ANNEX II: TERMS OF REFERENCE

1. BACKGROUND INFORMATION

Partner country

Ethiopia, Gambella Regional State

Contracting authority

Doctors With Africa CUAMM

Country background

In Ethiopia, socio-economic development has been accompanied by an improvement in the Human Development Index (from 0.283 to 0.463 between 2011 and 2017), an increase in the coverage of universal health services (to 43% in 2020), and a reduction in under-five mortality over 20 years from 123 to 59 deaths per 1.00 live births. However, neonatal mortality remains at 33 deaths per 1,000 live births, 55% of under-5 deaths continue to occur within the 1st month of life and 80% are caused by conditions that are preventable through primary health care, such as pre/post-natal care, skilled-attended delivery or paediatric outpatient care (EDHS 2019; HSTP II). Strong geographical disparities also remain: the Gambella Region has been among the regions with the highest under-five mortality (88/1,000; UNICEF 2020) neonatal mortality (36/1000; UNICEF 2020 and Tesema et al. 2021) over the past decade and in fact has a universal health services coverage index of 27.5% - much lower than the national average (HSTP II).

Lack of access to quality, free and equitable care for the whole population is one of the main causes of mortality, morbidity and disability.

In Ethiopia, about 7.8 million people (9.3 per cent of the population) live with some form of disability, of which about 2.3 million are children and youth under 25 (30 per cent) and almost 2.2 million (2.4 per cent) have a severe form of disability. Among the South Sudanese refugee population, 5% have some form of disability (UNHCR 2021). The risk of disability increases with age, with a prevalence of 1% among children under 18 and 13% among those over 60. In children, 21.9% of disability is estimated to result from birth-related injuries, 3% from prenatal factors, 29% from conditions arising between the first month and five years of life, and the remaining 47% are unknown (ElHazmi et al 1997). Visual and physical-motor disabilities are also the most common forms of disability in Ethiopia. 1.6% of the population, or 1.68 million people, suffer from blindness (one of the highest percentages in the world) for easily preventable or treatable reasons (cataract 49.9%, trachoma 11.5%, other corneal opacities 7.8%, refractive errors 7.8% and glaucoma 5.2%) (National Survey on Blindness, Low Vision and Trachoma in Ethiopia 2005/6). Recent socio-demographic studies (Chala et al 2017) indicate that 17% of people with disabilities have a physical-motor disability. However, only 268,897 cases of physical-motor disability are officially registered nationwide, a figure that is stuck at the 2007 census. GRHB estimates indicate that, in the Gambella Region, visual and physical-motor disabilities are the most prevalent (35% and 32% respectively), higher than the national average.

From the medical-healthcare point of view, the problem of the high rate of physical-motor, cognitive and sensory disabilities found in the area is linked to a lack of access to primary prevention services (dedicated transversally to the entire population to prevent disabilities), secondary prevention (which identifies the categories at risk of disability and directs them towards appropriate services), and tertiary prevention (i.e., aimed at reducing the severity and complications of diseases that have already been established). Following this categorisation (also defined in ElHazmi et al 1997), the main problem can be linked to three causes/problems:

1. **Poor access to quality reproductive, child and neonatal health services**
   Regionally, 70% of expected deliveries take place in a health facility (EDHS 2019, increasing trend compared to EDHS 2016). The health facilities involved in the INCLUSIVE project assist 22% of expected deliveries throughout the Region with qualified staff (GRHB 2020). However, in these facilities persist high indices **of poor quality obstetrical and neonatal emergency care**. The

neonatal mortality rate is 2.54% (HMIS 2020). At Gambella General Hospital, the intrapartum and direct obstetric mortality rates are 4% and 1.31% respectively (HMIS 2020). Access to pre-/post-natal care remains low, with only 52.3% of women accessing the 4th antenatal visit (EDHS 2019) and 35% accessing post-natal visits (MEQSS project data), thus reducing the opportunity to identify newborn problems early. Access to paediatric care is also limited: the outpatient service utilisation of children under 5, of only 0.69 visits/child in 2020, is a factor in the delay in diagnosing cognitive, physical-motor and sensory problems of the child. These negative indicators of access and quality of care are linked to gaps in infrastructure, human resources and availability of materials (see section 3.2).

Through quality primary health care in project-supported facilities, disability can be limited by preventing and treating obstetric and neonatal complications and conditions arising in early childhood. Across the board, the analysis of the problems has shown that the lack of up-to-date social and health statistics on the most prevalent forms of disability does not allow for a complete picture of the phenomenon, nor does it allow for the needs of these people to be taken into account when defining inclusive services. This is especially noticeable in the health sector, where the data collection system is disability-blind.

