



TERMS OF REFERENCE

NARRATIVE REVIEW ON ACCESS TO QUALITY INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



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INTRODUCTION

In 2022, Share-Net International (SNI) will organise its third International Co-creation Conference (CCC), “Engaging in Knowledge Translation Together”, together with its country hubs. This will be a working conference – either in person or online – where participants will work together to create concrete knowledge products that will be used for influencing policy and practice at country, region or global level. All participants, including researchers, practitioners and policy makers will engage in dialogues and are part of the creation process of these knowledge products. During the final sessions of the CCC, SNI will launch the call for grants to finalise these knowledge products.

This conference will take a hybrid form, with (if circumstances allow) participants working face-to-face in Bogotá, Colombia, and participants working online. It is expected that the conference will welcome a maximum of 35 people in Colombia and 15 people online.

AIM AND OBJECTIVES OF THE CONFERENCE

The conference **aims** to **translate knowledge and evidence** into products that members of SNI and other participants can use **to improve policy and practice** around one or more specific SRHR themes.

The specific objectives of the CCC are to:

- present state-of-the-art knowledge and evidence around ‘Access to quality information on sexual and reproductive health and rights’;
- identify areas where change is needed, and the kind of products and processes needed to improve policies and/or programmes;
- develop products and outputs jointly with content experts, professional writers, media specialists and visual designers;
- analyse the framing of the messages and language used in the products, checking the potential for reaching the target audience;
- develop concrete action plans for different countries and settings on how to influence the change processes;
- launch the SNI small grants round that will focus on implementation of these action plans; and
- offer the opportunity to learn, exchange and network between and with international actors on SRHR.

Expected outputs of the entire process are:

- a list of key stakeholders involved in ‘Access to quality information on sexual and reproductive health and rights’ globally;
- narrative review of the thematic track;
- evidence brief of the thematic track;
- a long list of possible knowledge products based on deliberative dialogues;
- actual knowledge products developed during and after the CCC to influence policy and/or practice;
- action plans to implement the knowledge products developed; and
- feedback to SNI members on the process and achievements/impacts.

Expected outcome: The action plans are executed to achieve breakthrough improvements in policy and/or practice.

FOCUS OF THE TRACK ON ACCESS TO QUALITY INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Fundamental rights for all people include various issues that directly impact the exercise of sexual and reproductive rights, such as the right to freedom, autonomy, and security of each person; the right to health, equality, and non-discrimination; and the right to information and education. This last one was established in 1948, with the Universal Declaration of Human Rights¹ article 19, which claims: "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers." Likewise, the right to health has been stipulated as "The right to enjoy the highest possible level of physical and mental health"^{1, 2}, to which the World Health Organization has elaborated on the conditions and characteristics that States must meet for the enjoyment of this right. Among these conditions the need to generate quality information and promote access to it is mentioned, since having information empowers and facilitates decision-making and promotes citizen participation within communities.

However, the reality of the world is different because access to information is mediated by socioeconomic, cultural, behavioural and knowledge factors³, so, although there has been an increase in information on SRHR provided by ICTs, their quality, language, visibility, form, and possibility of access remain sometimes problematic. A lesson that the COVID-19 pandemic also leaves us, where health disparities, digital gaps and new information illiteracy were evident; making us realize that access to quality information is a social determinant of health.

Generating and managing quality information in the field of SRHR considering principles such as knowledge translation, advertising, and accessibility, according to the characteristics and capabilities of people - since as mentioned above ICTs increase the extent of information – remains a challenge.

That is why this topic would invite us to reflect, create, innovate, and generate products and strategies that facilitate access to information according to our contexts.

More information on the methodology can be found in the Annex 1.

