



**SOS CHILDREN'S  
VILLAGES**

## **TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT TO CONDUCT A FEASIBILITY STUDY FOR SOS CHILDREN'S VILLAGE BOTSWANA**

### **1.1 INTRODUCTION**

Botswana health care is a basic right for citizens and efforts to provide universal health care have proved to be successful even though there are certain health care sectors still lagging behind. Like other countries in the Region, Botswana faces serious challenges in the delivery of oral health services to their populations. Poverty status and HIV/AIDS rate are the core factors affecting Oral Health care among children. Poverty in Botswana is perceived to have a young face, as children less than 15 years of age represents a 46.2<sup>1</sup> percent of the poor. While an adult may fall into poverty, the implications poverty in childhood can last a very period of time because even a short period of deprivation can impact children's long-term development. For that reason, the most vulnerable and marginalized including the OVC are disproportionately affected thus, NGOs such as SOS Children's Villages Botswana plays a role in complementing the government to provide for the most vulnerable members of the society.

In Botswana after the end of the implementation period for the evaluation of the National Dental Health Plan (1983-2000) and its Evaluation in 2002,<sup>2</sup> oral health services in the country find itself working without a guiding National Oral Health Policy. In addition, there are new challenges in the context of increasing oral health disparities in terms of severity, prevalence and burden of oral diseases and conditions, shortage of dental workforce, limited access to oral health services, technological advancement and changes in demographic patterns as well as socioeconomic determinants of oral health and limited research and statistical data. Like other vulnerable children, orphans face a number of health challenges including basic oral health care, and this is one of their unmet fundamental health care needs.

In April 2015 SOS Children's Botswana conducted an oral health baseline assessment among 457 pupils in 9 primary schools (13 years and below) in 5 villages in Botswana for its Oral Health Project (OHP). The results indicated that 29 percent of the children had bleeding gums, 17 per cent dental caries, fluorosis and tooth discoloration was 24 per cent and 17 percent

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<sup>1</sup> World Bank (2015) Botswana Poverty Assessment

<sup>2</sup> National Dental Health Plan (1983-2000) and Evaluation (2002)

had bad breath or halitosis. Knowledge of dental health and treatment needs of school children particularly the most vulnerable is important for developing appropriate preventive approaches, anticipating utilization patterns, and planning effectively for organization and financing of dental resources.

In 2019, an Oral Health Project Evaluation was commissioned in Botswana and Ghana where the project was also being implemented. The findings of the Oral Health Evaluation Report for SOS Botswana and Ghana (2020), of the 187 pupils interviewed, 44.4 percent said they had a dental problem. These dental problems were tooth decay (74.4%), gum diseases (20.5%) and both tooth decay and gum diseases (4.8%). From the findings, it shows that indeed the OHP provided comprehensive and holistic services to meet the major oral health needs for vulnerable and disadvantaged children and pupils. Early introduction of oral health education in schools has a positive impact in acquiring knowledge as well as good oral practices among learners thus leading to improved oral health status. Furthermore, findings (57.8% of the respondents) shared that OHP was a major source of information on oral health care that demonstrates the importance of the project in providing information.

Informed by the findings and recommendations of the study, SOS Children's Villages Botswana, continued providing oral health education and access to services to children, caregivers and remote communities from 2021 - 2023. In order to have a sustainability plan and ensuring an exit strategy from the beginning, OHP was anchored under the existing Family strengthening programme (FSP) which is an education and community outreach based program operating in two locations, namely Tlokweng and Francistown. Furthermore, Serowe Children's Village was included as a third location despite absence of FSP.

## **1.2 PROJECT OVERVIEW**

In recognition of this need to provide adequate and sustainable oral health care to the orphaned and vulnerable children, the Oral Health Project was implemented since 2015 until to date, rolling out interventions in partnership with SOS Sweden, the Member Association, SOS Botswana, ministry of health, ministry of basic education and other key stakeholders. The project operated in selected locations in Botswana being Kweneng East, Kgatleng, Tlokweng, Francistown and Serowe. The primary target group were disadvantaged children that have lost parental or are at risk of losing parental care and caregivers.

