CALL FOR PROPOSAL

End-line Evaluation Study of a Project on Addressing Barriers to Improve Girls and Women's Access to Selected Health Care Services

Mode of assignment: End line study

Deadline for the submission of proposal: 25th September 2021

Expected date of initiation of consultancy: 1st October 2021

Duration of assignment: 25 days (starting from the signing of contract)

Assignment location: Karachi-Sindh

Requested documents:

Prospective individuals/ firms should provide a CV/ profile detailing their relevant skills and experience. The overall package must have following documents:

- Cover letter (Maximum 2 pages clearly demonstrating the suitability of applicant for stated assignment)
- Updated profile of the individual Consultant or a Firm supported with resume of Chief Consultant and maximum of other 3 key team members (Maximum 3 pages each)
- Proposal including cost of assignment covering all expenses (Maximum 4 pages)
- One example of previous similar work. Enclose hard copy of final deliverable or submit soft copy on USB/CD.

Instructions to be followed:

- All documents must be forwarded through postal service only. Please clearly write 'Proposal for End line Study-GCC Project' on sealed envelope.
- Please fold details of cost of assignment in a separate envelop to send along with other documents.
- Please send your proposals to Director Monitoring Evaluation and Research (MER), Rahnuma Family Planning Association of Pakistan, 3 A Temple Road, Lahore, 54000.

Note: Rahnuma FPAP reserves the right of disqualifying proposals with pages more than above mentioned numbers and/or if any of the above instruction is not followed adequately. Proposals sent through an email will not be considered for shortlisting.

Shortlisted consultants may be required to undertake a telephone or Skype discussion before finalization of decision.

Payment schedule: 40% advance payment will be made on signing of contract for the proposed assignment as first installment, while remaining 60% payment will be made upon satisfactory submission of finalized deliverables approved by Rahnuma-FPAP. All payments will be made through cross-cheque. Withholding income tax and general sales taxes will be deducted as per Laws of Government of Pakistan.

Liaison person from Rahnuma FPAP (R-FPAP):

Director Monitoring Evaluation and Research, Rahnuma FPAP, 3-A Temple Road, Lahore Phone: (042) 111 22 33 66, Ext. 323. Direct line: (042) 3636 1583. Email address: asifa@fpapak.org

Background

The high level of unmet need for FP (17%), low level of CPR for modern methods (25%), and high level of unwanted pregnancies (25%) are considered as the main drivers of abortions in Pakistan¹. In 2012, it had 2.25 million induced abortions. The national abortion rate was 50 abortions per 1,000 women. Furthermore, Sindh had one of the highest rates of 57 abortions per 1,000 women². Evidence indicates the majority of young people seeking abortion services lack access and experience negative stereotyping.

Young people in Pakistan face significant barriers and stigma when seeking these services. Taking cognizant of the challenges faced by young people particularly girls and women, R-FPAP launched a project titled 'addressing barriers to improve girls and women's access to menstrual regulation (MR) and post-abortion care (PAC) services and its de-stigmatization'. Actual duration of project implementation was 18 months starting from October 2019 to March 2021; which was extended for 6 more months of implementation under no-cost extension till September 2021.

Project Brief

Under the project, Rahnuma FPAP planned to provide MR and PAC services to over 6,100 young clients at five functional clinics based in semi-urban areas of Karachi and through monthly mobile camps. The clinics were to provide these services to young girls and women. 40 female service providers at these clinics were to train on value clarification and attitude transformation (VCAT) and de-stigmatization. The monthly camps were to organize around the vicinity of 5 static clinics and provide enlisted services and referrals as needed. In addition, the proposed interventions were expected to reduce stigma related to MR/PAC services through active engagement of community members. Two training workshops of 40 youth peer educators on (VCAT) and de-stigmatization and training of youth peer educators were planned along with organizing 90 sensitization sessions with local youth and 270 sensitization sessions with community members. Over 5,000 participants are expected to benefit from these sessions. Furthermore, a baseline study was conducted as one of the key project's deliverables.

The Rahnuma FPAP planned to produce following result under this project:

- 6050 of women and girls' beneficiaries using innovative products or services to improve their reproductive health
- **160** service providers, youth peer educators and community influential sensitize through values clarification and attitude transformation training
- Identify and establish 5 LHV-based facilities/sites and 3 youth resource centers to implement and provide RH services and awareness
- **5940** potential beneficiaries include women, men, girls, and boys reached through outreach and awareness activities around abortion stigma

¹ Pakistan Demographic and Health Survey 2017-2018. National Institute of Population Studies. This information is accessible at https://dhsprogram.com/pubs/pdf/PR109/PR109.pdf.