2. **Inadequate knowledge and referral systems for the early identification of people at risk of and with disabilities**

   At all levels of the community (families and caregivers, community activists and leaders, health and education providers and government authorities), discriminatory knowledge, attitudes and practices, as found through the on-site interviews, constitute one of the main barriers to timely access of persons with disabilities to primary health care services. At the same time, there is a lack of organised forms of representation of persons with disabilities that are able to assert the demands and rights of this part of the population. In the area there are only two Organisations of People with Disabilities (both in the urban area), which lack technical, human and financial resources to carry out their mission. Associated with this is the lack of governance measures (such as protocols, guidelines, etc.) that allow the various community actors already mentioned to promptly recognise the main forms of disability or the risk factors related to them in order to address the most vulnerable persons (i.e. persons with / or at risk of sensory, cognitive, physical-motor disabilities) towards adequate health services and to carry out community-based rehabilitation.

   Through the creation of this referral system, an increase in the number of people identified and referred for diagnosis, treatment and follow-up will be ensured.

3. **Shortage of eye care and physical-motor rehabilitation services**

   People with (or at risk of) visual or motor impairments are referred to hospitals in Addis (520 km) and Jimma (425 km), at catastrophic cost, because none of the health centres in the area are able to provide treatment for these conditions, due to a lack of trained staff, instruments and medicines.

   By expanding the range of services in the area of intervention, it is possible to reach a large number of people with (or at risk of) disabilities who would not otherwise be treated.

Current situation in the sector

The KAP survey is implemented in the framework of the project INCLUSIVE, implemented by Doctors with Africa Cuamm in collaboration with the local Health Authorities: Gambella Regional Health Bureau, Woredas of Gambella Town, Gambella and Abobo.

The project *INCLUSIVE: Strengthening prevention, equitable and inclusive care for all* ("the Project") aims to contribute to the improvement of the health and well-being of the population in Ethiopia, with particular attention to people at risk of and with disabilities in the Gambella Region.

Gambella Region - with its population of over 900,000 people of which 40% (about 385,000 people) are South Sudanese refugees - is indeed one of the lowest-ranking regions in terms of universal health services coverage index (Gambella UHC index: 27.5%, vs. Ethiopia: 43% in 2020). Over the past decade, Gambella region maintained persistently high under-five and newborn mortality rates, which are worse than the national average (Gambella: 88/1,000 and 36/1,000; Ethiopia: 59/1,000 and 33/1,000 in 2020 respectively).

Despite the lack of reliable data on the various forms of disability, other factors in the Region (such as high prevalence of malnutrition, HIV, and malaria, combined with the insecurity situation) allow to estimate that disability has a higher prevalence in Gambella Region than in other Ethiopian regions and that it impact on the health of this population is far-reaching. Most forms of disability that are prevalent in Gambella Region (and in Ethiopia in general) could be prevented or treated through timely access to basic health services. Disability related to complications during childbirth, prenatal factors and conditions arising between the first month and 5 years of life constitute more than half of disabilities in children, and visual and physical-motor disabilities - which could be prevented or treated by providing basic eye care and rehabilitation - account for 35% and 32% of disabilities in the region respectively.

Over three years, the INCLUSIVE project will support nine health facilities: two hospitals (Gambella General Hospital, which is the referral hospital for all obstetric, neonatal and paediatric emergencies for all health facilities in the Region, and Gambella Primary Hospital) and seven health centres in the woredas of Gambella Zuria, Gambella Town and Abobo (about 118,400 people). Here, the project will improve access to quality health services of primary, secondary and tertiary prevention of physical-motor, cognitive and sensory disability (specific objective). The project operates on three strategic axes, which correspond to the same number of expected results.

To improve the effectiveness of reproductive, paediatric and neonatal health services in preventing disability, the rehabilitation and equipment of the operating theatre, surgical ward, laboratory and paediatrics of the Gambella Primary Hospital, as well as the upgrade of the electrical and plumbing systems of the Gambella

The project objectives and activities are in accordance with the national health policy defined by the:
1. *Health Sector Transformation Plan II 2020/21-2024/25*, HSTP II, which foresees an expansion of the universal health services coverage (UHC) to people carrying any sort of disability with focus on: visual, motor and psychological deficits,
2. National Health Sector Strategic Plan for Early Childhood Development in Ethiopia 2021-2025 with focus on preventing disabilities in the first periods of life.

Related programmes and other donor activities

The initiative is linked to the other interventions supporting the health sector in Gambella Region and is in line with GRHB and national priorities. The added value of INCLUSIVE lies in its focus on an uncovered area of action, namely primary, secondary and tertiary prevention of disability in the woredas of Gambella Town, Gambella Zuria and Abobo.

