

## **TERM OF REFERENCE**

### **ENDLINE ASSESSMENT OF HEALTH SERVICE STRENGTHENING PROJECT IN DHADING, KAVRE AND MAKAWANPUR DISTRICTS**

#### **1.0. Background**

A 7.8 magnitude earthquake on 25<sup>th</sup> April 2015 and 7.3 magnitudes on 12<sup>th</sup> May 2015 hit Nepal. About 8,790 people lost their lives, about 23,000 people were severely injured, about 800,000 houses and 7,600 schools were destroyed. Out of total 77 districts, 14 districts were worst affected. The earthquake damaged the houses, schools, health setups, crops, cattle and other property of people. Neighboring districts of Kathmandu; Kavre, Sindhupalchok, Dhading and Dolakha were severely affected by the disaster.

In the immediate aftermath of the earthquake rescue and response were made from different individuals, groups and institutions. District Health Offices (DHOs) ran its satellite health clinics in the most affected areas and provide immediate health services to the victims. There were several institutions working together.

Within days after the earthquake HRDC (a tertiary hospital and rehabilitation center) together with CBM and others began conducting 98 comprehensive health relief camps catering over 45,000 earthquake affected population in the worst earthquake affected districts. Within the first six months after the earthquake, treated over 24,400 patients, of which 3,400 patients received rehabilitative services, including surgical interventions at HRDC as required.

The HRDC has been implementing Health Service Strengthening (HSS) Project in partnership with CBM from October, 2016 to September, 2018 to reinforce the need for basic rehabilitative and health services of earthquake affected people and survivors by strengthening 21 earthquake affected governmental basic health services providers (local health posts, Primary Healthcare Centres and District Hospitals), 7 from Makwanpur, 7 from Kavre and 7 from Dhading. The project was working in 16 health facilities in the initial phase of project and 5 health facilities was added in the project in the implementation phase.

Target health facilities are:

<b>Health Facilities – Makwanpur</b>	<b>Health Facilities – Kavre</b>	<b>Health Facilities – Dhading</b>
Namtar Health Post	Sathighar Bhagabati HP	Salyantar PHC
Daman PHC	Dhunkharka HP	Salyankot HP
Agra Health Post	Pokharichauri HP	Khalte HP
Chitlang Health Post	Thuloparsel HP	Tasarpu HP
Palung HP	Birtadeurali HP	Ree HP
Bajrabarahi HP	Mahadevsthan HP	Baseri HP
Hetauda Hospital	Ghartichap HP	Dhading District Hospital

The project ensures to provide an adequate basic health care for the earthquake affected people and the wider community by strengthening health facilities. The HSS Project has conducted a baseline assessment of 16 health facilities of the catchment area of the project so that earthquake affected people and persons with disabilities could access treatment and rehabilitation services. The HSS Project is seeking consultancy for end-line assessment of the project.

## **2.0. PURPOSE OF THE CONSULTANCY**

The consultant will play a key role in the end-line assessment of the project under the close coordination with the HRDC and PERIP Project team led by the Director and overall guidance from the Executive Management Team, the consultant will conduct an end-line assessment according to the provided information.

## **3.0. ENDLINESURVEY SPECIFIC OBJECTIVES:**

Following objectives have been aimed to achieve through the proposed end-line assessment on the activities carried out during the project period:

- To compare the results of the activities against the situation analysis of health facilities/base line assessment carried out at the initial stage of project implementation.
- To assess the current capacity of the health facilities and their readiness including the availability and quality of the services and the accessibility.

- To assess utilization of equipment provided by the project to improve the access to quality health service delivery for person with disabilities.
- To assess the satisfaction level of service users including person with disability and confident of the health service providers regarding treatment, follow up and referral service at intervened health facilities
- To identify level of community participation and change of health seeking behaviors, and other available services at facilities of project districts
- To identify and bring forth community views regarding the service of the health facilities

#### **4.0. METHODOLOGY:**

The consultant shall adopt appropriate qualitative and quantitative data collection methods in line with base line tools to undertake the end-line assessment. Data will be collected using an established and appropriate data collection tool coupled with in-depth interviews, focus group discussions, etc.

The required information to be collected from the local community people, service providers and service users of the health institutions to identify the satisfaction level, change in their lives and quality of services.

