## **JOB DISCRIPTION FOR**

## **Professional Services ON conducting service delivery point survey on availabililty of reproductive health commodities, maternal life saving medicines and family planning services**

## **UNFPA LESOTHO**

**Type of Contract : Individual Contract (National**

**Languages Required : English**

**Commencement Date : 1st August 2017**

**End Date : 30th September 2017**

**Location/duty station : Maseru, Lesotho**

**First Level Supervisor : UNFPA Resident Representative**

**Second Level Supervisor : UNFPA supplies coordinator**

**BACKGROUND**

The UNFPA flagship program, UNFPA Supplies (formally GPRHCS), support the conduct of annual survey on availability and stock out of contraceptives and maternal health medicines in 46 program implementing countries. Lesotho is one of the 46 UNFPA Supplies focused countries. In addition to assessing availability and stock out of reproductive health commodities, the survey will address:

* Supply chain (including cold chain)
* Staff training and supervision
* Availability of guidelines and protocols
* Information Communication Technology
* Method of waste disposal and
* User fees
* Assess contributing factor to slow uptake of IUCD.

Furthermore the survey will obtain the views of clients about the services provided by the health service providers at health service delivery points and emphasis will be made on the contributing factors to the slow moving of IUCD. The data will be used to assess the clients’ satisfaction with the type of family planning services provided by health service providers at service delivery points.

The country conducted her maiden Service Delivery Point Survey in 2014 and among the findings was 80.6% of health facilities had stock outs at the time of survey. The second Service Delivery Point Survey was conducted in 2015. This survey revealed 92% of health facilities had stock out at the time of survey. Among other reason of this high level of stock out include.

Both 2014 and 2015

* Delay of warehouse to resupply in case of male condoms (100%)
* Delay by SDPs in making the request for re-supply
* No or low client demand
* No trained staff especially in IUDs
* No equipment in case of IUDs

This information is useful to inform decision making at national level on improvement of availability of family planning commodities and RHCS as well as advocacy needed to increase uptake of IUCD

**RATIONALE:**

Lesotho realised a stalemate over the years with child and mother (MDG 4 and 5) related impact indicators. The under-5 mortality rate climbed from 113 to 117 per 1000 live births between 2000 and 2010. The rate however dropped to 85 deaths per 1000 live births in 2014 which is a great improvement though still below the set 2015 MDG target (37 deaths per 1000 live births). The infant mortality rate recorded the same figure in 2004 and 2009 (91 deaths per 1,000) and decreased drastically to 59 deaths per 1,000 live births in 2014. Apart from that the percentage of one year olds immunised against measles increased from 71.3% in 2001 to 90% in 2014. This was a notable improvement though still under the set international target. It is against this background that the Lesotho Ministry of Health through Family Planning Unit in conjunction with UNFPA on a one to two year basis commission a National Survey on Availability and Accessibility of Modern Contraceptives and Essential Maternal Life Saving and Reproductive Health medicines in Service Delivery Points (SDPs). The availability of reproductive health commodities with emphasis on contraceptives and essential maternal life- saving medicines at all levels of care is a priority for the provision of essential maternal and reproductive health services. The regular supply of these inputs requires the country to have a good management mechanism including supply chain and resource allocation. Therefore, this national survey, also evaluated the availability of other resources necessary to support the process of acquisition, management and maintenance of RH commodities. These include availability of supply chain (including cold chain); availability of information communication technologies; and cost appraisal by family planning clients.

**SURVEY OBJECTIVES**

The Service Delivery Point Survey has the following objectives:

* Examine the modern contraceptives offered by the health facilities
* Establish the reasons why three modern of contraceptives are not provided in some facilities
* Establish the reasons why IUCD use is less than other contraceptives methods.
* Establish availability of maternal reproductive health medicines bringing out the national and district dimensions that contributes to stock outs of FP commodities.
* Capture the key essence of the indicator (availability of seven lifesaving medicines) in the various types/categories of SDPs in the country
* Establish strategies to be implemented to minimise stocks of family planning commodities.