The project will regularly coordinate with national/regional authorities and international partners in order to avoid duplication and overlapping of activities, through the participation in the following meetings:

- Coordination forum of regional health partners where all NGO representatives in the region meet with the GRHB and present ongoing activities, difficulties encountered in their respective areas of intervention and discuss how to coordinate the various interventions with an integrated approach and to support the priorities of the GRHB itself.
- Technical Working Group on Reproductive, Maternal, Newborn and Child Health (RMNCH) organised by the GRHB, involving NGOs implementing projects in the field.
- Independent working groups aimed at responding to the Covid-19 health emergency organised by the Public Health Emergency Operations Centre (PHEOC) according to priorities for action. CUAMM actively participates in the working group related to the priority "Planning and Coordination" that coordinates the overall efforts to respond to the Covid-19 emergency.
- Coordination meetings on health and nutrition organised by the Ethiopian Agency for the Administration of Refugee and Returnee Affairs (ARRA) and UNHCR. These meetings involve all NGOs working in the refugee camps to update each other and coordinate their regional programmes.

- Monthly co-ordination meetings of all NGOs working in different thematic areas but in the same refugee camp, to share updates and critical issues and discuss how to co-ordinate and integrate the efforts undertaken. These meetings also provide an opportunity for ARRA and UNHCR to update all NGOs working in a specific refugee camp on different issues.
- Monthly thematic coordination meetings for NGOs working in the same refugee camp. The thematic meeting, unlike the monthly coordination meeting, involves a field visit to assess activities in a selected thematic area each month followed by a shared reflection on progress and problems observed.
- CUAMM's participation in the coordination meetings concerning the activities in the refugee camps is relevant as the project hospitals are also a reference point for this part of the territory and, in a LRRD (Linking Relief and Rehabilitation Development) perspective, will be functional in promoting the integration of health services for the host and refugee communities.

2. OBJECTIVES & EXPECTED OUTPUTS

Overall objective

The overall objective is to have a deeper understanding of the perception and the effects on the day to day life of disability in the population of Gambella Town, Gambella Zuria and Abobo Woredas and in the approach of the respective health professional dealing with these patients.

Specific objective(s)

The specific objective (Outcome) of this contract is to finalize a Knowledge Attitudes and Practices (KAP) survey among the population and health professional of Gambella Town, Gambella Zuria and Abobo Woredas that aims at:

i. Assessing the population knowledge and attitude and practice toward disabilities and people leaving with disabilities.

ii. Assessing the expected needs of the general population and of the people leaving with disabilities.

iii. Assessing the health professional knowledge and attitude and practice toward disabilities and people leaving with disabilities.

iv. Matching the Project activities with the expected needs in order to give the best possible answer to the population.

Expected outputs to be achieved by the contractor

The expected outputs of this contract are as follows:

A) The KAP study design is develop and validated;

B) The questionnaires to be submitted to the population and to the health professional is coherent with the study design and the study objectives;

C) The online platform to collect data is prepared and tested, in coherence with the study design and the questionnaire;

D) Facilitate the training and the pre-testing of the data collection team (two supervisors and four interviewers) in Gambella;

E) The field activities are implemented as per work plan and the data collected are daily monitored;

F) The final database is clean and the overall data are analysed and commented using **diagrams/histograms;**

G) The draft final report & the final report of the KAP survey are submitted to Doctors with Africa Cuamm in due time.

3. ASSUMPTIONS & RISKS

Assumptions underlying the project

At socio-political level:
• Absence of unforeseen emergency situations such as armed conflict, instability and political conflicts in Ethiopia and in the area of intervention that would prevent the continuation of project activities.
• The priorities set out in HSTP II 2021-2025 remain high on the Government's funding agenda
• Commitments made by international partners to Ethiopia's development aid are maintained
At climate level:
• Absence of extreme climatic phenomena (floods, droughts, etc.) that could prevent the continuation of project activities.
At health sector level:
• Operational health and disability policies and strategies at national, provincial and district levels remain stable throughout the project.
• The health staff of the project's target hospitals and health centres continue to receive their salaries from the relevant state authorities, thus ensuring continuity of services.
• Willingness and interest of health care staff and Health Extension Workers and Community Based Rehabilitation volunteers in improving their knowledge to ensure an adequate response to the needs of people with disabilities and families who have members with disabilities and to facilitate access to prevention and diagnostic services.
• Willingness and interest of the population to participate in the project

Risks

Risk	Relevance (Low/medium/ high)	Mitigation measures
Possible escalation of interethnic tensions in Gambella region	Medium	Constant updating with local authorities in Gambella and with Italian Embassy.