Secondary data (demographics, health reports, HMIS) will have to be collected from the available data at facility level and any other national, regional reports.

#### **5.0. Key Responsibilities**

- Study the baseline assessment report and plan for the end-line assessment accordingly.
- Document and update the process and outcome of the focus group discussion, key- personnel interviews, and etc.
- Liaise closely with the DHOs, municipalities, wards, health facilities, disabled people's organization and relevant focal persons to ensure that all required end-line activities are implemented in a coordinated manner.
- Organize focus group discussions, in-depth interviews including arrangement of venue/s for different events.
- FGD and In-depth interview for the end-line assessment of project:

- FGD with Health staff of all levels except DHO
- Meeting with DHOs, municipalities and wards
- FGD with community (need to have beneficiaries from all levels i.e. women, children, person with disabilities and their DPOs, senior citizens, youths, single person, and community representative)
- Discussion with project team
- Presentation and discussions of the outcomes for inputs and suggestions
- Report of the end-line assessments

## 6.0. TIMEFRAME AND DURATION

The end-line assessment is expected to be completed within 19 working days to start at the 3<sup>rd</sup> week of August 2018. This includes development of methodology, assessment plan, data collection tools/questionnaires, data collection, analyzing & interpreting data and the final reporting as outlined in the table below.

S. N.	Activity	Days	Timeline					Remarks
			Aug		Sep			
			3 W	4 W	1 W	2 W	3 W	
1	Review of Baseline questionnaire, methodology and findings of the baseline report	1						
2	Development and pre-testing of the questionnaire	2						
3	Consultation and debriefing with DHO and Health worker of respective project coverage areas and finalization of date of field visit	1						
4	Health Facility assessment/evaluation in the field	9						
5	Debriefing of the assessment	1						
6	Data analysis and preparation of report	3						
7	Feedback collection from HRDC team, CBM, DHO	1						
8	Finalization of the report and submission	1						
	<b>Total</b>	<b>19</b>	Working days					

## **7.0. EXPECTED DELIVERABLES:**

- Methodology including the sampling framework for the end-line assessment.
- End-line assessment tools based on this TOR and submitted for FoD/HRDC's approval.
  - Datasets/raw data for quantitative and qualitative data collection.
  - Draft report for comment.
  - Analysis results (existing status, infrastructure, staffing, information, access to health services, patient's satisfaction on service delivery, knowledge and skills on disability identification and referral, data management etc.).
- Comprehensive final report on the situation of health service providers from all those districts with comments and recommendations.

## **8.0. DISSEMINATION**

The end-line assessment report will remain property of FoD/HRDC and CBM and will be shared or disseminated to related person and organization with approval.

## **9.0. AREAS TO VISIT:**

Kavre, Dhading, Makwanpur Districts (Areas where the above project's health facilities are located)

## **10.0. SUPPORT AVAILABLE**

FoD/HRDC will:

- Coordinate the end-line assessment.
- Coordinate to organize/arrange meetings with government officials & partners.
- Ensure payment of professional fee(s) and other costs arising from the contract
- Provide necessary guidance and support during the exercise
- Organize logistics for events to collect data
- Help review the tools developed for the end-line assessment and provide timely feedback on report/s
- Take responsibility for dissemination findings of the end-line assessment

## **11.0. COORDINATION & MANAGEMENT**

FoD/HRDC in close collaboration and coordination with the concerned district health offices and rural/municipalities will supervise the process as the consultant will report to the FoD/HRDC. Operationally, the consultant will work closely, and interact with the DPOs and the service providers from the project areas.

The focal persons of the concerned DHOs/municipalities (rural) may involve and support in the assessment. The Management shall ensure that the end-line assessment is unbiased and the people / parties whose presence could potentially bring biasness will not be involved.

