

Terms of Reference (ToR)

End-line Survey of HSRP, Nuwakot

Project Title	Health System Recovery Project (HSRP), Nuwakot
Organization	Good Neighbors International Nepal
Type of Project	Health
Type of study	End-line Survey
Survey Location	10 former VDCs (Charghare, Ratmate, Duipipal, Belkot, Okharpauwa, Likhu, Panchakanya, Thaprek, Ghyangfedi and Suryamati) of Nuwakot district
Duration of Assignment	Approximately 60 working days
Deadline for proposal submission	28 September 2018
Expected date of completion of assignment	15 December 2018

I. General Background

Good Neighbors International (GNI) is an international, non-profit humanitarian organization established in 1991 and working in 35 countries around the world. It is headquartered in South Korea. GNI has fundraising offices in the USA, Korea, and Japan, and an International Cooperation Office in Geneva. GNI currently implements 200 community development projects (CDPs), covering a variety of areas including rural development, income generation, health, water, sanitation and hygiene, child education, protection, disaster risk reduction as well as advocacy and network building.

Good Neighbors International (GNI) Nepal has been working in Nepal since 2002 with the objective of improving lives of the poor people especially children through education, child protection, and income generating activities, health, WASH, and disaster risk reduction. GNI Nepal has been operating its activities in 20 districts.

GNI Nepal with support from the Korea International Cooperation Agency (KOICA) has been implementing Health System Recovery Project (HSRP) in two Municipalities and five Rural Municipalities of Nuwakot District since December 2015 with the major objective of improving the health status and psycho-social well-being of community members through post-disaster recovery. In total, 10 former VDCs of Nuwakot (Belkot, Charghare, Duipipal, Ghyangphedi, Likhu, Okharpauwa, Panchakanya, Ratmate, Suryamati and Thaprek) are the working areas of HSRP.

The objectives of the three - year project (HSRP) are:

1. To improve Maternal and Child Health (MCH) status in working communities
2. To improve Adolescents Sexual and Reproductive Health (ASRH) status
3. To improve students' psychosocial status
4. To improve health facilities with functional equipment

Following table describes key information of project working area:

S.N.	Project Area (Former VDCs)	Project Area (Current structure)		No of Households (Source: Division office of water supply and sanitation Nuwakot)	Population (Source: District Population Profile - FY 2071/72, District Health Office, Nuwakot)		
		Rural/Municipality	Ward No.		Total	Male	Female
1	Charghare	Bidur Municipality	12	1190	5419	2478	2941
2	Ratmate	Belkotgadhi Municipality	7	822	3793	1769	2024
3	Duipipal	Belkotgadhi Municipality	5	1569	7790	3701	4089
4	Belkot	Belkotgadhi Municipality	11	1549	7660	3723	3937
5	Okharpauwa	Kakani Rural Municipality	1 & 2	1510	7901	3970	3931
6	Likhu	Shivapuri Rural Municipality	3	586	2462	1110	1352
7	Panchakanya	Panchakanya Rural Municipality	3	544	2675	1321	1354
8	Thaprek	Panchakanya Rural Municipality	4	760	3942	1902	2040
9	Ghyangfedi	Dupcheshwor Rural Municipality	1	604	3100	1692	1408
10	Suryamati	Likhu Rural Municipality	3	692	3654	1717	1937
TOTAL				9826	75146	36095	39051

II. Purpose/Rational of End-line Survey

Before implementing the HSRP, Nuwakot, GNI Nepal conducted baseline survey in 2016 in the targeted communities. Since the Project is going to end in December 2018, GNI Nepal intends to conduct an independent end-line survey to determine the changes delivered by the project against the baseline survey indicators.

III. Objective

The general objective of the end-line survey is to assess the achievements of the three-year Health System Recovery Project, Nuwakot by measuring a set of indicators outlined in the project logical framework. The end-line survey will focus on comparing and analyzing the results of the project against the base-line findings. The specific objectives of the end-line survey are;

1. To assess the level of knowledge, awareness and practices /service utilization of the Project's four core components (MCH, ASRH, PSS and health facility support) among the targeted beneficiaries,
2. To evaluate/compare the Project's achievements against the baseline status/ findings,
3. To assess impact of the Project through various qualitative methods.

