

Terms of Reference (TOR) for Baseline Survey

Project: Improving Maternal and Child Health
Care in Mugu District

Detail Terms of Reference (TOR)

Project Title	Improving Maternal and Child Health Care in Mugu District
Type of Project	Public Health
Project Duration	3 Years [2021-2024]
Types of Survey	Baseline Survey
Project Location	Province: Karnali District: Mugu Local Government Unit: 1 Municipality and 3 Rural Municipalities
EOI Notice published date	28 April 2022
Deadline to submit the proposal	18 May 2022 17:00 Hrs. (Nepal Local Time)
Expected date of completion of the assignment	31 July 2022

1. General Background

Good Neighbors International (GNI) has been working in Nepal since 2002 for improving the lives of poor people, especially children through child protection, education, income generation, health services, water, sanitation and hygiene, disaster risk reduction/climate change adaptation, and advocacy programs. Currently, GNI Nepal serves marginalized, vulnerable, and poor children, families, and communities in 22 districts across Nepal.

GNI Nepal has started to implement a project "Improving Maternal and Child Health Care (MNCH) in Mugu" from December 2021 in one Municipality and three Rural Municipalities of Mugu District.

This baseline survey is meant for collecting primary data from targeted project locations (mainly from the targeted population and health facilities) to identify the actual situation of the target group. The results obtained from the survey will be used during monitoring, annual reviews, end-line, and final project evaluation.

2. Brief Information about the Project

Mugu district is located in the Mid-western mountain area in Karnali Province and is divided into one urban municipality (Chhayanath Rara Municipality) and three rural municipalities (Khatyad Rural Municipality, Mugum Karmarong Rural Municipality and Soru Rural Municipality). Mugu District is one of the most deprived areas in Nepal with low access to basic services such as health, education, drinking water and electricity among others. The challenging geographical

settlement within and surrounding the district further complicates the conditions of operating effective and efficient health services from local health facilities. Limited basic infrastructure, poor roads and remoteness make access to basic health services challenging and often impossible. These conditions result in increased vulnerability to health conditions, especially among women and children. Overall, the maternal, newborn and child health service utilization in Mugu District is lower than the national statistics. Data show that in the Fiscal Year 2076-2077 (BS) in Mugu District, only 47.4% of pregnant women had received four ANC checkups as per protocol, 48.3% of pregnant women received a 180-day supply of Iron Folic Acid during pregnancy, 82.3% of institutional delivery and 69.6% of births attended by a Skilled Birth Attendant (SBA)¹.

In 2018, UNICEF Nepal with financial assistance from KOICA implemented a project 'Improving Maternal and Child Health in Mugu (2018-2021)' with an objective to strengthen the health system to provide quality and equitable maternal, newborn and child health (MNCH) services. The project identified the need for continuous efforts to improve public awareness, strengthen compensation of FCHV and Health Mothers' Group (HMG) to encourage their participation, strengthen the referral system and establishment a maternal and child health program plan at health facilities.

The MNCH-Mugu Project has been developed as the subsequent management of the project implemented by UNICEF Nepal (2018-2021). The Project has a plan to enhance MNCH service seeking behaviour of the community and improve the quality of maternal and child health services delivery at local health facilities through working together with the community, Health Mothers' Group, Female Community Health Volunteers (FCHV), health facilities, and local governments.

Expected Results of the Project (Outcomes):

- Improved MNCH behaviour among the community in Mugu District
- Improved access to maternal and child health services
- Improved quality of maternal and child health service

¹ Department of Health Service Annual Report FY 2076-2077, local level analyzed data available in excel, retrieved from www.dohs.gov.np

Project target area/location:

SN	Municipality/ Rural Municipality	Ward number covered by the project	Total wards	Name of Health facilities	Location of health facilities	Ward Number
1	Chhayanath Rara Municipality	1 to 14	14	Gum HP	Chetelbadha	1
				Nigale HP	Phooli Nigal	3
				Tuma HP	Tuma, Sayakhola	3
				Pina HP	Pina, Topala	7
				Dhungkedhar HP	Sova	12
				Bama HP	Bama	14
				District Hospital	Gamgadi	
2	Soru Rural Municipality	5,7,8	3	Gima HP	Sipa, Khiyacha, Gayalpani	7
				Rarakache HP	Ashidhara, Kache	8
3	Mugum Karmarong Rural Municipality	6,8,9	3	Mangri HP	Mangri	8
4	Khatyad Rural Municipality	1, 2	2	Masane HP	Seri	1
	Total		22	11		

3. Purpose and Rationale of Baseline Survey

GNI Nepal intends to conduct an independent baseline survey for MNCH Mugu Project to capture the baseline status for the project's impact and outcome indicators. GNI Nepal expects the baseline survey to serve for effectiveness to project management by planning and performing the project activities on the basis of an accurate understanding of the contemporary MNCH situation of the project area.