## **12.0. BASIC REQUIRED PREFERRED SKILLS AND EXPERIENCE**

The following attributes/competencies are required for the selection of the suitable consultant:

### **12.1. EXPERTISE AND EXPERIENCE REQUIRED**

- Postgraduate qualifications in Public Health or Health Management Systems or MSC, or equivalent, Masters in relevant discipline preferred.
- At least three years of relevant professional experience including at least two years' experience in health systems research.
- Technical medical skills – medical doctor or health practitioner with extensive experience in evaluating health and or disability related programs/projects
- Familiarity with Essential Packages of Health Services and disability management initiatives
  
- Knowledge of health systems and experience of assessing systems
- Attentive to details and ability to produce and present pertinent information based on facts
- Knowledge of health systems and experience of assessing systems
- Excellent documentation & presentation skills including analytical and report writing skills
- Knowledge on government health provisions, standards, system of health service delivery

## **12.2. REQUIRED SKILLS AND EXPERIENCE**

- Previous experiences on needs assessments and surveys (participative survey, focus group, interviews)
- Demonstrated leadership and management skills
- Good command on mass interaction as FDG and networking
- Sound knowledge of MS word, Excel, SPSS and other relevant software
- Proficiency in English & Nepali is essential
- Excellent interpersonal skills and demonstrated ability to establish effective and working relations with local and international staff and other stakeholders
- Fair knowledge of disability issue and its management
- Good understand of International and national laws, policies, program and provision for person with disability
- Good understanding of public health and inclusive development
- Ability to travel to remote areas in the project districts

## **13. ADVANTAGES SKILLS AND EXPERIENCE**

- Advanced relevant professional experience in conducting similar studies preferably in the field of health care
- Knowledge of local culture and the social political dimensions of health
- Knowledge on national and international policies, laws, acts and programs regarding to public health and its delivery.
- Experience of working with government and experience in health surveys in Nepal

## **14. TERMS & CONDITIONS**

- Cost on Logistics: The travel within the project areas and all other costs (including accommodation) incurred by the consultant is to be self-born.
- Professional fees: Though the interested consultant is expected to provide a budget for proposed assessment, FoD/HRDC will consider proposals that are within the prevailing market rates and approved by the project and as per its policy on professional fees.
- Responsible for his/her income tax and/or insurance during the assignment



- Code of conduct: As FoD/HRDC's Child Protection and Safeguarding Policy (CPSP) sets out the standards on which all staff members must adhere to, the consultant is also bound by the principles and conditions of Child Protection & Safeguarding Policy.
- A standard contract to be signed by the selected consultant for the end-line assessment
- The consultant works under this Terms of Reference referred in the contract. FoD/HRDC as employer has no liability for consultants, medical or other benefits. The fee agreed in the contract shall be all inclusive of transportation, accommodations and other required logistics and related costs.

#### **15. TIMELINE FOR THE CONSULTANCY:**

The timeline for this consultancy is of 19 days and it is anticipated that the consultant shall undertake and accomplish all the assigned tasks under this ToR within the stipulated time and it starts when the formal agreement between HRDC and consultant is signed.

#### **16. REPORTING AND ACCOUNTABILITY:**

The consultant will report to HRDC as per given report format attached as Annex 01.

#### **Annex 01:**

##### **Report Format**

1. Title Page
2. Acknowledges (If any)
3. Table of Contents
4. List of Abbreviations and Tables
5. List of Figures (If any)
6. Abstract / Executive Summary

7. Introduction
8. Objective
9. Assumption and Limitations
10. Review of Related Literature
11. Description of Research Design
12. Methodology
  - a. Description of Procedures Used
  - b. Sources of Data
  - c. Sampling
  - d. Methods and Instrument of Data Gathering
  - e. Statistical Treatment
13. Analysis of Data
  - a. Data Presentation
  - b. Data Analysis
14. Major Findings with evidences
15. Conclusion
16. Recommendation
17. Literature cited
18. Appendix
  - a. Questionnaire
  - b. FGD & In-depth Interview Guidelines / Protocols
  - c. Others

Contact Information:

Friends of the Disabled's Hospital & Rehabilitation Centre for Disabled Children  
Adhikari Gaon, Janagal, Ugratara Banepa-11, Kavrepalanchowk

Contact Person:

1. Iroj Shrestha, Project Coordinator- HRDC/ PERIP

Email: [pc.pedrip@hrdcnepal.org](mailto:pc.pedrip@hrdcnepal.org)

2. Bikash Man Singh, Director – HRDC

Email: [bikash.hrdc@gmail.com](mailto:bikash.hrdc@gmail.com), [bikash@hrdcnepal.org](mailto:bikash@hrdcnepal.org)

Website: [www.hrdcnepal.org](http://www.hrdcnepal.org)