

Terms of Reference (TOR) for Endline Survey

Health Rights Improvement Project for Adolescent Girls and Vulnerable
Communities in Project Area of Bajura District

Good Neighbors International Nepal
Ekantakuna-13, Lalitpur
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Detail Terms of Reference (TOR)

Project Title	Health Rights Improvement Project for Adolescent Girls and Vulnerable Communities in Project Area of Bajura District
Type of Project	Public Health
Project Duration	2020.02.13 – 2022.12.31
Types of Survey	Endline Survey
Project Location	Bajura District: 3 Municipalities (Badimalika, Budhiganga and Triveni) 2 Rural Municipalities (Gaumul and Khaptad Chhededaha)
EOI Notice published date	8 July 2022
Deadline to submit the proposal	28 July 2022 17:00 Hrs. (Nepal Local Time)
Expected date of completion of the assignment	14 October 2022

1. General Background

Good Neighbors International (GNI) Nepal has been working in Nepal since 2002 with the objective of improving the lives of poor people especially children through education, child protection, income-generating activities, health, WASH, and disaster risk reduction. GNI Nepal has been implementing its activities in 22 districts.

GNI Nepal, through financial assistance from Korea International Cooperation Agency (KOICA), is implementing a project “Health Rights Improvement Project for Adolescent Girls and Vulnerable Communities in Project Area of Bajura District (hereafter referred to as **HRI Project**) from July 2020 in three Municipality and two Rural Municipalities of Bajura District. The project is jointly implemented by two partner organizations: (a) Karnali Integrated Rural Development and Research Centre (KIRDARC) Nepal, and (b) PeaceWin Bajura.

As the project is going to end in December 2022, GNI Nepal has a plan to conduct an endline survey of the Project. The endline survey is meant for collecting primary data from targeted project locations (mainly from the targeted population) for the purpose to compare the results against the baseline study conducted in 2020. The results obtained from the survey will be used internally and externally, including the different evaluation purposes for the project in the future.

2. Brief Information about the Project

The major objective of the project is “to improve adolescent girls’ health and rights through an improved MHM environment”. It was expected that this objective would be accomplished through improving and developing a framework for the participatory and community-led promotion of menstrual health and hygiene for adolescent girls in cooperation with pertinent rights holders including adolescents themselves, parents, schools, local health facilities, influencers of the communities, and different levels of government authorities. Amongst other measures, HRI Project aims to deliver the vision by supporting schools and health facilities in its activities for adolescent girls’ health and rights.

The project is focused on managing MHM-related issues at schools, households, and communities through disseminating appropriate information related to MHM, educating the adolescents and their families on the issues relating to MHM, and managing basic MHM services and facilities at schools and local health posts.

In schools, the project supported basic MHM facilities and services through the construction of MHM toilets and drinking water supply schemes, providing hygiene kits, and establishment of MHM corners. Additionally, the awareness-raising, as well as capacity-building activities, were also targeted to adolescents, teachers, school management, and members of the school WASH committee. Likewise in local health facilities, the project supported the renovation of the drinking water supply scheme and toilet, providing MHM-related materials, and training to health workers.

Project Objectives (Outcomes):

- To improve the accessibility of MHM services and facilities
- To enhance knowledge, attitude, and practice (KAP) of menstrual hygiene management among adolescent girls
- To improve awareness and prepare the system related to menstruation discrimination at the community-level

Project target area/location:

The following table describes key information regarding the target population/institutions.

SN	Municipality/Rural Municipality	# of ward	# of school	# of health post	# of boys	# of girls	Total Student
1	Badimalika Municipality	9	8	3	1,178	1,308	2,486
2	Budhiganga Municipality	10	8	3	1,471	1,720	3,191
3	Khaptad Chhededaha Rural Municipality	7	8	5	1,119	1,225	2,344
4	Gaumul Rural Municipality	6	6	2	587	648	1,235

5	Triveni Municipality	9	10	3	1,424	1,641	3,065
Total		41	40	16	5,779	6,542	12,321
Note: there are a total of 162 Female Community Health Volunteers (FCHV) in 41 wards of the Project area.							

3. Purpose and Rationale of Endline Survey

GNI Nepal intends to conduct an independent endline survey of the Project to capture the project completion status (endline status) for assessing the results delivered by the Project. GNI Nepal expects the endline survey to compare the results defined in the result framework, including the baseline survey, and perform further evaluation (final, ex-post, etc.) to systematically assess the projects' effectiveness and impact.

The Endline is primarily a KAP (Knowledge Attitude and Practice) survey that generates the quantitative and qualitative data of a particular situation or target population to assess the knowledge, attitude, and practice regarding menstrual hygiene management. 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 against the baseline survey report.

