

#### **Terms of Reference**

# Consultant for Data Analysis and Report Generation for Health Facility Audit and Quality of Care Assessment

#### **Project Details**

Project Name	Her Future, Her Choice: Strengthening Sexual and Reproductive Health and Rights
Program Location	Ethiopia, Malawi, Mozambique, Zambia, Canada
Program Budget	\$20,459,205
Program Start Date	7 <sup>th</sup> March2019
Ultimate Outcome of Program	Improved sexual and reproductive health and rights for adolescent girls and young women in targeted districts of Ethiopia, Malawi, Mozambique and Zambia
Work Requested	Data Analysis and Report Generation
Timeframe of Work Requested	January 24 <sup>th</sup> , 2023 to May 23 <sup>rd</sup> , 2023
Hours Requested	73 Hours
Point of Contact	Jose Chacon, MEAL Officer
	Jose.Chacon@oxfam.org

#### **Background**

Oxfam Canada is an affiliate of the international Oxfam Confederation, working in 87 countries as part of a global movement for change.

Our mission is to build lasting solutions to poverty and injustice with a focus on improving the lives and promoting the rights of women and girls. We work directly with communities, partners and women's rights organizations to challenge the systems that perpetuate inequality and keep people poor. Together we seek to influence those in power to ensure that women trapped in poverty have a say in the critical decisions that affect them, their families and entire communities.

Oxfam Canada's Her Future Her Choice (HFHC) project is a direct intervention to progress Sexual and Reproductive Health and Rights (SRHR) in Malawi, Ethiopia, Mozambique, Zambia and Canada. The project encompasses activities in the areas of education, services and advocacy, responding to a direct need for information, services, and social change. Together with local organizations, we are putting sexual and reproductive health decision-making back in the hands of young women and adolescent girls.

#### **Timeframe and deliverables**

The consultancy will be expected to start in January 24<sup>th</sup>, 2023 and last until May 23<sup>rd</sup>, 2023 (maximum 73 hours). This ToR is specific to the Health Facility Audit and Quality of Care Assessment that is planned to take place in Malawi, Mozambique and Zambia. Local consultants will do the data collection at country level. The methodology and data collection tools are included as an appendix.

The Data Analysis and Report Generation consultant will be responsible for the following:

 Deliverable #1: (10 hours) Reviewing and providing feedback on data collection tools used at baseline and midline audits



- Deliverable #2: (18 hours: 6 hours per country) Monitoring the first two days of data collection in each of the three countries.
- Deliverable #3: (18 hours: 6 hours per country) Data analysis for each of the three countries.
- Deliverable #4: (9 hours: 3 hours per country) Data sense making workshops with each of the three countries.
- Deliverable #5: (18 hours: 6 hours per country) Report writing for each of the three countries

## Deliverable # 1 – Reviewing and providing feedback on data collection tools used at baseline and midline audits

Total hours - 10 hours

Timeline for this task: first week of Feb. 2023.

The consultant will review the data collection tools and provide feedback on following two items:

- 1. The consultant will review the data collection tools in its entirety and ensure that all key indicators can be analyzed using the tools. The consultant will help identify any errors in calculation methodology/approach.
- 2. The consultant will review the data collection tools from the lens of data analysis, quality control and sense making of data. See below for an example:

Section E Q1 is asking about contraceptives that are usually provided at the health facility. Regarding these contraceptives, Section E Q2 is asking if they are available on the day of assessment. For demonstration purpose, let us assume that in a health facility, spermicide is not usually available (response to Section E Q1). However, enumerator enters spermicide is available on day of assessment (response to Section E Q2). When we are trying to make sense of the data per health facility, does it mean that spermicides are by chance available on day of assessment? Or, is it that the enumerator made a mistake and forgot to pick spermicide in Section E Q1. In order to avoid this confusion, the SurveyCTO skip pattern is built such that contraceptives picked in Section E, Q1 are the only ones that will be visible to the enumerator in Section E Q2. The intention is to avoid such potential data quality issues when conducting data analysis. These errors will be corrected by adding specific skip patterns in the survey to improve quality of data collection.

