

## Terms of Reference (ToR)

### FOR BASELINE (KAP) SURVEY

Project Title	Health Rights Improvement Project for Adolescent Girls through Menstrual Health and Hygiene Management in Bajura District, Nepal
Type of Project	Public Health
Project Duration	3 Years
Types of Survey	Baseline Survey (Knowledge, Attitude and Practices Study)
Project Location	Bajura District: 3 Municipalities (Badimalika, Budhiganga and Tribeni) 2 Rural Municipalities (Gaumul and Chhededaha)
Expected date of completion of assignment	31 <sup>st</sup> May 2020
<b>Deadline for EoI submission</b>	<b>31<sup>st</sup> March 2020</b>

#### 1. General Background

Good Neighbors International (GNI) has been working in Nepal since 2002 with the objective of improving lives of poor people, especially children through education, income generating activities, health services, child protection, disaster risk reduction, advocacy and network building. Currently, GNI Nepal has been operating its program in 19 districts.

GNI Nepal with the support from the Korea International Cooperation Agency (KOICA) is planning to implement Three-year " Health Rights Improvement Project for Adolescent Girls through Menstrual Health and Hygiene Management" Project (hereafter, 'MHM Project') from 2020 in three Municipalities and two Rural Municipalities of Bajura District with the major objective of improving the health rights of adolescent girls through menstrual health and hygiene friendly environment.

This baseline survey is meant for collecting primary data from targeted project locations (mainly from targeted population) 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

The Project is focused to manage MHM related issues at school, household and community through disseminating appropriate information related to MHM, educating the adolescents and their families on the issues relating to MHM, and managing basic MHM service and facilities at schools and local health posts.

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

**Project Objectives (Outcomes):**

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

*Following table describes key information regarding the target population/institution:*

SN	Municipality/ Rural Municipality	# of wards*	# of schools	# of health post	# of girls	# of boys	Total students
1	Badimalika Municipality	9	8	3	1257	1343	2600
2	Budhiganga Municipality	10	8	3	1441	1268	2709
3	Chhededaha Rural Municipality	7	8	5	1101	958	2059
4	Gaumal Rural Municipality	6	6	2	590	548	1138
5	Tribeni Municipality	9	10	3	1189	1014	2203
	<b>TOTAL</b>	<b>41</b>	<b>40</b>	<b>16</b>	<b>5578</b>	<b>5131</b>	<b>10709</b>

*\*Note: the target population also includes the general people of targeted wards.*

*The project results and indicators is attached in annex #1*

**3. Purpose and Rational of Baseline Survey**

GNI Nepal intends to conduct an independent baseline survey for MHM Project in Bajura District to capture the baseline status for the project’s outcome and output indicators. GNI Nepal expects the baseline survey to serve effectiveness of project management by planning and performing the project activities on the basis of accurate understanding of the contemporary MHM situation in the project area.

**The Baseline is primarily a KAP (Knowledge Attitude and Practice) survey** that mainly generate 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 upon project's results and indicators. It also aims at quantifying the distribution of certain variables in a survey population at a given point of time.

The findings of the survey will be used as baseline and reflect the knowledge into the detail implementation plan and implementation approaches to improve the health and hygiene status of adolescents girls through menstrual health friendly environment in family, society and institutional level. 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 and analyse the data from the project's target groups as they deal with accessibility, difficulties and constraints pertaining to menstrual hygiene management (MHM), with a view to set the benchmark of a set of indicators outlined in the project logical framework. The baseline survey will focus on understanding current MHM-related situation in project area and deduce pertinent implication for the project implementation from the findings.

*Specific objectives of the baseline survey are:*

- To assess the level of MHM related knowledge, attitude and practice among target groups
- To assess the current situation of MHM facilities and services available in the targeted communities, institutions and in the project areas as per the project's result and indicators
- To identify the opportunities, challenges and catalysts with a view to improving the management of menstruation in the target project areas.

#### **5. Scope of Assignment**

This baseline 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. For the survey, both primary and secondary data need to be generated from the targeted individuals and institutions. The primary data will be generated from qualitative and quantitative approach using specific survey questionnaires, tools, etc. Similarly, the secondary data can be gathered from the targeted institutions, local government units and other stakeholders.