The Oral Health Project through its rollout in various communities has continued to make a positive impact and improvement on oral hygiene within households. With over 32 000 children between 2 to 13 years having accessed disease screening, oral health hygiene education and

demonstration of correct tooth brushing technique as well as receiving free tooth paste and brushing. In addition, teachers participated in capacity building in order to lead effective campaigns on oral health care for children in their schools. Furthermore, specialised services for children with oral health problems were accessed through referrals from local public dental clinics.

### **1.3 PURPOSE OF THE FEASIBILITY STUDY**

A feasibility study is to be carried out in Kweneng District, Kgalagadi District, Central District and North East in order to provide SOS Botswana with a basis for decision making on what type of interventions, services and activities are feasible within the planned project, in the best interest of the target group. The study will provide SOS Botswana with evidence to inform a decision of whether to start a programme in a new location (respectively review an existing programme) and to indicate what type of interventions, services and activities are feasible and in the best interest of children in the target group. The feasibility study is required in the identification phase of this project to ensure that;

- a) the most crucial health problems of the target group are identified,
- b) important stakeholders are identified, analysed and approached for their possible role in this project,
- c) a proper risk analysis is carried out and
- d) alternative solutions are proposed in the project design giving a clear indication of most appropriate project areas of development and improvement.

### **1.4 SCOPE OF THE FEASIBILITY STUDY**

The study shall:

- Analyse the current local response to the needs of the target group and type of interventions and services most needed in the coming five years in line with the family strengthening Strategy and SOS Children's Village Botswana Strategy
- Analyse the feasibility of the Health Promotion and Prevention Programmes (Oral Health, Sexual Reproductive Health, Mental Health & Psychosocial Support) in the proposed location (s) and recommend the locations where the Oral Health project is most needed and can have the greatest impact.
- Analyse the feasibility of the Family Strengthening Program in the proposed location (s) and recommend the locations where it is most needed and can have the greatest impact.

- Analyse the existing interventions from communities structures and stakeholders to ascertain their efficiency and sustainability
- Analyse the feasibility of the SOS family strengthening programme in the proposed location (s) and recommend the type of interventions
- Recommend synergies between the SOS strategic direction and policies for Health Promotion and Prevention with Government for the next 5 years
- Recommend the Health Promotion and Prevention Programmes (Oral Health and Sexual Reproductive Health) focus to the Family Strengthening Programme (FS) Strategy for the next 5 years
- Picture the social environment of the target group (children who lost or are at risk of losing parental care) in the proposed location by providing an in-depth analysis of the situation of children without parental care and at risk of losing parental care, main child rights violations, the response from government and NGOs, and gaps in the current SOS CV service types (Health Prevention & Promotion, Family Strengthening, Family Like Care, Supervised Independent Living).
- Analyse the economic livelihoods of families and communities to ascertain their feasibility to respond to basic economic needs at household and community level.
- Analyse the existing interventions in Family Strengthening Programme and to ascertain their efficiency and sustainability
- Assess existing HR structure for FS and HPP, systems and resources and propose change management plan needed under the new environment.

## **1.5 METHODOLOGY**

- A review of existing regional and local laws (e.g. child welfare law, Health policies, strategies), policies, strategies, statistics and reports related to the situation of children without parental care or at risk of losing parental care, also in regard to their educational needs.
- Analysis of stakeholders in the target locations taking into account the capacity, interest and influence of the multi-sectoral actors and stakeholders
- Interviews, focus group discussions and/or questionnaires with regional and local Social welfare, Health and Education authorities. As an input to the study, authorities should state their expectations towards SOS and outline potential modes of collaboration and public funding for Health Prevention and Promotion, Family Strengthening, and education activities.

- Interviews, focus groups, and/or questionnaires with representatives of major non-governmental organisations that provide Health Promotion and Prevention, family strengthening, alternative care, and education services, and/or involve in advocacy and capacity building activities targeted at the child welfare and child protections system.
- Interviews or focus groups with children and families from the target group (if possible, otherwise at a later stage).

