

Terms of Reference (TOR)
for End line Study for Perinatal Health component of Prayaas Project

1. Background

Terre des hommes (Tdh) Foundation, Switzerland, in partnership with Geruwa Rural Awareness Association (GERUWA), Bardiya has been implementing integrated Prayaas Project (perinatal health and WASH in HCFs) in Bardiya district. The perinatal health component of the project aims to strengthen the quality perinatal health service delivery capacity of birthing centres by **improving technical knowledge and skills of Birth Attendants (SBAs) through simulation based onsite coaching and mentoring sessions (helping babies breathe)**, basic essential consumables and equipment support and improvement in WASH services in health care facilities in the district. The project implementation is towards the final stage thus, carrying out end-line study to capture the effectiveness of the project.

2. Study purpose and objective

The overall objective of this study is to assess the effectiveness of the project and find out the outcome level changes based on project indicators.

2.1 Primary Objective

- To assess the current knowledge and skills of skilled birth attendants (SBAs) in newborn resuscitation (NBR).
- To assess the perinatal health service delivery capacity of health care facilities (HCFs)
- To assess the effectiveness of the intervention in the target areas.

2.2 Secondary objective

- To evaluate the status of perinatal health services, HCF infrastructures, delivery room essential requirements/medical equipment and supplies and medications etc.
- To explore examples of good practices including activities those have the potential to serve as an example for future interventions.
- To carry out a retrospective analysis of SIMESON's cost estimates.

3. Rational of the study

Prayaas project has defined set of project goal, outcome, outputs and inputs stated in log-frame with indicators. It is vital for the project that intended outcome is achieved in the project at the end. Furthermore, it is also necessary to capture what went well and what needs to be improved in coming days so that appropriate recommendation could be made for upcoming projects. By doing so project can also learn and gauge to what level changes have happened. Therefore, it is necessary to find out output result of the project. End-line study would help us in determining the progress of the project.

4. Methodology and process

The end line study will be carried out in Birthing Centres of Bardiya and at least one neighbouring (Banke or Kailali) district covering approximately 40-50 SBAs. The study will adopt a control group to assess effectiveness of intervention covering 20-25 ANMs from district of intervention i.e. Bardiya and 25 from neighbouring district. The study will also ensure at least Five In depth interviews (IDIs) with relevant stakeholders (municipality coordinator, health office, health post in-charges, focal person for safe motherhood etc.)

The consultant, who will lead the end-line study process, is expected to come up with (but not limited to) the following:

- € Literature Review
- € Consult with the Tdh/Geruwa and finalize the methodology and preparation of inception report and share with Tdh before execution of field activities.
- € Develop data collection tools including checklist for IDIs with ANMs, health facility manager and district health officials.
- € Finalize data analysis plan
- € Prepare draft report as per guidelines to be reviewed by Tdh before presenting a final report.

5. Expected Deliverables Inception report: The first output will be an inception report, which includes a thorough desk review of the provided secondary documents. In addition, the inception report should articulate the endline study design (including methodology, data collection plan outlining the sources of data for each of the endline questions). Only after the approval of the inception report by Tdh/Geruwa can the fieldwork begin.

- € **Draft report:** The report has to synthesize all the results, conclusions, recommendations and will be shared to Tdh/Geruwa for feedback.
- € **Oral presentation/meeting and debrief with Tdh and Geruwa:** The selected institution /firm /consultant will be requested to conduct a presentation to Tdh and project partners on the findings of the study for feedback and finalize the report.
- € **Prepare and share final presentation** for sharing with other stakeholders: The consulting firm will prepare a presentation based on findings and share in at least one of the National forums as suggested by Tdh/Geruwa.
- € **Final report:** The endline report should be structured as per the template provided which will have different sections including (a) executive summary (b) the context (c) description of the project/program (d) objectives (e) methods and limitations (f) assessment analysis (g) findings and conclusions structured based on qualitative and quantitative indicators and recommendations. A draft report is expected from the consultant before the final report. The report will be written in English language and must be comprehensive. A reporting template will be provided by Tdh/Geruwa.
- € **Sharing raw data:** The consulting firm will also share all the raw data of the data collection methods as well as transcripts for IDIs.

6. Report Preparation and Submission

The consultant will prepare a draft report and share with Geruwa/ Tdh within one week after completion of field activities for feedback. Report should be prepared consisting of findings of all indicators set in log – frame provided in annex.

The consultant should also present major findings to Geruwa/ Tdh and feedback obtained in the presentation should be incorporated in the final report of end line assessment. A draft report of end line assessment must be submitted together with a presentation of findings. Upon reviewing the preliminary report, Geruwa/ Tdh will give feedback and ask the consultant to finalize the report for final submission. The final report of the end line assessment should be submitted to Geruwa/ Tdh within given timeline.