IV. Scope of the work

This end-line survey will be carried out in 10 project areas (former VDCs) among direct beneficiaries which include health posts, schools, FCHVs, pregnant women, women of reproductive age, school students, adolescents and other stakeholders of the project. 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; and do a presentation for GNI Nepal/HSRP team for the purpose of getting suggestions and approval.
- Develop a detailed data collection plan and mobilize a team of trained enumerators on the field to collect primary/secondary and quantitative/qualitative data. (Orient enumerators for acquainting them with the survey procedure, tools and equipment jointly with HSRP team).

- Manage (validation, entry and cleaning) and analyze data using a standard software. Comparative analysis of baseline and end-line survey is mandatory. Analysis must consider data segregation based on project areas, gender, ethnicity and other relevant attributes.
- Rope-in highly qualified experts for data management and analysis.
- Carry-out secondary data analysis (HP record from respective health posts and district reports).
- Share preliminary research findings with GNI Nepal/HSRP team as a draft report.
- Prepare separate key findings report and full survey report.
- Organize a seminar at GNI Nepal to share and review findings of the survey.
- Prepare and submit final survey report with GNI Nepal team.

V. End-line Indicators

Overall program goal, sector-wise objectives (intermediate outcomes and immediate outputs) and indicators are given in Annex I.

VI. Methodology

Although the baseline survey was primarily quantitative in nature, this end-line survey will apply a mixed-method approach, i.e. having both quantitative and qualitative methods. The quantitative method will be applied for comparative analysis against baseline findings. Basically, 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: The sample must represent HSRP, Nuwakot's direct beneficiaries and stakeholders. The sample size and technique should be statistically sound.

Households Survey: Proportionate stratified random sampling. Sample size- should be statistically sound.

Adolescent School Girl Survey: Sampling of school: Simple Random Sampling. Sample size- 15 secondary level schools (representing at least one school from each project area but it can depend on the total number of target schools in each area)

Sampling of Girls : 20% of total adolescent girls (6-10 grades)

Health Post Survey: Census

Focus Group Discussion:

Female Community Health Volunteers: 10 FGDs (one in each project area)

Adolescent Girls in School: 10 FGDs (one in each project area)

Girls' Club Members: 10 FGDs (one in each Girls' Club)

Key Informant Interview (KII): Targeted Key Informants: DPHO chief / Focal person, HP In-charges, HFOMC chairperson/members, School Teachers, Girls Club Advisors/ GC chairperson

Data collection includes:

- Designing of data collection tools (structured self-administered questionnaires, interview guidelines, observation checklists, FGD guidelines and KII guidelines)
- Pre-testing of data collection tools
- Data collection – both quantitative and qualitative

The selected consultant/firm shall submit a detailed end-line survey methodology based on the methods listed above.

Further, a joint meeting of the survey team and GNI Nepal/HSRP team will take place to finalize best methodologies, tools and approaches for the survey.

VII. Expected Deliverables

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)
- Finalized version of survey instruments/tools (e-copies)

- Report of completion of field work (e-copy)
- Finalized blank database for approval from GNI Nepal/ HSRP
- Finalized version of database with verified and cleaned raw data
- Draft report of analyses (with segregated relevant attributes) both qualitative and quantitative
- Finalized Key findings report
- Conducting seminar at GNI Nepal for sharing and reviewing findings
- Finalized full survey report.

VIII. Duration

This assignment is expected to take 60 work days and expected to complete before 15 December 2018. However, the number of work days may vary a little. Work days allocation for the proposed assignment is as below:

SN	Major tasks	No of Days
1	Review the GNI Nepal project documents	5
2	Preparation of inception Report & survey tools and methodologies	7
3	Meeting with GNI Nepal Team and agreeing on survey plan & tools	2
4	Team orientation & field work	16
5	Data management & analysis	10
5	Draft report preparation	7
6	Submission of draft report & Presentation	2
7	Feedback incorporation in draft report	4
8	Finalization of report & submission	7
	Total	60 days

IX. 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.

IX. Budget and Payment Procedure

The individual consultant/firm shall submit total budget 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 and approval of survey proposal
- 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 insurances of and other hidden costs for consultants*]

X. 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.

XI. Management of the Survey

In case of a consortium, the lead consultant 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 does not promote and suggest for consortium approach for this survey.