## 1.6 DELIVERABLES

- i. Inception Report
- ii. Draft Report
- iii. Final Report

### 1. Review of the existing Project location

- i. Summary of key findings in the existing programme
  - ii. Description of data collection methods
  - iii. Overview of
    - a) the socio-economic and demographic situation (poverty, unemployment, gender)
    - b) the child welfare system (legislation, policies, major stakeholders),
    - c) the education system,
    - d) the health care system in the location
  - iv. Analysis of the situation of children without parental care and at risk of losing parental care in the study location
    - a. Child rights violations faced by children who a) lost parental care, and b) are at risk of losing parental care
    - b. Which current problems in the life situations of the target groups have been identified and are relevant in the proposed project interventions? Which of the causes are prioritised and addressed in the project?
    - c. Conclusion: Do the numbers and the situation of children without parental care and at risk of losing parental care speak for or against an SOS programme in the location?
2. Analysis of the current local response to the health, education and socio-economic needs of the target group and type of interventions and services most needed in the coming five years:
- a. Existing governmental and non-governmental strategies, interventions, and services in the area of a) short and long term Health promotion and Prevention, b) family strengthening (empowerment of families and communities), and c) education (Who is doing what? What are strengths and weaknesses of the current response?)
  - b. SOS Botswana Interventions and services (HPP, FS, SIL, FLC) in the area (*What are the unmet needs of the target group? What are the gaps in the current response?*)
  - c. Willingness and interest of the local government to invest in improving family strengthening, health promotion and prevention, and education services/interventions for the target group.
  - d. Analysis of main stakeholders in the study location(s) who can influence the start and development of the project.

- e. Which local potentials, existing structures (institutions, networks, umbrella organisations and others) and social mechanisms can be built upon? Which gaps in the system have been identified?
  - f. If applicable, are there approaches and results from previous development measures? If so, how will this be built upon?
  - g. What other framework conditions, for example conflict dynamics, need to be considered in the context of the planned project?
  - h. Conclusion: What are the gaps in the provision of health care and family strengthening services? What opportunities exist for SOS Botswana?
3. Conclusions on the feasibility of an SOS Programme:
- a. Is it feasible to start a Health Promotion and Prevention Programmes (Oral Health and Sexual Reproductive Health) and SOS Family strengthening Programme? In which location is a programme most needed?
    - 7.a.1 **Relevance**; To what extent do the intervention objectives and design adequately take into account the specific needs of the target groups and structural obstacles in the project region, partner/institution, policy programmes?
    - 7.a.2 **Coherence**; What similarities or overlaps are there between the target groups and the projects of other actors in the same context? To what extent does the intervention create added value and is duplication avoided?
    - 7.a.3 **Effectiveness**; Is the chosen methodological approach appropriate to the context and sufficient to achieve the project objective? Are alternatives necessary? At which level (multi-level approach) are additional measures to increase effectiveness to be envisaged?
    - 7.a.4 **Efficiency**; To what extent are the planned expenditures used economically and are the investments, operating expenses and personnel in proportion to the intended goals?
    - 7.a.5 **Impact (significance)** - To what extent does the planned project contribute to the achievement of overarching developmental impacts?
    - 7.a.6 **Sustainability** - To what extent will the positive impacts (without further external funding) continue after project completion? What long-term capacities are built up among the target group to be able to continue the implemented measures on their own?
  - b. In what type of interventions should SOS Children's Villages Botswana's Health Promotion and Prevention and Family strengthening programme get involved in the location and why?
  - c. What risks could SOS Children's Villages Botswana face in starting a programme in the location and how can the impact be mitigated?

Required **attachments** to the study:

- Contact information of responsible persons from local government and administration in the locations of study
- List of reviewed documents and data analysed
- Data collection Tools

## **1.6 STRUCTURE OF THE REPORT**

A comprehensive report (80-120 pages, hard and soft copy) in English language.