² Unintended pregnancy and induced abortion in Pakistan. Guttmarcher Institute. 2015.This information is accessible at https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-induced-abortion-pakistan.

The expected results mentioned above are commitment until March 2021; which is not inclusive of no-cost extension period.

Overall scope of end line evaluation

Under the proposed end-line evaluation, Rahnuma FPAP aims to understand and measure significant changes in the lives of the target audience especially women and girls and about innovations that challenged cultural and belief-based barriers in their access to MR/PAC services.

General objectives of end line evaluation

The consultant is expected to:

- Assess impact of project interventions on target groups especially women and girls by de-stigmatizing MR/PAC services.
- Identify key achievements in community engagement, reproductive health services, and values clarification trainings.
- Utilize result-oriented Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) tool for assessing prevalence of existing stigma³.
- Identify and document best practices and lessons learned which have potential of incorporating in future projects.
- Assess any unexpected added value or impact/results

The consultant is expected to carry out thorough desk review/ literature review, refer baseline report, and conduct interviews of different stakeholders, project beneficiaries and service providers.

The proposed evaluation will cover following 5 LHV-based Family health clinics (FHC) of Rahnuma FPAP: FHC Shah Faisal Colony, FHC Baldia Town, FHC Abidabad, FHC Bhawani Chali, FHC Bilawal Shah Project staff at Karachi Office of Rahnuma FPAP will be available for further facilitation in reaching other stakeholders and project beneficiaries for interviews and gathering desired data.

Evaluation approach

Proposed evaluation will follow the integration of gender equality, inclusiveness, and human rights as fundamental principles in the evaluation process. The cultural and religious sensitivity of the community will also be considered very important in activities/tools designing and stakeholder engagement to avoid undesirable situation. The evaluation process will assess both quantitative and qualitative data collection and analysis methods to provide credible information relating to project benefits and results for target groups especially vulnerable women and girls of project locations.

Responsibilities of Consultant

The consultant will be responsible to:

- Attend inception meeting arranged by Rahnuma FPAP for comprehensive orientation of the project, study expectations, and finalizing work plan proposed by the consultant.
- Produce inception report with agreed activity wise timeframe.
- Finalize evaluation methodology, data collection tools, analytical framework and field plan after incorporating inputs form Rahnuma FPAP

³ This information is accessible at https://www.ippf.org/our-approach/programmes/tackling-abortion-stigma

- Conduct field work as per agreed work plan for primary data collection.
- Produce draft report including brief literature review and submit to Rahnuma FPAP for comments.
- Incorporate comments in the first draft of evaluation within 3 days and share again the revised version with Rahnuma FPAP concern staff.
- Finalize project evaluation report in printable format and share with Rahnuma FPAP within agreed timeline.

Rahnuma FPAP will be responsible to:

- Hold inception meeting with the consultant; physically or virtually, as agreed.
- Provide all related project documents in hard and/or electronic version to the consultant.
- Share feedback on all data collection tools to be used in the evaluation.
- Facilitate consultant in approaching FHCs and potential respondents for data collection and interviews.
- Share comprehensive feedback on first draft of the evaluation report.
- Remain available for multiple rounds of reviews; if needed.
- Review final submission by the consultant before concluding the assignment.

Final deliverables submitted by the consultant

The liaison person from Rahnuma FPAP will be responsible for receiving the following finalized deliverables from the Consultant:

- 3 hard copies of finalized evaluation report with signatures on the title page by the Consultant.
- 3 Soft copies on 3 CDs/USB drives of the finalized report along with a copy of all data collection tools and primary data sheets of quantitative data and notes of qualitative data.

Qualification and experience of the consultant

The consultant applying for this assignment must have:

- Master's in Public Health, Sociology, Social Work, Women and Gender Studies, or equivalent qualification.
- At least 5 years proven track record of conducting assessment survey studies in health sector preferably in reproductive health and community based health interventions.
- Excellent analytical and report writing skills.
- Excellent understanding and experience of using/applying quantitative and qualitative evaluation methodologies for evaluation
- Experience in evaluating organizational effectiveness include cost-benefit ratio, learning, and reflection from the community perspective
- Demonstrate deep understanding and sensitivity of women's health issues, sexual and reproductive health and MR/PAC services, and gender issues.
- Understanding and exposure to work under cultural sensitivity and norms
- Committed to produce high quality deliverables within given timeframe with minimal supervision.