

Terms of Reference

Service:	Conduct a rapid review of existing health administrative data on sexual and reproductive health in order to improve production of disaggregated data of key indicators in project sites
Project name:	Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi, 2019-2021
Funding agency:	UNFPA, Danish Government
Implementing agency:	China Family Planning Association (CFPA)
Duration:	September-November 2020

Background

Supported by the National Health Commission (NHC) and UNFPA, CFPA is implementing a cooperative project in four sites in Qinghai (3 counties) and Shanxi (1 county) to improve sexual and reproductive health (SRH) among vulnerable populations, especially reproductive age women and young people aged from 15 to 24 years.

This TOR sets the scope of the work for a qualified institution or team of experts to conduct a rapid review of existing health administrative data related to sexual and reproductive health (SRH) in four counties, to assess current situation as well as the gaps in production and disaggregation of data and relevant SRH indicators by age, sex, ethnicity, location and other characteristics, from the health information and management system(HIMS). The team is expected to provide technical support and recommendations for improving disaggregation of the data by age, sex, ethnicity, location and other characteristics in order to improve evidence-based programming.

Project context

Achieving the Agenda 2030 for Sustainable Development and the SDGs will depend on the extent to which sexual and reproductive health and rights of women and young people are protected, and whether they have equal rights and access to opportunities for development.

Despite the economic growth and social progress achieved during the past decades, China is still the largest developing country and facing inequities among population groups and wide regional disparities. In western China, poor socio-economic conditions, poverty, discriminatory practices, geographical isolation, cultural norms, nomadic lifestyle and religious beliefs, and limited access to quality basic health services lead to poor health outcomes among ethnic minorities particularly among women and young people. The situation would be even much worse in Tibetan areas of Qinghai province and poverty areas of Shanxi province. Another challenge for people seeking quality SRH services is the existing services are fragmented. Besides the provision, the service monitoring and management is also under different vertical systems, which cause poor linkage between them and less integrated strategy planning and resources utilization.

In 2019, with the funding support from the Danish government and UNFPA, the project *Improving Sexual and Reproductive Health among Vulnerable Populations in Qinghai and Shanxi, 2019-2021* was launched and implemented by CFPA under the guidance of National Health Commission. It's about to improve SRH of women and young people in four selected counties, including Yushu, Nangqian, and Chengduo counties in Yushu Tibetan Autonomous Prefecture of Qinghai Province and Yonghe county in Linfen Prefecture of Shanxi Province. The project aims to provide integrated SRH services for the target population including ethnic minorities and to improve service providers' capacity in provision of client centered, culturally sensitive, quality and integrated SRH services, including maternal and child health, family planning, STIs/HIV prevention, breast cancer & cervical cancer prevention/screening, diagnosis and treatment services. Besides, the project also aims to establish the multi-sectoral coordination mechanisms in the 4 counties, including members from the health department, education department and organizations like Women's Federation. Enabling those members to be more aware of the current SRH situation at county level and strengthening their capacity for rights-based, gender and culturally sensitive approaches for SRHR programming matters too.

However, there is very limited information and data available and accessible for programming on sexual and reproductive health and rights of target populations. Therefore, one baseline survey for the targeting population and one rapid health facilities assessment were conducted in 4 sites in 2019. Moreover, it is planned to review the existing health information management system (HIMS) to determine whether it produces complete, accurate, disaggregated and timely information for monitoring and evaluation of SRH situation of population and SRH services at the county and health facility level.

Objectives of the rapid review

The overall objectives of the rapid review are to assess the status of the health information and management system (HIMS) on SRH¹ related data disaggregation as well as data collection,

¹ In this project, SRH services mainly focus on maternal and child health, family planning, STIs/HIV prevention, breast cancer & cervical cancer prevention/screening, diagnosis and treatment services.

analysis and unitization in 4 project sites at county and health facility level, to identify the gaps of the existing data, and to provide technical recommendation on data disaggregation by age, sex, ethnicity, location and other characteristics.

Main task and timeline:

Ø To conduct desk review and develop review data recording and reporting tools

- To review relevant national technical guidance and operation and management guidelines on HIMS to collect SRH data/indicators as reference;
- To review the international recommendations and national programmes and strategies on SRHR and to prepare templates with essential SRH indicators by age, sex, ethnicity, location and other relevant characteristics for the rapid review of HIMS. The templates will be agreed with UNFPA and CFPA.
- To develop a detailed plan for the review based on discussion with UNFPA China and CFPA program management team;

Ø To conduct the rapid review on existing HIMS at the selected facilities and project county level using the templates agreed with UNFPA and CFPA, if possible, with local health departments and SRH service facilities in four counties.

