

## Terms of Reference (ToR)

### Final Programme Evaluation

<b>Type of evaluation</b>	Final Evaluation
<b>Name of the project</b>	Making Abortion Safe
<b>Project Start and End dates</b>	2020-2023
<b>Project duration</b>	3 years
<b>Project locations</b>	Nigeria, Sierra Leone, Sudan, Rwanda, Zimbabwe
<b>Thematic areas</b>	Abortion care/post-abortion care, advocacy, healthcare providers, stigma
<b>Target Population</b>	healthcare professionals
<b>Overall project budget</b>	\$3,000 000
<b>Objective of the project</b>	To support healthcare professionals to address the barriers to safe abortion /post-abortion care for women in 5 focus countries and globally.

### Introduction

The Royal College of Obstetricians and Gynaecologists (RCOG) is a world leader in women's reproductive health, setting standards for the clinical practice of obstetrics and gynaecology in the UK and across the world. One of our strategic objectives is to advocate for women's health in the UK and globally. Our aim is that the same high standards will apply, wherever the College is involved. Established in 2017, the RCOG's Centre for Women's Global Health is a dedicated team focused on delivering RCOG's mission to improve girls' and women's sexual and reproductive health in low-income countries.

Around the world 257 million women and girls who want to avoid pregnancy are not currently using safe, modern methods of contraception. At the RCOG Centre for Women's Global Health, our goal is to change that, and allow women and girls to control their own fertility, which would result in 70,000 fewer pregnancy and childbirth related deaths per year. Whilst this would reduce the prevalence of unsafe abortion too, quality abortion services will always be essential. Every year, an estimated 25 million unsafe abortions take place around the world making it one of the leading causes of pregnancy and childbirth related mortality and morbidity.

Almost every death from unsafe abortion is preventable with the use of effective contraception, provision of quality abortion, and timely post-abortion care. These should all be an integrated, routine component of sexual and reproductive healthcare – and part of mainstream health systems. The RCOG firmly believes this would improve the health and wellbeing of all those who can get pregnant which lead to the design of the Making Abortion Safe programme, to increase health providers' capacity to deliver, improve and champion access to these critical services within their diverse national legal frameworks.

## Brief programme Background

Since 2020 the Centre has been running The Making Abortion Safe (MAS) programme, a multi-country advocacy programme focusing on the areas of safe abortion and post-abortion care. The aim of the programme is to improve women's sexual and reproductive health by linking health providers (HCPs) to evidence, professional development opportunities and advocacy platforms on abortion, post-abortion and contraception.

Our Theory of Change (appendix 1) centres around five pillars; professionalism, normalisation, leadership, RCOG voice and partnerships.

### **MAS programme thematic areas and intended outcomes**

1. **Professionalism** – HCPs have improved knowledge on the provision of SA /PAC, which is in line with RCOG best practices
2. **Normalisation** – HCPs working to provide abortion care and PAC experience less, or are better supported to manage, abortion related stigma
3. **Leadership** – Programme Champions and other HCPs conduct research and advocacy work in the field of abortion care and PAC.
4. **RCOG Voice** - The RCOG, and its membership has increased influence to reduce barriers to safe abortion and/or post-abortion care services at a national and international level
5. **Partnerships** – The RCOG has developed sustainable partnerships with like-minded stakeholders to support abortion advocacy work.

The programme has been designed around a model which places healthcare professionals and public health advocates at the centre, bringing together passionate, knowledgeable and skilled individuals together to form a network. The network has worked with over 60 individuals, referred to as the programme "Champions", who have been supported to develop and implement national advocacy strategies. In addition, Champions have been provided with access to opportunities to develop their knowledge and skills in both quality abortion care and advocacy through workshops, online trainings, conferences and events.

