



Terms of Reference (TOR) for Endline Survey

Project: Improving Maternal and Child Health Care in Mugu District

Good Neighbors International Nepal
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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 [2022-2024]
Types of Survey	Endline Survey
Project Location	Province: Karnali District: Mugu Local Government: 1 Municipality and 3 Rural Municipalities
EOI Notice published date	9 th May 2024
Deadline to submit the Proposal	24th May 2024 17:00 Hrs. (Nepal Local Time)
Expected date of completion of the assignment	November 2024

1. General Background

Good Neighbors International (GNI) has been working in Nepal since 2002 to improve 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 20 districts across Nepal.

With financial support from the Korea International Cooperation Agency (KOICA), GNI Nepal is currently executing the "Improving Maternal and Child Health Care (MCH) in Mugu" project, which commenced in December 2021. This initiative operates within one Municipality and three Rural Municipalities of Mugu District and is carried out in partnership with the Karnali Integrated Rural Development and Research Centre (KIRDARC) Nepal. As the project approaches its conclusion in December 2024, GNI Nepal intends to undertake an end-line survey. This survey aims to gather primary data from the designated project areas, primarily focusing on the targeted population and health facilities. The objective is to compare the findings with the baseline study conducted in 2022.

2. Brief Information about the Project

Situated in the Mid-western mountainous region of Karnali Province, Mugu district has one urban municipality, (Chhayanath Rara Municipality) and three rural municipalities (Khatyad, MugumKarmarong, and Soru Rural Municipality). In 2018, UNICEF Nepal, with the financial support of KOICA, initiated the "Improving Maternal and Child Health in Mugu (2018-2021)" project to fortify the healthcare system to deliver quality and equitable maternal, newborn, and child health (MNCH)

services. The project identified several areas for enhancement, including the continual enhancement of public awareness, bolstering the roles of Female Community Health Volunteers (FCHVs) and Health Mothers' Groups (HMGs) to foster their engagement, reinforcing the referral system, and formulating a maternal and child health program blueprint within health facilities.

The MCH Project, Mugu has been designed as a follow-up to the previous project implemented by UNICEF Nepal (2018-2021). The Project aims to enhance MNCH service-seeking behavior of the community and improve the quality of maternal and child health services delivery at local health facilities for which the project works in close coordination with the community members, Health Mothers' Group, Female Community Health Volunteers (FCHV), health facilities, and local governments.

Expected Results (Outcomes) of the project:

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

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
				Karkibada HP	Tuma, Sayakhola	3
				Pina HP	Pina, Topala	7
				Dhungkedhar HP	Sova	12
				Bama HP	Bama	14
				District Hospital	Gamgadi	2
2	Soru Rural Municipality	5,7,8	3	Gima HP	Sipa, Khiyacha, Gayalpani	7
				Rarakache HP	Ashidhara, Kache	8
3	MugumKarmarong Rural Municipality	6,8,9	3	Mangri HP	Mangri	8
4	Khatyad Rural Municipality	1, 2	2	Masane HP	Seri	1
	Total		22	11		

Table: 1

3. Purpose of Endline Survey

GNI Nepal has been executing "Improving Maternal and Child Health Care (MNCH) in Mugu" project since December 2021 which is going to conclude in December 2024. Thus, GNI Nepal intends to conduct an independent end-line survey of the MNCH Mugu Project to capture the major results, contributions the project has made to improve the status of MNCH, and overall change resulting from the project compared to the baseline. The findings of the survey will also support streamlining major learnings of the project to develop knowledge products that aid in informed decision-making while designing similar interventions in the future.

4. Objective of Endline Survey

The overall objective of this survey is to collect data concerning the key result indicators of the MNCH Mugu project and compare them with baseline status to evaluate the project's overall outcome. The specific objectives of this study are as follows:

- To assess the status of the key indicators outlined in the project result framework and compare them with the baseline status.
- To assess the knowledge, attitude, and practice of community members related to maternal, neonatal, and child health in the project area.
- To identify the status of MNCH services and facilities at the health institutions in the project area.
- To evaluate the overall performance and contribution of the project to improve the status of MNCH services and facilities.
- To capture and document evidence-based learnings of the project for further improvement, and support future planning, and design.