The implementation of reproductive health commodity security will be assessed through indicators outlined in the Monitoring and Evaluation Framework of UNFPA Supplies Program. Three outcome indicators in the framework will be assessed through Service Delivery Point Survey.

* The following indictors will be used to assess availability of contraceptives and lifesaving maternal health drugs.
* Number of Primary Service Delivery Points (SDPs) offering at least three modern methods of contraceptives
* Number of Secondary and Tertiary Service Delivery Points offering at least five modern contraceptives
* Number of Service Delivery Points (SDPs) with seven life-saving maternal/reproductive health medicines (which include magnesium sulphate and either misoprostol or oxytocin or both) available in facilities providing delivery services
* Number of Service Delivery Points with ‘no stock outs’ of contraceptives in the last three months

**Deliverables**

The consultant should deliver within a period of two months the following to the UNFPA country office:

* Inception report and proposal for submission to the ethics committee in MOH by the consultant on the 31st July 2017.
* Facilitate and acquire protocol number and approval letter from the ethics committee for the survey within a month.
* A written bi-weekly progress report on the survey undertakings
* A formal report on the supervisors and data collection, with annexed training module.
* Final surveys draft report in hard (2) and electronic copies.
* final electronic data file
* Final survey report in hard copies (2) and electronic copy.
* Training of data collectors by the consultant.
* Original data files for the study

**Timelines**

UNFPA country office will be particular about timelines of submission of the report. The consultant must be able to meet allocated time lines for submission of the report. The consultant will be engaged a week before commencing the survey to prepare training package and learning the tools for the survey and also design teaching methods for the consultants. When data collection is complete, in two weeks’ time consultant will be expected to submit the final report to UNFPA country office.

**Methodology**

**Study design**

In Lesotho service delivery is offered in 3 levels which are primary level, secondary level and tertiary level and the survey will cover all the 3 level because in all the levels reproductive health services are delivered and the survey will cover all the 10 district of Lesotho

1. Primary levels care facilities include: health centers and filter clinics
2. Secondary level care facilities include: district hospital
3. Tertiary level care facilities include : referral hospital

**Survey area**

Looking at 3 types of SDPs as main levels of care, the total sample size should compose minimum number of each type to support a good estimation of parameter of the population. The formula will be used to obtain the Minimal samples size for the proportions of each category SDP under the assumption of normal distribution and hence lends the data comparison between populations. The survey will cover all 10 districts of Lesotho.

**Data collector’s recruitment**

The recruitment of data collectors, supervision and management will be the responsibility of UNFPA country office in collaboration with ministry of health. Data collection will be done by nurses and pharmacist working in all the 10 districts while supervision will be done by program managers based at Ministry of Health Headquarters. The consultant will also be part of coordinating team.

**Data collection and period**

Data collection tools are standard tools that have been developed by UNFPA headquarters and have being used in many countries, this tools have been adopted by the UNFPA country office together with Ministry Of Health in order to suit country need. The time allocated for the survey is two months and will include inception report, ethical clearance, training of data collectors, data collection, analysis, final report, relevant meetings etc.

**Data collectors and supervisors training**

Training should include an overview of the survey objectives, background information on RHCS, standard interview techniques and etiquette, a detailed understanding of how to fill the data collection questionnaire to be completed, and classroom practice. Appropriate venue for such a training will be agreed by the consultant, UNFPA and Ministry of Health.

Data collection training should take a maximum of three days and a special or additional training will be done for supervisors in addition to a normal training with data collectors. This will help them to be able to supervise data collection.

**Data collection and organization of the field work**

Field work is expected to take 15 working days. And each district will be assigned a team which will consist:

* A team Leader/ supervisor
* data collectors
* two drivers

Supervisors will be done by ministry of health staff mostly people who are members of RHCS TWG while overall data collection coordination will be done by two manager from MOH, consultant and UNFPA country office.

