



Terms of Reference (ToR)

GESI Informed KAP Baseline Survey Study on HIV, TB, and Malaria in Bokeo province, National or Local International Consultant

Contractual Arrangement: Short-term external consultant

Contract Duration (Days): 25 days

Posting Date: 18/12/2024

Closing Date: 10/01/2025

Primary Location: Vientiane

Travel: The consultant is expected to travel to Bokeo, 25-30% of consultancy period

Organization: Department of Communicable Disease Control, Ministry of Health

Project: Strengthening the Health System of Lao PDR by Transitioning to a Sustainable System Through Promotion of an Integrated People-Centred Health System Model, funded by L'Initiative, France with implementing support of Expertise France.

1. Purpose of consultancy:

To contribute to the development of project baseline study, a GESI informed survey/analysis of HIV, TB and co-morbidities in Bokeo to support project implementation

2. Overview:

The Lao Ministry of Health's Department of Communicable Disease Control (DCDC) serves as the Principal Recipient (PR) for the Integrated People-Centred Health System Strengthening Model (IPC-HSSM) project, funded by Expertise France. This project is implemented in collaboration with Sub-Recipients (SRs), the Department of Hygiene and Health Promotion (DHHP), and the Department of Health Personnel (DHP) of the Ministry of Health, along with the national technical centres for HIV and STIs (CHAS), National Tuberculosis Centre (NTC), and Centre for Malariology, Parasitology, and Entomology (CMPE). Additionally, Community Health and Inclusion Association (CHIAs), a civil society organization, is a SR in this project which is responsible for community outreach and delivering gender sensitive peoplecentred services to key populations.

Bokeo Province, the target of this project is strategically located along key trade routes and within the Golden Triangle Special Economic Zone, faces significant public health challenges due to its high mobility population and socio-economic factors. The province is experiencing rising rates of HIV, TB, and malaria, particularly among vulnerable groups such as service workers, mobile populations, youth, pregnant women, LGBTQ+ individuals, and ethnic minorities. These key populations often encounter barriers to accessing essential health services due to stigma, discrimination, and inadequate knowledge on three diseases and available resources.

In-line with Lao People's Democratic Republic's goal to eliminate and fight malaria, HIV, and TB, the project aims to improve access to integrated, gender-sensitive quality of primary healthcare and community-based services in Bokeo province. This is planned to achieve through

the promotion of integrated, people-centred, and gender-sensitive health-system model. To guide targeted interventions, a baseline study will be conducted across five districts in Bokeo, assessing the current levels of health knowledge, practices, service accessibility, and satisfaction with healthcare services. Additionally, it aims to measure satisfaction levels with existing services and analyse how gender and socio-economic determinants influence health-seeking behaviours. By identifying barriers to healthcare access and gathering insights from both KPs and healthcare providers on the integration of services for HIV, TB, malaria, sexual reproductive health (SRH), and mental health services, this study will provide critical data that can guide future interventions. Ultimately, the findings will support the development of effective strategies that enhance service delivery and improve health outcomes for vulnerable populations in Bokeo Province from July 2024 to June 2027.

3. Purpose of the Baseline Study

The baseline study aims to:

- 1. **Evaluate Knowledge, Attitudes, and Practices**: Assess the current knowledge, attitudes, and practices regarding HIV, TB, malaria, and SRH (STIs, family planning) among KPs and healthcare providers to identify gaps and inform targeted interventions.
- 2. **Measure Service Satisfaction**: Determine the satisfaction levels of key populations regarding existing HIV, TB, malaria, and sexual and SRH services in Bokeo, identifying areas for improvement in service delivery and serving as a baseline for the project.
- 3. **Analyse Social Determinants of Health**: Investigate how gender, socio-economic status, and cultural factors influence health-seeking behaviours and access to healthcare services among KPs in Bokeo.
- 4. **Identify Barriers to Healthcare Access**: Identify specific barriers faced by key populations—including service workers, mobile populations, youth, pregnant women, LGBTQ+ individuals, and ethnic minorities—in accessing healthcare services for HIV, TB, and malaria.
- 5. **Assess Provider Perspectives on Service Integration**: Gather insights from healthcare providers and local authorities regarding their understanding of and opinions on the integration of services for HIV, TB, and malaria. This will establish a baseline for the project and identify opportunities to strengthen collaborative care approaches.

4. Scope of Work

The consultant will:

- Collaborate with DCDC, CHIAs, and the project's MEAL Coordinator to develop an inception report and survey tools. The survey tools shall be pre-tested.
- Conduct a thorough analysis of healthcare access, service satisfaction, and KAP gaps among KPs accessing quality healthcare services and healthcare providers in Bokeo.
- Lead training for data collectors to ensure ethical, accurate, and gender-sensitive data collection.
- Oversee data collection and ensure quality control.
- Analyse findings to produce a robust baseline report with actionable recommendations.
- Post-study debriefing session on methodological aspects and lessons-learned.

• Present the findings to DCDC and project stakeholders.

5. Methodology

The consultant will employ a mixed-methods approach using the following tools:

- 1. Key Informant Interviews: In-depth interviews with KPs, community leaders, and health workers.
- **2. Focus Group Discussions:** Interactive group discussions with, VHVs, health centre, DH, PHO, and DHO staff.

