

Terms of Reference for formative qualitative research into uptake of Sexual and Reproductive Health and Prevention of Mother to Child Transmission services among adolescent girls in Malawi

December 2016

Background

mothers2mothers (m2m) Malawi has partnered with United Nations International Children's Fund (UNICEF) since July 2013 under the *Optimizing Access to Simplified HIV Treatment to Reduce New HIV Infections among Children (OHTA)* program. This collaboration aimed to close the gap between the increasing availability of Prevention of Mother-to-Child Transmission (PMTCT) and health services and the lack of uptake of these services by the women and children who need them most. In pursuit of this goal, m2m's strategic objectives for the program were: 1) to ensure quality PMTCT/Maternal Newborn Child Health (MNCH) services are available for women and their infants; and 2) to increase uptake of and retention in PMTCT/MNCH services and improve health behaviours. As of June 2016, over the 36 months (July 2013 - June 2016) in 44 facilities in Blantyre, Thyolo, Mangochi, and Lilongwe, m2m supported 37,690 HIV-positive pregnant or lactating mothers and their infants with psychosocial support, adherence, and retention services under Option B.

As one of the outputs for the consolidation phase of this project, from December 1 2016 to December 31 2017, UNICEF OHTA have provided m2m with additional funding for an implementation research project on adolescent girls and young women in HIV and PMTCT care in Malawi. The objective of the research is to use qualitative methods to gather empirical data as to the gaps and areas for investment and innovation around Sexual Reproductive Health and Rights (SRHR) issues that adolescent girls face – with a special focus on PMTCT. The overall research will include 3 specific components, which together will form an integrative body of evidence to inform innovation in practice:

1. Literature Review: Consolidation of existing literature on adolescent HIV care, teen pregnancies, and youth focused services
2. Review of m2m adolescent PMTCT Data: Quantitative, retrospective cohort analysis of m2m client data
3. Primary qualitative research to further assess factors contributing to and hindering uptake of services and retention-in-care

These Terms of Reference (TORs) outline the scope of work for a service provider to conduct items 1 and 3: the literature review, and the qualitative formative research project. The second component, relating to the quantitative, retrospective cohort analysis of m2m client data, will be

conducted internally by m2m's evaluation and operations research team, the results of which will be made available to the successful service provider.

Rationale

AIDS remains the number one cause of death amongst adolescents in Africa (UNICEF, 2015). 60% of new HIV infections among young people occur in young women, resulting in 380,000 infections every year globally (UNAIDS, 2014). In sub-Saharan Africa, women are likely to become HIV-positive five to seven years earlier than men, and girls account for seven out of ten new infections among those aged 15–19. Each week more than 5,000 young women and girls acquire HIV, most of whom are in Southern Africa (UNAIDS, 2014; UNICEF, 2015) and more than 4 in 10 new infections among women are in young women aged 15-24 (AVERT, 2016). These high incidence rates are even more alarming as adolescents and young pregnant women have poorer adherence, and worse virological outcomes, than older women (Nachega et al., 2009; Thompson et al., 2012; Woldesenbet et al., 2015). Adolescent girls and young women are at increased risk of mother-to-child transmission of HIV, and poorer maternal and infant health outcomes (Fatti, Shaikh, Eley, Jackson, & Grimwood, 2014; Horwood, Butler, Haskins, Phakathi, & Rollins, 2013; Nachega et al., 2009; Ronen et al., 2015).

In Malawi, young people account for 50% of new HIV infections, with HIV prevalence higher among some young populations, such as 15-17 year olds (Small & Weller, 2013). Four percent (4%) of young females (15-19 years old) are living with HIV in Malawi (AVERT, 2016). Early sexual activity is high in Malawi with one in eight adolescent girls engaging in sex before the age of 15 (2014 Malawi Youth data sheet). Cultural drivers also play an important role in fuelling the HIV epidemic. For example, one study conducted in Malawi indicated that adolescents in Malawi often participate in initiation ceremonies and rituals that encourage unprotected sex (Gamma, 2009). Another study on determinants of loss to follow-up in PMTCT showed that young women (aged 13-24) were more likely lost to follow-up than older women (aged 25 years) (Tweya et al., 2014). These and many other studies indicate the crucial need to address the sexual and reproductive health needs of young women, particularly in Malawi. High infection rates amongst adolescents are driven by a lack of reliable age disaggregated data that offers specific information around which age groups are vulnerable, limiting the development of tailored services and the development of appropriate SBCC strategies.

Purpose

The purpose of the research is to provide empirical evidence that will contribute to decision-making around improved service delivery to address the unique Sexual Reproductive Health and Rights (SRHR) issues that adolescent girls face – with a special focus on PMTCT.

Goal

The goal of the research is to document the barriers and facilitating factors contributing to, or detracting from, the uptake of SRHR / PMTCT services among adolescent girls in Malawi.

Research Objectives

1. Review and consolidate findings from existing literature on adolescent HIV-care, teen pregnancies, and youth focused services within sub-Saharan Africa generally, and Malawi specifically.
2. Conductive qualitative implementation research amongst adolescents around needs, barriers and facilitators to accessing SRHR and PMTCT services.