- It is expected that the selected facilities will include at least 1-2 health centers at village/township level and the county maternal and family planning center and people's hospital at each project county. The number of facilities to be covered in the rapid review needs to be specified in the proposal and further agreed with CFPA and UNFPA.
- The review will focus on the data collection process including recording and reporting, tools used, analysis and utilization of data/indicators, and assess how those data/indicators are disaggregated by age, sex, ethnicity, location and other characteristics;
- Identify gaps between the current SRH data/indicators produced through HIMS and the required essential disaggregated data for monitoring and planning of SRH services for the population as indicated in the national strategies and plans;
- Validate findings of the review at county level with local partners if possible.
- Provide analysis and recommendations for further improvement of SRH data/indicators.

Ø To prepare a report for the review based on the analysis and upon receiving comments from CFPA, UNFPA and relevant national experts, to finalize the report.

Expected deliverables

1. Templates with essential SRH indicators by age, sex, ethnicity, location and other relevant characteristics for the rapid review of HIMS.

2. A completed review report with executive summary, key findings, results and recommendations. The final report should be in both English and Chinese.

Timeline (September to November 2020)

1. Submit the technical proposal by 6 Sept. (the deadline of submission of the proposal);
2. Based on the proposal to develop a detailed rapid review plan by 13 Sept. 2020;
3. SRH indicator list and templates completed by 25 Sept. 2020;
4. Field visit and on-spot rapid review/remote review, depending on COVID-19 situation, completed by 16 Oct 2020;
5. Draft review report completed by 31 Oct. 2020;
6. Final review report in English and Chinese submitted by 8 November. 2020.

Requirements

We are looking for a professional institute/team with experts with following qualifications

- Extensive academia experiences on sexual and reproductive health and health information and management system (HIMS) in especial;
- Extensive knowledge of the four particular SRH services systems in China;
- Experience of working with the UN system, government and INGOs on relevant projects;
- Experience of working with minority populations;
- Well understanding of local ethnic culture/norms in project areas about sexual and reproductive health and being gender sensitive;
- Proven ability to deliver high quality products on time.

How to apply

Eligible candidates should submit a technical proposal elaborating rapid review methods, feasible strategy, budget plan and team lead and team members' resumes to: aiminscpo@163.com and cc: tongxin@unfpa.org. Only shortlisted applications will be contacted for further discussions. The closing date to submit the proposal is 6 September, 2020.

* Upon the request, the project summary can be provided for proposal development.

****中文翻译仅供参考****

卫生信息管理系统专家委托调查职责任务书

内 容：对项目点现有的性与生殖健康卫生管理数据进行快速审查，提高项目点性与生殖健康关键指标分类别统计数据的收集能力

项目名称：“促进青海山西重点人群性与生殖健康”项目（2019-2021）

资助机构：联合国人口基金、丹麦政府

执行机构：中国计划生育协会

调查进行时间：2020年9月-11月

项目背景

在国家卫健委和联合国人口基金的支持下，中国计划生育协会于2019年启动了“促进青海山西重点人群性与生殖健康”项目，致力于提高4个项目县重点人群（育龄妇女和15至24岁的年轻人）的性与生殖健康（SRH）状况。

本任务书界定该委托调查的专家团队工作范围，以便对四个县现有的与性与生殖健康有关的卫生行政/管理数据进行快速审查，重点审查现有卫生信息管理系统（HIMS）与性与生殖健康相关的数据是否按年龄、性别、民族、地点和其他特征分类管理，有何遗漏，如何提升。专家团队还预计为HIMS更好地分类和管理提供技术支持和建议，为项目干预提供更多信息和凭证。

项目整体概况

实现“2030年可持续发展议程”和可持续发展目标将取决于妇女和青年的性健康、生殖健康和权利得到保护的程度，以及妇女和青年是否健康，是否享有平等权利和发展机会。

中国在过去几十年中取得了经济增长和社会进步，但中国仍然是最大的发展中国家，面临着人口群体之间的不平等和巨大的地区差异。在中国西部，欠发达的社会经济条件、贫困、社会歧视、地理位置偏远、文化习俗、游牧生活方式及宗教信仰，以及获得优质基本卫生服务的机会有限等因素导致少数民族群体，特别是妇女和青年人的健康状况欠佳，

尤其是青海省藏区和山西的贫困地区。除了服务提供之外，对相关服务质量的监督和管理还处于不同的行政系统下，这导致它们之间的联系不紧密，合作战略计划和资源整合也较少。

2019 年，在丹麦政府和联合国人口基金的资金支持下，中国计生协在国家卫健委的指导下启动并实施了 2019-2021 年“促进青海山西重点人群性与生殖健康”项目。该项目在青海省玉树藏族自治州的玉树县、囊谦县、称多县和山西省临汾市的永和县等四个县开展。致力于提高项目点重点人群（育龄妇女和 15 至 24 岁的年轻人）的性与生殖健康（SRH），旨在为包括少数民族在内的目标人群提供性与生殖健康综合服务，并提高服务提供者提供以客户为中心、文化敏感、优质和综合的性与生殖健康服务的能力，包括妇幼保健、计划生育、性传播感染/艾滋病毒预防、乳腺癌和宫颈癌预防/筛查、诊断和治疗服务。此外，该项目还旨在在四个县建立多部门协调机制，包括卫生部门，教育部门以及妇联等组织。使机制内成员更了解县一级当前的性与生殖健康的状况，并增强其基于权利，性别和文化敏感地项目策划和执行能力。