Besides the KAP survey, the endline information will also assess the project's deliverables and results by applying appropriate data collection methods (mix methods) from schools, health facilities, communities, and other social institutions. Likewise, institutional information can be gathered from primary and secondary approaches to data generation.

4. Objective of Endline Survey

The overall objective of the endline survey is to generate the data/information from the project's targeted groups as they deal with improving behavior, attitude, and practices for menstrual hygiene management (MHM), with a view to compare the result status with Project's targets and baseline. The endline survey will focus on understanding changes in the MHM situation in the project areas delivered by the Project.

Specific objectives of the endline survey:

- To assess the level of improvement in MHM-related knowledge, attitude, and practice among target groups.
- To compare, measure and analyze the results with Project's result framework and baseline survey.
- To know the prevailing opportunities, challenges, catalysts, and sectoral overviews of MHM with a view to improving the MHM behavior, attitude, and practice in the same working location, including in similar areas in the future.

- To serve as a reference knowledge document (the endline report) for internal and external purposes.

5. Scope of Assignment

The endline survey will be carried out in the project area i.e. two Rural Municipalities and three Municipalities targeting health posts, schools, FCHVs, women of reproductive age, school students, adolescents, and other stakeholders of the project. The primary data will be collected using quantitative and qualitative approaches to data collection, and the secondary information will be generated from available reports, records, and documents of associated social institutions.

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

- **Survey design:** Develop a detailed survey plan including the potential methodologies, and approaches to be used for the survey.
- **Finalize the survey tools:** Review the existing survey tools used in the baseline survey and finalize it as per the objectives of endline survey to measure the changes against the project's results and baseline. Moreover, it is needed to deploy the survey tools (mainly the quantitative tools) in an authentic data collection program in a mobile application (or other digital platforms) for data collection purposes.
- **Field work for data collection:** Mobilize a team of trained and experienced field researchers to collect the survey data (both qualitative and quantitative).
- **Consensus for survey work:** Inform stakeholders in the survey sites about the purpose of the endline survey and obtain consensus from concerned stakeholders. 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.)
- **Data management and analysis:** Manage (validation, entry, and cleaning) and analyze survey data using standard software/application. The analysis must be based on project areas, gender, age, ethnicity, and other relevant attributes. Likewise, it is needed to determine attributes of data reporting similar to the baseline survey for comparative analysis.
- **Survey Report:** Share preliminary research findings as a draft report, share the survey findings in a meeting and prepare and submit the final survey report after incorporating the feedback provided by GNI Nepal.

6. Survey Methodology and Approach

This endline survey will apply a cross-sectional design (as used in the baseline survey) and use both quantitative and qualitative methods of data generation. The quantitative method shall include a Knowledge, Attitude, and Practice (KAP) survey using a structured questionnaire with adolescent girls, boys, and representatives of different stakeholders (teachers, health facilities workers, parents, etc.) to assess the Project's results against result framework including the baseline values. Likewise, qualitative methods such as focus group discussion (FGD), key informant interview (KII), in-depth interviews, etc. can be applied for generating qualitative information.

The information from associated social institutions (health facilities, schools, etc.) can be collected through in-depth or semi-structured interviews with representatives, observation of facilities, review of available documents and records, and applying applicable checklists.

Sampling and Sample size: The sample size of this endline survey will be used similar to the baseline survey which was calculated using the given formula at the confidence level of 95% and margin of error of 0.05.

$$n = \frac{N}{1 + Ne^2}$$

Where:

n = Number of samples

N = Total population

e = Error margin / margin of error

Baseline Survey Sample Number:

The following table shows the municipality-wise number and types of respondents in the baseline survey.

Name of Municipality	# of girls	# of boys	# of community people	# of teacher	# of Health facilities and service providers	# of schools
Khaptad Chhededah Rural Municipality	110	106	50	16	2	8
Budhiganga Municipality	147	136	50	16	2	8
Tribeni Municipality	120	110	50	20	2	10
Badimalika Municipality	127	148	50	16	2	8
Gaumul Rural Municipality	59	59	51	12	2	6
Total	563	559	251	80	10	40

In the baseline, **Probability Proportionate to Size (PPS)** technique was applied to select the sample size of each school so that the sampled respondents represented the whole program covering adolescent girls and boys. The required sample size was selected using **systematic random sampling** with a replacement approach.

Survey participants: The survey participants depend on the nature of the project's intervention and its target beneficiaries include general people, adolescents (both girls and boys), students, teachers, School Management Committee (SMC) members, parents, members of school WASH committee, Female Community Health Volunteers (FCHVs), traditional healer, elected representative and officials of Local Government Units, Female Ward members and other concerned stakeholders available at district and municipality (RM).

The above-mentioned methodology and approaches are suggested as per the baseline survey. However, the selected consultant/firm shall propose 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 to the survey. However, the proposed number of the sample must be similar to or higher than the baseline survey (refer to the above table, baseline survey sample size).

