

TERMS OF REFERENCE - BASELINE STUDY

Country: Ghana

Project Title: Strengthening Community Systems to Scale-up Community-led Response Interventions to End Neglected Tropical Diseases (NTDs)

Executing Agency: Hope for Future Generations

Duration: 17/04/2025 - 30/05/2025

PROJECT SUMMARY

The Strengthening Community Systems to Scale-up Community-led Response Interventions to End Neglected Tropical Diseases (NTDs) project aims to address the challenges faced by people infected/affected by NTDs by implementing a holistic, community-driven intervention in seven (7) NTD-endemic districts in the Eastern Region of Ghana. This project builds on the foundation of the first phase, which was implemented from February 2023 to January 2025.

The intervention will focus on scaling up educational campaigns on sanitation, hygiene, stigma reduction, psychosocial support, advocacy, and awareness raising. The sensitization activities on Water, Sanitation, and Hygiene will promote a shift in communities' attitudes towards environmental cleanliness to reduce the spread of Yaws, Scabies, Buruli Ulcer, Elephantiasis, and other skin infections. HFFG will support NHIS enrollment for NTD clients and their families to improve their access to health services and intensify advocacy for including the self-care wound dressing materials under NHIS. HFFG will introduce a new work package on advocacy and awareness-raising, engage policymakers and key institutions to increase domestic funding, expand NHIS coverage and strengthen the capacities of healthcare workers to ensure sustainable prevention, control, and treatment of NTDs. The project will provide self-care wound dressing kits to empower individuals in managing NTD-related wounds and improving their overall well-being. Psychosocial support will be provided to people with skin NTDs through trained community lay counselors at the community level. At the same time, behavior change communication strategies will be employed to reduce stigma and promote hygiene and sanitation practices. To address economic barriers, the project will scale up the businesses of beneficiaries of the income-generating intervention in the first year and establish a Village Savings and Loans Association (VSLA) for these beneficiaries to improve their economic status. Through a combination of social, biomedical, and advocacy interventions, the project seeks to create sustainable and community-led solutions for the elimination of skin-NTDs in Ghana. The project will work to achieve the following objectives:

Objectives of the project:

1. To reduce the burden of skin NTDs on affected individuals and health systems.
2. To enhance accessibility, including economic accessibility, for individuals with skin NTDs to health services.
3. To increase access to water and sanitation services in skin NTD endemic areas
4. To strengthen and enhance the operational response to skin NTDs, focusing on community-level response and addressing cross-cutting issues with a gender, intercultural, and community-based approach, considering all social determinants of health.

CONTEXT AND JUSTIFICATION

The project will be implemented in seven (7) NTD endemic districts in the Eastern Region where the first phase was implemented. The seven districts include Kwaebibirem, Denkyembour, Birim North, Akyemansa, Birim South, Okere, and Lower-Manya Krobo. These districts are rural areas and may have challenges such as limited access to healthcare, poor road networks, and lower literacy levels.

The Eastern Region is one of the 16 administrative regions of Ghana and is one of the most NTD-endemic regions in the country, according to Ghana Health Service. Several districts in the region are endemic with skin NTDs. Also, the region is located within the humid forest zone of Ghana, where yaws and Buruli ulcers are highly prevalent. According to the Ghana NTD Master Plan, as of 2019, the Eastern region had the highest number of Yaws endemic districts in the country (18). The Ghana NTD Master Plan again identifies the Eastern region as one of the regions in the country that routinely reports Buruli Ulcer cases, with almost 6000 suspected cases reported since 2010. In 2019, the region had the highest number of Buruli Ulcer endemic districts in the country (10). Also, leprosy is among the skin-NTD diseases prevalent in the region, with all 33 districts classified as leprosy-endemic.

According to the Ghana NTD Master Plan (2021-2025), inadequate public awareness, poor personal hygiene, inadequate disease identification skills, lack of point-of-care diagnosis, inadequate logistics, poor access to care in very remote areas, stigmatization of patients, and lack of community-level health promotional activities, are the key challenges to Yaws, Buruli Ulcer, Leprosy, and other NTDs' elimination in Ghana. Also, people with skin-NTDs, together with their families, face inequalities in access to health care. As a result, their conditions are not detected and managed early. Inadequate access to health care services worsens the effects of the diseases not only physically but also mentally. Additionally, there is poor access to safe water and sanitation in communities affected by NTDs. This exposes people to skin-NTDs and is a key driver of skin-NTD co-endemicity in these districts.

Coupled with the above, people affected by skin-NTDs and their families endure stigma and discrimination. This prevents them from seeking care and often results in permanent disability and psychological disorders. Stigma and discrimination also prevent patients from participating in socio-economic ventures like employment, education, and decision-making processes.

Furthermore, people affected by skin-NTDs and their families are least involved in the design, implementation, monitoring, and evaluation of interventions that affect them. Their non-

participation often leads to lack of community ownership and unsustainable projects. Health facilities and health workers in NTD-endemic districts and communities are often poorly resourced and lack the capacity to provide timely detection, diagnosis, and treatment services for patients. Furthermore, a lack of employable and/or entrepreneurial skills results in high levels of poverty in communities affected by NTDs. As a result, people are unable to afford necessities like health care, housing, clothing, and education.

