

Consultant Terms of Reference for a QUALITATIVE RESEARCHER

ICCM documentation and participatory evaluation

Background:

Integrated Community Case Management (ICCM) of malaria, pneumonia and diarrhoea at the community level has been a growing focus of our work over the last three years and across our country programmes. Our involvement has spanned policy development, project design, implementation from pilot phase to ongoing support to the public health system in continued implementation and the trial of specific supportive interventions to boost effectiveness, monitoring and evaluation and operational research, costing work and value for money analysis, as well as advocacy.

One of our key ICCM grants is from the Canadian International Development Agency (CIDA). Under this grant, we have worked with national Ministries of Health to introduce and scale up ICCM through the public health sector over the last two years in South Sudan, Uganda, Zambia and Mozambique, although all countries are currently at different stages of implementation.

While a significant amount of monitoring and evaluation work is already being conducted, including quantitative baseline, midterm and endline surveys to gather data on health seeking behaviour and morbidity and related behavioural factors, birth history data to inform an under five mortality reduction estimation, as well as routine data on cases diagnosed and treated¹, the implementation methods that have been used in our project sites have not been systematically documented. All key stakeholders, including beneficiaries, involved in the work over the past two years have generated experiences, lessons and best practices that need to be documented and shared within the organisation and beyond.

In this regard, under a DFID PPA grant, support will be provided in three countries, namely South Sudan, Uganda, and Zambia to carry out a participatory evaluation which will include a thorough documentation of the implementation methods and processes (this will be done in Mozambique in the second year due to a later roll out). In addition, support will be provided for a cost-allocation of our work and a value for money analysis to take place in South Sudan and Zambia (in other implementation countries, similar work is being done under other grants).

Specific objectives for both the documentation and participatory evaluation work:

- 1) To gather from a range of stakeholders who have been involved in the planning and implementation of the Malaria Consortium regional ICCM programme over the last two years, experiences, lessons learnt and best practices derived from using this integrated community-based platform for the delivery of health care services
- 2) To conduct a cost-allocation of our work and a value for money analysis in countries where this is not already being done
- 3) To promote participant learning and capacity building in evaluation methodologies
- 4) To effectively document our implementation models and processes in practice, for the purpose of organisational and wider learning

¹ Community Fever Management Project Monitoring and Evaluation Plan. Malaria Consortium. August, 2009.



disease control, better health

5) To effectively disseminate these experiences for the purpose of wider learning on approaches for improving feasibility, acceptability and effectiveness in the delivery of services using an integrated community platform, as well as to advocate for further support for these approaches

A team of international (2) and national consultants (4) will be engaged to carry this out, prepare reports that will be turned into material that can be disseminated and/or published. Dissemination will be through our website, peer-reviewed journals and a roundtable international meeting that will be held in the UK in June.

The team of consultants will be supported by Malaria Consortium staff, in terms of technical support and guidance, logistics and administration. The focal point for project and technical management of this activity within Malaria Consortium will be Clare Strachan, Public Health Specialist.

This TOR serves to solicit for a consultant with a background in public health qualitative research, excellent writing skills and experience working with a range of stakeholders at the country level, including Ministry of Health staff.

Main objectives:

- In coordination with the national consultants qualitative research (one will be recruited for each country), lead an in-country workshop in all three countries in order to define the scope of the participatory evaluation with key stakeholders, including methodologies, breadth of enquiry (content and people), and to develop an agreed micro plan for data collection
- Oversee the development of country specific evaluation protocols and data collection tools
- Support the in-county teams to pilot the tools and to make appropriate adjustments as required
- Oversee the data collection phase in all countries, including all data collection and related documentation, ensuring optimum quality and progress against agreed workplan
- Lead on the analysis of all qualitative data collected across countries, collaborating effectively with national consultants - qualitative research
- Lead on the drafting of country specific reports in collaboration with in country stakeholders as appropriate, for later dissemination in country
- Compile the country reports into one overall report for wider dissemination
- Participate in a dissemination meeting in London in June

Outputs:

Three cleaned, qualitative data sets for each of the countries



- One report from each country, using an agreed standardised format, on experiences
 of using community-based approaches to deliver integrated health care services,
 acquired from in-country participatory evaluations
- One overall report which combines the findings from the three country specific reports
- Active participation in the roundtable meeting on the outcomes of the participatory evaluation and documentation work in London in June

Period for engaging consultant and travel required:

Full time over an estimated period of four months, with a start date of April/May 2012.

At least 8 weeks travel will be required to the implementation countries (South Sudan, Uganda and Zambia) and to enable planning and review time with the technical team at the Malaria Consortium Africa Regional Office located in Kampala, as well as to the roundtable discussion in London in June.

Skills, experience and capacity required:

Essential

- A masters degree in public/international health, epidemiology or communicable disease control
- Considerable (at least three years) experience in qualitative research in the public health field, including study design, data collection, analysis and write up, and knowledge of a range of qualitative research methods
- Excellent writing skills
- Experience working with Ministries of Health as well as a range of other stakeholders in country

Desirable

 Experience working in, or supporting activities in relation to, malaria control or integrated community case management (ICCM)

Applications:

CV and cover letter to be submitted as soon as possible to:

Clare Strachan, Public Health Specialist, Malaria Consortium Africa at c.strachan@malariaconsortium.org