7. Duration of the study

The study will commence with the signing of the contract. The duration of the contract will be 40 days.

8. Ethical and Safeguarding statements

Observing ethical standards is important for all information gathering that involves government healthcare workers, beneficiaries, Tdh staff and other stakeholders

- Tdh has its own safeguarding guidelines which the consultant needs to adhere to.
- Tdh requires a ‘do no harm to children’ and ‘no harm to communities’ as a central theme of the End line. This is to be interwoven into all aspects of the End line study.
- A responsible authority from the agency must sign the Terre des hommes Child Safeguarding Policy and Global Code of Conduct and be willing to adhere to its principles and expected practices. If a breach of the policy or code of conduct takes place the consultancy will be terminated immediately without any financial burden on Tdh.
- Informed consent should be given before participating in the study; and the participants should be able to withdraw at any moment. Respondents should be explained how the Study findings are likely to be used. They must then be asked, and must be free to choose, whether: they can be quoted in materials; photographs can be taken and used, name can be used in material.
- If it is agreed that all or any part of a participant’s testimony should be confidential, then that commitment must be clearly recorded and respected. If the testimony is to be made anonymous, or used with a false name, make sure that any other identifying details are also changed.
- The agency must maintain data security and provide a data security plan.
- No money should be given for participating in a study, unless participants would have incurred direct financial cost for ensuring their participation.

The consulting firm is expected to support the process for obtaining the approval from the concerned government ethical committee. The cost for the ethical approval will be covered by Tdh separately.

9. Copy Right

All documents, study design, data and information shall be treated as confidential and shall not without the written approval of Tdh be made available to any third party. In addition, the agency formally undertakes not to disclose any parts of the confidential information and shall not, without the written approval of Tdh be made available to any third party. The utilization of the report is solely at the decision and discretion of Tdh/Geruwa. All the documents containing both raw data/materials provided by Tdh/Geruwa and final report, both soft and hard copies are to be returned to Tdh/Geruwa upon completion of the assignment. All documentation and reports written as, and because of the research or otherwise related to it, shall remain the property of Tdh/Geruwa. No part of the report shall be reproduced except with the prior, expressed, and specific written permission of Tdh.

10. Budget

The total budget available for the study (including travel and all other expense) is NPR **6,00,000**(Six hundred thousand rupees only).

This excludes approval cost for approval from the concerned government ethical committee.

11. Qualification of Consultant/s

- Team comprised of Clinical and Public health experts
- Good experience of assessing technical skills of Skilled Birth Attendants in newborn resuscitation
- Excellent knowledge and skills on Helping Babies Breath (HBB) and Essential Care for Every baby.
- Good Knowledge of maternal and newborn health situation and programmes in Nepal
- Excellent report writing and communication skills.

(Note: Only Nepali consultants/ firms are eligible to apply)

12. Application process

Interested consulting agencies /Consultant(s) are requested to submit the following documents (hard copy or through email) to Geruwa Rural Awareness Association, Gulariya Bardiya.

- Expression of interest outlining how the consultant(s) meets the selection criteria and their understanding of the ToR and methodology.
- A proposed activities schedule/work plan with time frame including back up plan for data collection in COVID context.
- Copy of profile of the agency, including the CVs of the key team members who will lead the study
- At least one recent example of similar study report written by the applicant agency
- A financial proposal detailing consultant(s) itemized remunerations and other costs like travels, accommodations and other expenses for the team, data collection methods, data analysis, report writing, and administrative costs, all inclusive of VAT.

13. Evaluation Criteria

Firm/Consultant will be evaluated based on following criteria:

- The weight for technical portion of the proposal will be 65% and financial 35%. The key factors stated below will be taken in consideration during the evaluation process
- Previous similar work experience
- Methodological/technical aspects of carrying out the study and technical expertise in MNH Financial aspects (consultant fees, breakdown of activity costs etc.)

14. Annexes

A. List of Indicators

Outcome 1: Quality essential obstetric and newborn care services are available to mother and newborn in government health care facilities	
Output 1.1.: Health workers are trained in quality implementation of essential maternal and new-born health interventions	<ul style="list-style-type: none">● % of health workers that are able to demonstrate knowledge on essential skills required for newborn care (NBR and ECEB)● % of health workers that are able to demonstrate competencies on essential skills required to deliver newborn care (NBR and ECEB)● % of newborn in a given period who have been breastfed within the first hour of birth.● Number of Newborns resuscitated successfully
Improved Birthing Center's readiness to deliver MNH services	<ul style="list-style-type: none">● % of Birthing centres having basic essential Requirement to deliver perinatal health services(i.e. equipment, consumables, drugs etc)