The Baseline is primarily a KAP (Knowledge Attitude and Practice) survey that mainly generates the quantitative and qualitative data of a particular situation or target population to assess the knowledge, attitude and practice regarding to MNCH services and facilities. It involves the systematic collection and scientific analysis of data to obtain a clear picture of a particular situation based on the project's results and indicators. It also aims at quantifying the distribution of certain variables in a survey population at a given point in time.

Besides the KAP survey, the baseline information will also generate to assess the health service delivery status of the targeted health facilities in the project working areas. The institutional information can be gathered from primary and secondary approaches of data generation.

The findings of the survey will be used as a baseline and reflect the knowledge into the detailed implementation plan and implementation approaches to improve the MNCH status of women of reproductive age in Mugu District. Moreover, the baseline information will be used to assess the project's results through periodic assessments that will be conducted in future.

4. Objective of Baseline Survey

The overall objective of the baseline survey is to generate the data from the project's targeted communities and health facilities to assess the MNCH behaviour, attitude and practices of the community, and get informed about the existing service delivery capacity of the local health facilities. The baseline findings will be utilized to set the benchmark of a set of indicators outlined in the project results framework. The baseline survey will focus on understanding the current MNCH related situation of the project area and deduce pertinent implications for the project implementation from the findings.

Specific objectives of the baseline survey:

- To assess the level of MNCH related knowledge, attitude and practice among target groups
- To assess the current situation of MNCH facilities and services available at the local health facilities including the district hospital
- To identify the opportunities, challenges and catalysts with a view to improving the MNCH status of targeted communities.
- To set the existing status (baseline value) and benchmark of the indicators defined in the Project's result framework.

5. Scope of Assignment

This baseline survey will be carried out in the project area (22 wards of four local government units of Mugu District: one urban municipality and three rural municipalities) with an approach to conduct Knowledge Attitude and Practice (KAP) targeting community people, women of reproductive health and their families, FCHVs, adolescents, traditional healers and other stakeholders related to project. Likewise, the survey data will also collect from the health and medical staff of targeted health facilities. Similarly, information from the targeted health facilities will be collected through institutional assessment. The primary data will be generated from quantitative and qualitative approaches to data collection, and the secondary information will be generated from available resources of health facilities and local government.

The selected consultant has to perform the following scope of work as per the objective of the baseline survey:

- Develop a detailed survey plan including the potential methodologies, and approaches to be used for the survey.
- Develop survey tools (questionnaires, checklists, survey forms, etc.)
- Deploy the survey tools in an authentic data collection program in a mobile application (or other digital platforms) for data collection purposes.
- Define and calculate the sample population and sample size on the basis of standard statistical measurement
- Develop a detailed data collection plan
- Obtain approval of the survey from Nepal Health Research Council (NHRC) by ensuring the documentation and administrative requirements of the ethical review board of NHRC
- Inform stakeholders in the survey sites about the purpose of the baseline survey and obtain consensus from concerned stakeholders
- Hire, train and mobilize a team of trained field researchers to collect the survey data (both qualitative and quantitative).
- Make sure to maintain the research ethics in the entire survey process (such as obtaining verbal or written consent from the respondents, maintaining the confidentiality of the respondents' information, proper handling of the survey data, and not harming the socio-cultural aspects during fieldwork, etc.)
- Manage (validation, entry and cleaning) and analyze survey data using standard software. The analysis must be considered as data segregation based on project areas, gender, age, ethnicity and other relevant attributes.
- Share preliminary research findings as a draft report.
- Share the survey findings in a meeting represented by relevant stakeholders
- Prepare and submit the final survey report after incorporating the feedback provided by GNI Nepal

6. Survey Methodology and Approach

This baseline survey will apply a mixed-method approach, i.e. having both quantitative and qualitative methods. The quantitative method shall include Knowledge, Attitude and Practice (KAP) survey to generate the baseline data for the project's impact and outcome indicators. It is suggested to use structured (or semi-structured) questionnaires to collect quantitative information while other methods such as Focus Group Discussion (FGD) and Key Informant Interview (KII) can be applied for collecting qualitative data.

