**Terms of Reference (ToR):**

**Health Facility Assessment of**

**60 Primary Healthcare Facility on gender and adolescent-responsive, inclusive, integrated and innovative SRHR and protection services for women and adolescent girls in Sokoto State and Bauchi State, Nigeria**

## About Plan International Nigeria

Plan International Nigeria is part of a global federation of Plan International. Plan International works in 70 Countries across Africa, Asia, Europe and the Americas. Plan’s Global Strategic Goal (2017-2022) is to advance Children’s Rights and Equality for Girls and our Ambition is, “together, we take action so that 100 million girls learn, lead, decide and thrive”. We reach as many children as possible, particularly those who are excluded or marginalized through the delivery of high-quality programmes that deliver long-lasting benefits to children and their communities.

Plan International officially started operations in Nigeria in 2014 and works to strengthen and promote the rights of children. Our programme is currently focused on basic education; improving community health services, youth and citizens’ participation in governance, creating economic opportunities and livelihoods for the poor, and building resilient communities through our emergency and humanitarian response in the Northeast. Plan Nigeria works with communities, civil society organizations, development partners, government at all levels and the private sector.

## Project Overview

ASPIRE project in Nigeria is a five-year (2021-2026) initiative supported by Global Affairs Canada that aims to improve the realization of Sexual and Reproductive Health and Rights (SRHR) for adolescent girls and women, including vulnerable populations, in Bauchi and Sokoto states. Aligned with Canada's Feminist International Assistance Policy (FIAP) and Plan International’s Global Policy: Gender Equality and Inclusion (GE&I), ASPIRE is guided by a feminist, multi-sectoral approach to improving women’s and girls’ agency and leadership, informing and empowering adolescents and young people with the right information and economic leverage to demand adequate SRHR information and services and advocate for government duty bearers to establish strong policies and programs that respond to their demands. ASPIRE will pursue partnerships that bring together government, civil society, coalitions, networks, national partners and associations to promote an integrated approach to SRHR, especially for adolescents.

One of ASPIRE’s goals is to Strengthen health systems to provide gender and adolescent-responsive, inclusive, integrated and innovative SRHR, Mental Health and protection services for women and adolescent girls. To this end, Plan International Nigeria seeks an experienced consultant to conduct a Health facility assessment to help ASPIRE project prepare detailed the nature and extent of technical, equipment and supplies that will support the delivery of quality gender and adolescent-responsive and inclusive sexual and reproductive health services in assisted health facilities

## Assignment Objective

In Consultation with the Ministry of Health and State Primary healthcare development Agencies and Supported by Technical leads (M&E, Health, SRHR, Gender Inclusion), 60 health facilities will be assessed for indicators of gender and adolescent responsive and inclusive SRH services and Mental Health and protection services.

The project plans to support the government to strengthen the health system to provide Gender and Adolescent responsive and inclusive (GAR&I) services i.e. ensure the selected HFs, are sensitive and responsive to their particular needs of Adolescents, women and youth, non-judgemental, gender-sensitive and ensures confidentiality and privacy. Specific attention should be paid to the Availability, Accessibility, Acceptability and Quality of SRH services. In addition, services should be scientifically and medically appropriate with personnel trained to care for children, adolescents and youth as well as adequate facilities and scientifically accepted methods including supportive supervision support (Plan International).

The result of this assessment will be used alongside other assessments like construction assessment to develop the project approach to implementation including its SRH, mental health, protection, and Infection Prevention and Control measures at the facility level. Additionally, the HFA will also allow to collect data and provide a baseline value for one of the ASPIRE project contractual indicator.

The staff of Plan International Nigeria and Plan International Canada will be the main users of the results of the Assessment. In addition, key stakeholders in the project, such as government ministries / executing agencies, partner NGOs, local authorities and communities are the parties interested in the results.

The 60 facilities are located in the following LGAs.

Sokoto:

Binji, Bodinga, Dange-shuni, Gada, Goronyo, Gudu, Gwadabawa, Lllela, Isa, Kware, Kebbe, Rabah, Sabon birni, Shagari, Silame, Sokoto North, Sokoto South, Tambuwal, Tangaza, Tureta, Wamako, Wurno, Yabo.