WHAT WE ASK FROM THE CONSULTANT

Share-Net International is seeking the services of a team of consultants to assist in the preparation of the third SNI CCC. We are looking for an expert team in the field of 'Access to quality information on sexual and reproductive health and rights' to assist in the preparation and development of content for the CCC. The team of consultants is allowed to subcontract others to do the job. The different tasks relate to the development of content as well as to the coordination between different hubs, secretariats and CCC. We are expecting the following deliverables from the consultant, which must be delivered in English and Spanish:

Deliverable 1: Perform a mapping and analysis of key (inter)national stakeholders in the selected SRHR thematic area with input from the iCoP and national CoPs who will develop a national recommendations. This should include both potential participants in the CCC and key informants for the scoping interviews and deliberative dialogues, including adolescents and youth. The list of people should indicate why they should be invited and which qualities they could bring to the conference, so that a balanced group of people with different qualities can be invited.

Deliverable 2: Narrative review¹ of a maximum of 35 pages in which main information sources and literature are reviewed in order to help scoping the topic. This review will be written based on the following inputs to be collected by the consultant:

- Document and literature review on ‘Access to quality information on sexual and reproductive health and rights’
- Overview of key developments and initiatives in the field of ‘Access to quality information on sexual and reproductive health and rights’
- Review of interventions and strategies developed so far, with an indication of success/failure
- Exploration of views, perceptions, needs and experiences of experts in the field of the selected SRHR theme, based on interviews with a minimum of five key experts and one focus group discussion with the iCoP. This should result in an inventory of views, needs and gaps in the SRHR theme and provide insights into the ‘state of the art’ (what is going on?) and relevant stakeholders (who is involved?) in the respective countries. The aim of the interviews is to clarify the challenges to be discussed in the deliberative dialogues, potential causes of the problem, and possible ways to address them, including good practices and lessons learned.
- Engage with national CoPs, members and other international experts, for example through SNI’s digital platform or a focus group discussion, asking three key questions:
 - Own engagement with the topic
 - Best practices encountered
 - Challenges

Deliverable 3: Evidence brief of a maximum of two pages. The brief will be developed based on the outcomes of the narrative review and will include key facts and figures. Annex 2 of the ToR provides the table of contents and guidance on how to write the evidence brief.

Deliverable 4: Report of deliberative dialogues with key experts, other stakeholders and/or participants (5 to 8, can be as a group), including youth. The narrative review and evidence brief will serve as background for the deliberative dialogues with key stakeholders to ensure the best course of action that will lead to the development of knowledge products during the conference. The deliberative dialogues have a strong focus on action. During the discussion, the following questions will be addressed: What is needed and has the highest priority? What should we do?; How can we improve policy/practice? The dialogues should result in a long list of products that could be developed indicating why these are useful, at what level they can be used and how they contribute to changes in policy and practice. During the conference, the participants will build on this process and refine and prioritise the products that will actually be developed.

Next to developing the deliverables above, the team of consultants is expected to coordinate closely with the SNI secretariat and the CoPs in the hubs, and to participate in the meetings of the iCoP and the CCCom. The consultant team is also expected to prepare the speakers and facilitators in the preparation of the conference.

¹ Ferrari, R., ‘Writing narrative style literature reviews’, *Medical Writing*, 2015, vol. 24, no. 4: “Describe and appraise published articles but the methods used to select the articles may not be described. Includes: General debates, appraisal of previous studies and the current lack of knowledge, rationales for future research, speculate on new types of interventions available. The assumptions and the planning are not often known. Selection and evaluation biases not known. Not reproducible.”

The following timeline is foreseen for the deliverables:

Deliverable	Deadline
Deliverable 1: Mapping and analysis of key (inter)national stakeholders 'Access to quality information on sexual and reproductive health and rights'	16 th of March 2022
Deliverable 2: Narrative review	30 th of March 2022
Deliverable 3: Evidence brief	30 th of March 2022
Deliverable 4: Report with deliberative dialogues	11 th of April 2022
Attending the Co-Creation conference	July 2022

Technical standards of the report:

The deliverables should be in English, and should include an executive summary, conclusions and recommendations.

