# Terms of Reference for Quality of Care (QoC) System Review

## Background:

IPPF (International Planned Parenthood Federation) is a global service provider and a leading advocate of sexual and reproductive health and rights (SRHR) for all focusing on the marginalized and underserved. IPPF provides SRHR services in 133 countries and runs approximately 65,000 service points worldwide. It seeks to influence governments and other key decision-making bodies make policy and legislative changes that support or defend SRHR. IPPF also conducts a range of education, awareness, and empowerment programmes that support its key mandate of SRHR for all. IPPF works to empower the most vulnerable women, men, and young people to access lifesaving health services and programmes.

Supported by millions of volunteers and 3,000 staff, IPPF Member Associations (MAs) are autonomous, local non-profit organizations that provide sexual and reproductive health (SRH) information, education, and services through 46,000 service delivery points, delivering 208.6 million sexual and reproductive health services across the world in 2017. Services provided include contraception, abortion care, maternal and child health and STI and HIV/AIDS prevention and care.

The Women's Integrated Sexual Health (WISH) programme is IPPF's flagship health programme designed to transform the lives of millions of women and girls. Funded by the UK Foreign, Commonwealth and Development Office (FCDO), the WISH programme is providing integrated and holistic healthcare to 2.2m additional users of contraception in 15 countries across South/East Africa and South Asia between 2018 to 2021. The programme is currently being delivered by a consortium of internationally recognised organisations and IPPF Member Associations (MAs). Programme coordination is being managed by a Secretariat Hub, hosted by IPPF's Africa Regional Office (ARO) in Nairobi, Kenya.

The WISH project has contractual commitments with FCDO to ensure that all services are delivered to a minimum quality standard and that W2A implements a clinical incident management system to monitor adverse events across all WISH sites. These commitments are also aimed at strengthening health systems to ensure sustainability of delivering quality SRH services, beyond the life of the project.

Considerable gains have been made in Quality of Care (QoC) since the inception of WISH and it is now of specific interest to the WISH2ACTION team to understand in more detail the experience of the IPPF MAs, who have engaged in system strengthening interventions and document the learnings, to be disseminated widely across the federation. This study will specifically focus on QoC assessments and quality improvement, which includes: QoC checklists; a QoC Mobile App; QoC scoring (as a result of the assessment) and a quality assessment and improvement process. An Adverse Event Reporting and Learning (AERL) system is a policy and a set of tools to be used by all WISH-supported sites in case of

a clinical adverse event to ensure that all of these events are identified, managed and investigated. Linkages to this and the results from a separate AERL study will be included in this study.

## Objective and Aim:

To assess the experiences with the QoC system and tools rollout and the use of standardized QoC and adverse events reporting tools.

### Overall Aim of the study

For learnings to be documented, shared for continued systems strengthening across the Federation

The study will include the following areas of interest:

- Other WISH programme interventions that have contributed to improving quality of care beyond the system itself within the WISH IPPF MAs and geographies where the IPPF MAs operate.
- Evidence from system users through semi-structured survey, KIIs and IDIs; what changes have they experienced and what are their opinions on the contribution of WISH in increasing engagement with QoC. What efficiencies have been made around QoC and what is the value added?
- Improving quality for **all**, including the most marginalised is an important objective of the WISH programme, especially for youth/PLWD/people living in poverty. What have the QoC interventions improved specifically for these groups?
- What is the potential legacy/lasting effect of the QoC interventions from WISH? How can it be adopted across the federation?

## Methodology:

The primary methods proposed for this study are rapid desk review, survey and KIIs and IDIs which are described in more detail below. This study will be supplemented by the existing AERL MA survey results.

### 1. Rapid Desk Review

To collect and review all relevant project documentation such as QoC guidelines and tools, relevant presentations and materials produced by the project documenting QoC and AERL activities. This will inform the survey and KII/IDI interview questions and contribute to a comprehensive introduction and background to WISH QoC activities in the report.