Bauchi:

Ninggi, Darazo, Misau, Bauchi, Kirfi, Das, Toro, Gamawa, Katagu, Jama’are

### Specific Objectives include:

1. To ascertain the adequacy/appropriateness of the package of services at health facilities in providing gender and adolescent responsive and inclusive SRH services including Mental health and protection.
2. To understand providers’ technical competencies needs in provision of SRH and mental health care services to adolescents;
3. To complement and support government/health systems development plans on gaps and challenges identified in providing GAR&I services that include basic characteristics of the health facilities, including adequacy of selected inputs (staffing, drugs and equipment) that are essential in providing effective SRH services to adolescents;
4. Explore confidential and effective mechanism for adolescents and youth feedbacks about SRH services within the health facilities services including FP and maternal health services such as an exit interview form etc.
5. Understand the current state of knowledge regarding provider bias
6. Capture general attitudes of services providers’ (consultation behaviours and preferences) around adolescents’ use of SRH services (including FP), using human centred approach.
7. To inform and set a benchmark for the ASPIRE project baseline contractual indicator.

## Expected Deliverables

1. Inception report
2. Adapted Data collection tools
3. Enumerator/supervisor training plan and report
4. Pilot testing of tools before commencement of the assessments
5. All raw data collected throughout the assessment
6. Health Facility assessment report

## Methodology

The HFA Assessment methodology would be using Mixed-methods.

### Data collection tools, adaptation, and piloting:

Plan Nigeria will work with the consultant to develop appropriate tools however the consultant would be responsible for adapting, and testing the tools. The consultant will be required to work with Plan Canada and Plan Nigeria technical advisors to review, refine and finalize the tools. The consultant in collaboration with plan team will develop and administer the training for enumerators. The field team will only include those who showed satisfactory performance during the training. The training will include the following: Overall purpose and design of HFA, professional conduct and expectation, child protection and safeguarding, administration of instruments, the transmission of data, field logistics and covid-19 protocol. After training, the field team will collect data based on the sampled participants. The field team will obtain consent from respondents.

## Supervision/Management of Assignment

The consultant will be required to work closely with the Plan International Nigeria Aspire M&E Coordinator and technical advisors (Health, Gender, Protection and Safeguarding and Construction Coordinators). The consultant will however be directly accountable to the Plan International Nigeria M&E Manager. The consultant will keep the M&E Unit continually informed on the progress of the assignment through updates via email and online conferences.

## Key Assignment Phases, Activities and Indicative Timeline

The assignment comprises three main phases with key activities and indicative time frame as outlined in Table 1 below:

**Table 1:** Key Assignment Phases, Activities and Indicative Timeline

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase** | **Goal** | **Key Activities** | **Indicative Timeline** |
| **Phase 1** | Mobilization/Pre-assessment | Induction, inception plan; mobilization of resources; preliminary review of documents; preparation of data collection tool; organizing fieldwork logistics. | 1.5 weeks |
| **Phase 2** | Fieldwork/Assessment | Fieldwork, Conduct Enumerator/Data Collector/supervisor training in collaboration with Plan International, data collection and design activities, picture taking, meetings with health facilities, government and community representatives and other respondents. | 3 weeks |
| **Phase 3** | Post-field work activities, preparation of documents | Collate and share raw data, analyse data, Prepare and submit project deliverables (Assessment documents and report, including recommendations) - A data analysis plan will be shared with the consultant | 1.5 weeks |

## The Consultant:

Under this Terms of Reference (ToR) will act as the lead on all components of the HFA. In this role, the Consultant will be responsible for

