

CONSULTANCY SCOPE OF WORK

Qualitative research and analysis:

Conducting a realist evaluation of Connect- A project connecting first-time mothers to postpartum family planning (PPFP) through sustainable approaches

Period of performance: September 2022 to September 2024 (*May be revised based on country IRB approval)

Hiring manager/technical oversight: Ms. Lilian Kapinga (Connect Team Lead & FP-ASRHR Advisor) Save the Children International, Tanzania Office

Summary of the assignment: Lead two rounds of qualitative data collection, analysis, and synthesis consisting of conducting in-depth interviews and focus group discussions at the policy, service delivery, and client levels for Connect project.

A. BACKGROUND ON CONNECT PROJECT

In September 2019, the Bill & Melinda Gates Foundation (BMGF) awarded the “Connecting first-time parents to contraceptive services through diverse platforms (Connect)” project to Save the Children. Connect aims to increase the use of postpartum family planning among first-time mothers (FTMs; ages 15-24) by layering an additional activity onto large-scale health and nutrition initiatives that already reach FTMs. In Tanzania, Connect partners with the USAID’s Lishe Endelevu (LE) project (Sustainable Nutrition in Kiswahili). Lishe Endelevu reaches first-time parents, their family members, and community influencers through community-based outreach activities.

The Connect project aims to develop, test, scale, and evaluate “program approaches”— modifications to existing activities that leverage the project’s reach to better meet the needs of FTMs.

In Tanzania, Phase One of the project took place in one district of Dodoma region (Kongwa district-covering 25 villages). During Phase Two, Connect will scale-up into Bahi district covering 19 villages (treatment) and additional 19 villages in Kongwa district. Connect’s Phase Two will implement the tested and refined program enhancements through the Lishe Endelevu, a community-based implementing partner (TAHEA) and existing governmental platforms, with a rigorous mixed methods Realist Evaluation (RE) of the program enhancements as implemented at scale, which includes qualitative and quasi-experimental components. This scope of work focuses on the qualitative research aspects of this evaluation.

The realist perspective poses that an intervention may lead to different outcomes in different contexts due to different mechanisms¹. The resulting ‘Context–Mechanism–Outcome’ (CMO) configurations are essentially hypotheses of how an intervention works in a specific setting, and which describe causal explanatory frameworks.

Connect’s mandate and scale-up approach focus on sustainable and institutionalized light-touch approaches within already existing complex systems or programs. Hence, we will integrate systems

¹ Pawson R, Tilley N. Realistic evaluation. London: SAGE; 1997.

thinking with RE principles. Systems thinking aims to understand the key elements within a system, and how they connect and interrelate over time. A systems approach will complement RE by enhancing the ability to compare between contexts and to attempt an evaluation of scale-up as a process, which can be transferable to multiple contexts. The evaluation of the scale-up process can explain causal mechanisms and identify contextual factors associated with observed variation in outcomes.

B. SCOPE OF EVALUATION

1. Purpose and key questions

The purpose of the evaluation is to lead two rounds of qualitative data collection, analysis, and synthesis consisting of conducting in-depth interviews and focus group discussions at the policy, service delivery, and client levels for the Connect project.

1.1 Specific objectives:

1. Develop a contextual systems-aware understanding of implementation processes for the Connect approaches at-scale
2. To describe the mechanisms and degree by which Connect approaches are scaled and institutionalized in Tanzania
3. Identify mechanisms by which Connect approaches impact PFP uptake, under what context, and for whom.
4. To develop a theoretically grounded model of the complex relationship between the different stakeholders, contexts, and enhancements during the scale-up process.
5. To identify transferable scalable approaches and best practices for improving PFP uptake use among FTM in other contexts.

2. Scope

2.1 Data Collection:

Save the Children is seeking a consulting agency to collect qualitative data using semi-structured in-depth interviews (IDIs) and focus group discussions (FGDs) at the policy, service delivery, and client levels in two districts in Tanzania (a total of 38 villages will be reached). A desk review of government policies, priorities, operational plans, and commitments will be carried out, by the consulting agency, based on findings from the IDIs with policymakers at the government level.

