



TERMS OF REFERENCE: RESEARCH ON ENGAGEMENT OF ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) IN COMMUNITY BASED TB PROGRAMS

Background and Rationale

Tuberculosis (TB) still remains a global threat to public health and the leading cause of death by a single infectious agent with 1.6 million deaths in 2017. Whereas an estimated 10 million people developed TB disease in 2017 only 6.4 million (61%) were notified. The global TB targets seeks to reduce TB deaths by 95% , 90% reduction in incidence and 0% TB affected families facing disastrous costs due to TB by 2035. To achieve these it is imperative to ascertain the exact burden of TB and increase efforts to finding all incident cases.

Kenya is one of the 22 countries in the world with the highest burden of tuberculosis accounting for 50 deaths per day in the country. It mainly affects the poor and further leads to worsening of social economic status due to loss of work time and reduces households' income by 20-30%. Survey have shown a higher TB burden in urban (760 per 100,000 population) compared to rural settings (453 per 100,000 population) consistent with routine TB data which shows higher notification in the big cities. These findings therefore highlight the need to focus on urban TB care and prevention to address this skewed burden of TB among the urban population, of whom 60% live in low income informal settlements.

Efforts to control TB have largely borne remarkable success. However it is estimated that 40 % of TB cases still remain undetected and untreated. Kisumu County is one of the most affected with TB, currently 4th in prevalence out of 47 counties. As such the project partnered with Different private facilities including pharmacies and clinics both formal and informal and other traditional attendants as the first contact points for most undetected cases.

Further, according to Global Fund, Women and girls still continue to be largely affected by TB directly or indirectly. Gender inequality and violence continue to affect access to health services for women increasing new infections. This is despite the efforts being made. While research has shown that TB generally strikes more men than women, it still remains among the top five causes of death for women between age 15 and 44(AGYW) in low- and middle-income countries. Biomedical interventions such as access to treatment are not sufficient to reduce women's vulnerability to HIV, TB and malaria. Only structural transformations – social, political and cultural – will end the spread of the diseases. As such programs have steadily been designed to meet the unique needs of women and girls. Specifically, the



momentum in the last few years has grown to accelerate progress for AGYW and address the persistent gender inequalities that influence their opportunities and risks in relation to their health, education and empowerment. People-centered approaches empower AGYW placing them in the lead to design and deliver programs that are relevant for their health and well-being. Further, a systematic review revealed that in some cultures, women have to ask for permission from husbands and elders to seek health care and that treatment of children and men is prioritized. These cultural norms may contribute to gender related barriers to accessing TB services at the patient and provider levels. Women's empowerment indices according to the findings in the KDHS shows that women's empowerment has significant implications for demographic and health outcomes. However, the impact of culture and gender on accessing TB services needs to be investigated further in all 47 counties, since the various ethnicities are not equally distributed throughout the country. With this evidence based TB policies will be developed taking into account the gender and cultural barriers for the elimination of TB to be realized in 2035.

The *MALIZA TB Mashinani* Project implemented by OGRA Foundation aims to detect 500 additional TB cases in Kisumu county Kenya, increasing TB detection by 32% in the intervention areas. Using a scalable model, 100 Adolescent girls and Young women out of school have been engaged in the project to coordinate screening, diagnosis and treatment of TB among people seeking healthcare from small private providers in informal settlements. 100 facilities were mapped and selected in Kisumu central, Kisumu East and Muhoroni sub counties including in the informal settlements. The facilities include Pharmacies and clinics both formal and informal and other informal small health providers. As a women empowerment strategy, the binti Balozis (AGYW) were also mapped to areas of coverage and attached to facilities to support the screening and case follow up process. The project also seeks to empower the women economically through sustainable income generating activities.

Based on this, OGRA Foundation would like to conduct a qualitative research on engagement of AGYW in Community based TB projects.

Research Objective

The overall objective of the research is to find out the opportunities and challenges that were presented in working with adolescent girls and young women in TB case finding in the project evaluation areas; Kisumu Central, Kisumu East and Muhoroni Sub counties. The research will explore the attitudes, behavior and response of the community, Sub/County health management teams and private facilities in working with AGYW in a TB program and to



describe the experiences of the AGYWs in the program. Specifically, the research will answer the following question;

“What are the opportunities and challenges in engagement of adolescent girls and young women in Community based TB programs.”

Methodology and Time Frame

The research design will be descriptive with qualitative methods of data collection specifically in in-depth interviews though focused group discussions and Key informant Interviews. Desk review on the research question will also be implored. Research participants will be selected on the following basis;

- a) Binti Balozi working in the project for the Focus Group discussions with a minimum of 8 and max 12 per group. Averagely 5 focus group discussions.
- b) Key informants from the private facilities owners, Community leaders, members of the Sub county/ County Health management teams from each of the three sub counties(Kisumu Central, Kisumu East and Muhoroni)
- c) The participants should be willing to participate in the research.
- d) Considerations will be made on the type of facilities ensuring each type; formal/informal, Pharmacies/clinics and traditional herbalists are represented and randomly picking within the categories.**

The research should ideally take **one month** and preferably be completed by **end of December 2020**.

Deliverables

The expected research outputs are as follows:

- Research concept: incl. research framework, methodology, details of key issues to be studied as well as research tools
- Draft final report: incl. synthesized findings as well as conclusions, and recommendations.
- The final report: incl. synthesized findings as well as conclusions, and recommendations and incorporated feedback from OGRA Foundation.



Consultant profile and Application

OGRA Foundation is seeking qualified candidates with the following profile:

- Demonstrated experience in qualitative research methods.
- Excellent report writing skills in English.
- Excellent oral skills in English and Kiswahili.
- Knowledgeable on health issues particularly on Tuberculosis (TB)
- Demonstrated high level of professionalism, and ability to work independently within given timelines.

OGRA Foundation invites applicants, with the experience and skills described above.

Applications should include:

- CV highlighting relevant work the consultant has undertaken that is relevant to this assignment.
- Maximum of 3-page concept paper describing research ideas, methodology and budget covering major costs

All interested consultants are requested to send their applications via email to

recruitment@ografoundation.org cc: odongo.millicent@ografoundation.org,

millyeod@gmail.com by 6pm Kenyan time on **30th October 2020** with the subject title:

'Consultancy: Engagement of AGYW in Community TB Programs