CONSULTANT TEAM PROFILE

The consultant team for the narrative review is expected to be a multi-disciplinary team with a designated Team Lead. **We especially encourage people from Colombia to apply** and for the consultant teams to include young people and people from diverse backgrounds to apply. What we are looking for:

1. At least five years of professional experience, in the field of public health and SRHR & Gender, especially on 'Access to quality information on sexual and reproductive health and rights', in low- and middle-income countries (for the lead consultant).
2. At least a master level degree in social sciences, public health, or related discipline (for the lead consultant).
3. At least a bachelor level degree in social sciences, public health, or related discipline (for the other members of the team).
4. Experience doing qualitative research.
5. Knowledge of and experience with international development and/or Sexual and Reproductive Health and Rights and/or gender equality.
6. Affinity with Share-Net International's mission and vision.
7. Excellent communication and organisational skills, including the ability to plan and prioritize work duties.
8. Proficient in spoken/written English, French or Arabic will be considered as a plus.

The consultants have between 5 months (in total, including attending the iCoP and CCCom meetings and the Conference itself) to complete the narrative review process. The expecting starting date will be February. The consultants are expected to have an active role during the SNI Co-Creation Conference and to present their results there. The dates of the conference are still to be confirmed.

BUDGET

For the development of this narrative review, a budget of between 30 and 40 million Colombian pesos is estimated (around 10.000 EUR).

HOW TO APPLY

To apply, please send your CV and proposal that includes proposed timeline and budget to andrea.martinez@profamilia.org.co before **January 20th 2022** with the subject **“Consultant CCC” (in English and Spanish)**. The Conference Coordination Committee and the human resources office of Profamilia will assess the applications. If questions are raised by the committee, we will contact you for a short interview by the week of the **1st of February**. If you have any questions, please email: Maria Codina, Share-Net International Country Coordinator, (m.codina@kit.nl), Diana Carolina Peña, Share-Net Colombia Coordinator (diana.pena@profamilia.org.co).

ANNEX 1: METHODOLOGY OF THE CONFERENCE

There are different methodologies used in the CCC. Figure 1 provides a **schematic overview of the different methodologies**. These will be explained in more detail in this chapter.

