancy that would ensure that the consultants achieve the above will be to:

* Conduct a thorough desk review of secondary literature from agencies involved in Men Engage activities
* Develop an effective inception report clearly demonstrating a full understanding of the ToR, with proposed methodology and relevant instruments to achieve the objectives of the assignment
* Carry out policy review in relation to SRMCH and Male Engage at national and district level.
* Identify key informants at the district level, health facility level and at the community level.
* Facilitate workshops for Role Model Men to explore key topics above
* Train Role Model Men to facilitate such exploratory discussions in their communities.
* Train the Partner staff to conduct research with health care providers
* Develop relevant tools for data collection including interview guides and focus group discussion guides with support from CARE
* Compile a final report. The final version of the report will take into consideration feedback provided on the draft report. Annexes can be used to provide additional information to support the report (see final report outline on section 9c below)
* Develop the draft of a survey questionnaire that would focus on KEY attitudes and knowledge and practices identified during the Participatory Action Research

**8. Analysis of the findings and a conclusion will provide the following:**

Provide key questions for inclusion in Household baseline surveys for the following groups:

* Adult males
* Adolescent males
* Adult females
* Adolescent females
* Health care workers

1. **Administrative and logistical support**

The Consultants will report to the Domain of Change II Manager and will widely consult and receive support from the PQL Manager and the relevant coordinators. In order to support the actualization of this assignment and within stipulated timelines, CARE will also provide the following:

* + All necessary program reference documents;
  + Logistical support including field travel;
  + Mobilization of field participants.

1. **Schedule**

The study will be conducted within strict timelines in order to allow for completion so that the findings and recommendations can be disseminated timely. The schedule from the **inception meeting** to the **final report** is expected not to exceed the period of 10th July 2015**.**

1. **Key deliverables and expected outputs** 
   1. **An Inception report:** Upon selection, the consultants shall have an inception meetingwith CARE within which he/she shall be briefed on the assignment and provided an opportunity to prepare the inception report.
   2. **Preliminary Findings and a Draft Report:** The appointed consultants will be expectedto provide a report of preliminary findings, likely recommendations and conclusions which will be presented to the program team for comments. Subsequently, a draft report will be submitted to CARE that addresses all issues identified in the Terms of Reference and work plan. The draft report will be informed by feedback processes at all levels.

1. **The Final Report -** The Consultants will submit a complete final report afterincorporating comments and feedback from the draft report. The final report should cover all areas in detail with such an outline:

List of acronyms Acknowledgements Table of contents

* 1. Executive summary
  2. Introduction and background
     1. Background
     2. Objectives of the project
     3. Program beneficiaries
     4. Purpose/objectives of the study
  3. Methodology
     1. Data collection methods and tools
     2. Study design
     3. Sampling technique and respondent characteristics
     4. Data Management
     5. Ethical considerations
  4. Participatory Action Research Findings (per thematic area) and discussions
  5. Conclusions and recommendations (per thematic area)
  6. List of Annexes including:
     1. Terms of reference
     2. Data collection tools
     3. List of documents reviewed
     4. List of respondents interviewed

**Note:** The APA reference style (6thedition) is recommended

iv. **Power point presentation of the survey findings** – brief presentation of the key findings and recommendations.

1. **Consultants requirements**

CARE Uganda is particularly interested in consultants with experience in this field, therefore we welcome applications from other NGOs with expertise, academic institutions, individual consultants or consultants applying in groups

The consultant should be a gender expert with the following profile:

1. Master’s degree in public health, gender, demography or social sciences coupled with extensive training in Monitoring and Evaluation.
2. demonstrable experience in conducting participatory action research
3. Practical experience working on projects on engaging men and boys for gender equality
4. Proven experience in conducting research and evaluations using qualitative methods
5. Excellent analytical, writing and presentation skills
6. Positive references from institutions provided with similar services

**Note: If it is an individual consultant, s/he must exhibit expertise in MCH, SRH/FP and gender and masculinities as well as demonstrable experience in conducting Participatory Action Research, baseline, mid-term or end term..**

The Expression of Interest (EoI) should contain:

* **CV of the researcher(s)** with at least three (3)professional references each
* **A brief write-up (max 7 pages, font 12, Times New Roman and Double Space)** on theunderstanding and interpretation of the ToR and how the assignment would be executed including a work plan with clear timelines and a proposed methodology
* **Financial Proposal** that indicates the all-inclusive fixed total contract price in UgandaShillings. The financial proposal shall specify a total lump sum amount, inclusive of the specific and measurable (qualitative and quantitative) deliverables. Payments are based upon output, i.e. upon satisfactory delivery of the services specified in the ToR
* At least 2 reports of concluded assignments of a similar nature accompanied with references

1. **Time Frame**

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| **Activity** | **Approx Time Frame** |
| Submission of Technical and Financial proposal by consultants | ~~24~~~~th~~ ~~April 2015~~ EXTENDED |
| Review, approval and selection of consultant | ~~27~~~~th~~ ~~– 30~~~~th~~ ~~April 2015~~ EXTENDED |
| Designing data collection tools & training materials | 7th – 22nd May 2015 |
| Train Role Model Men to facilitate exploratory discussions in their communities | 25th - 29th May 2015 |
| Data Collection | 1st – 19th June 2015 |
| Data analysis | 19th – 26th June 2015 |
| First DRAFT | 3rd July 2015 |
| FINAL draft | 10th July 2015 |

1. **Application Procedures**

All Expressions of Interest should be delivered before 24th April 2015marked with the reference “Improving Access to Reproductive, Child and Maternal Health in Northern Uganda”

Addressed to:

The Program Quality Director,

CARE International in Uanda,

Plot 17 Mackinon Road, Nakasero,

P.O Box 7280, Kampala

Please note that applications that are incomplete and/or received past the deadline will not be

considered. Only shortlisted, qualified candidates will be contacted.