Research Questions

1. Review and consolidate findings from existing literature on Adolescent HIV Care, Teen Pregnancies, and Youth focused Services within sub-Saharan Africa generally, and Malawi specifically.

- 1.1. What literature exists that reliably informs us as to the state of adolescent sexual and reproductive health in Malawi?
- 1.2. What do we currently know about the sexual and reproductive health needs of adolescent girls within sub-Saharan Africa, and on what basis is this knowledge formed?
- 1.3. To what extent are youth focused health services and programmes currently supported (by government and non-government implementing agencies) in Malawi, and what evidence is there to support or refute the efficacy of these existing programmes?
- 1.4. What innovations have been proposed, developed and tested within sub-Saharan Africa around supporting adolescents into SRHR and PMTCT services? What evidence is there to support or refute the efficacy of these innovations?
- 1.5. Based on the evidence to date, what might be the key design elements of an effective SRHR and PMTCT strategy, targeted towards adolescent girls in Malawi?

2. Conduct qualitative implementation research amongst adolescents around needs, barriers and facilitators to accessing SRHR and PMTCT services.

- 2.1. What motivates adolescent girls to seek out SRHR and PMTCT services?
- 2.2. What are the subjective experiences of adolescent girls who enter into different service modalities within the health care system?
- 2.3. What constraints (environmental, intrinsic, lack of knowledge or understanding) are present that provide barriers to health-seeking behaviour, as well as uptake of SRHR and PMTCT services?
- 2.4. What are the characteristics and key attributes of the sub-populations most in need of better modalities of SRHR and PMTCT service delivery?
- 2.5. What suggestions, based on both success cases as well as informant opinion, could be made to improve the uptake of SRHR / PMTCT services among adolescent girls in Malawi? What service delivery arrangements are needed to provide those services to the population?

Target Audience

The research results must potentially serve the needs of a diverse audience with overlapping information needs. The core users of this evaluation report will be mothers2mothers and UNICEF/OHTA. Insofar as results may be transferrable to similar contexts of application, the secondary target audiences will include:

- The broader donor community, including
- Policy makers regionally in sub-Saharan Africa
- In-country, regional and international peers in the field of adolescent health
- Academics

Scope of Work

Prospective service providers are invited to submit proposals that will satisfy the following requirements, strictly within the timeframe specified below:

1. Conduct a literature review to consolidate findings from existing literature on Adolescent HIV Care, Teen Pregnancies, and Youth focused Services

- 1.1. The literature review will cover the research questions as outlined in the preceding section, this will include:
 - a. Descriptive statistics on the status of adolescent sexual and reproductive health in Malawi.
 - b. Evidence around specific health, information and service needs of adolescent girls within sub-Saharan Africa.
 - c. A description of the current policy and programmatic context in Malawi with respects to adolescent SRHR and PMTCT.
 - d. A review of innovations around supporting adolescent SRHR and PMTCT in sub-Saharan Africa.
 - e. A critical review of the evaluation literature around adolescent-focused health interventions, especially as applied in sub-Saharan Africa.
 - f. Summary and recommendations for key evidence-based interventions.
- 1.2. The scope will be sub-Saharan Africa, with specific reference to Malawi where possible, and will be limited to literature published in the last 15 years.
- 1.3. The length will be approximately 10 000 words, and should contain a minimum of 40 citations.
- 1.4. The focus will be on qualitative and quantitative research. A key emphasis will be on reviewing and assessing the evidence base given existing evaluations of key interventions.

2. Conduct qualitative implementation research amongst adolescents around needs, barriers and facilitators to accessing SRHR and PMTCT services.

- 2.1. The specific content and finer detail of the design of the primary qualitative research proposed (e.g. finer nuances of the composition of focus groups and depth interviews, data collection instruments etc.), will be informed by the outcome of the review of literature (component 1 outlined above), as well as the outcome of the secondary analysis of m2m retrospective cohort data (component 2, in the background section). However, the following framework