The selected individual consultant/firm is expected to deliver the following within the given timeframe;

- Develop a detailed survey plan (i.e. inception report) including the potential methodologies, tools, approaches to be used for survey.
- Develop a detailed data collection plan and mobilize a team of trained field researchers to collect the survey data (both qualitative and quantitative).

- Manage (validation, entry and cleaning) and analyze data using a standard software. Analysis must consider data segregation based on project areas, gender, ethnicity and other relevant attributes.
- Share preliminary research findings as a draft report.
- Share the survey findings in a meeting.
- Prepare and submit final survey report as per suggestion 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 assess the baseline for the project's outcome and output indicators. Likewise, structured questionnaires will be used to collect quantitative information while other methods such as focus group discussion (FGD) and key informant interview (KII) will be applied for collecting qualitative data.

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

**Survey participants:** The survey participants depend upon the nature of project's intervention and its target beneficiaries that includes 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), parents, traditional healer, elected representative and officials of Local Government Units, Female Ward members and other concerned stakeholders available at district and municipality (RM).

The selected consultant/firm shall submit a detailed survey methodology based on the suggested methods/approaches listed above. Further, a joint meeting of the survey team and GNI Nepal/MHM Project team will take place to finalize best methodologies, tools and approaches for the survey.

## 7. Expected Deliverables of the assignment

The following are expected deliverables of the assignment:

- Detailed survey plan, i.e. inception report including detailed methodology, and plan of action (Hard and e-copies)
- Final version of survey instruments/tools (e-copies)
- Final version of database of quantitative survey (SPSS and/or Excel)
- Transcribed note of qualitative information (data)

- Draft survey report of analyses (with segregated relevant attributes) both qualitative and quantitative
- Presentation slide of survey findings for a meeting.
- Final survey report (Hard and e-copy)

## 8. Duration of Assignment

This assignment is expected to take **40 work days**. However, the number of work days may vary depending upon the knowledge about the survey location, availability of survey respondents, etc.

Proposed work days allocation for the assignment is as below:

SN	Major tasks	No of Days
1	Review the GNI Nepal project documents	2
2	Preparation of inception Report & survey tools and methodologies	6
3	Team orientation & field work	15
4	Data management & analysis	6
6	Sharing of major findings (based on data analysis)	1
5	Draft report preparation	5
6	Submission of draft report & Presentation	1
7	Final Report with feedback incorporation in draft report	4
	<b>Total</b>	<b>40 days</b>

## 9. Responsibilities of Good Neighbors International Nepal

Good Neighbors International Nepal will be responsible for overall management and coordination of the survey. Specifically, GNI Nepal will;

- Provide inputs to finalize the detailed survey plan, methodologies, tools, approaches, and instruments;
- Bear all direct costs of survey as per agreed based on proposal and agreement;
- Monitor, provide feedback and ensure effectiveness of survey;
- Organize a one-day internal workshop to share the findings of end-line survey;
- Give inputs on the draft and support to finalize the report.

## 10. Budget and Payment Procedures

The individual consultant/firm shall propose **total budget** (including tax) with detail breakdown including applicable taxes at the time of proposal submission. The budget covers consultancy fee along with travel and accommodation costs and other applicable budget lines. Final budget will be agreed between GNI Nepal 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 into three installments:

- 30% upon submission of inception report
- 40% upon submission of draft report, key findings report and sharing the finding of internal review meeting
- 30% upon acceptance of the final report

[Note: *GNI Nepal will not be responsible for covering insurance and other hidden costs for consultants*]

## 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 case of 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 timely delivery of quality products. However, GNI Nepal do not promote and suggest consortium approach for this survey.

## 13. Team Compositions and Qualification/skills required

All public, private and non-governmental organizations as well as individuals registered under the authorized agency of the Government of Nepal and having proven experience in the field development survey and research are eligible to apply for this service.

GNI Nepal is looking for consultant/firms or individual having professionals with the following minimum qualifications;

**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 experiences in:
  - Planning, designing and management of qualitative and quantitative studies preferably in public health and anthropology sector
  - Indicator development and refining
  - High volume data collection, management, and analyses
  - Developing a wide variety of data collection tools

- Training and managing data collection staff
- Knowledge of gender and social context of Sudurpaschim Province
- Excellent professional report writing of surveys/researches in advanced English language
- Previous working experiences in conducting surveys of public health projects
- 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

**Enumerator:** Enumerator should have at least a Bachelor's Degree preferably in public health with experiences in community survey.