**Task of a data collectors**

* complete the data collection instrument as accurately as possible by asking questions of the appropriate respondent, observing equipment and other items
* reviewing records, registers, and logbooks
* interviewing clinical stuff about their work as required by the questionnaires
* submitting the data collected to the supervisor on daily basis

Data collection will be done by health services providers and have a good understanding of Reproductive health services and must be experienced in drug supply managements and supply chain issues and health system.

**Task of a supervisor**

* Accompany the team at all times and coordinate daily data collection and interviewers at each facility
* Assist data collectors with any technical issues
* Assist in any logistical issues like stationary, transport for data collector’s accommodation arrangements and so on.
* Reviewing all data collected for completeness and accuracy at the end of each day of data collection.
* Organizing data appropriately with clear files that identifies data by facility
* Receiving data from data collectors and checking it and submitting to the consultant.
* Assist data collectors with any problem that might arise on the electronic system used to collect data.
* Communicate with the consultant and other survey coordinators regularly on their location, problems encountered, etc.
* provide coordinators with field reports on daily basis on area of challenges, success and interest to RHCS
* Randomly select at least two facility in the area S/he is supervising to repeat some questionnaires and compare with data provided by data collectors to check similarities for purposes of quality.

**Data entry and management**

At least two people should be responsible for data entry and management who proven experience in managing large scale data, preferably health related data and who are familiar with electronic system used by Ministry of health in data management and cleaning.

data entry personnel will attend the train to train data collectors and supervisors on electronic systems used in the ministry and also to learn and understand better the language in RHCS and visualize how they will harmonize data collection with entry at the same time to allow for quick and effective way of managing data.

It is anticipated that data entry screens are to be created into CSPRO, or any other relevant and applicable software, flexible and powerful software for data entry and management. Ultimately the CSPRO files will be exported into SPSS and STATA files for analysis.

**Data Analysis and Report writing**

Data analysis and report writing will be the responsibility of the consultant. A report will be written according to the reporting template prepared by UNFPA country office and Ministry of health. In general, the analysis will describe characteristics of health facilities at the national level and elucidating regional, facility type and facility sector related variations in functioning capacity and in the extent of surveyed health facilities.

The preliminary findings of the survey will be presented to RHCS TWG for comments and inputs. A one day validation workshop will be conducted for all stakeholders and their feedback will be included in the final report.

**Scope of consultancy services**

In addition to the above responsivity of data analysis and report writing the consultant will also:

* Consultant will take overall leadership of the survey and will work in collaboration with Ministry of health RHCS TWG, supply chain unit, pharmaceutical services and UNFPA supplies coordinator.
* Develop a tentative schedule of visits to facilities in each region. This should be revised with each team during the training session. The ministry of health facility list that is up to date will be required.
* Ensure that logistics for the field work are taken care of and each team has sufficient number stationary (questionnaires, clipboards, pencils, and DSAs letters to facilities in advance.
* Work closely with ministry of health to ensure that the survey has been presented to the senior management of Ministry of Health for buy in and support.
* Liaise with Ministry of Health ensure that letter are sent to all health facilities and district health management.
* During data collection the consultant will be in contact with all team supervisors to monitor progress, help them with logistical issues and solve any technical issues that might arise.
* track rate of completion of teams and constantly communicate with MOH, UNFPA and other stakeholders in order to assist teams that might not finish on time and make filed visit to all team to monitor progress assist to ensure data quality.

**Experience and qualifications**

* Master’s in public health, Masters in Pharmacy or similar qualifications or equivalence
* At least five year research experience in health field.
* Must know ministry of health policies, guidelines and standards e.g. RHCS Policy and strategy, Sexual and Reproductive health strategy, medicines policy, Essential Medicines List etc.
* knowledge with of family planning and reproductive health commodity security data system
* Experience with health care system.
* Must be a team player and be able to work independently as well
* experience in leading research teams and undertaking research in the field of health
* excellent computer skills
* Experience working with statistical data analysis packages such as SPSS, EPI info or STATA required.
* excellent in writing and communicating in English
* Ability to develop data shells.

Budget commitment and support by UNFPA country office to the consultant based on deliverables and agreed terms and conditions.

Approved---------------------------- Date-------------------------------