3. The consultant will submit a surveyCTO excel file specifying all changes made and recommendations for improving the data collections tools.

#### Deliverable # 2 - Monitoring first 2 days of each country's data collection

Total hours – 6 hours per country (18 hours in total)

Timeline for this task: data collection is expected to start on Feb. 15<sup>th</sup> 2023.

Specific dates per country will be communicated as soon as they are set. It is critical to identify any data entry or survey errors during the first few days of data collection. The consultant will work with the Point of Contact within Oxfam Canada to identify the data variables that will be monitored and establish a feedback process per country to communicate errors, corrections or other information. Data collection will happen during the daytime in Malawi, Mozambique and Zambia. The consultant will conduct daily data analysis and monitoring to identify errors between 9am EST – 12pm EST (3 hours) on the first 2 days of data collection per country.

It is possible that monitoring data collection in first two countries will be sufficient and not be required for the last country since all the countries are using the exact same SurveyCTO survey forms. This detail will be determined by Point of Contact within Oxfam Canada based on progress made in identifying errors.

The consultant will save the data quality assessment in surveyCTO for future reference.



#### Deliverable #3 – Data analysis and report per country

Total hours – 6 hours per country (18 hours in total)

The consultant will conduct data cleaning and in-depth data analysis per country. At minimum, the analysis will include analysis per survey question, data trends/comparison between data collection tools, statistical analysis if relevant. The consultant will work with Point of Contact within Oxfam Canada to develop the analysis plan.

The consultant is free to use any data analysis software (example R, STATA). However, the consultant must submit the final cleaned dataset as MS Excel, final analysis results as MS Excel, log files and final report for each country.

#### Deliverable #4 - Summary report of the assessment

Total hours – 9 hours (3 hours per country)

The consultant will prepare and facilitate a one-hour data sense making workshops with each of the three countries. The preferred platforms for these webinars are zoom or MS Teams. All webinars will be recorded and shared with country teams. The specific date for this product will be specify once all the data is collected.

#### Deliverable # 5 – Summary report of the assessment

Total hours - 18 hours

For donor (GAC) submission, the consultant will produce one report that summarizes the results across all the countries. Hence, the ideal deadline for the summary report will be March 30<sup>th</sup>, 2023. It is okay if the country-specific reports are finalized after the summary report is completed but not later than April 30<sup>th</sup>, 2023. In case of major delays in finishing data collection, the deadline for the summary report will be revised.

#### **Consultant Profile**

- The following are the key competencies of the consultant(s):
- Strong experience in data analysis of complex datasets.
- Strong experience in statistics and statistical analysis.
- Previous experience with health facility research studies.
- Strong experience presenting results of quantitative data to non-research audience and
- facilitating sense making experience with the audience. Asset if they have experience conducting webinars using platforms such as Zoom and experience with remote audience interaction tools.
- Strong experience with overseeing/monitoring field data collection.
- Interest to support Oxfam Canada and its teams to understand and utilize data to make effective
- programming decisions.

### **Submission and Evaluation of Proposals**

Consultants meeting the above criteria are invited to submit a proposal by email to: Jose.chacon@oxfam.ca with the subject line: "Proposal for HFHC Data Analysis Consultant" by Jan 20<sup>th</sup>, 2023.

The body of the proposal should be no longer than 3 pages and should include the following:

- A cover letter outlining relevant years of experience in data analysis, health facility or quality of care datasets/research, relevant geographies, teaching/coaching field implementation teams to make sense of quantitative data.
- Hourly consultancy rate in Canadian Dollars.



- Breakdown of consultancy cost by deliverable.
- A statement indicating the consultant's average weekly availability for the duration of the contract and flexibility up to a six-month contract extension should delays arise.