*[Note: these are only the proposed team members for the survey. The consultant/firm can proposed the members as per understanding of 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 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 consultant/firm 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 proposed team
- Financial proposal: Detailed budget breakdown including taxes.

### Additional documents including the proposal & CV

#### (a) For organization/firm:

- 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 consultant:

- Copy of PAN/VAT Registration of Team

### Other relevant documents that demonstrate the experience of proposed team.

The proposal should reach the address below **via Email or courier or hand delivery** by 31<sup>st</sup> March 2020 by 17:00 Hrs. (Nepal Local Time). Please, enclose the proposal in an envelope (or subject of email) and mark it "**EOI for Baseline (KAP) Survey**" and drop it at following address:

### Good Neighbors International Nepal

Ekantakuna-13, Lalitpur

GPO Box 8975, EPC 1605

Kathmandu, Nepal

**Email:** eoi@gninepal.org

## Annex #1: Project's Results and Indicators

Hierarchy of Results		Indicator	Definition
<b>IMPACT:</b> 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 in isolating in Chhaupadi hut during the menstrual period within 3 months
		% of adolescent girls who experience moderate discrimination during menstruation	% of adolescent girls who experience at least a limitation among housework, choosing food, and sleeping with family in the same place during the menstrual period within 3 months
<b>Outcomes</b>			
1.	Improved accessibility of MHM services and facilities	% of adolescent girls received MHM service when needed	% of adolescent girls who were provided disposable sanitary pads or painkiller or proper counseling through school and health post within 3 months when needed
		% of adolescent girls using MHM friendly facilities	% of adolescent girls who used MHM Corner within 3 months
2.	Enhanced knowledge, attitude and practice (KAP) of menstrual hygiene management among adolescent girls	% of adolescent girls with correct knowledge on MHM issues	% of adolescent girls who scored more than 80 in the knowledge-related questions in the right MHM questionnaire
		% of adolescent girls who adopt the safe sanitation behavior during menstruation	% of adolescent girls who changed sanitary pads more than 3 times a day and took a shower once a day during the menstrual period within 3 months
3.	Decreased menstruation related discrimination at community and societal levels	% of community members who have a negative perspective on menstruation	% of community members who agree with one or more that adolescent girls during the menstruation should be isolated in Chhaupadi hut, absent from school, stayed different space, and menstruation is unsanitary
		% of local government staffs willing to improve menstrual discrimination	% of local government staffs who think the menstrual discrimination improvement policy should be established and implemented
<b>Outputs</b>			
1.1	Improved MHM facilities in schools	# of general toilets renovation	# of general toilets with $\Delta$ Lock $\Delta$ Ventilation $\Delta$ Natural Light $\Delta$ Water Supply Facility
		# of MHM friendly toilets construction	# of schools which include toilet with $\Delta$ mirror $\Delta$ trash bin $\Delta$ incinerator except for 4 conditions of general toilets
1.2	Established MHM service system in schools and health posts	# of schools/health posts which manage/provide MHM services properly	#of schools/health posts which store menstrual hygiene materials securely and provides materials and counseling when needed

2.1	Enhancement of capacity to provide MHM education for adolescent girls	# of health workers and teachers who attend capacity building workshops to provide MHM education	# of adolescent girls who attended MHM education in the after school program
2.2	Enhancement of Adolescent girls' MHM capacity	# of adolescent girls who attend MHM education	# of adolescent girls who received Δdisposable sanitary pads Δsoap Δlaundry soap Δclothesline Δclothespin
3.1	Improved community awareness to improve menstrual discrimination	# of community members reached by MHM campaigns	# of community members participated in Menstrual Hygiene Day campaign on 28 May [ <i>including other campaigns</i> ]
3.2	Established local level advocacy base on MHM	# of meetings about MHM conducted by community members at each ward level	# of meetings discussed on the agenda of improving menstrual discrimination for each Ward
		# of community members who attend meeting about MHM at ward level	# of community members who discussed menstrual discrimination improvement except for local government staffs(Ward Chairman and Ward members) who attended the Ward meeting

## Annex #2: Project Location (Map)