* Ensuring access to health facilities
* Review project documents, including the performance measurement framework (PMF), baseline study report, and qualitative gender equality and inclusion (GEI) assessment if available.
* Develop an inception report, including a data analysis plan, and incorporate all feedback from Plan International.
* Conduct extensive desk research and analyses of existing content (Including but not limited to the above-listed project documents) based on cultural context as well as required project outcomes.
* Obtain research ethical approvals where needed, including paying special attention to the unique ethical considerations of doing studies/research with and about children and young people, health workers and users of health services, and on highly sensitive topics (i.e. child protection issues including GBV, and ASRHR)
* Recruit enumerators/data collectors and field supervisors and data entry clerks (if necessary) ensuring gender balance.
* Prepare a plan for carrying out the field data collection.
* Data collection methods with technical inputs from Plan Nigeria and CNO M&E technical team.
* Oversee data collection including piloting, supervision and spot-checking;
* Oversee data entry as per agreed-upon software and data entry protocols established;
* Ensure all original data collection (whether in paper or electric form) of raw data are maintained and submitted to Plan International Nigeria, as well as training tools, with the final data
* Ensure strict adherence to COVID-19 protocols including local and National Government guidance.
* Write the report of the study, incorporating the comments from Plan International Canada and Plan International Nigeria and the data sharing workshop.
* Collaborate with Plan International to integrate all feedback provided to create a final report.
* The Consultant will be responsible for engaging personnel and other logistics. All costs associated with the conduct of the study will be the sole responsibility of the engaged Consultant and should be incorporated in the financial proposal.
* Arrange logistics for the transport of enumerators and field supervisors.

### List of Indicators to be assessed in the assessment

|  |  |  |
| --- | --- | --- |
| **Domains** | **Indicators** | |
| **Service availability** | | |
| *Health workforce* | Number of staff per category per health facility/catchment population | |
| *Infrastructure* | Number of operating hours per health facility (<,> 24 hours) | |
| No of inpatient and no of maternity beds in the facility | |
| *Availability of the following SRHR and MHPSS Services Outputs* |  | |
| Family planning (including counseling) | |
| Antenatal care | |
| Mother-to-child HIV prevention | |
| Safe delivery/Emergency obstetric and newborn care | |
| Postnatal care | |
| Post-abortion care | |
| Cervical/breast cancer screening | |
| HIV testing and counseling | |
| Sexually transmitted infections (STIs) testing and counselling (including HIV) | |
| STIs management | |
| Gender-based violence management (including sexual violence /rape) /referrals | |
| Infertility | |
| Safe abortion | |
| Psychosocial support/mental health | |
| Menstrual hygiene/problems | |
| Physical and pubertal development | |
| Family planning (including counseling) | |
| Antenatal care | |
| Mother-to-child HIV prevention | |
| Safe delivery/Emergency obstetric and newborn care | |
| Postnatal care | |
| Post-abortion care | |
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| Antenatal care | |
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| Safe delivery/Emergency obstetric and newborn care | |
| Postnatal care | |
| Post-abortion care | |
| Cervical/breast cancer screening | |
|  | |
| **General service readiness** | | |
| *Basic amenities* | | Availability of each functional basic amenity per health facility: improved water source, room with privacy, toilets/latrines for staff, separated toilets/latrines for women and men patients, communication equipment, access to computer with internet, emergency transportation, power source | |
| *Basic equipment* | | Proportion of health facilities with available and functional basic equipment: adult scale, child scale, thermometer, stethoscope, blood pressure apparatus, light source | |
| *Standard precaution for infection prevention* | | Availability of each standard precaution item per health facility: hand washing dispositive, latex gloves, guidelines for standard precautions, sharp boxes, functional incinerator, functional placenta pit, sterilizer, | |
| *Community involvement* | | Proportion of health facilities with a functional CHC/QIT or QOC | |
| Proportion of CHC/QIT or QOC involved in the management of the health facilities | |
| Proportion of women who are members of the CHC/QIT or QOC | |
| Proportion of women in leadership positions of the CHC/QIT or QOC | |
| *Supervision* | | Proportion of health facilities that received at least one supportive supervision each semester (previous year) | |
| *HMIS* | | Proportion of health facilities with a maintained up to date health data records including SRHR, MNCH and MHPSS | |
| **MNCH Specific Service readiness** | | | |
| *Service availability* | | Proportion of health facilities offering the full SRHR, MHPSS package of services according to their level (Health centers, BEmONC, CEmONC) and according to the MOH guidelines | |
| *Health workforce* | | Proportion of health staff per category trained on SRHR, MHPSS, FP, MNCH (ANC, skilled delivery, PNC, Caesarean section) Anesthesia, Blood transfusion, and adolescent and gender friendly health services topics | |
| *Equipment* | | Proportion of health facilities with available and functional specific GAR&I service equipment | |
| Proportion of HF with a functional Adolescent Conner (Adolescent counselling room) | |
| *Medicines* | | Proportion of health facilities with the FP commodities, STIs Treatment, and other SRHR related drugs on the day of the survey, including record of periods of stockouts in the last one year. | |
| *Diagnostic capacity* | | Proportion of health facilities offering SRHR, prenatal and antenatal blood tests, STIs Diagnosis according to the MOH guidelines | |
| Proportion of health facilities with all the national FP and MNCH, SRH treatment protocols and guidelines available on the day of the survey | |
| *HMIS* | | Proportion of health facilities with a maintained up to date disaggregated health data records per age and sex for adolescent on SRHR, FP and Maternal health | |
|  | | Proportion of health facility staff trained on data analysis of youth disaggregated data for improving service performance. | |
| *Medicines* | | Proportion of health facilities with the FP commodities and MNCH tracer drugs available on the day of the survey including record of periods of stock outs in the last one year. | |
| *Involvement of Adolescents* | | Proportion of health facilities using a transparent and confidential mechanism for adolescents to submit complaints and feedbacks about SRHR and Maternal health services such as an exit interview form etc. | |
|  | | Proportion of adolescents’ members of the CHC/QIT or QOC | |
| **ASPIRE project contractual indicator** | | | |
| *Gender responsiveness and adolescent friendliness of services* | | *Proportion of health facilities which provide adolescent friendly, gender responsive and inclusive MNH/SRH services.* | |

