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This Terms of Reference (ToR) document outlines the evaluation of the **Integrated Reproductive and Maternal Health Program (IRMHP)** implemented by **MSI Reproductive Choices in Afghanistan (MSIA)**. Below is a summary of the key components of the ToR for a consultant to conduct this evaluation:

**1. Organization Background**

MSI Reproductive Choices in Afghanistan (MSI), founded in 1921, is a British non-profit NGO that has provided life-changing reproductive health services for over 40 years in more than 37 countries. MSI is dedicated to offering high-quality, affordable, and accessible reproductive health services worldwide.

**MSI Reproductive Choices in Afghanistan (MSIA)** was established in August 2002 after registration with the government of Afghanistan. MSIA's mission is to improve Afghan women's health and wellbeing, thereby strengthening Afghan families. The organization focuses on reducing maternal mortality, and providing sustainable maternal, child health, and reproductive health (MCH/RH) services. MSIA works in collaboration with the Ministry of Public Health, Afghanistan, and currently operates in 17 provinces: Kabul, Balkh, Herat, Jawzjan, Faryab, Nangahar, Baghlan, Kunduz, Badakhshan, Takhar, Samangan, Helmand, Kandahar, Kapisa, Pakita, Khost, and Daikundi. Services are delivered through various channels, including health centers, outreach programs, MS Ladies, and the private sector.

Through its **Power of Ten Strategy**, MSI emphasizes strategic and technical leadership in evidence-based operations, keeping the client at the center of all activities.

**2. Project Background**

The **Integrated Reproductive and Maternal Health Program (IRMHP)** has been implemented since 2002, supported by the **Ministry for Foreign Affairs (MFA) of Finland**. This program covers family planning and reproductive healthcare services in Balkh, Baghlan, Faryab,Harat, Jawzjan, Kabul, Helmand, Kandahar, Khost, Paktia and Dykundi provinces through 19 standalone sites, 5 MS Ladies, and 180 community health workers (CHWs). The program aims to reach women and girls in remote areas with sexual and reproductive health (SRH) services.

**3. Evaluation Background**

An impact evaluation was conducted in 2019 by the University of New South Wales (UNSW) and the Organization for Research and Community Development Afghanistan (ORCD) to assess the effectiveness of the IRMHP. Following the evaluation, recommendations were provided to MSIA to enhance the quality of SRH services and extend the program's impact. MSIA developed an action plan and implemented most of these recommendations.

**4. Evaluation Objectives**

The primary goal of this evaluation is to assess the relevance, effectiveness, efficiency, sustainability, and overall impact of **IRMHP (Phase III-V)**. This follow-up evaluation builds on the 2019 findings and aims to:

* **Analyze** the progress made against action points from the 2019 evaluation.
* **Review** the effectiveness and sustainability of program interventions.
* **Assess** the overall impact from 2019 to present, including improvements in healthcare access, quality, and equity.
* **Identify** key lessons learned and provide recommendations for program improvements.
* **Assess** the community’s acceptance and trust in the IRMHP services and providers.
* **Evaluate** the role of the private sector in contributing to the program’s sustainability and service delivery.
* **Explore** the availability and effectiveness of psychosocial support services within the program and how these services address community needs.

**5. Evaluation Scope and key questions:**

The evaluation will cover the following areas:

1. **Access and Quality** of SRH services provided.
2. **Effectiveness and Efficiency** of program implementation.
3. **Sustainability** of the program.
4. **Capacity Building** and policy engagement with local stakeholders.
5. **Relevance** and responsiveness to community needs.

**Access and Quality of SRH services provided**

* How has community acceptance of SRH services influenced access to and utilization of these services, especially in conservative areas?
* What role does the private sector play in enhancing service accessibility in remote and underserved areas?
* To what extent are psychosocial support services integrated into the overall reproductive and maternal healthcare services?

**Relevance**

* How well does the IRMHP address the needs of marginalized and vulnerable groups?
* To what extent does the program align with national health policies and priorities?

**Effectiveness**

* How effective are the private sector partnerships in supporting program objectives, particularly in areas where government infrastructure is limited?
* How has the program improved SRH knowledge, attitudes, and services for women, children, and their families?

**Efficiency**

* Is the cost-benefit ratio appropriate, and are there more cost-effective alternatives?
* How efficiently have resources been allocated?

**Sustainability**

* What measures have been implemented to ensure the program’s sustainability after donor funding ends?
* Has the capacity of service providers been enhanced to ensure continued quality services?

**Impact**

* Has community acceptance of the program improved since the 2019 evaluation, and how has it affected access to SRH services?
* What are the significant changes brought by the private sector involvement in the program’s sustainability and scalability?
* How have psychosocial support services contributed to overall community health and well-being?