5. Scope of the work

The survey will be carried out in the 22 wards of four urban/rural municipalities of Mugu district which is the project area. Refer table 1, for the details. The primary respondents will be community members in the project area. A knowledge attitude and practice (KAP) survey will be carried out with women of reproductive age and their families. Similarly, information will be collected from FCHVs, adolescents, traditional healers, and other relevant stakeholders. To assess the status of MNCH services information will be collected from local health institutions. Both qualitative and quantitative approaches will be adopted to gather primary data and secondary information will be collected from available sources at health facilities, local government, and relevant project documents. The major activities to be carried out are as under.

Scope of work for the proposed survey	
Survey Design	<ul style="list-style-type: none"> • Desk review: review of project proposal of MNCH Mugu, previous assessment conducted, project reports, relevant policy documents, and literature. • Design and develop survey methodology: Following the desk review, a survey methodology should be finalized indicating the tools, method of data/information generation, coverage of respondents, sample framework, and data analysis approach. • Inception report: prepare and submit an inception report to GNI Nepal highlighting the methodology and framework of the survey. Following the submission of the report, the consultant should present the methodology and framework and incorporate any changes required in the proposed framework as per the feedback from GNI Nepal. • Finalization of tools: the consultant should finalize the survey tools (questionnaires, KII, FGD checklist, survey forms/checklist etc) incorporating the feedback from GNI Nepal required for data collection. • Digitation of quantitative tools: finalized quantitative tools should be digitized and deployed in the mobile application in both Nepali and English language. • Piloting of survey tools: to ensure the quality of data and appropriateness of the tools, the consultant is suggested to carry out the piloting of quantitative tools and make necessary changes in consultation with GNI Nepal. • Obtain approval: the consultant should support to obtain approval for the survey from the Nepal Health Research Council (NHRC) by ensuring the necessary documents and administrative requirements of the ethical review board of NHRC.
Data collection	<ul style="list-style-type: none"> • Qualitative data collection: conduct fieldwork to collect qualitative data from project participants by applying appropriate methods/approaches of quality data generation in the project area. • Training to enumerators and research assistants: the consultant should conduct a training/orientation session for enumerators/research assistants on the entire process of data collection to ensure quality and consistency of data.

	<ul style="list-style-type: none"> • Quantitative data collection: the consultant should mobilize trained research assistants/enumerators and mobilize to collect the quantitative data required for the survey.
Data management and analysis	<ul style="list-style-type: none"> • Quantitative data: collected quantitative data should be cleaned and validated. The analysis of the data should be carried out using standard software (SPSS suggested). • Delivery of final data: the consultant should provide the final version of quantitative data to GNI Nepal in MS Excel or SPSS. • Qualitative data: the qualitative data/information should be analyzed by transcribing and generating descriptions, narratives, and themes based on the requirements of the survey. The analysis must consider data segregation based on relevant attributes.
Reporting	<ul style="list-style-type: none"> • Draft report: the consultant should share the key findings with the GNI team and submit a draft report for review and feedback. • Final report: following the review from the GNI team consultant must prepare a final report incorporating feedback and submit the final version of the report.

6. Survey Methodology

This survey will adopt a mixed research methodology, both quantitative and qualitative approaches will be applied to gather the required data and information. The quantitative method should include a KAP survey targeting primary beneficiaries and other appropriate quantitative tools will be applied to collect data from other stakeholders. A structured questionnaire will be administered to collect the required quantitative data, whereas different qualitative tools like focus group discussion (FGD) and key informant interviews (KII) will be used to capture qualitative information.

Sampling of the survey: The sample size of this end-line survey will be determined using the same calculation method as in the baseline survey which was calculated using the given formula at the confidence level of 95%.

$$\text{Sample size} = Z^2 * P * Q / (D^2)$$

Where,

Z is the area under the normal curve corresponding to the desired confidence level =

1.96 at 95% confidence level,

P is the true proportion of institutional delivery among women (i.e. 49.2%), q is (1-P) and

D is the maximum difference between the sample mean and the population mean, or Expected Frequency Value minus (-) worst acceptable value.