### Qualifications of Consultant(s)

Qualifications of Consultant(s)

* An understanding of SRHR-related issues in the context of Northern Nigeria. An advanced degree will be an added advantage.
* Minimum of 7 years of experience in coordinating, administering and leading Health Facility Assessments or baseline/mid-term/end-line studies, including gender-sensitive data collection and entry or similar Assessments.
* Data management and storage, preferably for international non-profit organizations or multilateral/ bilateral agencies and multi-country studies;
* Demonstrated experience in facilitation and supervising data collectors/enumerators and data entry clerks to collect and enter data as per high-quality standards;
* Demonstrated experience in quantitative and qualitative data analysis;
* Knowledge and experience with SRH/FP/MNCH issues, MHPSS, Child protection GBV
* Knowledge of and experience in gender issues are highly preferred;
* Fluency in English and Hausa (spoken and written);
* Ability to produce high-quality work under tight timeframes;
* Ability to work jointly with Plan International Nigeria and Plan International Canada staff to integrate feedback as required.

## 7.0 Application Package and Procedures

* Applications for the consultancy must include the following components.
* Detailed technical proposal demonstrating a thorough understanding of this ToR and including the following:
* Demonstrated previous experience in coordinating and administering studies of a similar nature
* Proposed plan for sources of secondary data with adequate consideration for coverage, relevance and quality of data; and travel cost per team of enumerators, supervision of enumeration teams, and quality control;
* Description of the proposed approach for addressing gender equality, adolescent friendliness and child protection considerations in methodology;
* Proposed steps to be taken for enumerator training, piloting/translation of tools, data collection, spot checking, data entry and management if needed;
* A proposed timeframe detailing activity and a schedule/work plan (including a Gantt chart) with the proposed number and cadre of team members (e.g. enumerators, size of enumerator teams and the total number of days in the field)
* Team composition (including sex disaggregation) and level of effort of each proposed team member, if applicable;
* A financial proposal with a detailed breakdown of costs for the study
* Itemized consultancy fees/costs
* Itemized field data collection expenses
* Itemized administrative expenses
* The validity period of quotations
* Curriculum Vitae(s) of all proposed staff outlining relevant experience.
* Names and contact information of three references who can be contacted regarding relevant experience.
* A copy of a previous report of a similar nature undertaken on: a) baseline or b) mid-term study or c) end-line study.
* A Consulting Firm profile (if applicable).

