

Documentation of Know Your Child Model Scope of Work

Consultancy Title	Documentation of Know Your Child Model
RFP Number	US6831.06.06
Location	Remote
Contract Duration and LOE	July 1, 2023 – October 15, 2023
Due date for clarifying questions	Friday, June 9, 2023 11:59 PM EST
Due date for full proposal	Friday, June 16, 2023 11:59 PM EST
Contact Person	Bryan A. James Bryan.James@crs.org

I. Application Requirements

Applicants must submit the following:

1. Cover letter, which describes a brief summary of approach that demonstrates qualifications in undertaking the Scope of Work. This summary should highlight how the applicant will complete the deliverables. (Document cannot exceed 3 pages single-spaced.)
2. Compensation rate per day, number of billable days anticipated, and total compensation.
3. Resume/ CV.
4. Contact Information for three professional references, with the following details about the references: (a) name, (b) position, (c) company, (d) phone number, (e) email address, and (f) city, state, country

II. Background

Karabo ea Bophelo (which translates as ‘a solution to good health’) is a five-year Activity to prevent new HIV infections and reduce vulnerability among orphans and vulnerable children (OVC) and adolescent girls and young women (AGYW) in Lesotho. The strategic objective supports Government of Lesotho (GOL) multi-sector strategies and priorities for HIV mitigation and prevention, with an emphasis on minimizing negative impacts of HIV on OVC and AGYW. KB commenced implementation operation on October 1, 2019, as a five-year award anticipated to end September 30, 2024. KB is managed and led by Baylor College of Medicine Children’s Foundation Lesotho (BCMCFL) in partnership with Catholic Relief Services (CRS), Lesotho Network of People Living with HIV & AIDS (LENEPWHA), Centre for Impacting Lives (CIL), Lesotho Inter-Religious AIDS Consortium (LIRAC), Society for Women and AIDS in Africa Lesotho (SWAALES) and Care for Basotho Association (CBA). CRS mandate is to provide technical assistance (TA) and capacity building to Baylor and its implementing partners on case management approach (CM) approach to ensure quality implementation of case management processes for Orphans and Vulnerable Children (OVC) households. Additionally, CRS is also supporting KB to strengthen the community -facility linkages using the Know Your Child Model. CRS Lesotho seeks to retain the services of a consultant to design, lead, and document a learning exercise for the KB project Know Your Child Model, answer specific learning questions, and develop a report, lessons

learned document, and other key deliverables. The following Scope of Work (SOW) describes the role and responsibilities of the consultant to lead the learning exercise.

III. “Know Your Child Model.”

Lesotho has been burdened by HIV pandemic for over decades, however, in the last five years, there has been significant improvements in meeting the UNAIDS 95-95-95 treatment goals. Though a lot of gains have been made, the country is still lagging in meeting the HIV targets for children aged 0-17 years compared to adults. It is critical for Baylor-KB to work in collaboration with the Ministry of Health and Clinical partners to improve the treatment outcomes for children. Prior to the OVC-Clinical collaboration initiative that began in FY21, clinical partners, health facilities and community-based organizations were working in isolation with limited coordination of interventions. KB began initiatives to strengthen community-facility-linkages. In a bid to strengthen the collaboration with the Ministry of Health (MOH) and Clinical partners, KB led the development and implementation of the bidirectional referral standard operating procedures (SOPs) and placed social workers at the health facilities to facilitate facility-community referrals.

Despite the above-mentioned initiatives, KB continued to experience low enrolment of C/ALHIV into KB project, limited data sharing and lack of coordination with health facilities and Clinical partners. In addition, KB project continued to experience programming gaps in its efforts to complement the health facilities and Clinical partners initiatives to achieve the 2nd and 3rd 95 UNAIDS treatment goals. There was need to strengthen coordination between KB project, health facilities and Clinical partners at the implementation level notwithstanding the initiatives in place. It was also critical for KB to fast-track implementation of interventions to address socio-economic barriers to achieve improved health outcomes among C/ALHIV. In August 2022, KB through CRS rolled out the enhanced case management approach using the ‘**Know Your Child model**’ “**Tseba ngoana oa hau**” as part of the effort to intensify and accelerate achievement of the 2nd and 3rd 95 UNAIDS goals among C/ALHIV.