Finally, there is an under-resource NTD surveillance system in the region. This results in under-reporting/non-reporting of cases, low quality data and non-use of data for planning and decision-making.

OBJECTIVES OF THE BASELINE STUDY

The general objectives of this baseline study are to:

- Collect reliable information about the population of the community where the project will be implemented with the possibility of assessing the results to measure the impact of the project.
- Provide feedback to HFFG, Rural Watch, and other stakeholders about NTDs in the districts and communities for planning the implementation phase.
- Enable the review of the formulation of the current project and receive recommendations regarding adjustments to specific indicators, targets, and/or sources of verification.
- Include information on access to economic resources and housing for affected individuals. This will help understand how social determinants influence the spread of NTDs and people's living conditions.
- Assess the role of community knowledge in shaping health practices and the adoption of preventive behaviors. This can include the identification of gaps in understanding NTDs and the impact of misinformation or myths that could hinder the community's response.
- Assess the psychological impact of living with NTDs, such as stress, anxiety, or depression, and how these factors affect the quality of life and participation in community activities.
- Evaluate existing support networks, such as self-help groups, family networks or the availability of community services that can help affected individuals cope with the social and emotional burden of NTDs.
- Assess whether NTDs affect women and men differently in terms of prevalence, access to care, or social burden as well as the access and participation of women in decision-making spaces and advocacy. It is important to consider gender dynamics to design gender-sensitive interventions.
- Explore access to preventive services and education related to NTDs, identifying barriers such as lack of infrastructure, trained personnel, or appropriate information.
- Consider the local capacities to maintain community activities after the project ends and the resources needed to ensure the continuity of efforts.
- Provide recommendations to improve future projects.

DESCRIPTION AND DURATION OF ACTIVITIES

The baseline study will be led by the consultant but with the involvement and support from HFFG Management and Monitoring and Evaluation team. This is expected to aid the consultant have better access to the communities and key actors and expose the HFFG team to the data collection techniques the consultant will use. **See Annex 1 for the attached list of indicators and**

proposed data collection methods. The 2-year project is being implemented in 7 skin-NTD endemic districts in the Eastern Region. These districts are Okere, Lower Manya-Krobo, Kwaebibirem, Denkyeambour, Birim North, Birim South, and Akyemansah. The baseline study is being conducted to gather data for prioritizing communities based on skin-NTDs endemicity and for measuring the baseline values of the project's outcome indicators. The baseline study must cover at least 60% of the project implementation sites.

Where needed, the consultant will lead the recruitment of their own field supervisors and research assistants and work with HFFG Management and M&E team. The consultant will also carry out the training of the research team.

Duration: The baseline study shall be conducted effective from 17th April 2025 and terminates on 30th May 2025 after the baseline study report has been submitted and reviewed by HFFG, Rural Watch, and Anesvad and the final document approved by the Executive Director of HFFG.

RESULTS

The results from the study will help the project team prioritize communities for direct interventions, measure the baseline values of the project's outcome indicators and set appropriate targets for all indicators. Findings will also be used to measure the project's performance in the future as well as design and implement evidence-based interventions aimed at removing barriers to skin-NTDs eradication and elimination in Ghana.

Additionally, the study will facilitate stakeholder engagement by providing critical data to inform decision-making, strengthen collaboration among key actors, and advocate for policy adjustments that enhance NTD prevention and management efforts.

RESPONSIBILITIES OF THE CONSULTANTS/SCOPE OF THE ASSIGNMENT

- Develop the study protocol for the baseline survey
- Obtain Ethical Clearance from the Ghana Health Service Ethics Review Committee
- Design data collection tools for the baseline study questionnaires and submit to Management
- Pre-test data collection tools and effect any necessary changes based on findings from the pre-test
- Hire and train the field supervisors and enumerators
- Plan the field work logistics in consultation with our Administration and Human Resource Office
- Prepare survey implementation and questionnaire documentation, eg. supervise data collection
- Undertake data entry, cleaning and analysis
- Write and submit a draft baseline study report to HFFG for review
- Address review comments and submit the final baseline survey report, including datasets, to HFFG
- Develop a manuscript for publication in a renowned journal
- The consultant's contractual obligations are complete once the HFFG Executive Director has reviewed and approved the Baseline Report for quality and completeness per the TOR.

NB: It is expected that data will be disaggregated by age, sex, socio-economic status of target beneficiaries, disease type etc.

DELIVERABLES

- Baseline study protocol and data collection tools
- Ethical approval for the baseline study
- Regular team and management updates
- Pretest results
- Draft baseline study report
- Final baseline study report
- Presentation on baseline study findings for stakeholder engagement
- Develop manuscript for publication

METHODOLOGY

Study Design: The study must use a cross-sectional study approach involving the use of both quantitative and qualitative approaches. Primary data should be collected to measure the baseline values of the project's outcome indicators.