Alongside this, we have;

- co-developed new online educational resources on abortion/post-abortion care,
- updated and produced a series of new 'best practice papers' in abortion/post-abortion care
- lead a global research project on stigma towards HCPs working in abortion care
- partnered to deliver a workshop series on research grant writing and funded two small grants to research in post-abortion care in Sierra Leone
- been a strong voice in abortion advocacy in both the UK and global spaces through statements, webinars, conferences, op-eds on key topics such as telemedicine, buffer-zones and medical abortion.

## Purpose

We now seek to contract a consultant to lead on a final evaluation of the programme, to assess and document the degree to which the programme has delivered on its original intention (outcome

evaluation) and how effective the design and delivery has been (process evaluation). The evaluation will be centred on the programme Theory of Change and Logical Framework (appendix 2) reflecting on achievements and lessons learnt across the delivery of the programme's 5 pillars of intervention.

An evaluation framework has been drafted to guide this work, which includes 11 "key evaluation" questions in the areas of relevance, effectiveness, efficiency, sustainability and impact (appendix 3). The purpose of the evaluation is to both provide objective feedback to the donor and to support organisational learning.

Area	Purpose
<b>Relevance</b>	to investigate the extent to which target stakeholders found the design and objectives of the project to be useful and valuable
<b>Effectiveness</b>	to investigate to what extent the project achieved its objectives and assess the relative importance of each objective to the final results
<b>Efficiency</b>	to investigate if the project results been delivered in the most efficient way and what were the enabling and hindering factors to implementation
<b>Sustainability</b>	to determine which aspects of the project are likely to have a lasting impact beyond the implementation period
<b>Impact</b>	to identify the key impacts (anticipated and evidenced) of the project

## Evaluation methods

A mixed-method design will be required, using analysis of both qualitative and quantitative data and should consider incorporation of the following:

### Desk review

A review of key project documentation

Document
Programme work plan and reports (incl. RCOG Voice log and eLearning reach tracker, logical framework) Organisational policies and key documents (e.g. Centre strategic plan) Champion activity reports Media pieces Public/organisational statements Guidelines (e.g. Best Practice Papers) Reports (e.g. from research grantees)

### Key Informant Interviews

Qualitative interviews with key stakeholders, internal to the RCOG but outside of the core programme team and those external to the RCOG who have been directly engaged with one or more areas of implementation. An example of stakeholders is listed below but may be subject to change.

Internal stakeholders	External stakeholders
Director of Communications Director of Policy and Public Affairs Director of Membership Member of Council	Representative WHO department of Sexual and Reproductive Health, prevention of unsafe abortion team

Vice President for Global International Representative Committee Member x 2 (Nigeria and Zimbabwe)	Non-RCOG Programme Advisory Group* members x 2 Centre for Reproductive Rights
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\*PAG members represent Faculty of Sexual and Reproductive Health, Ipas, MSI, Bpas, FIGO, British Medical Association, IPPF

### Semi-structured interviews and focus group discussions

Semi-structured interviews with a purposively selected sample of Champions ensuring representation across countries, professional seniority, professional background and level of engagement with the delivery of national advocacy plans.

Focus group discussions with Champions to explore their successes and challenges in achieving their national advocacy plan objectives using a review of their national level Theory of Change documents, process indicators and intended outcomes.

Secondary interviews with a small number of national stakeholders in target countries such as Ministry of Health representatives, OBGYN societies and other partners who have been involved in the programme, if determined appropriate by our Champion team.

**In addition the following data, which has been routinely collected through implementation should be incorporated into the evaluation:**

### Online Learning immediate and 3 month feedback surveys

Quantitative and qualitative data on the perceived quality of the learning and learning outcomes which has been collected throughout the programme from users of the online learning resources.

### Membership Survey

In March 2021 a survey of the RCOG membership was conducted to generate baseline information on the position and attitude of members towards abortion, levels of engagement in advocacy for quality abortion care and awareness of RCOG abortion related guidelines and resources. This survey will be repeated in September 2023 to provide insights into any changes following implementation of the programme. The survey will reach an approximate membership base of 15,700 members, fellows and associates and we hope to achieve a response rate of 5%.