The consulting agency will work with the Save the Children country office (SCI-T) and Save the Children-US (SCUS) to develop a list of potential respondents for planned interviews and FGDs. SCI-T office team will coordinate with MOH and community partners to confirm and organize the IDIs and FGDs. The initial protocol for the qualitative evaluation protocol and interview guides will be developed by SCUS. The hired agency will review the protocol and tool and will be responsible for submission to local IRB approvals. The recruited agency will be responsible for pre-testing, adapting, and translating the study tools, with input from SCI-T. They will use the data collection guides to conduct the IDIs, FGDs, and observations in a professional, rigorous, and respectful manner. They will be responsible for recruiting their data collection team with the appropriate skills and qualifications for qualitative data collection in this setting. All interviews and FGDs will be held in-person unless Covid-19 restrictions or safety concerns prevent it. In case an in-person interview is not possible, appropriate secure virtual interviews can be conducted. All data collection will be conducted in Kiswahili (or appropriate local dialect). We expect that each interview

will last no longer than 60 minutes for FTMs, and 45 minutes for government officials. A breakdown of interviews and FGDs can be seen below. Upon taking consent from the participants, the interviews and FGDs should be audio-recorded, with the consulting agency responsible for translating and transcribing each interview verbatim. The SCI-T team will provide support to the hired agency to prepare for and throughout the data collection activities, as well as recruit participants. A small compensation can be provided to participants for time and transportation costs, in compliance with ethical considerations.

The consulting firm will be directly responsible for 24 IDIs with FTMs, 16 FGDs among service providers, and 24 interviews with government counterparts (MOH, PORALG, and LGA officials). In addition, they will be responsible for a desk review, as described above. The data collection activities will occur over 2 rounds of data collection during Q4 2022, and Q2 2024. Interviews and FGDs will be with different participants across both rounds, except for government officials, where we will include follow-up interviews in Round 2. The consulting agency will support pre-testing the tools in each of the two districts. The table below reveals the breakdown of the number of interviews with national, sub-national level respondents, and with local service providers:

Participant/data collection type	Number activities district districts)	of per (2	Rounds out of 2	Total Interviews/FGDs	Notes
National-level program managers and decision-makers	N/A		R1 and R2	12 IDIs	The choice is based on stakeholder mapping carried out by SCI-T and IDIs tailored to each decision maker
Regional and local level program managers, decision-makers	6 IDIs		R1 and R2	12 IDIs	The choice is based on stakeholder mapping carried out by SCI-T and IDIs tailored to each decision maker
Desk review			Following Round 1	N/A	
Supervisor for Community-based health providers	1 FGD		Round 1 and 2	4 FGDs	
Community-based health providers (CHWs)	2 FGD		Two rounds	8 FGDs	Include 6-8 CHWs involved in enhancement delivery

Facility-based providers (receiving Respectful care OJT)	1 FGD	Two rounds	4 FGDs	
First-time mothers	6 IDIs	Two rounds	24 IDIs	Interviews will involve different FTMs with children under 6 months, in each round. Will use maximum variation sampling to compare FTMs by age (15-19 vs 20-24 years), marital status, and location

*numbers outlined here are approximate estimates and might undergo some change

National level and District level participants will be chosen purposely in conjunction with SCI-T Connect team. SCI-T and SCUS will jointly choose the specific localities to draw participants from based on monitoring data and performance indicators to evaluate differences in implementation across localities and time. For interviewing service providers, the consulting firm, with close support from SCI-T will list service providers in the selected facilities, based on the relevance of their job responsibility to deliver Connect’s enhancements and conduct one FGDs per District. Facilities will be selected purposefully in consultation with the in-country team. CHWs will be drawn from trained and supported providers who are involved in providing home visits to FTMs.

2.2 Data Analysis:

The consulting firm will be responsible for English translation and transcription of all the interviews and FGDs using notes and audio recording, as appropriate. The Consulting firm will also be responsible for analyzing the data from all the interviews and FGDs. The consulting firm will be expected to use qualitative data analysis software (e.g., Atlas.ti or NVivo) to conduct thematic analysis by using a codebook and by identifying key themes from the collected data through the interviews. Initially, using 10% - 15% of interviews of the first round (with at least 3 interviews from each respondent category), the consulting firm will derive key thematic areas and will develop a standardized coding scheme for each of these themes, in collaboration with SCUS and SCI-T. Data analysis will be an ongoing process that continues throughout data collection and in-between rounds. Findings from round one will inform tool adaptation and sampling in round two.

The analysis will need to combine rigor, with pragmatic programmatic needs for quick turnover of findings that inform implementation strategies. The use of systematic automated content analysis methods or any other approaches for coding large volumes of qualitative data should be considered.

Manifest content analysis will be carried out for the desk review of government documents to describe alignment and discrepancy with Connect objectives.

Two in-country data synthesis workshops will be planned and conducted by the consulting firm, in collaboration with the SCI-T team. The workshops will take place after round one of data collection, and following the conclusion of the second round. These workshops will take place over two days, and are

expected to draw government representation, in-country project teams, and other NGOs or partners working in the fields of RMNCH, Youth, and Adolescent SRH. These workshops will engage representatives from the government-national, regional, and council levels, Like-minded local and international NGOs UN agencies, SCI-T, and project team. The aim of the workshops is to synthesize findings across data streams and summarize key learning and programmatic knowledge derived from the evaluation. SCI-T will be responsible for funding and organizing these workshops, while the consultancy firm is required to lead on preparing the content and co-present findings. The findings will inform the adaptation of system-conscious, context-mechanism-outcome (CMO) configurations using realist evaluation approaches.