CRS working with KB implementing partners, health facilities and Clinical partners piloted the Know Your Child Model in Leribe and Maseru Districts from September 2022. CRS plans to conduct documentation of the Know Your Child Model. The goal of the documentation is to collect and compile information regarding the Know Your Child Model, to better understand, what processes are involved in the implementation of enhanced case management model (Know Your Child) and the effectiveness of the enhanced case management model in addressing barriers affecting achievement of improved health outcomes (Viral Load Suppression) for C/ALHIV. This was explored through improving collaboration and coordination between project and clinical partners and health facilities and addressing socioeconomic barriers affecting achievement of improved health outcomes (adhering to scheduled appointments, adherence to ARTs, Viral load for suppression) for C/ALHIV. CRS Lesotho intends to share this information with

1. Other CRS Country Programs to inform future programs within CRS.
2. Baylor-KB project and KB implementing partners to inform scale up of the model to the 10 districts in Lesotho.
3. Ministry of Health, USAID, and other implementing partners to provide reference for future programs in Lesotho to invest in high impact interventions and approaches that have been implemented in Lesotho and proven to work.
4. Potential partner organizations in relation to future OVC and HIV opportunities and business development.

IV. Purpose of this SoW

The aim of this SOW is to document the enhanced case management (Know Your Child model) approach which includes.

1. Implementation experiences to understand what community programs in collaboration with health facilities can do to achieve HIV treatment outcomes.
2. Evidence generated through implementation of Know Your Child Model to learn how the enhanced case management (*Know your Child model*)
 - a. Addresses barriers affecting achievement of improved health outcomes for C/ALHIV.
 - b. Strengthens community-facility referrals and linkages.
 - c. Enhances coordination of care between health facilities and KB OVC project.
3. Human stories from project staff, health care workers and project participants to capture their experience, perception and recommendations.

The learning questions to be answered by the documentation include,

Main learning question: How effective is the enhanced case management (*Know your Child model*) in addressing barriers affecting achievement of improved health outcomes for C/ALHIV?

Specific learning questions

1. Does the enhanced case management model improve?
 - a. Coordination,
 - b. Bi-directional referral pathways,
 - c. Integration with health facilities/clinical partners?
2. Does the enhanced case management model improve health outcomes (Not missing appointments, adherence to ARTs, Viral load suppression) for C/ALHIV?

In addition, quantitative results are required to respond to Know Your Child outcome indicators:

1. What proportion of the unsuppressed CALHIV have repeat Viral load test result after KYC interventions
2. What proportion of unsuppressed CALHIV are suppressed within six months of KYC implementation
3. What proportion of unsuppressed CALHIV have improved in viral load suppression after KYC interventions

V. Activities and Deliverables

1. Planning and preparation

- a. Liaise with CRS-KB on planning and logistics.
- b. Review adapt, and finalize learning and documentation plan and methodology.
- c. Develop data collection tools, aligning with existing tools and available project data and case plan data.
- d. Develop reflection meeting agenda.
- e. Undertake a desk review and interviews with technical team at KB to identify possible objective tools to include in the learning documentation.
- f. Develop informed consent documents that follow in-country formats.

2. Conduct data collection.

- a. Conduct a reflection meeting with program staff and Health Care Workers
- b. Conduct Focus Group Discussions with social workers.
- c. Conduct key informant interviews with health care workers, caregivers, social workers, project staff.