Population: The population for this study should include the District Directors of Health Services, District NTD Coordinators, community and traditional leaders, health workers, community members, and people affected and infected by NTD.

Sampling

The consultant with HFFG will determine the sampling size and technique.

FEES

To be discussed

REQUIRED SKILLS AND EXPERIENCE

a. Academic Qualifications:

- At least a master's degree in relevant fields such as Public Health, Social Sciences, Development Studies, Monitoring and Evaluation.

b. Experience:

- At least seven years of proven experience in conducting qualitative and quantitative research.
- Previous experience in conducting surveys, baseline/midline end line and/or disease prevalence and publication of work done.

How To Apply

Qualified and interested applicants should submit:

- An expression of interest including how he/she understands the assignment and the cost/fees he/she will charge.
- A CV
- Three (3) professional referees

All the above submissions should be in a single document in PDF to arecruitment63@gmail.com with the subject heading “**Application Baseline Study 2**” by the deadline 10th April 2025.

NB: Given the anticipated volume of submissions, only highly qualified candidates will be contacted.

ANNEX 1

Indicators for Skin NTDs Projects - Data Collection Methods	
Indicator	Suggested Data Collection Methods
1. Percentage of households with access to and proper use of clean water for skin care and personal hygiene	<ul style="list-style-type: none"> - Household water access survey (stratified random sampling to assess the source, treatment, and usage of water, with standardized questions on water collection, storage, and hygiene practices). - Water quality testing (physical and chemical testing for microbial contamination at randomly selected household water points). - Cross-sectional surveys (structured questionnaires to measure hygiene practices and water usage). - Direct observation (using observation checklists to assess water usage practices).
2. Percentage of households practicing proper wound care (e.g., bandaging, infection prevention, and treatment compliance)	<ul style="list-style-type: none"> - Wound care assessment using structured surveys (focusing on knowledge and practices around wound care, infection prevention, and adherence to medical advice). - Direct observation (using an observational checklist to assess correct wound care practices in households or health facilities). - Interviews with affected individuals or caregivers (to gather detailed information about wound care practices, adherence to treatment, and challenges faced).

<p>3. Percentage of people who are aware of the initial symptoms and modes of transmission of skin NTDs.</p>	<ul style="list-style-type: none"> - Knowledge assessment using structured questionnaires (using Likert scales to measure depth of understanding about symptoms and transmission routes, designed and validated for the local context). - Key informant interviews (with local health workers or community leaders to assess perceived knowledge levels).
<p>4. Number of community health centers that have integrated diagnosis and treatment of skin NTDs into their services.</p>	<ul style="list-style-type: none"> - Health facility assessment using structured interviews with healthcare providers to evaluate service integration (using a checklist based on health ministry guidelines for NTD management). - Document review of health facility records to verify the integration of NTD diagnosis and treatment protocols.
<p>5. Number of community health agents trained in early detection and management of skin NTDs.</p>	<ul style="list-style-type: none"> - Training records review (examine training logs and certificates to verify completion rates and content coverage). - Post-training assessment (structured interviews or quizzes with community health agents to evaluate retention of knowledge and practical skills).
<p>6. Percentage of people who believe that skin NTDs can be treated and prevented through medical mechanisms.</p>	<ul style="list-style-type: none"> - Cross-sectional surveys with validated belief scales (to assess knowledge and attitudes about skin NTDs, including prevention and treatment perceptions through medical means, such as medication or medical procedures). - Focus group discussions (to explore beliefs, myths, and perceptions about the diseases in depth, with a focus on medical treatment and prevention).
<p>7. Percentage of affected people reporting less discrimination or stigma in their community.</p>	<ul style="list-style-type: none"> - Stigma and discrimination index (based on a validated tool measuring stigma, such as the 'Stigma Index' or similar, tailored to skin NTDs). - Qualitative interviews with individuals affected by skin NTDs to assess perceived changes in social exclusion and stigma.
<p>8. Prevalence of skin NTDs in the community compared to baseline.</p>	<ul style="list-style-type: none"> - Community-wide prevalence survey (conduct skin screening using trained health workers, following standardized diagnostic criteria, with sampling

	<p>based on demographic representation).</p> <ul style="list-style-type: none"> - Comparison of baseline and endline data (using longitudinal cohort design to track changes in prevalence over time).
<p>9. Percentage of diagnosed individuals who have received adequate treatment in the last year.</p>	<ul style="list-style-type: none"> - Patient records review (analyzing health facility treatment logs to track diagnosed individuals and verify treatment compliance using standardized diagnostic and treatment protocols). - Structured interviews with patients (to cross-check treatment adherence, focusing on duration, follow-up care, and any barriers encountered).
<p>10. Percentage of affected individuals showing improvement in socio-economic status (e.g., income, employment, education, and housing conditions).</p>	<ul style="list-style-type: none"> - Socio-economic status survey (structured questionnaire assessing changes in income, employment status, educational attainment, and housing quality). - Interviews with affected individuals or households (to explore perceived improvements or challenges in socio-economic status, with a focus on education, income, and employment).