The consulting firm will be responsible for developing a document that clearly details the results and draws on trends and gaps across all of the data after each round according to a template agreed upon with Save the Children, a PowerPoint presentation of the main findings for domestic and international dissemination after each round, and provide a final summative report of the qualitative evaluation findings at the end of the study.

3. Stakeholders/audiences

The key stakeholders/audiences for this evaluation are:

Stakeholder	Further information
Project donor	Bill and Melinda Gates Foundation
Primary implementing organization	Save the Children
Implementing partners (local CSO)	TAHEA
Government stakeholders	Ministry of Health, PORALG and Local Government (regional and council level)
Community groups	First Time Parents (FTP), female relatives of FTP, Community Support Groups
Primary Beneficiaries	Adolescent and young first-time mothers
Frontline implementers	CHWs and facility health service providers

The study findings will be used for service improvement, adaptive programming, and accountability, of the project approaches' implementation at scale.

4. Ethical considerations

It is expected that this evaluation will be:

- **Child participatory.** Children should be meaningfully involved in the evaluation as a holistic process and not only as informants. Refer to the Practice Standards in Children's Participation ([International Save the Children Alliance 2005](#)); and Global Indicator technical guidance (SCI M&E handouts Package, Volume 2).

- **Inclusive.** Ensure that children from different ethnic, social, and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.
- **Ethical:** The evaluation must be guided by the following ethical considerations:
 - Child safeguarding – demonstrating the highest standards of behavior towards children
 - Sensitive – to child rights, gender, inclusion, and cultural contexts
 - Openness - of information given, to the highest possible degree to all involved parties
 - Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
 - Public access - to the results when there are no special considerations against this
 - Broad participation - the relevant parties should be involved where possible
 - Reliability and independence - the evaluation should be conducted so that findings and conclusions are correct and trustworthy

It is expected that:

- Data collection methods will be age and gender appropriate.
- Evaluation activities will provide a safe, creative space where respondents feel that their thoughts and ideas are important.
- A risk assessment will be conducted that includes any risks related to children or young people’s participation.
- Informed consent will be used where possible.

The consulting firm is required to ensure any personal and professional influence or potential bias among those collecting or analyzing data has been recorded and addressed or mitigated ethically.

The consulting firm will be required to obtain approval from a Human Research Ethics Committee. Save the Children will not provide assistance with this process

Furthermore, please go through our vendors’ engagement policies available in the attached document below



SCIpolicies.docx

5. Other considerations

All primary data collected during the course of the evaluation must facilitate disaggregation by gender, age, and location. Others detail are mentioned above in the scope.

Save the Children will not provide data collectors to assist with primary data collection. Data triangulation is expected for this study.

The evaluation will explore any personal and professional influence or potential bias among those collections or analyzing data been recorded and addressed or mitigated ethically

The Consulting firm team is required to adhere to the Save the Children Child Safeguarding, Data Protection, and Privacy policies throughout all project activities.

C.KEY DELIVERABLES AND PAYMENT SCHEDULE

The expected deliverables along with the timeline are provided below. The timeline is provided for illustrative planning purposes and is subject to adjustments at the discretion of Save the Children. Over the period of work, the consulting firm will be expected to provide debriefing sessions during the qualitative data collection period and provide regular email or phone updates throughout the consultancy period.

Tasks/Deliverables	Timeframe*	Payments
Introduction meeting and review of the protocol	September/October 2022	15%
Finalizing tools and IRB application	October 2022	
Pre-testing tools and data collector training	October/November 2022	
Conduct round one data collection (No interview without completing consent taking process and audio record all interviews upon taking consent from interviewees about audio-recording)	November-December 2022	
Translate and transcribe all IDIs and FGDs	November-December 2022	
Analyze data from all round one activities + desk review**	November 2022-February 2023	
Submit the report on Round 1 data collection and desk review findings	March 2023	30%
Submit a revised report incorporating any feedback	March 2023	
Lead first data synthesis workshop	April 2023	
Conduct round two data collection (No interview without completing consent taking process and audio record all interviews upon taking consent from interviewees about audio-recording)***	April-May 2024	15%
Translate and transcribe all IDIs and FGDs	April-May 2024	
Analyze data from all round two activities	April-June 2024	
Submit the report on Round 2 data collection	June 2024	15%
Second data synthesis workshop	July 2024	
Develop one overarching summative evaluation report analyzing the results from all rounds-drawing conclusions and noting key gaps	July 2024	
Develop a PPT presentation summarizing the results	August 2024	
Lead on revisions to the analysis reports after they have been reviewed by SCUS, SCI-T, Tanzania stakeholders, and GWU	September 2024	25%