4. SCOPE OF THE WORK

General

4.1.1. Description of the assignment

The scope of the assignment is to ensure the scientifically-correctness and timely implementation of the Knowledge, Attitude and Practice (KAP) Survey on Physical and Psychologic disability among the population resident in Gambella Town, Gambella Zuria and Abobo Woredas.

4.1.2. Geographical area to be covered

The study will be implemented in the project area i.e. Gambella Town, Gambella Zuria and Abobo Woredas within the Anuek Health Zone, Gambella Regional State, Ethiopia.

4.1.3. Target groups

The population of Gambella Town, Gambella Zuria and Abobo Woreda, for a total of 118.400 people Woredas, including people living with disabilities, and the health professional working in the target facilities (Gambella general Hospital, Gambella Primary Hospital and 7 Health Centres of Gambella Zuria and Abobo Woredas).

Specific work

- Develop, share and review and finally validate the study protocol
- Develop and test the data collection tools (Questionnaires) with the interviewers and supervisors selected and recruited by CUAMM
- Develop the data collection system in Kobo (software)
- Facilitate the training and the pre-testing of the data collection team (two supervisors and four interviewers) in Gambella;
- Monitor the day to day data collection progresses and the data uploaded
- Analyse the data, also through the use of diagrams and histograms, and apply statistical tests for assessing the validity of results
- Write the study report in scientific English.
- Project management

4.1.4. Responsible body

Doctors with Africa CUAMM

4.1.5. Management structure

The Consultant, who responds to the Project Manager, is in charge of managing the activity of data collection in the field through a team composed by two supervisors and four interviewers.

The Project Manager will select and recruit the supervisors and the interviewers and will coordinate the contacts with the Consultant. The Consultant will train the supervisors and the interviewers on the tools and them will follow them through the Project manager.

The Project Manager responds to Cuamm Area Manager, who responds to Cuamm Country Manager.

4.1.6. Facilities to be provided by the contracting authority and/or other parties

Doctors with Africa Cuamm will:

- Ensure the Ethical approval of the study protocol
- Recruit the data collection team (two supervisors and four interviewers) and facilitate the training and the pre-testing by the Consultant in Gambella
- Provide two cars, two drivers, four tablets with Kobo software
- Oversee the implementation of the data collection in the field.

5. LOGISTICS AND TIMING

Location

The KAP survey will be implemented in Gambella, the consultant will have to dislocate to Gambella Town only to run the data collector trainings, while the rest of the consultancy could take place from remote.

Start date & period of implementation of tasks

The intended start should be in August 2023 and the period of implementation of the contract will be within 4 months starting from the signature of the contract.

6. REQUIREMENTS

Expertise

Public Health Specialist and or Medical Doctor

Qualifications and skills

- ✓ Master Degree in Medicine and/or Public health
- ✓ Courses in Epidemiology and statistics
- ✓ Fluent English & Amharic language skills

Previous work experience

- ✓ Proven track record of prior quantitative research in the health sector in Ethiopia, with a special attention to KAP surveys (approved reports)
- ✓ Proven track record of developing mobile data collection sets (approved reports)
- ✓ Previosu experience in the disability field will consider and added value

Facilities

To be provided by the contractor. The Contracting Authority will only provide the facility for the data collectors training in Gambella Town.

Equipment

No equipment *ad hoc* will be purchased for the action. All tools for implementing the field activities are already available (tablets) and the NGO will put them at disposition of the survey team.

The Consultant must have a computer available in order to produce the work; also Internet Connection will be on Consultant cost

7. EXPECTED OUTPUT

Reporting requirements

The contractor will submit the following reports in English in soft copy:

- **Study Design and Questionnaire** to be shared after one week from the beginning of the assignment.
- **Link to the mobile data collection set** no later than two weeks from the submission of the research protocol to the Ethical Committee.
- **Draft final report** in English. This report shall be submitted no later than two weeks from the end of the data collection activity, together with the database of the collected data.
- **Final report** with the contracting authority on the draft report. The deadline for sending the final report is 1 week from the last receipt of comments on the draft final report. The final report must be provided along with the corresponding invoice.

Submission and approval of reports

The reports referred to above must be submitted to the contracting authority that is responsible for approving the reports.

8. MONITORING AND EVALUATION

Responsibilities

The CUAMM Project Manager will coordinate with the Consultant for the data collection and for the respect of timing of the expected output. The CUAMM Project Manager will inform in written the direct supervisor for any delay and noncompliance with the signed contract, in order to achieve the fulfilment of the respective obligation.