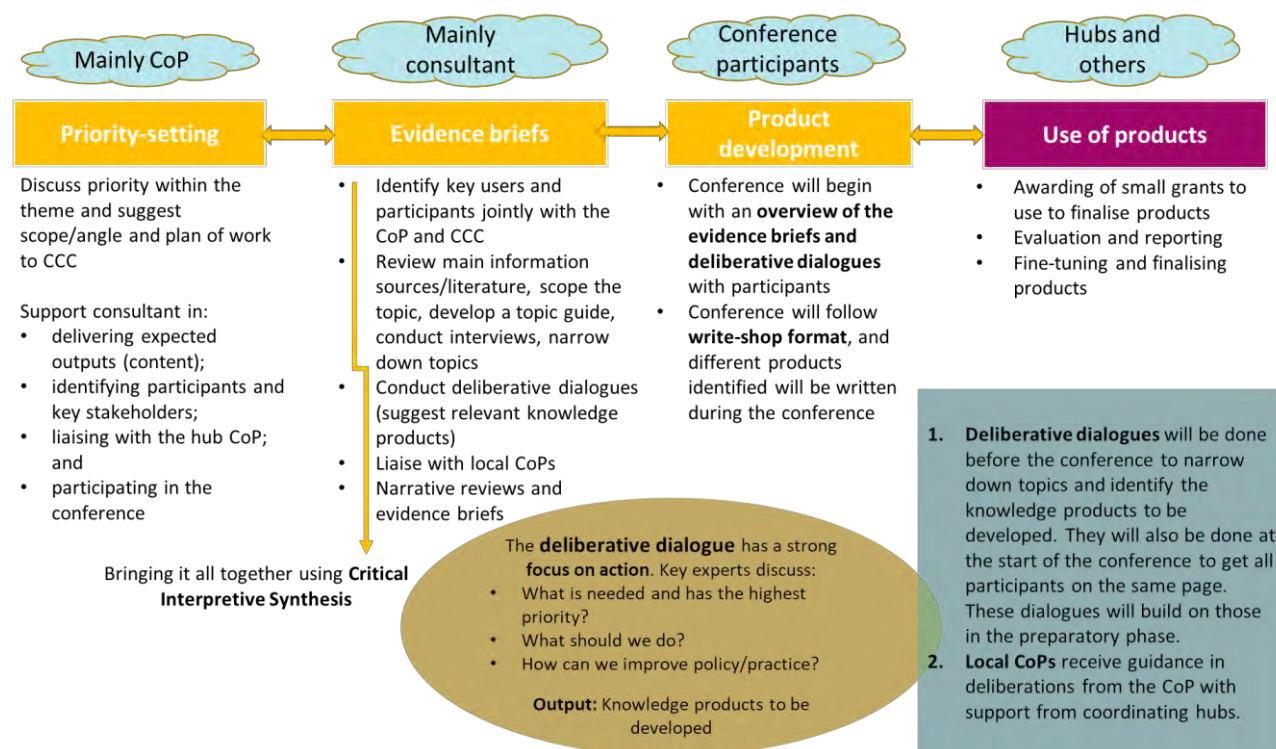


Figure 1 Different methodologies used in the CCC process

METHODOLOGIES USED BEFORE THE CONFERENCE

In terms of content, the **objective** of the **preparation process** is to ensure that at the start of the conference all participants have access to state-of-the-art knowledge about the topic, the evidence about interventions that work or not and have an overview of key issues to be addressed. The methodologies used here include: 1) priority-setting; 2) developing narrative reviews; 3) writing evidence briefs; and 4) undertaking deliberative dialogues.

The **objective** of the **priority-setting** is to delineate the topic. This is done through discussions in the international Community of Practice (iCoP) and national CoPs. At the end of the priority-setting phase the iCoP should prepare a clearly formulated description of the topic, including the specific focus that will be addressed during the CCC. This statement will inform the ToR for the consultants.

The consultant(s) will develop **narrative reviews** of no more than 35 pages. The **objective** of the narrative review is to provide state-of-the-art knowledge, identify knowledge gaps, review which interventions have worked (or not), assess lessons learned and provide insights into the main challenges to be addressed. As part of the narrative review a **critical interpretive synthesis** (CIS)² will synthesise insights from quantitative and qualitative studies,

² Dixon-Woods, M., 'Critical interpretive synthesis: what it is and why it is needed'. In: *Come to the craic. Abstracts of the 14th Cochrane Colloquium*, 23–26 October 2006, Dublin, Ireland.

non-empirical papers and tacit knowledge of key stakeholders. The CIS will be informed by a stakeholder engagement process and may include a session with the iCoP, key international stakeholders and some members of the CCCom. It uses an interactive and dynamic approach to question, formulate, search and select materials for inclusion in the narrative review. Evidence briefs will be developed based on the outcomes of the narrative reviews.

The consultant(s) will also organise preparatory interviews with three to five dialogue participants. They will use deliberate dialogues to clarify the challenges of limited SRHR for Adolescents and Youth, potential causes to the problem, and possible ways to address the problem including good practice and lessons learned.

METHODOLOGIES USED DURING THE CONFERENCE

The starting point of the conference will be the narrative review on SRHR for Adolescents and Youth. This narrative review will be presented at the start of the conference. Deliberative dialogues will be held with all participants so that all are at the same page. These will build upon the dialogues held in the preparatory phase and result in the final decision on which products will be developed during the conference.