**The feasibility report should be strictly structured as follows:**

1. Executive Summary
2. Purpose, objectives and use of the feasibility study
3. Initial situation and problem analysis of HPP (OHP, SRH) in the four districts
4. Stakeholders analysis and their roles
5. Target group & participant analysis
  - a) Target group
  - b) Participants
5. Evaluation of the planned project according to OECD DAC criteria
  - a) Relevance
  - b) Effectiveness
  - c) Efficiency
  - d) Impact or significance
  - e) Sustainability
6. Appendices
  - a) Technical appendices to the feasibility report
  - b) Administrative appendices to the feasibility report

## **1.7 ETHICS**

Ethical considerations for the study are only limited to the national protection standards according to the relevant departments, Children's Act, child rights, child participation and the day to day moral conduct within the spheres of multi-cultural society of Botswana. Consent for participation is obligatory and respect for individuals and communities is key to the study. A letter permitting this study is required. The involved personnel should be screened against any criminal and child protection record with the relevant state authority.

The following ethical standards are central to this study;

- Voluntary Participation
- Respect for humanity
- Obtain informed Consent for children from care givers and legal guardians.
- Consultations and participatory work should not interfere with children's school work (or other important tasks).
- Participation by children and young people of different ages and abilities should be safe, enjoyable and meaningful and empowering for children.
- Children should be consulted in ways appropriate to their age and capacities.

## 1.8 APPLICATION DOCUMENTS

Interested individual consultants should submit the following information:

1. Name and contact details of an individual expert(s) and description of previous feasibility study experiences; certified copies of academic certificates, Identification documents, 3 traceable references / referees of good completion related to previous studies and research conducted.
2. Proposal:
  - a. Feasibility study objectives
  - b. Description of the methodology (including the target groups; description of quantitative and qualitative research methods that will be used; description of sampling and size of sample etc.)
  - c. Proposal how the project team will be involved in the study
  - d. Description of Product(s) (deliverables)
  - e. Detailed Work plan; including the time line of relevant tasks
  - f. Time schedule of activities (a time schedule should be prepared for each element of the work plan and of the reporting requirements)
  - g. A list of research assistants composed of at least 3 research members and provide for each expert proposed his/her curriculum vitae and 3 traceable referees, including information (CVs, experience, certificates etc.)
3. Detailed financial proposal commensurate to expected deliverables (the cost should be taxes exclusive) as per provided budget
4. Any other information to support further the eligibility of the candidate
5. Eligibility criteria

The consultant should have a solid understanding of:

- The child rights and socio-economic situation of the country
- The country's child welfare and vulnerability situation (and ideally of children without parental care and those at risk of losing parental care in the country).
- The legislation, policies, strategies and programmes related to this target group.
- Ideally, the person should have experience in conducting social research with traceable referees. 8 years of work experience as a consultant and 4 years having conducted a similar study.
- A minimum of Master's Degree in Public Health, Social Work, Psychology, Social-Pedagogy, Community Development or Economics.

## 1.9 TIME FRAME OF STUDY

A month's study from 1<sup>st</sup> – 29<sup>th</sup> October 2023.

**1.9 BUDGETED AMOUNT:** P75, 000.00 (20%, 40%, 40%)

## 10.0 DELIVERY ADDRESS

Submission of 2 Hard copies in 1 sealed envelope addressed to: Chairperson  
National Internal Procurement Committee  
SOS Children's Villages Botswana  
National Coordination Office  
Plot 584, Lesunyaneng Ward, Tlokweng

**For clarifications contact:** [eva.kebadile@sos-botswana.org](mailto:eva.kebadile@sos-botswana.org)  
[Johannes.bontlogile@sos-botswana.org](mailto:Johannes.bontlogile@sos-botswana.org) by the **22/09/2023**

**cc**

**Opening Date:** 14/09/2023

**Closing Date:** 27/09/2023

**Closing Time:** 4:00pm

*Ensure to register your submission during delivery.*