### 2. Semi structured survey

Administered to key stakeholders and system users (either involved in the development or implementation phases) from IPPF MAs and the W2A hub, surveyed to gain their perspectives on the QoC roll out, to better understand how they have used the QoC systems and tools, how useful they have found the tools to be, what some of the challenges were, to what extent the systems and tools have been embedded and what could have been done differently? Linkages to the AERL system could be included here if feasible.

The survey will be self-administered and online (e.g. Kobo connect) and will be requested of 3-5 key people in each of the IPPF MAs involved in the WISH programme (Lots 1 and 2).

3. KIIs

Key informant interviews (KII) will be conducted remotely and virtually to gain a picture of QoC and AERL among key stakeholders and users from the MAs before WISH commenced and after. This may include relevant IPPF MAs, the Africa Regional Office, WISH hub staff (past and present) and partners who supported the development and roll out of the QoC tools and systems. The KII will follow a standardised interview guide/survey and will likely be 1:1 format. It is estimated that approximately 20-30 people will be interviewed.

4. IDIs

In depth interviews will be carried out with individuals from 3 or 4 IPPF MAs, to explore specific details relating to an aspect of the rollout that is more unique e.g., Tanzania or an area of interest that arises as a result of a KII.

## Deliverables:

- Agreed schedule of work
- Inception Report: including description of methodology, data collection tools, timelines etc
- Rapid Desk Review
- Questionnaires for data capture via survey, KII and IDI. Share with W2A team before final approval.
- A comprehensive final report (with 2 rounds of drafts submitted for feedback) including presentation of findings, a report summary, a learning brief, and a Power point slide deck based on the same report.
- A presentation of the findings to the IPPF team and a contribution to dissemination activities of the report.

## Timelines:

| **Item description** | **Timeline** | **Deadline** |
|---|---|---|
| Review of proposals and selection | | 1st November |
| Engagement of consultant | 2 weeks | 15th November |
| Inception Report | 1 week | 22nd November |
| Rapid Desk Review and interview tools completed and ready to send | 2 weeks | 6th December |
| Semi structured surveys returned | 1 weeks | 13th December |
| KIIs completed | 2 weeks | 20th December |
| IDIs completed | 1 week | 12th January |
| Analysis of data | 1-2 weeks | 21st January |
| Report writing 2 drafts leading to a final report | 3 weeks | 11th February |
| Final report and presentation to IPPF | | 14th February |

### Required Expertise:

- Advanced degree in social studies, public health, pharmacy or in related areas.
- Five years of progressively responsible professional work experience in quantitative and qualitative data analysis, particularly with experience in survey and interview guide design and delivery

- Strong data analysis skills, including proven experience in interpretation of findings, and presentation of results to non-technical audiences, knowledge of requisite data analysis software.
- Knowledge of clinical quality of care approaches, reproductive health/SRH policies, systems, and practices of the programme countries.
- Ability to plan and organize his/her work, efficiency in meeting commitments, observing deadlines, and achieving results.
- Proven and excellent report writing and presentation skills.
- Ability to receive/integrate feedback.
- Fluency in verbal and written English and French

## How to apply:

Interested individuals or firms should send a soft copy of their application by email to smudhune@ippf.org. The deadline for submissions is 1st November 2021 by 23.59hrs GMT.

The application should include:

- A technical narrative and financial proposal, no longer than 4 pages, describing how they will accomplish the tasks described above, the indicative budget and budget notes
- CVs of key personnel who will be engaged in the consultancy.
- Applicants must also submit an institutional capacity statement.
- Brief paragraphs (summaries) 3-4 examples of similar work done in the past two years. The summaries should include descriptions of the past efforts, covering the scale of data collection, the methods used, experience with digital data collection tools, field strategy (including interviewer/researcher recruitment, team structure, quality control systems, etc.), data management approach, quality control systems, etc.
- Provide information on timeline and budget challenges and how you have dealt with these in the past.
- References (2-3) that can be contacted regarding the quality of the organization's/individuals' work.