The information from targeted health facilities can be collected through in-depth or semi-structured interviews, observation of health facilities, review of available documents and health

service records, etc. Likewise, a specific checklist can be used to collect information related to facilities and services available at health facilities.

Sampling and Sample size: It is suggested to apply the statistical methods/techniques that represent the survey participants from all categories of the project's beneficiaries. The applicant for the assignment can suggest the appropriate sample size representing the entire target population of the Project area. However, it should be finalized jointly with GNI Nepal and the concerned Project team.

Survey participants: The survey participants depend on the nature of the project's intervention and its target beneficiaries include women of reproductive age and their families, adolescents (both girls and boys), Female Community Health Volunteers (FCHVs), Health Mother's Group (HMG), staff of local health facilities, members of Health Facility Operation Management Committee (HFOMC), traditional healer, elected representative and officials of Local Government Units, other concerned stakeholders available at district and municipality. However, the selection of participants for the survey depends on the data generation approach and the information needed for the baseline purpose.

The above-mentioned methodology and approaches are suggested for the baseline survey. However, the selected consultant/firm shall purpose the appropriate and innovative methods of data collection, management and analysis as relevant to the nature of the proposed survey. A joint meeting with the selected consultant/firm will be organized to set mutual understanding (as well as to finalize) the best methodologies and approaches that can be applied to the survey.

7. Expected Deliverables of the assignment

The following are expected deliverables of the assignment:

SN	Name of deliverable	Details	Medium
1	Inception report	An inception report including detailed methodology, sampling framework, and a detailed survey plan	Printed and e-copies
2	Survey tools	The final version of survey instruments/tools, questionnaires, checklists, etc. developed for data collection purposes	E-copies
3	Survey approval from NHRC	The approval letter of NHRC	Signed copy
4	Survey Datasheet	Clean and final datasheet of the quantitative survey in SPSS and/or Excel version	E-copies
5	Transcribed note	Transcribed note of qualitative information/data in English	E-copies

SN	Name of deliverable	Details	Medium
6	Health facility record	The checklist with filled information of individual health facilities used for health facility assessment	Printed
7	Draft survey report	Draft report with analyses of both qualitative and quantitative information with segregated relevant attributes and indicators (e-copies)	E-copies
8	Presentation slide	Presentation slide (PPT) of survey findings for a meeting	E-copies
9	Final report	The final baseline survey report	Printed and e-copies

8. Duration of Assignment

It is expected that the assignment will be completed in **35 working days**. However, the number of working days may vary depending upon the knowledge about the survey location, availability of survey respondents, etc.

The proposed working days allocation for the assignment is as below:

SN	Major tasks	Working days	Deadline
1	Review the project documents & secondary literature	2	31 May 2022
2	Preparation of inception Report & survey tools and methodologies	4	5 June 2022
3	Team orientation & fieldwork	15	10 June 2022
4	Data management & analysis	4	20 June 2022
6	Sharing of major findings (based on data analysis)	1	24 June 2022
5	Draft report preparation and submission	4	8 July 2022
6	Presentation of survey findings	1	15 July 2022
7	Final Report	4	29 July 2022
	Total	35 days	

9. Responsibilities of GNI Nepal

GNI Nepal will be responsible for the information dissemination among partners, including coordination and collaboration required for the survey. Specifically, GNI Nepal will:

- Provide inputs to finalize the detailed survey plan, methodologies, tools, approaches, and instruments
- Facilitate the survey team to work on the survey area
- Coordination with concerned stakeholders and participants related to survey
- Bear all direct costs of the survey as per agreement
- Monitor, provide feedback and ensure the effectiveness of the survey

- Organize a one-day internal meeting to share the findings of the survey
- Give inputs on the draft and support to finalize the report

10. Budget and Payment Procedures

The individual consultant/firm shall propose a **total budget** (including tax) with a detailed breakdown including applicable taxes at the time of proposal submission. The budget covers consultancy fees along with travel and accommodation costs and other applicable budget lines.

The consultant/firm shall bear all tariffs, duties, and applicable taxes or charges levied at any stage during the execution of the work.