- provides a prospective outlook as to the likely methodology of the operations research.
- 2.2. The UNICEF OHTA funding was directed towards 44 facilities in Blantyre, Thyolo, Mangochi, and Lilongwe. However, the empirical focus will not necessarily be restricted to these health facilities. The service provider will be expected to draw up a realistic and representative sampling frame for the research that covers the necessary range of geographic and socio-cultural parameters within Malawi to ensure that the research has sufficient external validity.
 - 2.3. For the purposes of this research, adolescent girls are defined as girls aged 10-19 years.
 - 2.4. To understand the shared and unique motivations and rationalities regarding the barriers and facilitating factors contributing to, or detracting from, the uptake of SRHR / PMTCT services among adolescent girls, participant groups included in the study will comprise the following sub-populations:
 - a. Adolescent girls retained in care in m2m's PMTCT facility-to-community programmatic platform;
 - b. Adolescent girls enrolled in m2m's PMTCT services, but lost to follow-up;
 - c. Adolescent girls who are not pregnant, and access SRHR services; and
 - d. Adolescent girls who are not pregnant, and don't access SRHR services.
 - 2.5. It is anticipated that participants will be recruited using convenience and snowball sampling.
 - 2.6. Data collection methods will likely include, but not be limited to, participant observation, appropriate adaptations of semi-structured interactive group methods, a range of qualitative interviews (semi-structured, depth interviews and focus group interviews), and culturally appropriate forms of narrative methods where relevant. Case studies may be used to further deepen the exploration.
 - 2.7. The service provider undertaking the evaluation will be expected to develop data collection instruments relevant to the research.
 - 2.8. It will be a requirement that all data will be collected in local languages by specialist, local qualitative researchers. All data will need to be translated and transcribed verbatim, and typed transcriptions (with English translations) will be a deliverable of the evaluation.
 - 2.9. It is anticipated that computer-aided Thematic Analysis will be done using Atlas/ti or similar software. The report for the research will be required to show descriptive Thematic Analysis within and across sub-populations in order to enable comparison and juxtaposition of emergent themes.
 - 2.10. It should be noted that it is the responsibility of the appointed Service Provider to prepare the submission for obtaining in-country ethics approval for the research. Given the sensitivity of the research focus, as well as the minor age-status of participants, provisions for this should be reflected in the time-frame and budget for the research.

Management Model

The research will be commissioned to a service provider who will be responsible for the design, data collection, analysis and report-writing of the evaluation.

The research will be managed by the service provider, with Technical Oversight from mothers2mothers head office in Cape Town, South Africa. Assistance from the m2m country

office in Lilongwe, Malawi will be provided through facilitating access to m2m specific information and give logistics support as needed.

Profile of the Service Provider

The Service Provider should comprise an individual, or team of suitably-qualified and experienced personnel, with sufficient technical experience to fulfil all roles, as specified below.

- A qualitative research specialist with a minimum of seven years' experience in qualitative research in an African context;
- Demonstrated ability to design and plan the research approaches and research methodologies. This should include skills and expertise required to design, plan and conduct and analyse qualitative data;
- Relevant subject matter knowledge and experience in adolescent health, sexual and reproductive health, and/or HIV/AIDS is an advantage;
- Ability to manage a potentially large-scale and complex research process, including interpreting complex qualitative data and drawing conclusions and recommendations;
- Ability to design, manage and implement primary research in potentially challenging project environments. This may include the design of surveys, in-depth interviews, focus group and other research approaches;
- Experience working in developing country contexts is essential. At least one member of the research team should be a Malawian national;
- Consideration of the extent to which the researcher or research team has appropriate country knowledge/experience. This includes language proficiency to conduct the research required or that resources be made available (i.e. translator or social gatekeeper) to enable the research to proceed smoothly.

Timeframe

The research is expected to be commissioned in January 2017. A draft Research Report needs to be completed by the end of September 2017. The full Research Report and all its constituent parts must be completed by November 2017.

Budget

The quotation for conducting the research must not exceed US\$56,000. The contract will be awarded on the basis of an all-inclusive fixed fee that will cover all fees and expenses, as well as relevant taxes.

Deliverables

The following deliverables must be produced throughout the process of conducting the research, subsequent to being awarded the contract.

1. Briefing sessions with m2m, as required initially and throughout the process of conducting the research;
2. A research work plan with clear timeframes as well as process and output milestones;
3. A stand-alone literature review that covers all components outlined in this scope of work. Including an electronic database of citations (i.e. endnote, refworks format, etc...) and full cited literature in PDF format.
4. A methodology document, including report structure, analytical framework/analysis plan, data collection instruments.
5. Ethics clearance certificate / documentation, and documentation of other forms of written permission required and obtained.
6. Regular (monthly) written progress reports, which will include samples of interview transcripts in English, as well as the emerging thematic content analysis.
7. Draft research report for review: Full (in Word format) with findings, recommendations and executive summary;
8. 1st draft final research report for review;
9. Presentation to the research steering committee and/or management;
10. Delivery of original transcripts (in electronic form), audio recordings, qualitative data-sets and for the research, and acknowledgement of m2m's right to publish the data.

Application Procedure

Interested service providers are invited to submit a research proposal (no more than 15 pages, excluding appendices) through an open tender process. Interested parties are required to submit the following, **by 16 January 2017**:

1. A research design outlining their proposed methodology with clear descriptions of sampling design, proposed methods of data collection, data processing and a detailed analysis plan;
2. An itemised quotation with detailed motivation of cost to be incurred. The quotation must be inclusive of all costs (direct and indirect), all professional fees and all taxes;
3. A brief organisational profile detailing experience and relevant track record of the organisation – with special reference to work conducted in sub-Saharan Africa;
4. Brief, one-page CVs highlighting the qualifications and experience of members of the evaluation team (all those directly involved in the research);
5. A list of at least three referees with contact details;
6. Examples of previous work may be attached;
7. Comprehensive contact details (telephone number, mobile number and e-mail address) must accompany all submissions.

Applications should be submitted to recruitment2@m2m.org. Interested parties should contact Caitlin Corcoran, caitlin.corcoran@m2m.org, with any questions.

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