Data Collection, Sampling Strategy and Data analysis

Data collection

- Data should be collected using a population sample by specifically taking into account local diversity (gender, age, ethnicity, location, etc.)
- All project target group of beneficiaries should be included during data collection process.
- The data collection should be disaggregated by age and gender and KP groups.
- All raw data (including data entry forms, database of entered data, graphics and analysis for each district) shall be made available to project team and submitted with the final report.

Sampling Strategy:

Purposeful sampling will be conducted for KPs to ensure representation of vulnerable groups. This will be led by TA, conducted by CHIAs in collaboration with KP networks and district and provincial authorities;

- **Key Populations:** Individuals living with HIV and those vulnerable, Individuals with TB and those vulnerable, malaria-affected individuals and those at risk, youth, pregnant women, and ethnic minorities.
- **Healthcare Providers:** Village health volunteers, district hospitals (2 across two districts), health centres (15 across 5 districts), as well as district and provincial health authorities.

Sample Size: Approximately 150 participants (subject to change based on the statistical verifications conducted by the TA).

The TA will further improve purposeful sampling techniques as follows:

- Stratified approach
- Representation verification in collaboration with technical centres, provincial health office staff, CHIAs and KP network and project manager at DCDC
- Snowball sampling for hard-to-reach populations
- Sample Size Optimization
- Adaptive sampling techniques

Data Analysis:

- Quantitative analysis using SPSS/SAS.
- Thematic qualitative analysis for interviews and FGDs.
- Collaborative review of findings with the MEAL Coordinator and technical partners.

6. Deliverables

- **Inception Report**: Leads inception report writing in collaboration with project's MEAL coordinator, project manager and CHIAs staff, outlining methodology, tools, and timelines (within 5 days of contract signing).
- Training of Data Collectors: Conduct a 3-day training on ethical, inclusive, and accurate data collection. Data collectors can be from local KP network and community staff.
- Data Collection Supervision: Oversee 5 days of field data collection to ensure quality and timeliness.
- **Preliminary Report**: Present initial findings for feedback from partners and Expertise France.
- **Final Baseline Report**: A comprehensive report including: KAP assessment findings, barriers and challenges to healthcare access, recommendations for gender-sensitive and integrated service delivery, appendices with tools, raw data, and stakeholder feedback.
- Presentation of Findings: Share final results with stakeholders during a dissemination workshop.

No.	Activity	Duration	Timeline
1	Inception report preparation	5 days	Jan 13-19th
2	Training of data collectors	3 days	Jan 20-24th
3	Pre-testing and Field data collection	6 days	Jan 27-Feb 31
4	Data processing, verification and analysis	3 days	Feb 3-9th
5	Report writing, finalization, and presentation	5 days	Feb 10-17th
6	Debrief and presentation of findings	3 days	(the debriefing session for partners can be in February based on partners' availability, the day for presentation of findings will be informed later)

Total: 25 working days

8. Roles and Responsibilities

- Consultant: Lead all phases of the baseline study, ensuring data quality and timeliness.
- DCDC MEAL Coordinator: Support tool development, data collectors training, quality control, and reporting.
- Technical partners (DCDC, CHAS, NTC, CMPE, CHIAs): Provide technical input for tool validation.
- CHIAs: Facilitate community engagement and data collection among KPs.

9. Required Qualifications

Essential:

First university degree in science, pharmacy or other health profession, social sciences, humanities, or international development and at least 5-7 years of experience in the following fields:

- Proven experience conducting baseline studies for health-related projects.
- Strong expertise in quantitative and qualitative data collection and analysis tools.
- Familiarity with gender-sensitive and culturally competent approaches in research.
- Excellent communication, facilitation, and report-writing skills in English.
- Work experience in developing countries.

Skills:

- Expertise in supporting the organization of consultations and meetings.
- Excellent writing skills in English, including for technical and general audiences.
- Expert knowledge of English.

Desirable:

Advanced degree(s) in public health, epidemiology or related field.

- Proven experience conducting baseline studies for health-related projects particularly in the fields
 of HIV, TB and Malaria, gender, mother and child health and sexual reproductive health in Lao
 PDR or south east Asia.
- Expert knowledge of Lao language.

10. Reporting Line

The consultant will report directly to the DCDC's management team and collaborate closely with the project's MEAL Coordinator and CHIAs.

11. Budget and Logistics

The consultant will be responsible for delivering the specified deliverables within the agreed contract timeline and budget. Costs related to travel, training, and data collection logistics will be covered under the project budget. However, the consultant is required to submit a comprehensive proposal outlining the entire baseline study plan. The budget proposal should clearly detail the TA fees for 25 days, along with any additional resources necessary for successful implementation.

12. Application Process

Interested applicants should submit:

- 1. A cover letter outlining relevant experience
- 2. Technical proposal, including methodology and timeline
- 3. Financial proposal
- 4. Curriculum Vitae (CV)
- 5. References: A minimum of two referee contacts who have managed the proposed consultant previously.

Deadline for applications: 10.01.2025

 $\textbf{Submission email:} \ \underline{Philasouk.ipchssm} \\ \underline{@gmail.com} \ and \ CC.$

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