The total consultancy cost (agreed) will be paid in three instalments:

- 30% upon submission and acceptance of the inception report
- 40% upon submission of the draft report including sharing the survey findings in an internal meeting and acceptance of the draft report
- 30% upon acceptance of the final report

[Note: GNI Nepal will not be responsible for covering insurance and other hidden costs related to the survey]

11. Acceptance of Proposal

All rights to accept or reject a proposal, without giving any reasons, shall be reserved with GNI Nepal. If deemed necessary, the consultant shall be asked for modifications.

12. Management of the Survey

In the case of a consortium (if require), the lead consultant firm will be responsible for managing the survey in close collaboration and consultation with GNI Nepal and will be accountable for the timely delivery of quality products. However, GNI Nepal does not promote and suggest a consortium approach for this survey.

13. Team Compositions and Qualification/skills required

GNI Nepal expects a survey team composition of experts with having proven experience in the field of development survey and research, especially in the health sectors as follows:

Team Leader: The team leader shall be responsible for ensuring that the survey is correctly designed, implemented and reported.

The team Leader shall have at least a Master's Degree in anthropology, public health or related fields (PhD preferable) at least 5 years of professional experience in:

- Planning, designing and management of qualitative and quantitative studies preferably in the public health and anthropology sector
- Survey indicators development and refining
- High volume data collection, management, and analyses
- Developing a wide variety of data collection tools
- Training and managing survey team
- Knowledge of gender and social context of Karnali Province
- Excellent professional report writing of surveys/research in advanced English language
- Previous working experiences in conducting surveys of public health, especially maternal and child health
- Willingness to undertake field visits.

Data Analyst: Data analyst should have;

- At least a Master's Degree in statistics and/or survey database management
- At least three years of relevant experience in baseline/end-line, evaluation survey of public health projects, or public health research
- Advanced knowledge of research software (both quantitative and qualitative) for data management and analysis
- Good analytical skills

Field researcher: The field researcher (research assistant) should have at least a Bachelor's Degree preferably in public health with experience in surveys related to public health.

[Note: these are only the proposed team members for the survey. The consultant/firm can propose the team as per the understanding of the assignment]

14. Termination of the Contract

GNI Nepal will terminate the contract if the consultant/firm commits a breach in the performance or observance of its obligation under this ToR. The consultant/firm shall be notified in written form within a week prior to the termination of the agreement.

15. Confidentiality

During the performance of the assignment or any time after the expiry or termination of the agreement, the consultant/firm shall not disclose to any person or otherwise make use of any confidential information which the consultant/firm has obtained or may obtain in the course of the survey relating to partner organization/GNI, the respondents or otherwise.

16. Copyright

The firm/consultant shall collect and document required information during the entire course of the survey and include information/data that are not included in the report under annexes. The consultant/firm shall also take relevant pictures. Copyright of all of the data and documents will remain with GNI Nepal. The firm/consultant cannot publish the findings of this study without taking prior consent from GNI Nepal.

17. Documents to be submitted

The individual consultants or registered company shall submit an application with the following documents:

A. Technical and financial proposal

- Technical proposal: A concept note including the approach, methodology and work plan, flow-chart and timeline of activities.
- Signed CVs of the proposed team
- Financial proposal: Detailed budget breakdown including taxes.

Additional documents including the proposal

(a) *For registered company:*

- Organization profile with relevant experiences
- A copy of company/firm registration
- A copy of Tax clearance certificate
- VAT/PAN registration
- Audit report (latest year)
- Any other relevant documents

(b) *For individual consultants:*

- Copy of PAN/VAT Registration of Team
- Other relevant documents that demonstrate the experience of the proposed team.

18. Evaluation criteria of the EOI

Quality and cost-based selection criteria would be adopted to select the consultant. 70% weightage is given to the technical proposal that includes the proposed methodology, the approach of determining the survey population and sampling, tools and approaches of data collection, team composition, the experience of the survey team, and quality control on data collection, analysis and reporting. The 30% weightage is provided to financial bidding, i.e., the proposed cost for the survey.