**Timeframe and deliverable due dates for round one may shift depending on country context and local IRB approval. Save the Children will work with the consulting firm to elaborate more exact timelines.*

***Intermediate check-ins with SCI-T and SCUS teams will be required throughout the process.*

**** Progress with each subsequent round of data collection is conditional upon the availability of funds, and the consulting firm performance quality during the previous round.*

Payment schedule:

The proposed payment schedule is stipulated in the key deliverables table above. Additionally, Tax and VAT will be deducted at the source according to Tanzania Government's rules and regulations. Please be advised it is essential to present Taxpayer Index Number (TIN) Certificate and the provision of an Electronic Fiscalised Receipt (EFD) is mandatory for all invoices submitted for payment. Save the Children, will deduct on behalf of the government of Tanzania, a 5% withholding tax on a professional fee for all invoices submitted under this assignment as per Tanzania's Tax laws.

Qualifications and experience required

Essential:

- Experience in qualitative research, specifically in qualitative data collection by conducting in-depth interviews, focus group discussions, observation, AND analyzing qualitative data
- A graduate with a master's in public health, social studies or community health.
- At least 10 years of experience in conducting qualitative research
- Demonstrated experience working on qualitative studies within Tanzania health systems.
- Demonstrated organizational capacity based on previous related work in the area of qualitative research (design, data collection, analysis), past experience transcribing audio files and translation experience, training and recruiting data collection teams.
- Strong writing skills.
- Excellent communication and writing skills in English and Kiswahili.

Desirable:

- Previous work experience in MOH or in NGO programs on Adolescent sexual reproductive health (ASRH), family planning, and/or maternal and reproductive health issues is preferred.
- Demonstrated experience conducting realist evaluation within health contexts.
- A doctoral degree in public health, anthropology, social studies, community health, or related fields.

Competency:

- Working in a multi-disciplinary team, including clinical and qualitative research experience
- Expertise with digital platforms and building rapport through a virtual platform

Application Package and Procedures

Applications for the consultancy must include the following components:

- Detailed proposal, demonstrating a thorough understanding of this Scope of Work (SoW and methodology), including:
 - Estimated number of days required to complete the deliverables for both assessments;
 - Description of comparable experience coordinating and administering similar studies;
 - Proposed steps for data analysis and report writing;
 - A draft detailed implementation plan (DIP, including a Gantt chart).

- A detailed breakdown of costs for the study including itemized consultancy fees/costs, travel & DSA, data collection, training, miscellaneous and overhead cost (if any);
- Curriculum Vitae(s) of key staff, with relevant experience;
- Executive summary of a recent qualitative study conducted by the agency;
- Names and contact details of two references;
- A Consulting Firm profile (if applicable).

All applicants should participate and submitted their e-tenders to Save the Children Tanzania not later than 31st August 2022 by 1700hrs via Ariba Network. Interested applicants should send emails requesting Ariba Network’s registration documents to tanzania.tenders@savethechildren.org

Applicants won’t be able to participate or submit their proposals via the network if they are not registered with Save the Children’s Ariba Network.

Applicants are required to submit via the network both financial and technical proposals as two separate attachments. Only shortlisted applicants may be asked to prepare a brief presentation for discussion and clarification (if required).

Scoring:

Weightage: 70% Technical and 30% Financial. The financial proposal of the top three technically sound agencies will be reviewed.

Technical areas:

Sl.	Criteria	Assigned Score
1	In-depth understanding of the work and completeness of the proposal	20
2	Methodology and Implementation Plan	20
3	Proposed Team (brief resume of key technical specialists and anthropologists including the Team Leader):	20
4	Relevant experience and client list (experience of working in Reproductive Health & FP in Tanzania, experience of conducting qualitative study, and experience of working with SCI)	20
5	Experience conducting realist evaluations within health contexts	10
6	Review of the executive summary of the previous report	10
	Total	100
	Qualifying mark	65

*Mandatory requirement

Note:

- Travel expenses are to be borne by the agency.
- All content developed will be the property of Save the Children. Any publication, and products on this study should be prepared in consultation and with prior approval of SCI-T.
- SCI technical staff has the right to monitor field activities and raw data. Agencies are expected to be flexible in incorporating feedback from SCI-T and SCUS.
- During the study period the agency is expected to participate in at least quarterly meetings at SCI office on mutually agreed upon dates and agenda.

- Regular check-in calls will be conducted between a consulting firm and SC (T and US)