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 a detailed methodology 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 Datasheet	Clean and final datasheet of the quantitative survey in SPSS and/or Excel version	E-copies
4	Transcribed note	Transcribed note of qualitative information/data in English	E-copies
5	Draft survey report	Draft report with analyses of both qualitative and quantitative information with segregated relevant attributes and indicators against the project's results and indicators, including the baseline. The table and description should follow the comparative analysis of baseline and endline	E-copies

SN	Name of deliverable	Details	Medium
6	Presentation slide	Presentation slide (PPT) of survey findings for a meeting	E-copies
7	Final report	The final endline survey report	Printed and e-copies

8. Duration of Assignment

The assignment is expected to be completed in approximately two months, starting from the agreement date, and the final report shall be delivered by **14 October 2022**. Following this proposed timeframe, the consultant/firm can propose a detailed work schedule in the technical proposal.

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 installments:

- 30% upon submission and acceptance of the inception report
- 30% upon submission of the draft report including sharing the survey findings in an internal meeting and acceptance of the draft report
- 40% 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 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 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 (Ph.D. preferable) and 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 Sudurpaschim 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, flowchart, 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 **28 July 2022** by 17:00 Hrs. (Nepal Local Time). Please, enclose the proposal in an envelope (or subject of email) and mark it "**Proposal for Endline Survey of HRI 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

Hierarchy of Results	Indicator	Definition
IMPACT: To improve adolescent girls' health and rights through improved MHM environment	% of adolescent girls who experience severe discrimination during menstruation	% of adolescent girls who experience isolation in Chhaupadi hut during menstruation within the last 3 months
	% of adolescent girls who experience moderate discrimination during menstruation	% of adolescent girls who experience one or more restrictions among Δ household chores Δ food selection Δ sleeping with family in the same place - during menstruation within the last 3 months
OUTCOMES		
1. Improved accessibility of MHM services and facilities	% of adolescent girls who received MHM service when needed	% of adolescent girls who were provided Δ disposable sanitary pads or Δ painkillers or Δ proper counseling - through school and health post within the last 3 months when needed
	% of adolescent girls who used MHM-friendly facilities	% of adolescent girls who used MHM Corner within the last 3 months
2. Enhanced knowledge, attitude, and practice (KAP) of menstrual hygiene management among adolescent girls	% of adolescent girls with the correct knowledge of MHM	% of adolescent girls who scored 80 and more in the knowledge-related questions in the right MHM questionnaire
	% of adolescent girls who practiced safe hygiene behavior during menstruation	% of adolescent girls who Δ changed sanitary pads 3 or more times a day and Δ took a shower once a day - during menstruation within the last 3 months
3. Improved awareness and prepared the system related to menstruation discrimination at the community-level	% of community people who have a negative perception on menstruation	% of community people who agree with one or more things among 'adolescent girls during menstruation should Δ be isolated in Chhaupadi hut, Δ absent from school, Δ stay in different space, Δ menstruation is impure'
	% of community people who have a willingness to improve menstrual discrimination	% of community people who agree to eliminate the custom of 'Chhaupadi' in the community
OUTPUT		
1.1 Improved MHM facilities in schools	# of renovated general toilets in the school	# of school toilets with Δ Door lock Δ Ventilation Δ Natural Light Δ Water Supply Facility
	# of constructed MHM-friendly toilets in the school	# of schools with constructed new toilets that contain the components, Δ mirror Δ trash bin Δ incinerator, in addition to the above 4 conditions of school toilets

	# of schools with proper handwashing facilities	# of schools with proper handwashing facilities in the school
1.2 Establishment of MHM service system in schools and health posts	# of schools/health posts that manage and provide MHM services properly	#of schools/health posts that store MHM materials securely and provide the materials and counseling when needed
2.1 Enhancement of capacity to provide MHM education for adolescent girls	# of health workers and teachers who participated in capacity-building workshops to strengthen the capacity to provide MHM education	# of participants in health workers' and teachers' workshops to provide annual MHM education
2.2 Enhancement of Adolescent girls' MHM capacity	# of adolescent girls who participated in MHM education	# of adolescent girls who participated in the MHM education provided in the after-school program
3.1 Improved community awareness to improve menstruation-related discrimination	# of community people who participated in menstrual hygiene awareness-improving campaigns	# of community people who participated in menstrual hygiene awareness-improving campaigns
3.2 Establishment of foundation for local government-level policy advocacy	# of participants who attended the ward-level meeting for the improvement of menstrual discrimination (2 nd year)	# of ward committee members who attended the ward-level meeting which discussed the improvement of menstrual discrimination
	# of participants who attended the municipality-level meeting for the improvement of menstrual discrimination (3 rd year)	# of government officials who attended the ward-municipality joint meeting which discussed the improvement of menstrual discrimination

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