## Management

The evaluation will be coordinated by the MAS programme monitoring, evaluation, research and learning manager who will support with provision of data and act as a link person to required programme stakeholders. Contractually the work will be managed by the senior programme manager.

### Timeline

Milestone	Target timeline
TOR published	August
Evaluator selected	September 15 <sup>th</sup>
Documentation review, desk research and consultations	September 30 <sup>th</sup>
Inception report (to include detailed methodology/implementation plan/data collection tools)	October 6 <sup>th</sup>
Data collection	October 27 <sup>th</sup>
Data analysis	November 17 <sup>th</sup>
Draft report provided	November 24 <sup>th</sup>

Validation workshops (programme team, key informants and champions)	<i>w/c 27<sup>th</sup> November</i>
Final evaluation report	<i>11<sup>th</sup> December</i>
Presentation of findings to RCOG Centre team	<i>15<sup>th</sup> December</i>

It is anticipated that the majority of this evaluation will be conducted remotely however dependent on location of the successful candidate/organisation in-person data collection may be considered appropriate. Travel to key programme countries (UK, Nigeria, Rwanda and Zimbabwe) may therefore be considered. Logistical arrangements for any travel will be the responsibility of the consultant and should be incorporated into the financial proposal submitted.

The consultant is expected to work closely with the programme team throughout the consultancy; this will primarily be through Microsoft Teams during working hours 9am – 5pm UK time.

### Deliverables

1. **Inception report**, including A) detailed methodology with finalised objectives and key questions B) data collection tools C) Data collection plan, including the logistical arrangements and time line
2. **Validation workshop(s)**: One or more workshops can be planned with RCOG staff/stakeholders and or programme Champions to share the information and validate the findings
3. **Final Report**, not more than 20 pages (additional information can be provided in Annexes) Key findings should be provided both overall for the project, and for each of the 3 countries who delivered national advocacy plans.
4. **Presentation**, a 30-minute presentation and slide deck detailing the key findings, learnings and recommendations to be presented internally to the RCOG.

The contract agreement between RCOG and the consultant will be based on these deliverables.

### Consultant profile

The RCOG encourages both companies and individual evaluators to apply for this consultancy and particularly welcomes applications from those with lived-experience from one of the focus countries (Nigeria, Sierra Leone, Rwanda, Sudan, Zimbabwe).

Whilst all our direct stakeholders communicate effectively in English, it may be beneficial for the evaluator (or those engaged in the data collection) to have French, or one of the many other languages spoken in the focus countries, as a second language.

In assessing suitability for this role we are seeking a consultant who can demonstrate:

- 10+ years of experience in programme evaluation, ideally using participatory, mixed-method methodologies
- A sound understanding of the delivery of healthcare in low and middle income countries and the legal, social and cultural contexts which impact the access to and provision of quality abortion care in the Africa region.
- Experience in remote modality data methodologies and tools
- Experience evaluating programmes with a primary advocacy focus
- Experience evaluating programmes which have engaged in “sensitive” topics, preferably within the field of sexual and reproductive health and rights

- An ability to adapt and present evaluation findings to be appropriate to a range of different stakeholders
- Excellent English communication and writing skills

### Expressions of interest

Interested candidates should submit their interest by August 31<sup>st</sup> 2023 by email to [cwgh@rcog.org.uk](mailto:cwgh@rcog.org.uk) FAO: Suzanna Bright, Monitoring, Evaluation, Research and Learning Manager

Please include:

1. Technical Proposal: - detailing your intended methodology and approaches, data collection & analysis plans;
2. Financial Proposal in USD
3. Organisation profile or CV of lead evaluator
4. An example of a previous evaluation report or publication

The proposals will be assessed with following criteria: Technical Proposal (40 %) Experience (20 %) financial proposal (30%) Language and writing style (10 %)