In-country transportation to be organized and budgeted by the consultant; 2) Enumerator training (including venue, materials, and refreshments) to be organized (with Plan International Nigeria`s guidance) and budgeted by the consultant.

The proposal will be scored on both technical (methodology) and financial (budget) aspects weighted at 70% and 30% respectively.

The firm selected as the preferred bidder may be subject to a capacity assessment as part of the due diligence/negotiation period.

Interested applicants are invited to submit their application package (as stated in the TOR) to [Nigeria.consultant@plan-international.org](mailto:Nigeria.consultant@plan-international.org) before the deadline

Plan International operates equal opportunities and actively encourages diversity, welcoming applications from all areas of the international community. Women are encouraged to apply.

## Disclosure and Ownership of Information

It is understood and agreed that the Consultant shall, during and after the effective period of the contract, treat as confidential and not divulge unless authorized in writing by Plan International Nigeria, any information obtained during the performance of the Contract. Information will be made available for the consultants on a need-to-know basis. All required field visits will be facilitated by Plan International Nigeria staff.

All ownership and copyright for final data collection and report produced during the Health Facility Assessment is held by Plan International. The Consultant shall treat as confidential and not divulge unless authorized in writing by Plan International Nigeria, any information obtained during the performance and after the effective period of the contract.

Obligations regarding the non-disclosure of information and intellectual property rights will be specified in the contract for this consulting mandate.

## CHILDREN SAFEGUARDING AND YOUNG PEOPLE

The Consultant acknowledges that it has received a copy of, and has read and understood, Plan's Policy on Safeguarding Children & Young People and supporting and briefing materials describing Plan's commitment to child protection and PSHEA (hereinafter the "**Safeguarding Children & Young People**").

The Consultant shall at all times and in all circumstances abide by Plan’s Policy on PSHEA, Safeguarding Children & Young People during the term of this Agreement and shall ensure compliance by any of its sub-Consultants or sub-grantees (hereinafter the “Relevant Party”)

The Consultant represents and warrants that neither it nor any Relevant party, nor any of its directors, employees or Consultants has been involved or is suspected or has ever been suspected of involvement in an incident of abuse of a child or children, whether as described in the Policy on Safeguarding Children & Young People or otherwise in such a way that compromises or had compromised the safety of children.

The Consultant shall document responsibilities and actions to be taken in the case of a breach by any Relevant party, any of its directors, employees or Consultants to ensure compliance to the Code of Conduct during the term of this Agreement

If at any time during the term of this Agreement, it comes to the attention of the Consultant or any Relevant party that the Consultant or any Relevant party has been involved or is suspected or has ever been suspected of involvement in an incident of abuse of a child or children, whether as described in the PSHEA, Safeguarding Children & Young People Policy or otherwise in such a way that compromises or had compromised the safety of children:

1. the Consultant shall immediately (and at the latest within 12 hours of becoming aware) report such incident or suspicion to its contact at Plan International Nigeria as specified in this Agreement; and
2. the Consultant shall immediately remove any Relevant party or person to whom the report relates from any work or contractual relationship with Plan.

Any breach of this clause and/or the Policy on PSHEA, Safeguarding Children & Young People shall constitute a material breach of this Agreement that is incapable of remedy and shall entitle Plan International Nigeria(in its sole and absolute discretion) to terminate this Agreement immediately and without notice and to take such other appropriate action as Plan International Nigeria shall in its sole and absolute discretion determine, including (without limitation) requesting the removal of any Relevant party or any of the Consultants or any Relevant party’s directors, employees or Consultants from any work or contractual relationship with Plan; reporting any incident of abuse to the police or other appropriate child protection body; or instituting legal proceedings for damages against the Consultant.

## Disclaimer

Plan International Nigeria reserves the right to accept or reject any or all proposals/applications without assigning any reason whatsoever.

**Appendix 2. Full Report Structure**

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**How to Apply:**

Interested organizations and individuals are to submit their detailed proposals and price quotation to the following email address – [Nigeria.consultant@plan-international.org](mailto:Nigeria.consultant@plan-international.org) on or before 11th April 2023.