- d. Collect quantitative data on key indicators.
- 3. Conduct data analysis and complete final report and other publications.**
 - a. Undertake analysis of data.
 - b. Share preliminary results and brief write-ups of initial findings.
 - c. In partnership with CRS, organize participatory meetings with stakeholders and staff to review, validate and interpret results and develop recommendations.
 - d. In coordination with CRS develop reports and presentations on findings, with recommendations.
 - e. Compile Lessons Learned from the KYC implementation.
 - f. Compile human interest stories.
 - g. Complete final report.

VI. The Key Deliverables Will Include

1. KYC Report (KYC processes, tools, rollout & implementation experiences from project staff and health care workers, key results, what worked well, what did not work well, challenges and recommendations)
2. Lessons learned document -Case study.
3. 8-10 Human-interest stories from health facilities, project participants, project staff.
4. PowerPoint presentation on key take aways/recommendations on KYC Model

Timeline

Key Area	Activities and deliverables	Day allowance	Suggested timeline
Planning and preparation	Develop data collection tools. Undertake a desk review and interviews with technical team at KB to identify possible objective tools to include in the learning documentation. Develop informed consent documents that follow in-country formats	3 Days	June
Data collection	Conduct a reflection meeting with program participants and Health Care Workers Collect quantitative data on key indicators. Conduct FGDs with facility based social workers, Community based social workers and health care workers. Collect additional qualitative data with key informants including health facility workers, social workers and case management workers, caregivers, and project staff	15 Days	June-July
Data analysis and reporting	<ul style="list-style-type: none"> • Develop a report on KYC model documenting programming changes as a result of KYC implementation. <ul style="list-style-type: none"> ○ Finding's tabulation/graph indicating a comparison of % of C/ALHIV with unsuppressed VLS before and after intervention. 	15 days	July-August

	<ul style="list-style-type: none"> ○ Health facilities with data showing % of suppressed CALHIV before and after KYC intervention. ○ Summary of perception of participants include Health facility workers, social workers and case management workers, caregivers, and project staff. ● Presentation of findings and participatory review. ● . ● Human interest stories – 8-10 stories ● Develop learning document in case study format to share with wider stakeholders-2pager case study 		
Finalization	<p>Finalize report on KYC model following review and feedback.</p> <p>Finalize Human interest stories following review and feedback.</p> <p>Finalize learning document in case study format following review and feedback.</p> <p>Update presentation of results following feedback.</p>	5 days	August

VII. Qualifications

The consultant is expected to hold the following qualifications in order to be eligible for this position:

1. An advanced degree in project management and evaluation, public health, international development, medical anthropology or related social science (at a minimum of masters' level but preferably at doctorate level).
2. Expertise in designing and implementing research, learning agendas, project evaluations, analysis, and dissemination of findings.
3. Demonstrated recent experience leading monitoring, evaluation, and learning in pediatric HIV and/or Orphans and Vulnerable Children (OVC) programming, in particular PEPFAR-funded programming.
4. At least 8-10 years experience in the area of monitoring and evaluation for integrated programs in health, nutrition, HIV, and/or OVC.
5. A demonstrated high level of professionalism and an ability to work independently and in high-pressure situations under tight deadlines.
6. Strong skills in writing technical reports for a wide audience.
7. Strong interpersonal and communication skills.
8. High proficiency in written and spoken English.
9. Demonstrated ability to write well-documented and effective reports and learning documents.

VIII. Proposal Deadline

All proposals must be received by bryan.james@crs.org no later than Friday, June 16, 2023 [11:59 PM EST for electronic submission]. The solicitation name "US6831.06.06 Documentation of Know Your Child Model" must be included in the subject line.

IX. Q&A Opportunity

Prospective bidders may submit any clarification questions to bryan.james@crs.org by Friday, June 9, 2023. Responses will be provided to any known prospective bidders by Tuesday, June 13, 2023. The solicitation name "**US6831.06.06** Documentation of Know Your Child Model" must be included in the subject line.