The conference will use different methodologies that will identify areas for change in SRHR policy and practice i.e. by using priority-setting dialogues, develop messages and products, check framing and language use and will result in packages that participants can use in their work at regional and/or country level. The type of products will vary and for each topic several products will be developed. The end point will be actionable plans for a selection of specific countries (the hubs and depending on the participants perhaps another one) that will target changing policy and or practice around the two selected SRHR themes.

SNI will launch the small grants round at the end of the conference that will be specifically focussed on the implementation of the action plans at country level.

METHODOLOGIES USED AFTER THE CONFERENCE

After the conference, two evaluations will be done focusing on improving the concept and practicalities to ensure that SRHR policies and practices are changing towards the better. The CCC will be evaluated by the participants via an anonymous online evaluation form or in the sub-groups on the final day of the conference.

Additionally, the organising hub and the SNI secretariat will jointly organise the evaluation of the CCC. There will be a first meeting with the country hubs and a second meeting with the CCCom, the facilitating team and a representative of each SNI country hub. The meetings will take place after the CCC and will review the process prior to, during and after the conference.

ANNEX2: TIPS ON WRITING EVIDENCE BRIEFS³

Purpose of this document

This document presents what an evidence brief is and provides basic guidelines regarding the structure and content of an evidence summary. The suggested format below may be adjusted to address the needs of the targeted potential readers.

Evidence Summaries -definition

Evidence summaries are short one - two page documents that describe in a lay and friendly language the findings from the best available research on a particular topic with implications for further research.

Each summary includes the key findings from research and key messages that can be acted upon^[1].

There are several ways for structuring evidence summaries and these may vary depending on the nature of the subject area presented (clinical/health services/systems).

Structure and Content of an Evidence Summary

1. A title

The title usually presents the topic reviewed and presented in the summary. It usually states the primary research question or issue of interest addressed in the summary.

2. Key messages

This section summarizes the research findings and outlines the key messages that one is trying to communicate.

3. Background to the review question

Under this section, one provides brief background information on the topic being addressed by the evidence summary

4. Methods (a summary of reviewed studies and sources of information)

This section presents a summary of reviewed studies and the respective sources of evidence such were used to draw the key messages and conclusions. It is important to highlight how the reviewed studies were searched and selected as a reliable source of evidence.

5. Evidence

This section provides answers to the review question. It provides the level and quantity of evidence found regarding the review question. For clarity and impact, the evidence should be summarized in bullet points.

6. Case studies

It is usually helpful for practitioners and policy makers to also present studies that provide additional evidence relating to the review question if there are some. Case studies make an Evidence summary lively.

References to resources containing information about these case studies should be given.

7. References

³ From: <http://ktnetafrica.net/>: Knowledge Translation Network Africa

All references cited in the text should be included under this section. The use of a standard referencing style is highly recommended.

8. Acknowledgements

It is important to acknowledge all those that contribute to process of putting together the evidence summary.

1. Conflicts of interests must also be declared[SG1] .
2. Additional Information

Provide contact details including e-mail and phone number where readers can ascertain more information.

References for this guide:

Khangura, S., et al., EVIDENCE SUMMARIES: THE EVOLUTION OF A RAPID REVIEW APPROACH. Systematic Reviews, 2012. 1(1): p. 10.

[http://www.betterhealth.vic.gov.au/bhcv2/bhcrecnews.nsf/doc/3A28FCF77CC6A029CA2579F7007B1717/\\$FILE/Guidelines%20for%20evidence%20summaries%20-%20with%20implications%20for%20policy%20&%20practice%20V3.pdf](http://www.betterhealth.vic.gov.au/bhcv2/bhcrecnews.nsf/doc/3A28FCF77CC6A029CA2579F7007B1717/$FILE/Guidelines%20for%20evidence%20summaries%20-%20with%20implications%20for%20policy%20&%20practice%20V3.pdf)

[http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines/\\$File/Guideline%20Evidence%20Summary.PDF](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines/$File/Guideline%20Evidence%20Summary.PDF)

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