Baseline Survey Sample Number:

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

SN	Target Respondents	Sampled covered	Method of data collection
	Quantitative component		
1	Mothers who have under two years child	461	Structured questionnaire
2	Husbands of interviewed women (who have under two years child)	141	Structured questionnaire
3	Mother-in-laws of interviewed women (who have under two years child)	118	Structured questionnaire
	Qualitative component		
1	Health Mother's Group (HMG)	8 groups	Focus group discussion
2	Father Groups	4 groups	Focus group discussion
3	Female Community Health Volunteers (FCHVs)	8	KII
4	Staff of local health facilities	11	KII (Health facility observation tool)
5	Members of Health Facility Operation Management Committee (HFOMC)	8	KII
6	Traditional healer	8	KII
7	Elected representative and officials of Local Government Units	8	KII
8	District level stakeholders (DHO)	1	KII

In the baseline, the **Probability Proportionate to Size (PPS)** technique was applied to select the sample size of each municipality and rural municipality. The sample size required 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 women of reproductive age and their families, Father group, 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 end-line purpose.

Above are the suggested methodologies for this study, however other approaches that might be more appropriate can be adopted if proposed by the consultant.

7. Expected Deliverables

The consultant is expected to deliver the following deliverables:

- Inception report including a brief presentation on the survey framework and methodology.
- Final data collection tools (questionnaires, FGD and KII checklist)
- Support till obtaining survey approval form NHRC.
- Final data sheet (Excel or SPSS) and keynotes/transcription of qualitative data.
- Documentation of best practices, lessons learned, and success stories.
- Health facility status on services and facilities of MNCH.
- Draft survey and project assessment report including brief presentation slides on key findings.
- Final survey and project assessment report (two separate reports). The template shall be finalized in consultation with GNI Nepal.
- Dissemination of findings with relevant stakeholders during the event organized by GNI Nepal in Kathmandu

8. Duration of Assignment

The total assignment excluding quantitative data collection is expected to be completed in 44 working days. The breakdown of specific tasks is as under.

S.N	Major Task	Days
1	Desk review	3
2	Develop survey tools (qualitative and quantitative) and deploy quantitative tools in mobile application and NHRC application	9
3	Qualitative data collection including travel including travel	9
4	Quantitative data collection (22 wards)	
5	Data management and analysis	8
6	Draft report (end-line/project assessment)	9
7	Sharing of the Draft report	1
8	Final report (end-line/project assessment)	4
9	Dissemination of key findings to stakeholders	1
<i>This is an approximate calculation and the time required for quantitative data collection is excluded</i>		

9. Responsibilities of GNI Nepal

GNI Nepal will be responsible for the information dissemination among partners, including the 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 the survey.
- Monitor, provide feedback, and ensure the effectiveness of the survey.

10. Budget and Payment Procedures

The consultant/firm shall submit the total budget 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 (as per the agreed budget). The final budget will be agreed between GNI and the consultant/firm prior to signing the agreement.

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. Team Compositions and Qualification/skills required

Legally registered consulting firms and individual consultants are eligible to apply for this service. GNI Nepal seeks firms/individual consultants having the following minimum qualifications:

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

- Team Leader must have at least a Master's Degree (PhD preferred) in the field of public health
- At least 7 years of demonstrated experience in:
 - Leading research on public health.
 - Planning, designing, and managing health research.
 - Developing a wide variety of qualitative and quantitative research tools
 - Producing study reports in the field of development.
- willingness to undertake field visits.
- Strong analytical skills
- Ability to produce high-quality technical reports in English.

Data Analyst: Data analyst should have:

- At least a master's degree in statistics or data science.
- At least 5 years of experience in data analysis.
- Knowledge and skill in mobile-based data collection.
- Ethical Considerations

The company/individual is expected to maintain the highest level of research ethics during this assignment. GNI Nepal is a child-centered organization and highly sensitive toward child rights and protection. The consultant/ firm taking over this assignment is expected to demonstrate the highest degree of sensitivity towards child rights and protection.

12. 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.

13. 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.

14. 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.

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 of service costs and travel costs 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 **24 May 2024** 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 MCH Project, Mugu**" and drop it at the following address:

Good Neighbors International Nepal

Ekantakuna-13, Lalitpur

GPO Box 8975, EPC 1605

Kathmandu, Nepal

Email: eoig@gninepal.org

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