The proposal should reach the address below **via email or courier or hand delivery** by **18 May 2022** by 17:00 Hrs. (Nepal Local Time). Please, enclose the proposal in an envelope (or subject of email) and mark it "**Proposal for Baseline Survey of MNCH-Mugu Project** " and drop it at the following address:

Good Neighbors International Nepal
Ekantakuna-13, Lalitpur

Or send to:

GPO Box 8975, EPC 1605
Kathmandu, Nepal

Email: eoig@gninepal.org

Annex #1: Project's Results and Indicators

MNCH Project – Mugu district (Results & Indicators)

Impacts	Indicator	Indicator Definition
Improved maternal and neonatal mortality in Mugu district	Maternal mortality rate	The number of maternal deaths per 100,000 births due to complications of pregnancy, delivery, and childbirth.
	Neonatal mortality rate	The number of newborns who died within 28 days of age per 1,000 births.
1. Improved MNCH behavior and practice among community in Mugu district	% of ANC visit 4 times or more	The percentage of women aged 15-49 years who in past 2 years delivered a child received antenatal care at least 4 times
	% of PNC service within 48 hours after delivery	The percentage of women aged 15-49 who in past 2 years delivered a child received PNC service within 48 hours after delivery
	% of partners' participation in ANC visits	The percentage of men who accompanied their female partner for at least one ANC visit during the last pregnancy
	% of mothers having knowledge of Neonatal danger signs	The percentage of mothers of children aged 0-48 months who know at least three neonatal danger signs ²
	% of women having knowledge about the timing of MNCH related service	The percentage of women of reproductive age (15-49 years) have knowledge about the timing of: (a) ANC, (b) PNC, (c) taking Iron Folic Acid
	% of women reached with MNCH related Public Service Information (PSI)	The percentage of women of reproductive age (15-49 years) have received information from at least one <u>medium of information dissemination</u> ³ within six months
2. Improved access to maternal and child health services	% of health facilities utilizing Health Management Information System	The percentage of health and medical facilities (district hospital, health posts) managing patients' data based on HMIS

² **Neonatal danger signs as per WHO protocol are:** 1) convulsions

2) fever 3) poor suckling or feeding, 4) fast/ difficult breathing, 5) baby feels cold or hot

6) baby was born too small/ early, 7) fits, rigid, stiff, floppy, 8) yellow palms/ soles/ eyes

9) swollen abdomen, 10) unconscious, 11) pus or redness of the umbilical stump, eyes or skin

³ **Medium of information dissemination:** (a) Radio, (b) Television, (b) Booklet, (d) poster, (e) information from FCHV, (f) information from health workers, (g) friends, (h) family members, etc.

		% of women of reproductive age aware of MNCH service available at local health service center	The percentage of women of reproductive age (15-49 years) aware of at least one place where they can obtain the following service: (a) modern contraceptives, (b) ANC, (c) PNC, (d) institutional delivery, (e) C-section,
		% of women of reproductive age met by FCHV at least one time during her last delivery	The percentage of women of reproductive age (15-49 years) met by FCHV for providing essential information and service related to MNCH during her last delivery [in past 2 years]
		% of women of reproductive age reach the nearest health facility for getting basic MNCH related facility within 30 minutes	The percentage of women of reproductive age (15-49 years) of the target program communities have reached to nearest health facility within 30 minutes for getting MNCH related facilities [ANC, PNC, institutional delivery, taking iron folic acid, modern contraceptives, etc.] Duration to reach the nearest health facilities to get MNCH related facilities.
3. Improved quality of maternal and child health services.		% of institutional delivery	The percentage of women whose most recent live birth was delivered in a health facility
		% of women who live a birth supported by SBA	The percentage of women delivered with Skilled Birth Assistant (educated and qualified for BEmONC or CEmONC)
		% of functional medical equipment	The percentage of functional medical equipment among those are in the district hospital. The medical equipment provided by UNICEF/KOICA funded project as per the list received from KOICA.
Outputs		Indicator	Indicator definition
1.1	Supported community awareness program related to MNCH	# of community residents (male and female) who participated in awareness improvement activities	The number of participants in the awareness improvement campaign conducted on local residents to promote MNCH (Male & Female)
1.2	Mobilized FCHVs	# of households visited by FCHV	The number of households visited by FCHV to promote MNCH health

2.1	Supported construction with birthing center and birthing equipment	# of birthing centers received medical equipment	Among the newly constructed birthing centers, the number of birthing centers newly supported medical equipment
3.1	Strengthened service provision in Mugu district	# of health workers trained on MNCH services (SBA, Implant)	The number of health workers trained on MNCH services (SBA, Implant)
		# of staff trained on hospital management capabilities	The number of staffs completed capacity building for hospital operation
		# of monthly meetings of the Hospital Development Committee	The number of monthly regular meetings of the Hospital Development Committee of Mugu hospital

Note: Some of the indicators related to assessing the baseline information might be revised after reviewing the secondary information. Both parties will discuss and agree on the revised indicators (if needed).