XII. Team Compositions and Qualification/skills required

All public, private and non-governmental organizations as well as individual consultants registered under the authorized agency of Government of Nepal and having proven experiences in the field of end-line surveys and public health project evaluation are eligible to apply for this service.

GNI Nepal is looking for consultant/firms 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 public health, bio-statistics, social sciences, population studies or related fields.
- At least 5 years of professional experiences in:
 - Planning, designing and management of qualitative and quantitative studies preferably in public health 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
 - Excellent professional report writing of surveys/researches in advanced English language
- Previous working experiences in conducting end-line surveys of public health projects
- Willingness to undertake field visits.

Data Manager and Analyst: Data manager and analyst should have;

- At least a Master's Degree in bio-statistics/epidemiology/public health
- 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 coordinator – At least one

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

XIII. Termination of the Contract

GNI Nepal shall 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.

XIV. 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 Nepal, the respondents or otherwise.

XV. 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.

XVI. Documents to be submitted

The consultation/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, timeline of activities and list of team members
- Financial proposal: Detailed budget breakdown including taxes.

Additional documents including the proposal:

For organization/firm

- Organization profile with relevant experiences
- Signed CVs of the Team Leader, Data Analyst and field coordinator/s and enumerators
- A copy of company/firm registration with renewal
- A copy of Tax clearance certificate
- VAT/PAN registration
- Audit report
- Any other relevant documents

For individual consultant:

- CV of Team Leader & Other team members
- Brief job description of Team members in the proposed assignment
- Copy of PAN Registration of Team
- Other relevant documents that demonstrate the experience of proposed team.

The proposal should reach the address below via courier or hand-delivery by 28 September, 2018, 17 Hrs. (Nepal Local Time). Please, enclose the proposal in an envelope and mark it **“Proposal for End-line Survey of HSRP, Nuwakot”** and drop it at:

Good Neighbors International, Nepal

Ekantakuna-13, Lalitpur, Nepal

GPO: 8975, EPC 1605, Kathmandu, Nepal

Annex I

Major Indicators

Objective 1: Strengthen MCH service and its delivery system
% of knowledge regarding Anti natal care (ANC) services
% of knowledge regarding Post natal care (PNC) services
% of mothers visited for ANC services – 1st and 4th ANC
% of mothers visited for PNC services – 1st and 3rd PNC
% of mothers having birth of their baby with SBA (Institutional delivery)
of FCHVs completed basic training
of FCHVs completed refresher training
of meeting with a pregnant woman by FCHVs – in a year
of Health Work Force (HWFs) completed SBA
of HWFs completed capacity building requirements – separate check list needed
of HFOMC completed capacity building – basic and refresher training
of HPs with HA
of support for HFOMC
Objective 2: Prevent adolescent pregnant and raise awareness of ASRH
% of students with improved knowledge and attitudes of ASRH
% of girls using affordable and hygienic sanitary pads
% of community people with improved knowledge and attitudes toward regarding early marriage
of students completed ASRH education program
of female students completed Menstrual hygiene education
of Girls' club
of participants in Girls' club
of School with girl-friendly environment – separate criteria needed
of participants in the workshop
of Road shows conducted in the community
of MG-H education program
of Mothers Group of Health meetings – in a year

Objective 3: Increase understanding for post disaster psychosocial support and its responding capacity
% of improvement of children's psychosocial stability
% of children needed psychosocial support
% of improvement of teachers' understanding on PSS
% of teachers having strong understanding on PSS
of programs developed
of students participated in PSS program
of teachers & HWFs completed PSS education program
of teachers & HWFs participated on PSS education program
Objective 4: Increase capacity of health facilities for MCH service delivery
% of HFs providing MCH services – ANC and PNC services
No. of birthing centre
of HFs Medical supply has been equipped
of HFs equipped with government standard