然而，目前在当地用于规划目标人群的性与生殖健康和权利的信息和数据非常有限。因此，2019 年项目在 4 个县进行了一次目标人群的基线调查和卫生设施快速评估。2020 年项目计划审查项目点现有的卫生信息管理系统(HIMS)，以确定服务机构和县一级的数据收集是否能为当地生殖健康服务结果监测和评估提供完整、准确、分类和及时的信息。

总体目标

快速审查的总体目标是评估 4 个项目点县一级和基层生殖健康服务机构的卫生信息管理系统与性与生殖健康²相关数据的分类以及数据收集、存储和使用方面的现状，找出现有的不足，并针对项目点 HIMS 更好地按年龄、性别、民族、地点和其他特征进行数据分类提供技术建议。

主要任务和时间表

² 本项目的性与生殖健康主要关注妇幼保健、计划生育、性传播感染/艾滋病毒、乳腺癌和宫颈癌四项服务。

1) 进行案头审查并制定审查计划和工具

-审查相关的国家技术指南和 HIMS 运行及管理指导文件，以供参考；

-审查性与生殖健康相关的国际建议、国家规划和策略，并按年龄，性别，民族和其他相关特征，准备性与生殖健康指标模板，以便快速审查 HIMS，模板需同中国计生协和联合国人口基金商定；

-根据与中国计生协和联合国人口基金项目管理团队的讨论，制定详细的审查计划。

2) 在县一级和选定的服务机构，尽可能与地方卫生部门合作，按照商定的模板，对现有的 HIMS 完成快速审查

-选定的服务机构应该至少包括每个县 1-2 个乡镇级卫生院和县一级的妇幼保健计划生育中心和人民医院选定服务机构的具体数量需要在申请书中明确，最终并获得中国计生协和联合国人口基金的同意；

-审查将侧重于数据收集过程，包括如何记录和汇报，所使用的工具，对数据和指标的分析 and 利用等，应特别注意当地数据按年龄、性别、民族、地点和其他特征分类的情况；

-确定目前通过卫生信息系统收集的性与生殖健康状况评估数据/指标与国家战略和计划中所述的性与生殖健康服务监测和规划所需的分类统计数据之间的差距；

-在可能的情况下和地方项目伙伴合作，核实快速审查的主要发现；

-为 HIMS 更好地收集和整合数据提供分析建议。

3) 根据快速评估结果编写一份评估报告，与中国计生协和联合国人口基金及其他专家的讨论后最终定稿。

预期交付成果

1. 包含按年龄、性别、种族、地点和其他相关特征的核心性与生殖健康指标的模板，用于 HIMS 的快速审查；
2. 包含执行摘要、主要发现、结果和建议的完整审查报告。最终报告需提交英文和中文两个版本。

项目时间 (2020 年 9 月至 11 月)

- 1.提交申请书(截至9月6日)；
- 2.根据申请书，在9月13日前制定详细的审查计划；
- 3.在9月25日前完成性与生殖健康指标列表和审查模板；
- 4.在10月16日前完成实地或者远程（视新冠疫情防控情况而定）审查；
- 5.在10月31日前完成审查报告初稿；
- 6.在11月8日前提交中英文最终报告。

团队要求

有意愿申请该项目的专业团队应该有以下特质：

- 在性与生殖健康以及健康信息管理系统等领域有丰富的学术积累和实践经验；
- 对中国妇幼保健、计划生育、性传播感染/艾滋病毒、乳腺癌和宫颈癌四种服务系统有广泛的了解；
- 优先考虑在相关项目上与联合国机构和政府及其他国际组织有合作经验的团队；
- 优先考虑有与少数群体合作或有在少数民族所在地开展调查经验的团队；
- 了解项目地区相关情况和当地民族文化和社会规范，具有性别和民族敏感性；
- 有能力按时交付高质量的成果。

如何申请

符合条件的候选人请向 aiminscpo@163.com 提交详细申请书包括审查方法、方案的可行性、预算计划、团队领导和团队成员简历等（同时抄送 tongxin@unfpa.org）。我们将同最终进入终选名单的团队保持联系。项目书提交截止日期：2020年9月6日。

*若有需求，可以联系 aiminscpo@163.com 进一步获取关于“促进青海山西性与生殖健康”项目的相关介绍。

**中文翻译仅供参考，以 ToR_Conduct a rapid review of HIMS on SRH (English) 内容为准。