**Participation**

* To what extent does MSIA coordinate with government bodies like the Ministry of Public Health (MoPH) and other stake holders?
* Is the program building local institutional capacity to address SRH issues?

**6. Methodology**

The evaluation will adopt a **mixed-methods approach**, including:

* **Desk review** of relevant project and policy documents.
* **In-depth interviews (IDIs)** with key stakeholders and beneficiaries.
* **Focus Group Discussions (FGDs)** with male and female beneficiaries.
* **Health Facility Assessments (HFAs)**.
* **Quantitative data analysis** using SAS 9.4 or STATA and **qualitative data analysis** using NVivo 12.

Note: In-depth interviews (IDIs) and Focus Group Discussions (FGDs) should include specific questions about the community’s perception and acceptance of SRH services, the role of private sector actors, and the availability and impact of psychosocial support services.

Interviews and surveys conducted with beneficiaries will require approval from MSI Ethics Review Committee (ERC). The requirement and scope of interviews can be discussed with MSIA during the inception phase.

**8. Deliverables**

The consultant will be required to produce the following deliverables:

1. **Inception Report** outlining evaluation design, methodology, and work plan.
2. **(if applicable) Evaluation protocol and ERC submission documents and survey instruments. MSIA to provide template for protocol.**
3. **Draft Evaluation Report** for review and feedback.
4. **Final Evaluation Report** incorporating stakeholder and MSIA feedback.
5. **PowerPoint presentation** summarizing key findings and recommendations.
6. **Data collection tools** (survey, focus group discussion topic guides, in-depth interview guidelines, etc.);
7. **Data collection** (including hiring, training, and supervision of enumerators);
8. **Set of any analysis tools used** (Excel files, statistical software syntax, qualitative thematic analysis, etc.).

**9. Timeline**

The evaluation will be conducted over **three months\***, with the following milestones:

* **Inception Report**: 1st week of December 2024
* **Data Collection**: Mid-December 2024
* **Draft Report**: Mid-January 2025
* **Presentation of Findings**: Mid February 2025
* **Final Report**: End of February 2025

\* This timeline may be extended to five months if MSI ERC approval is required.

**10. Budget**

A detailed budget covering data collection, analysis, reporting, and dissemination should be included in the Inception Report. The budget should not exceed 7000 USD.

**11. Payment Terms**

* **50%** upon submission of the first draft report.
* **50%** upon final approval of the report.

**12. Ethical Considerations**

The evaluation will adhere to MSIA's **confidentiality, privacy, and safeguarding policies** to protect clients, children, and vulnerable groups. The consultant is required to:

* Maintain confidentiality of all collected data.
* Adhere to MSI’s child and adult safeguarding policies.
* Report any witnessed or suspected abuse or exploitation.

**13. Management and Coordination**

The consultant will work closely with MSIA's Monitoring and Evaluation (M&E) team to ensure proper planning, data collection, analysis, and reporting. The evaluation will be managed by MSIA, with oversight from the Ministry for Foreign Affairs of Finland. Regular updates will be provided to MSIA's management team to ensure alignment and address any issues that arise.

**14. Specifications of the Consultant(s)**

The consultant/ evaluation team should have relevant experience and knowledge in:

1. Working in fragile countries. Experience from Afghanistan or neighboring countries is an asset.
2. Monitoring and evaluation of health and development projects, in particular large scale retrospective project evaluations.
3. Qualitative and quantitative research methods.
4. Family planning, sexual and reproductive health and maternal and child health programs and services within a developing country context.
5. Health systems strengthening, human resources for health and capacity development in a developing, post-conflict country context.
6. Experience of social marketing programming and principles.
7. Demonstrated cross-cultural understanding and ability to operate in a restrictive environment.

**Selection Criteria:**

1. Financial proposal 60 %
2. Prior experience 20 %
3. Proposed project workplan and budget broken down by each activity 10 %
4. Curriculum vitae including contact details of key project members 10 %

**15. Submission guidelines**

MSI Reproductive Choices in Afghanistan invites qualified consultants to submit proposals to undertake this review. The proposal should:

1. Outline how the consultant(s) meets the required specifications (outlined above); proposed CVs should be annexed to the proposal.
2. Specify methodologies, key personnel an estimated timeline or schedule to undertake this review (including key activities), including data monitoring plan, and an indicative budget.

* Previous examples (at least two) of research and/or M&E reports preferably on impact evaluation
* Recommendation letter for this work

All selected candidates will be required to sign a self-declaration of compliance statement and the MSI code of conduct. Background checks will also be conducted during the recruitment process. MSIA reserves the right to withhold all or a portion of payment if performance is unsatisfactory or if work/outputs are not achieved.

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